Inaugural Address by the 56th President of the Association of Surgeons of East Africa Dr. Helder de Miranda in Dar es Salaam – December 2005

Our Guest of Honour, Honorary Fellows, Fellows, Members, Associate Members, Outgoing ASEA President Mr. Joseph Kahamba, Ladies and Gentleman

It is a great privilege and honour for me to stand here before you as the incoming President of this prestigious Association. I have gone through a long path to reach this post and I humbly wish to express my gratitude for the great honour this august body has bestowed upon me by electing me as the 56th President of the Association of Surgeons of East Africa (ASEA). I joined the Association in 1985, but for 7 long years, I missed ASEA meetings for personal reasons. I became active again in year 2000. I was then warmly welcomed back to ASEA by the Fellows, members and friends. I started climbing the mountain again and here o proud to receive this distinct honour.

I became active again in year 2000. I was then warmly welcomed back to ASEA by the Fellows, members and friends. I started climbing the mountain again and here o proud to receive this distinct honour. My expectations of the Association have been fully met and I am proud to state here before you all that the Association has been instrumental in my constant endeavour to practice surgery better and always to improve the professional standards.

Let me take this opportunity to pay tribute to all those who have made this Association so great. I am specifically referring to all past Presidents, councils and the Association’s membership in general, whose vision commitment and dedication have kept ASEA going for more than 50 years. My immediate predecessor Joseph Kahamba managed in the course of the past year to steer ASEA in a wise manner. Thanks to his able leadership, he has kept in a good shape and health and in now handing over the Association to me today in a vibrant state. I promise that I As many important land-marks that colour the history of the Association I will take this challenge of keeping ASEA alive very seriously in the coming year.

We celebrate the 56th anniversary of the Association of Surgeons of East Africa, there are that needs to be loudly proclaimed. “Despite the cataclysmic changes of the past 50 years in our region, the Association has survived to all vicissitudes, coups, border closures, changing of political systems, wars, poor governance, human rights violations and have not only survived but also flourished” The greatest compliment we can pay to the Association at the end of its 56th years of existence is that in all these many years, the Association has consolidated itself and even expanded so that as of now it has eight constituent countries instead of the original three. Its membership has grown so that even here today, we have no less than 100 surgeons attending this conference. At the ASEA inaugural meeting held in Nairobi on 9th November 1950, there were no more than 20 surgeons present.

Currently there are plans to merge the College of Surgeons of East and Central Africa and the Association of Surgeons of East Africa hopefully by the year 2010; new horizons have already been built, giving prestige to those surgeons who get the fellowship of the College.

The first formal mention of the College was made in the presidential address in Lusaka on 3rd December 1986. “I can visualize a College of Surgeons arising out of our Association,” said the then Incoming President.
Surgery In Africa Is Always A Challenge!

We surgeons are not only facing direct surgical problems but must also face up to the three great health threats to our countries namely HIV/AIDS, Tuberculosis and Malaria - all of which have a great impact on our surgical practice. Many constraints make our job a permanent struggle for a good understanding of Pathophysiology during the pre-operative period and good nursing care in the post-operative period. Nothing is more frustrating than having a poor outcome after a good operation simply because of a lack of good nursing care! We as surgeons in our different nations have a battle to fight to avail better surgical services to all citizens in our countries and to allow people to take advantage of these services and have a better life style.

Fellows, Members and Associates, invited guests, in my country, Mozambique, 70% of the population is still living below the poverty line, and virtually all of them have no access to health services. Surgery has become highly commercial; surgeons go and live mainly in the new upper class emerging in all our East and Central African countries, mainly in towns. Therefore the rural areas in our countries does not benefit from the increasing number of trained surgeons. The uneven distribution of surgeons who most of the times stay in the cities is also a result of sub-specialization in surgery.

For this reason, in Mozambique, we have trained a category of surgical technicians who work in our district hospitals. They are able to perform routine operations such as hernias and hydrocele repair, Caesarean sections, intestinal obstructions and trauma. This achievement had somehow compensated for the absence of surgeons at district level. Nowadays most of the district hospitals work with one surgical technician who handles most of the routines surgical problems encountered. What we need now in Mozambique is to increase the number of surgical technicians from 1 to 2 per hospital because currently they work single-handedly non-stop for 24 hours. They need also to be supervised by qualified surgeons who would supervise them on a regular basis, helping them to solve the most pressing problems.

At the same time, standards in our medical schools have to be raised. The surgical training programs must be harmonized in all our countries. Our Association of Surgeons of East Africa and later on our College (COSECSA), have to play a major role in quality control.

The first step would be to follow the lead of Tanzania and demand that “Every surgeon – may be with the sole exception of the ophthalmologist – “must be a general surgeon first and foremost”. We need also to train and introduce new surgical techniques in our hospitals such as minimal access surgery through the laparoscope, to reduce the trauma of access inherent in open abdominal surgery. Its advantages include reduced postoperative ileus and discomfort and an accelerated recovery, with early return to full activity. This technique has already been introduced in my hospital and in some countries of the region, but should be our aim to spread it to all main hospitals of our constituent countries.

The new college seems to think along these lines. In my opinion, the main goals of a good policy in surgery should include:

- Creation of well equipped District hospitals which can handle the common surgical conditions encountered and is the basis of a good surgery programme. In other words invest in the district hospitals with manpower and facilities.
- Eliminate the waiting lists, creating extraordinary operation programs out of the normal working hours and stimulating the staff with a bonus for each extra operation done.
- Prepare and stimulate people for nursing courses in order to have a better care for the patient.
- Create good trauma services in the hospitals and consequently well equipped ICU’s. Improve quality services in the townships hospitals in such way that the main hospitals in the cities will be free for the more difficult interventions.
- Surgical training needs to be decentralized. Rotational programmes must be improved in which trainees spend time in the best town and private hospitals as well as in the district hospitals.

Fellows, Members and Associate members, now is the time to take action. Let each one of us be an active instrument in our own country and mentors to urge for the establishment of a good medical policy, honouring our profession and make it really true. Ex Africa Semper Aliquid Novi Et Ex Sapientia Eius Semper Aliquid Veritatis: "From Africa there is always something new and from her wisdom, always something of truth".

I thank you for your attention.