President’s Address

Our Guest of Honour, Honorary Minister of Health, Dr Chiduo, Distinguished Guests, Fellows, Members, Associate Members of the Association of Surgeons of East Africa, ladies and gentlemen,

I would like to thank you for bestowing the honour upon me of President of the Association of Surgeons of East Africa. I am particularly indebted when I realise that this Association boasts of generations of dedicated fellows and members. I humbly accept the great responsibility of leading this body of distinguished surgeons and I greatly appreciate the gravity of this responsibility. I promise to carry out the task to the best of my ability. I earnestly hope for the strength of mind and body which will justify your confidence in me to meet the obligations imposed upon me as leader of the Association.

Science today is a serious business. It continues to bring change in the human life. Arthur Brayton of Iowa in the United States of America once said that things are going to keep changing and we have got to be flexible in our thinking.

A man called up his doctor in the middle of the night and said “Doctor, come out here right away, my wife is awfully sick, I think she is going to need an operation for appendicitis”. The doctor said, “Man, you are crazy, your wife couldn’t have appendicitis. I took her appendix out myself six or seven years ago”. He added, “Did you ever hear of a man with a second appendix?” The fellow said, “No, doctor, but didn’t you ever hear of a man with a second wife?”

Things are changing. I first attended an annual general meeting of this Association in Nairobi, Kenya in 1982. A lot of events have occurred since then, both globally and within the Association.

As students we may not appreciate history. It is only years later that one appreciates the importance of history to mankind and all the disciplines that we pursue.

The highlights and events of the past fifteen years which have helped change the globe have been:

- the dismantling of apartheid in South Africa,
- the disintegration of the USSR,
- the landing of an unmanned space craft on Mars, and recently,
- the return of Hong Kong to mainland China.

Nearer home in the field of medicine we practise, there have been advances in:

- radiological imaging techniques, such as computerised tomography, magnetic resonance imaging and digital subtraction,
- minimal access surgery,
- intensive care medicine and
- improved accident and emergency medicine.
Sadly for us, in most areas where we are presently practising, we have seen a gradual decline of the Public Sector Medical Services, be it University or Government practice. The GDP and that portion of the budget that goes to health delivery has also fallen. What is even more alarming is that, even in the private medical sector, control in the form of managed health is also threatening to take over, hence colleagues I wish to dwell on quality of care.

Quality of care continues to be one of the most publicised topics in the health care arena. There is little question that quality of care encompasses a continual evolution of improvements that should result in the patient being the ultimate beneficiary. At the same time one has to question whether publishing questionable information about so-called patient mishaps is an appropriate technique for effecting change in our existing health care system.

All surgeons should have the freedom to make optimum recommendations to patients with regard to what they feel is the most appropriate treatment for a specific condition. At the same time, however, constantly harping about deficiencies in a system that all of us realise can probably never achieve 100% success may be somewhat misleading, unless the studies being publicised are extremely disciplined and well documented. If we do not continually attempt to improve and to offer the most modern technological advances to the patient in our judgement, the integrity of the surgeon will certainly be in jeopardy.

Like history, we must take stock and analyse whether our surgical practice is in line or on the verge of collapse. We have seen an unprecedented movement of medical staff from the public sector to the private sector and also out of our countries. We have witnessed unprecedented industrial action by medical staff, something never seen before in our region.

CLINICAL AUDIT
Allow me to reflect on some of the key areas of clinical audit which I regret to say, do not appear to be given due consideration despite their vital role in developing surgery. Clinical audit is defined as systematically looking at the procedures used for diagnosis, care and treatment, examining how associated resources are used, and investigating the effect surgical care has on the outcome and quality of the life of the patient. The quality of care and its resultant outcome on the health of the population will become a key factor. The main purposes of audit are:

- to improve standards of patient care and health outcomes,
- to contribute to education and continuous professional development by enabling those performing audits to follow the projects through the whole audit cycle,
- to enable the effective translation of research into evidence based practice, and
- to contribute to a good resource management policy.

The development of information systems which handle patient management and audit data concurrently should be encouraged with safeguards regarding the confidentiality of identifiable patient information.

THE USE OF GUIDELINES
Guidelines should be used:
- to improve the quality of care by reducing unnecessary interventions,
- to identify good practice and standards of care, and
- to regulate access to low priority treatments.

STANDARDS
Work on the total adoption of guidelines will give rise to discussion of standards against which performance will be measured during the audit process.

1 Ideal standards will be evidence based. Standards must not be so far removed from current practice that they cannot be achieved. They should be based upon the best practice in current use.

2 Setting total standards after informed discussion. This will enable clinicians to compare their results with those of their peers.

3 Standards selected purely on the basis of consensus, unsupported by research evidence may merely perpetuate ineffective treatment.

ETHICAL ISSUES IN CLINICAL AUDIT
Amongst the duties of all doctors are that they keep their professional knowledge and skills up to date,
respect and safeguard confidential information and work with colleagues in ways that best serve the patient. Clinical audit is a tool to meet these duties. It is an educational process and facilitates much professional teamwork. The process of auditing raises a number of ethical concerns namely:

confidentiality for patients, clinicians and organisations,

consent to use patients’ records,

audit methodology, which needs to be scientifically valid, and

the recognition that all clinicians have a duty to provide the best possible care they can.

The process of audit requires both finance and time. The act of auditing must therefore be effective and be balanced against the other activities a clinician must do to provide direct patient care.

AUDIT AND RESEARCH
There are a number of similarities between audit and research. However complimentary, the two are quite distinct. It is important to recognise the differences between them as each has its own purpose and function.

There are similarities between audit and research methodologies.

1 Prospective versus retrospective.

2 Survey sampling, questionnaire design and statistical analysis.

3 Both require well designed studies.

4 Both should be professionally led.

The difference between audit and research:

1 Research adds to knowledge. Audit ensures that our knowledge base is used.

2 Audit is intended to influence the activities of an individual or team, but research attempts to influence the medical practice as a whole.

3 Audit never involves disturbance to the patient beyond that required for normal clinical management.

4 Audit never involves experiments.

Research is concerned with discovery of the right thing to do, audit with ensuring that it is done right. Audit must become an integral part of clinical practice and its science is to be regarded as core professional competence.

Talking of competence, I am told experts are still trying to establish whether the Zebra is a white animal with black stripes or a black animal with white stripes. Ladies and Gentlemen, as we strive for excellence, we must examine what some of our patients think of us and what their perceptions of surgeons are.

Here are a few!

Some patients believe that the medical profession has an excessive tendency to resort to extreme measures, and in particular to surgery when other measures will suffice. These patients advocate the concept of one Marvin Kitman, who said “The pen is mightier than the sword”. This is the case for writing a prescription rather than advocating surgery.

I am reminded of the inexperienced intern who was thrilled to be able to accompany the celebrated surgeon on his daily hospital rounds. He answered enthusiastically whenever his opinion was sought, undaunted by the fact that his diagnoses were consistently wrong. In desperation, the surgeon took him aside one morning and gave him some paternal advice, “Have you ever considered becoming a astrologist or an economist?”

The promotion of quality care, surgical audit, the setting up of the College of Surgeons of East Africa will remain high on my agenda during my term of office.

As the world moves towards globalisation we in the Association of Surgeons of East Africa will have to continue forging links in our development of surgery in the region and continue to improve communications, especially with our surgeons in remote areas.
I know that we will be well looked after this week by our Tanzanian hosts, who have arranged this meeting.

MABIBI NAMABWANA

Ladies and Gentlemen, I would like to thank you for the hospitality you have already shown us this week. Your hospitality has been such that we will always remember it.

My colleagues and I would have been happier if you had the power to send us some of this rain to our home where drought is expected.

THANK YOU! ASANTE!