



"If you are born poor it's not your mistake but if you die poor, it's definitely your mistake"

- Bill Gates

KHUDA SE DARO

Although many of my readers expect me to write about Yeddy and Kumaraswamy on a regular basis - for their stories, like telefilm serials, have the unexpected hype, turns and twists, the only other stories (not stories really, but real incidents) that divert my attention are the news of newly married women committing suicide following torture by husband and in laws, a father killing self before killing his wife and two little sons, school boys getting drowned in the sea while swimming at Tan-nirbavi and so on. The latest casualties are the accidents, accidents and more accidents taking place, every moment, every minute, every day involving trucks, buses, vans, rickshaws and what not. And the recent entrant to join the killing spree is the most recent invention of man - Mobile.

My memory goes much before mobile was invented. Even 17 years after leaving Salalah in Oman, I remember Sadiqbhai, a Pakistani, my driving instructor, who always yelled at me on the top of his voice as I went on killing cats, dogs, mongoose, or whatever animal came in my way: "Khuda se darr Miya, Khuda se darr" - he used to say. "Allah ne unhe zindagi di hai, unko baksho (For heaven's sake, please don't kill those mute animals, my friend, God has given them life. Please spare them!). Sadiqbhai always believed that I was killing the animals out of sheer thrill, whereas I was actually trying to save their life by swerving the wheel constantly.

"Accidents are bound to happen" - Sadhiqbhai was saying. "Every vehicle and driver is bound to meet with an accident at least once in their life time, but we must strive to save the life of others. Don't forget the fact that one day we shall be standing in Allah's court to give testimony to our deeds, good or bad. There will be no lawyer to defend us."

While in India, the data regarding accidents due to the usage of phones while driving is not available, but in America as per the records, 6000 people have lost their lives in a single year, 2008. This has prompted some countries including USA and the Middle East to ban using cell phones while driving but it looks like some countries such as India, are waiting to break America's record before passing any appropriate law.

The recent accident near Bangalore has disturbed the psyche of civil society. According to the news, a van carrying 17 passengers collided with a public transport as the driver was reported to be speaking on the mobile. I am sure this incident will prompt us to confront any driver on the phone while driving. He may be a rickshaw driver, a bus driver or may be a driver of a van carrying our own children to the school.

Do we have the courage to walk up to such drivers and say - "Bhagwan se daro mere bhai, Ishwar ne unhe zindagi di hai, unki jan aur tere gharwalon ki laaj rakh. Mobile bund kar de"

If we manage to do this, I am sure we will have the satisfaction of listening to our conscience. If not, I am afraid, our conscience is already dead.



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OPEN PAGE

Decision for Surgery — How to make the right Choice?

In the era of Right to Information and the wave of transparency sweeping across the country, the medical fraternity too is increasingly open about merits and demerits of various treatment options.

One issue needing more clarity is about taking a decision for a surgery. When a layman is advised a surgery, the multiple uncertainties involved leave the person in a dilemma. In the era of ever advancing Medical Care and multiple options, how does one make this choice, especially when there are issues that the physician has not discussed?

The uncertainty arises from contrasting stories heard commonly. At one end are frightening stories - patient dies after Liposuction Surgery OR patient permanently paralyzed after keyhole surgery. On other occasions, reports will glorify a difficult case treated by a recently developed Keyhole surgery, Robotic Surgery or Cosmetic Surgery procedure, and point out rising popularity of the procedure in general. Neither of these two extremes is something the layman can relate to.

Surgical procedures can certainly be done safely, consistently, ensuring both cost effectiveness and patient satisfaction, very often giving a new lease of life to the person concerned by considering the following issues.

PATIENT EXPECTATIONS

A Reasonable expectation is one that matches common opinion and the surgeon's advice. For example, when a joint replacement procedure is advised for severe arthritis, the pain and deformity is usually completely corrected, but full movement may be difficult to restore with even the best of existing technology. Sometimes, a person may not accept this compromise. Another person with a minimally bent nose may consider it extremely ugly, causing severe distress and other problems in life. In both these instances, the person may be seen as unreasonable.

It must be understood, that in certain situations a minor problem may be very difficult to correct perfectly OR that complete correction of a major problem is unlikely.

PROCEDURE OPTIONS

Inherent risks and benefits - In spite of obvious benefits of a procedure, there exist inherent risks that can never be overlooked. Every surgery has the basic risks of bleeding and infection that is prevented by following few standard precautions. Risk also depends on how well established the procedure is worldwide. Also, the less invasive a procedure, lesser are the risk of complications. However, deeper procedures are needed for long lasting and better corrections. Thus, a balance has to be kept between the amount of correction desired, it's longevity and a reasonable risk.

To illustrate, many abdominal procedures, previously done as an open surgery can now be done as a Keyhole procedure by Laparoscopy.

But, among the facilities available to the patient, it needs to be found out how frequently the technique is used for the problem at hand. The benefits of keyhole surgery in terms of a faster recovery, lesser hospital stay is valid only if the surgeon can keep the procedure risk low.

HEALTH CARE FACILITY

- A standard surgery planned for a healthy person or someone with minor medical problem can be done at any health care setup with basic safety facilities in the Surgical Suite. However, a setup with an ICU facility is essential when doing a very major Surgery, OR when doing a regular procedure but for a patient with major medical problems.

SURGEON INVOLVED

Training and experience of the Surgeon is an essential issue. For example, with popular medical procedures such as Cosmetic Services or Keyhole Surgery, the abundance of self proclaimed experts makes it difficult to choose/identify the right Physician to help with the problem

Some considerations in choosing a Surgeon include

1. Qualification
2. Association/Professional body memberships
3. Experience of the surgeon with the procedure
4. Approval by Hospital to surgeon
5. Approval to Hospital

For example, a trained Plastic Surgeon completes at least 6 years of surgical training with at least 3 years intensive training in Reconstructive & Plastic Surgery. In India, this earns the qualification of either a M.Ch. or a DNB in Plastic Surgery

and the membership of the Specialty organization - Association Plastic Surgeons of India - www.apsi.org.in. Similar qualification in the UK is a FRCS in Plastic Surgery and in US it is a Board Certified Plastic Surgeon.

Chances of complications are high when a procedure is undertaken without the suitable training, knowledge or experience. It leads to disappointment, loss of time and money besides bringing disrepute to the specialty.

PROCEDURE COSTS

With increasing demand for popular services like Cosmetic Surgery and Keyhole Surgery, patients and physicians look for cheaper options. However, cutting costs beyond a point can compromise safety. Possible ways to keep costs low include choosing a non-Metro city (such as Mangalore) OR choosing a surgeon who is less busy, provided he meets your satisfaction.

TAKING THE FINAL DECISION

Finally, after gathering all this information, can a decision for Surgery be made quickly? This may be possible in case of common problems, but a second consultation is usually helpful - whether with the same or another surgeon. Collecting additional information from websites, discussion forums or support groups will always help.

As I conclude, there must be a mention of 'faith in the Doctor' - this cannot be measured. Faith to accept that even with the best attempts, there are issues beyond a surgeon's control, Faith that the Physician will do his best!



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