I strongly believe that we have to enjoy the practice of surgery to the fullest, to make any headway in the new world scenario. Success in any field today is determined by how quickly and effectively one learns. The Association of Surgeons of India has come a long way and has a rich legacy. Yet, today we live in a rapidly changing world and we need to change appropriately to keep abreast, if not ahead. The ASI needs to be a highly professional body, which is in touch with its members and the fast changing science of surgery. I present to you the broad vision for this year - Security, Professionalism and Service. These sentiments are represented by the various organizational committees within the ASI (given below). At the heart of this initiative is the underlying theme ‘We need to make the Indian surgical profession a dignified, satisfying, and rewarding life-time experience.’

SECURITY

Surgeons live a high stakes life! We are at risk from medico-legal adventurism, hostile media, professional stress, financial liabilities, lack of insurance, physical violence, domestic problems, occupational hazards, and natural illnesses. It is high time we face this problem head-on! Legal progress such as the clarification of IPC section 304A by the Supreme Court in August 2004 in a medico-legal hearing is welcomed.[1]

Crisis management

Along the lines of the practice of the Indian Medical Association in some states and in cooperation with them, we plan to raise in each city Crisis groups which will step in immediately to help a surgeon in an emergency situation. Each state will be reporting on a monthly basis. So that, we can take immediate action with the government when necessary and formulate long-term policy on such matters. Kindly request the ASI legal cell for assistance!

Insurance

Not all of us have the luxury of financial security when it comes to personal emergencies and death. We need to be assured that our families will be taken care of in case of our disability or death. The IMA state branches of Tamil Nadu, Kerala, and Maharashtra have instituted the Family Security Scheme, which assures the family of a deceased physician 6 months after insurance a significant sum of money for their family needs. This scheme offers better financial remuneration than commercially available schemes. This is an excellent scheme that is worth taking up.

PROFESSIONALISM

It is unfortunate that we as a professional community are lagging far behind in many ways than our colleagues in professions such as business administration and information technology. A college graduate (easily 10 years younger) at a BPO call center earns much more than many surgeons, post-residency who still remain often dependant on their parents. Even some allied medical specialties pay much more than mainstream medicine. We need to take control of our destiny and not become a slave to third-party interests. On the other hand we are at risk of getting out-dated everyday with rapid progresses in science. We need a mechanism to be in control of our profession! The following could kick-start the process.

Professional education

Over the last few years, we have as a nation improved vastly upon the status of continuing medical education (CME). The imperative today is to provide quality, practice-based medical residency, and post-residency education. We see the ASI assume prime position in this regard. We need to be in the driver’s seat with regard to our professional education. We envisage the following in this regard:

Specialty skill courses: Along the lines of the successful AMASI skill course We plan to create and incorporate specific specialty courses in each different specialty to provide focused continuing education in each field.

National updates/regional CME: We currently have regular CME conferences by the state chapters of the ASI. We would very much like to contribute to the further betterment of these wonderful academic meets by providing academic, technical or whatever assistance
maybe needed. Kindly contact us if you need help in this regard.

**Train the trainers program:** This needs to be done and done soon. This will speed up surgical progress across the country and provide uniformity in surgical standards. This is especially true in relation to new technology and techniques, which tax the learning abilities of most surgeons.

**Distance education:** We have already begun the AMA-SI digital video library online ([wwwamasindia.com](http://wwwamasindia.com)), where you can access high-quality teaching videos for your learning. Kindly send in your interesting videos (open and laparoscopic) to us and we will place them online (subject to academic merit) for everyone’s benefit. This will provide rich academic content to surgeons sitting anywhere in the country and the world.

**Research**
We have a fresh opportunity this year to move forward with meaningful national research with the creation of the following:

**Central registry:** The ASI central surgical registry will enable collection of focused data from around the country to enable research in specified diseases. This work will be distributed accordingly with the sections of the ASI. This will help in elucidating disease patterns and solutions.

**Multi-centre trials:** Another ability of the ASI is to provide networking for multi-center trials. This is of special consequence as we have the advantage of large patient volumes enabling higher-powered trials.

**Corporate strength:** We have to adopt a professional mindset when it comes to handling our networking! Strength lies in numbers! We have to be better professionally networked -

**Special task force (recruiting):** Less than 25% of Indian surgeons are members of the ASI. This is a failure of fraternal relationships. I do understand why surgeons are reluctant to join the ASI. You ask yourself what the ASI can provide for you?? I ask you - What can you do for the ASI and what can you achieve for others through the ASI? I appeal to all Heads of Departments of Surgery across the country to enroll their residents as associate-members of the ASI and encourage them to register as life-members upon passing out! I also encourage every member to invite his/ her colleague to join the ASI. We are raising a task force, which will bring upon itself to recruit through personal contact and invitation more surgeons into the ASI. Increased membership will provide us with valuable professional leverage with the government!

**The ASI:** A growing family: We are all too aware of the fact that we are too often unable to cope with the newer responsibilities thrust upon the medical profession. Each day new specialties and newer technologies invade our practice settings. We need a mechanism to contend with this in a healthy way. The following additions will help us consolidate and refine our professional outlook.

**Board of heads of surgical departments:** We need aggressive academic leadership in our country that has teeth. This alone will drive forward surgical academic progress in a country over 1 billion with over 40,000 practicing surgeons.

**Confederation of societies of surgical specialties (CSSS):** New surgical societies mushroom each year outside the purview of uniform governance. While this is good for progress, we must finally bring all initiatives under an umbrella to provide recognition and proper progress.

**Surgical trainees forum (STF):** The surgeons of tomorrow need a head start in today's world of rapid change and progress. The STF aims to fill this gap and provide budding surgeons the forum to expand their horizons. Most importantly the hope is that this will foster a healthy sense of world-class surgical leadership and bury archaic traditions that have little place in today’s surgical practice.

**SERVICE (‘ASI VISION’)**
We need to be acutely conscious of the fact that we would simply not be here if it were not for the fact that sick people needed us. We are a need-based profession and we need to go where the need is! Today there is a crying need to provide medical care across the nation especially in rural areas. Surgeons across the country provide subsidized/ free treatment to many rural/poor patients. We need to promote the practice of surgery in far-flung and rural areas. Regional and surgeons from across the country have done a commendable job during recent disasters. It is appropriate we maintain a high level of disaster-readiness professionally:

**ASI-ARSI initiative**
To promote the practice of rural surgical healthcare, which is a distinct entity, we envisage an ASI-ARSI collaboration to facilitate free skills course initiatives to those practicing in rural areas.

**ASI-disaster relief team**
We need to be disaster-prepared! We hope with the assistance of the specialty sections of the ASI we will be able to set up disaster relief teams to rush to disaster hit areas and provide contingency care. We plan to introduce structured protocols along the lines of the advanced trauma life support course administered by the Ameri-
can College of Surgeons (ACS) in this regard.

A multitude of governing committees have been instituted within the ASI to enable proper and prompt functioning of the parent body. I encourage you to forward your valuable suggestions, volunteering and positive criticisms to the respective committee. Kindly address your mail to the president (cp@gemhospital.net) and secretary ASI (arunarathna@gmail.com) to reach the respective committees.

1. Disciplinary Committee
2. FAIS Committee
3. CME Committee for Annual Conference
4. Election Tribunal Committee
5. ASICON Cell and Conference Advisory Committee
6. Legal Cell
7. Website Committee
8. Constitution Amendment Committee
9. Book Publication Committee
10. Joint Secretary/News Letter Editor
11. Director of Surgical Studies, National Updates
12. Surgical Research Committee
13. Committee for Skill Course and Fellowships in various specialties
14. Committee for Membership Drive Task Force
15. Committee for Membership Directory
16. Co-ordination Committee for Joint Meetings of Specialty Sections
17. Committee for Family Protection Scheme
18. Committee for Rural Surgery Progress
19. Committee for Social Service
20. Committee for Confederation of Societies of Surgical Specialties
21. Committee for Disaster Management
22. Committee for Legal Protection Force
23. Committee for Surgical Audit
24. Committee for International Societies Affiliations
25. Committee for Skill Lab Establishments
26. Committee for Family Protection Scheme
27. Surgical Trainees Forum
28. Board of HOD’s of Surgery
29. Accreditation Committee
30. Awards Committee

Your involvement is sincerely requested. Do get involved - It gives us the power to do what is right!

From your side, I would like you all (ASI members) to kindly send in your e-mailing ID requests to me at cp@gemhospital.net to help me provide each of you with a unique e-mail ID which will help me contact you personally (e.g. drsachingupta@asiindia.com). We will be soon having a revised and user friendly ASI website. Today we stand at the beginning of a new year. I believe that with God’s blessing we can reach our destination.

REFERENCE