Reply from Mr N. H. Antia, FRCS

Sir,

Thank you for referring Dr Lobo's letter to me. My comments are as follows:

I agree that under ideal conditions it would be best to have fully qualified surgeons with special training in reconstructive surgery of leprosy to undertake all leprosy surgery. Unfortunately experience tells us that this is not possible for several reasons. Some of these are as follows:

(1) Most surgeons are not interested in working in leprosy because of fear, social stigma and lack of adequate remuneration.

(2) Those who do undertake such surgery do so only for a short period at the beginning of their career when they have little alternative work and drop it when other avenues are open.

(3) Even in proper surgical departments where leprosy surgery is integrated with other forms of surgery, the constant turnover of surgical and ancillary staff does not permit development of a coordinated team. This applies to all aspects of surgery and certainly to leprosy which seldom receives high priority. The poor overall quality of results bears testimony to this.

(4) The achievements of a few centres which are run by people with dedication can hardly fulfil the vast demand for this type of surgery.

(5) The expertise of surgeons not trained in this aspect of surgery leaves much to be desired.

The large number of leprosy surgery centres that operate at an appallingly low level of efficiency should convince us that our present approach cannot deliver the goods. Fortunately the deformities of this disease are of a repetitive nature and lend themselves to correction by a few standardized surgical procedures under local or regional anaesthesia. While one does not wish to minimize the extent of knowledge and skill required for these procedures, I feel that it should not be impossible to train persons like physiotherapists working with this disease to undertake such procedures after sufficient apprenticeship. In fact, we know of many physiotherapists in this field who have a superior knowledge of the anatomy and function of the hand and foot in leprosy to many a surgical specialist. I have had personal experience of nurses and physiotherapists who make excellent assistants and who with some encouragement and training can undertake some of these standard operations quite adequately. Some of these could well have become surgeons if the opportunity had been provided to them. We have mystified medicine and feel nobody else can undertake any of our functions even though we ourselves cannot deliver the goods.

The ability of simple unqualified persons to undertake routine abdominal operations like tubectomies on a large scale, with results comparable to those of qualified surgeons, as demonstrated in Bangla Desh, should encourage us to harness the latent human talent so readily available in developing countries to solve their own problems, rather than wait for the day when sufficient numbers of well trained surgeons will be motivated to tackle the surgical problems of leprosy.

I suggest that all existing centres take a few suitable candidates, preferably leprosy physiotherapy technicians, and give them the necessary theoretical and practical surgical training. Within a few years we should have sufficient trained personnel to utilize the idle capacity of many of the existing centres for leprosy surgery and provide a much needed service to the patients. Such a person will have the additional advantage of seeing the patient from the start to the finish of his treatment, will develop intimate rapport with him and avoid all the frustrations of a "team approach". He is also likely to serve the institution for a substantial period, if not a lifetime, at a cost which the institution can afford.

Medico-legal problems are bound to be raised, but then medicine is meant more for the benefit of the patient rather than for the benefit of the doctor or the lawyer.

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