

Dear fellow surgeons,

I feel honored and happy to share my views and opinions in front of you and to the committee regarding the rural versus urban surgeons status in our association.

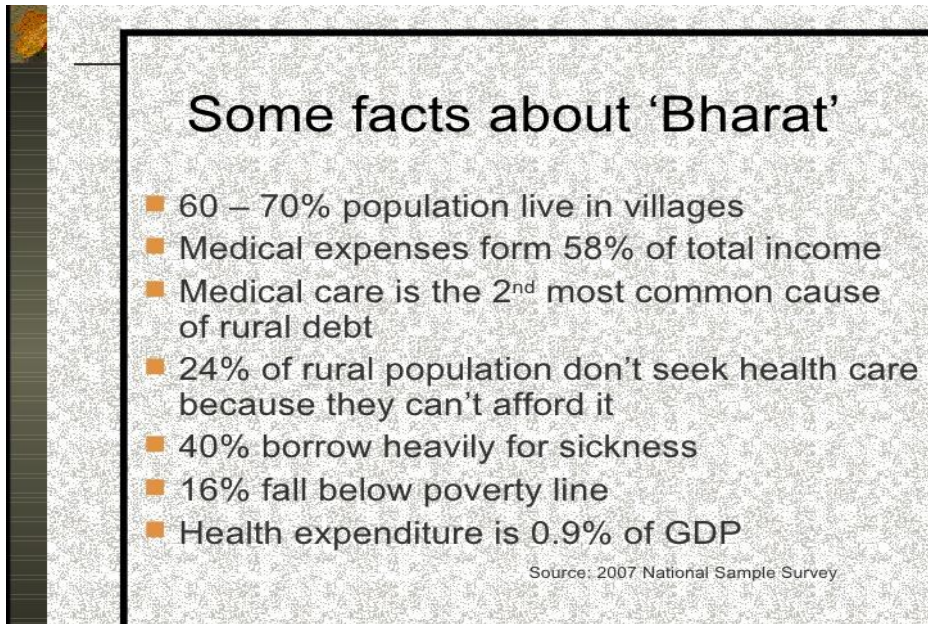
Recently I had an opportunity of attending and delivering a lecture on Rural Surgeon "Making of a Rural Surgeon" at 6th International conference of international Federation Of Rural Surgery & 23rd National Annual Conference of Association Of Rural Surgeons Of India at Karad KIMS Karad, Maharashtra, 22.Nov.2015. The salient features are forwarded in following lines about the rural surgeon. This will help us in decision making of the rural surgeon's status in our esteem association

MAKING OF A RURAL SURGEON

Rural Surgery Definition-A subspecialty that is defined on the basis of geography with smaller populations, limited technological resources and limited contact with other specialists (*Faris I et al. (2000) Invited Critiques. Archives of Surgery 135, 125-127*)

Rural health is a subject that always is discussed with a sympathetic attitude but about which little data available and about which very little is done. This fact needs to be addressed by all the members in our association and that is what exactly was seen and expressed in Shimoga Conference (*EH Shively, SA Shively- Threats to rural surgery. Am J Surg 190(2005)200-205*)

Now Defining a Rural Surgeon. "General surgeon practicing at least for five years in a place far away from the support of a well developed medical centre or teaching institution" (*Sita Nath De. "Rural surgical practice in India" - in Recent Advances in Surgery" by Dr Roshan Lall Gupta 1988.*). Now going by this definition, we should decide who is rural surgeon. We should not go by medical college and non medical college area but by the facilities available in and around the rural surgeon.



The above picture depicts the true scenario of “Mera Bharat Mahan”

Now let us frame the issues about rural surgery and rural surgeon.

FRAMING THE ISSUES

- 1. Defining rural**
- 2. Demographic and workforce issues in rural surgery**
- 3. Rural surgery practice**
- 4. Training the rural surgeon**
- 5. Measuring quality in rural surgery**
- 6. Importance of rural surgery to local healthcare system and economy**

(B Doty et al. Rural Surgery : Framing the issues. Surg Clin N Am 89(2009)1279-1284)

1. What is Rural?-It depends on:

1. Population- It becomes difficult to decide only on population. Because cities like Ganagavati, Nippani though big by population, still are in rural area.
2. Overall development of the area- Some of the talukas of NK, Chitrdurga and Koppal even don't have practising surgeons.
3. Healthcare amenities- are the basic facilities like Anesthetist, Blood Bank etc are available in the area are also of consideration

2. Demographic and workforce issues

- Decline in the supply of general surgeons in rural areas: The number of surgeons going to rural areas is declining due to various laws, rules and regulations.

- The potential number of future rural surgeons may be further limited unless strategies to increase their presence in the rural setting are identified and implemented.- Same guidelines and statutory laws are prevailing for rural and urban surgeons in spite of the difficulties faced by the rural surgeon.

(Thompson M et al. Characterising the general surgery workforce in Rural America. Arch Surg 2005; 140:75-9)

3. RURAL SURGERY PRACTICE-

It has many folds.

- i). Diverse case mix
- ii) Professional isolation
- iii) Frequent call coverage
- iv) Lifestyle concerns

i)Diverse case mix

Surgery in true sense, it is “General”. He needs to have skill for all life saving emergency surgeries

- The spectrum of surgeries carried out varies from cystolithotomy to tonsillectomy
caesarean section to hysterectomy
fracture fixation to manipulation
Lap Cholecystectomy to abscess drainage
- Rural surgeon has to be conversant with community diseases like malaria, tuberculosis and snake bites

(Vinay Mehandale. Rural Surgery In India. World Journal of Surg (2007) 31:1898-1899)

ii)Professional isolation

- Academic isolation: media, email and satellite conferencing
- No vent for exchange of ideas or discussion of cases- the number is less.
- Social : Rural surgeons lack an opportunity to confide and discuss professional problems and issues with associates working under similar conditions.

(Faris I. (1997)The making of a rural surgeon. ANZ Journal Surgery, 67,153-6)

iii) Frequent call coverage

- Call by another rural surgeon in the middle of surgery
- Most of the time for caesarean section or for its complications l

- To give spinal anesthesia in absence of anesthetist during emergency
- Reference by village “doctors” after complications e.g. MTP Complications

(Green A. Maintaining surgical standards beyond the city in Australia. ANZ J. Surg.2003;73:232-3)

iv)LIFE STYLE CONCERNS

- “Trailing spouse syndrome”- those who have obtained a high skill level or a different high degree of education, may be reluctant to settle in rural area
- Concern about the educated and cultural opportunities in rural areas
- Education of children in rural areas

(Richardson J. Workforce and lifestyle issues in rural surgery training and practice. Arch Surg 2002;137:515-20)

4. TRAINING THE RURAL SURGEON

Rural surgeons perform subspecialty procedures usually considered outside the realm of a typical general surgeon- So the CPA should consider the non availability of other specialists in the local area.

In addition they need training for laparoscopy surgeries, GI Endoscopy procedures, Urological procedures etc. The onus lies on different institutes and stalwarts who have to train the rural surgeons. Already Dr Ramesh from Blore, CEMAST Mumbai, different centres at Coimbatore, Delhi, Cochin etc are doing immense job of training rural surgeons.

(Lander capser J. Bintz M, Cogbill TH, et al. Spectrum of general surgery in rural America. Arch Surg 1997 : 132(5);494-7)

Surgical Procedures in Rural Surgery practices are of various and vast magnitude. Rural surgeons perform a high volume of procedures, with endoscopic and minor surgical procedures comprising over 55% of their practices. Understanding rural surgeons' caseload will help guide the training of rural surgeons

(JD Harris, CC et al. A comprehensive analysis of surgical procedures in rural surgery practices. AJS, Pages 820-826, December 2010)

5. Measuring quality in rural surgery

Rural surgeons : “We must grow our own”- Choice of getting trained, having knowledge of advances by attending conferences, working with senior urban surgeons for training should be the norm of a rural surgeon.

CME activities: Surgical Conferences, Workshops etc arranged locally in their own setup will make rural surgeon more confident.

- Case Presentations and Participations : Presentations of our works in Conferences, and discussions with peers. Already our state chapter has Rural Surgeons award paper session in annual conference just to promote and support the rural surgeons work.
- Reflection: maintaining and analyzing individual: Hospital Data. Every rural hospital is possessing Hospital software now. So data maintenance is made easy.
- Publishing work in Indexed Journals- This is one more key issue to be addressed. Most of the articles sent by rural surgeons are not published, because of the comparison of them to Academic articles by medical institutes.

(PJ Huffstutter- Rural Surgeons- We must grow our own- April 2010 Bulletin of the American College of the surgeon)

Now lot of people talk about EBM(Evidence based Medicine). Is it applicable to Rural surgeon? EBM evidence is somewhat useful but not very important in clinical decision making, because of the non availability of high tech laboratories, imaging facilities. While rural surgeons are relatively confident in most sources listed, they are most confident in their own judgment and CPGs

They feel confident in telephone contact with colleagues especially in emergencies.

(EBM in rural surgical practice- Journal of Evaluation in Clinical Practice. SC Kitto et al. 17(2011)678-683)

6.CONTRIBUTION OF RURAL HEALTH CARE SYSTEM AND ECONOMY

It is fact that, till today Rural surgeons provide vital surgical back-up for other physicians in specialty areas such as obstetrics, critical care, and emergency services including trauma

A general surgeon provides great financial value to a rural hospital and community. Many surgeons run educational institutes, philanthropic activities in their villages and towns.

(Zuckerman R, Doty B, Gold M, ET AL. General surgery programs in small rural New York State hospitals: a pilot survey of hospital administrators. J Rural Health 2006; 22(4):339-42)

All the surgeons of India, appreciate the services rendered by rural surgeons. A informative article was published in IJS about the same, under the heading, "Surgical care for the poor: A personal Indian perspective". Concluding remarks by TE Udwadia were awaking but nothing much happened till today.

“The judiciary needs to wake up to the reality of rural India and pass legislation to help not hinder health care for the poor, accepting that some care is better than no care at all”

(TE Udwadia, Indian Journal of Surgery, Vol. 65, No. 6, November-December, 2003, pp. 504-509)

POSITIVE ASPECTS

There are many positive aspects of rural surgeon.

- Tremendous Personnel and Professional satisfaction
- Financial Security
- “STATUS” in Society
- The landscape of rural health care will, no doubt, continue to change and become more impressive in the coming years

(Schneidman SD Vol 86, No. 5, Bulletin of the American college of Surgeons)

SOLUTIONS

For progression in advancing rural surgery, the developing world one must adhere to the concept of the 5 A's :

- Available – Surgeon has to be available.
- Affordable- He should be affordable to the rural poor patients
- Accessible- Easy accessibility of the surgeon to patients is important.
- Acceptable- Having said the above As, society need to accept him, his constraints and deficits
- Appropriate- He will be doing most appropriate and suitable treatment to the patient in the present situation of the patient, and that he thinks is the best option for the given patient.

(Udwadia TE. One World, One People, One Surgery. Surg Endosc 2001;15:337-43.)

After going through all figures, references and facts the problems faced by rural surgeons all over the world remain same. (**World Journal of Surgery July 2006 Theme: Rural Surgery Problems**). So our state chapter has always kind enough to respect the rural surgeons for their services in remote areas and framed the bylaws. Time and time whenever such issues were raised in General Body meetings senior surgeons like Dr C R

Ballal, Dr A S Godhi, though Professors of Surgery denied any changes in the KSC Bylaws, for the affection, appreciation for their rural colleagues. Even the GB held in Shimoga conference of the opinion that the respect, honor given to the rural surgeons should be maintained.

I as a committee member submit my report and conclude that no change should be made in the present bylaws and same thing should be continued as a token of appreciation to rural surgeons.

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