

## Editorial

The forgotten duties  
Of  
The specialty medical societies in Egypt

By

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We - in Egypt- have a medical society for almost every specialty in medicine. Medical societies are usually established by enthusiastic volunteers from the senior members of the specialty from universities, ministry of health, armed forces and other health sectors. As such the society is in a sense the think tank of the specialty. Senior members of the society are very clever in importing- usually from the west- every new treatment in their specialty, introducing it to Egypt. Thus promoting the new treatment and advancing the specialty. That is what they do and they are very good at it. But is that all the duties of a specialty medical society? Certainly no. Their are many other duties that are deliberately or unwittingly forgotten, and these are :-

A: We note that the updating and the advance of the specialty is only in the vertical direction missing the horizontal spread of the service to make it available for all who need it wherever they are in the country. Social justice and medical ethics demand that a medical service to be truly useful it must be available, accessible and affordable. A medical service that is available but not accessible, or available and accessible but not affordable is practically nonexistent for those who cannot access it or afford it.

B: In trying to make the service affordable, the society will discover that the western style medicine is too expensive to cater for the 100 million Egyptians. It is the duty of the society then to establish alternative protocols of management that should embrace the essential elements of the modern western style medicine and omit such parts that would not affect the outcome of the treatment. A specialty medical society is the only place where all the experts of the specialty come together regularly under the same roof. Alternative protocols are their duty. I have mentioned examples of alternative protocols in general surgery in a previous article in this journal.

C: For the service to reach all who need it there must be enough trained persons to deliver it. Training of such persons for new or advanced procedures is the duty of the society that is presently done occasionally and sporadically. It should be a regular and

systematic activity of the society.

D: To enable the members of the profession to provide an effective and safe service the society should establish guidelines for the practice about the suitable place, the correct indication and the qualified team for different procedures in the specialty. Also needed are guidelines about controversial issues, if we use gall stones as an example: how to deal with silent gall stones? ; do we need prophylactic antibacterial in laparoscopic cholecystectomy? ; when to convert to open cholecystectomy? ; do we need a histopathology examination for a grossly benign gall bladder?. Such guidelines from a specialty medical society will act not only as a guide for practice but also as a reference in medicolegal issues.

E: The society can also use its net site to receive and answer questions from its members and the public related to the specialty.

F: One important duty of a specialty medical society is to establish and promote the ethics of practice of the specialty e.g. the minimum learning curve, what should an informed consent contain for different procedures?, the ethics of advertising and practicing new procedures e.g. bariatric surgery.

G: Since the society represents the specialty in the community it should act as the expert in medicolegal issues. Asking hospitals authorities, the syndicate and the courts of law to respect and trust the opinion of the society in such issues. The society should then offer a collective rather than a personal opinion or judgment.

H: A lot of research is being conducted by different members of the society and others in the specialty. This research is so far sporadic. If the society acts as a pool for these research efforts, the collective, added and compared results will surely tell us something more. Also the society can suggest topics for research and offer to those willing to revise research protocols and can help the researchers by contributing to the material.

I: The society should also communicate with the industry to report equipment failure and mishaps, and to ask for more suitable instruments, cheaper instruments, more reusables rather than disposables. Also ask the industry for training opportunities for its members.

J: The society should do something to control the mobile units in its field. These mobile units go to under equipped hospitals on request, carrying all the necessary equipments for the planned procedure e.g. laparoscopy, arthroscopy or other procedure even up to cardiac surgery. Such mobile units are owned and run by mini investors who are not in the medical field and lack the sense of accuracy and urgency needed in Surgery. Backup instruments and perfect function are not in their mind. One way to control these units is to make an accreditation system and advise hospitals and doctors to hire only accredited units.

K: Finally I urge each society to try to answer the embarrassing questions in its field. An example of this in laparoscopic surgery is why after thirty years of the practice of laparoscopic cholecystectomy injury to bile ducts is still commoner than in open cholecystectomy? Is it because less experienced surgeons are performing the procedure? or is it because a new generation of surgeons who did not see much open surgery get lost in the bidimensional vision of the monitor and cannot relate it to the 3D reality of open surgery since they have not seen it being brought up and trained in the

era of mini invasive surgery. Or is it because the lack of tactile sensation in laparoscopic cholecystectomy and most mini invasive surgeries. We must remember that a surgeon feeds his brain with what he sees and what he feels. Loosing one of the only two senses feeding the brain in surgery is not easy.

The industry has been working on the problem of bidimensional vision with reasonable success but the work on developing instruments with sufficient tactile feedback is not enough so far. Concerned societies should press and help the industry to work harder in this direction.

I believe that each specialty medical society should appoint from among its members a committee to deal with one or more of the above mentioned forgotten duties. Other wise one may look at the society as being established only or mainly to satisfy the professional ego of its establishing senior members. This thought has crossed my mind, and must have crossed the minds of many others.

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