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# Developing global orthopaedics

**A**s Editor-in-Chief, I confess to an occasional sleepless night when I realise, somewhere on our beleaguered planet, are 22,000 copies of *Bone & Joint*<sup>360</sup>'s first issue. That is plenty of readers, each poring over our carefully constructed words and those of our invited authors. Questions flash through my mind. What do they think? Do they like what they see? Does our pride and joy deliver what our readers seek? Of course, I can only guess the reaction but if you have an idea for improvement, please let us know. Remember, you are the reason 360 has been created.

With so many papers landing on my desk weekly from our totally invaluable Editorial Board, it is perhaps wrong that I should seek out a favourite publication. However, on this occasion I must break my golden rule. If you missed the Christmas 2011 issue of the UK's *British Medical Journal*, always fun to read, go straight to it now. There you will see cast-iron evidence that we orthopaedic

than our anaesthetic contemporaries but we are more intelligent to boot. Those of us with irrepressible egos have long known this but to have peer-reviewed evidence as well as statistical support makes this paper<sup>1</sup> something to be quoted until the next millennium.

Like so many things, medical practice evolves. For example, these days medical tourism seems almost to be normal behaviour. Some patients will not think twice before hopping on an aeroplane to seek their treatment overseas. Yet there can be a huge cost created by this, something that has been highlighted in the recent literature. In 2005, the loss by the United States to India and Thailand alone was between \$1.3 and \$2 billion. By 2011 this figure was set to rise to between \$20 and \$30.2 billion.<sup>2</sup> That is very expensive, particularly when it can be so difficult to obtain reliable data for the surgeries performed. Clearly, we all need

to be sure that our patients are fully informed of the risks and benefits of travelling overseas for treatment before they depart.

Yet when it comes to global orthopaedic practice, the Feature articles in this issue of 360 highlight two areas of great interest to us all. First, how many of us wish they had been able to spend some time working in the developing world? Many talk of it, few actually do it. We provide numerous excuses for sitting tight with our home comforts and not taking that plunge outside.

And yet, from the articles kindly prepared by David Wood and Richard Carey Smith (Perth, Australia) and Chris Lavy (Oxford, UK), there seems much to be gained by giving a little time to the underprivileged communities in less developed lands. Read what our colleagues say about life in Papua New Guinea and Malawi. If their words do not give you itchy feet, nothing will.

Second, there is industry, and our relationship with it, the subject of an excellent article prepared by Richard Field, Andrew Shimmin and Luciano Cattani. Our relationship with industry has been brought into sharper focus in the past few years, particularly as regulations tighten. Is it an uneasy alliance, as the article's title suggests, or is the situation somewhat simpler? Read what our authors have to say and send us your views. Should we orthopaedic surgeons embrace industry or keep it at arm's length? You will have firm feelings, I am sure.

So welcome here to the second issue of *Bone & Joint*<sup>360</sup>, which I hope you will find as enjoyable as the first. As before, if you have a view, be sure to tell us. Staying silent is no good to you, nor to me, nor to the journal.

My very best wishes to you all.

## REFERENCES

1. **Subramanian P, Kantharuban S, Subramanian V, Willis-Owen SA, Willis-Owen CA.** Orthopaedic surgeons: as strong as an ox and almost twice as clever? Multicentre prospective comparative study. *BMJ* 2011;343:d7506.
2. **Kumar S, Breuing R, Chahal R.** Globalization of health care delivery in the United States through medical tourism. *J Health Commun* 2011;17:177-198.

surgeons are not the ignorant critters our colleagues might suggest. We not only have greater grip strength



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