

ORTHOWALKATHON- a Life Time Journey through Orthopaedics

Dr. J. Maheshwari had the privilege of interviewing one of the most renowned Orthopaedic Surgeons in the world, Dr SM Tuli. He is well known across the globe for his work and research in



Dr SM Tuli

musculoskeletal tuberculosis. We present excerpts from the interview

J.M: What made you decide to become an orthopaedic surgeon?

SMT: In those days, mortality and morbidity was very high in general surgery, and I found orthopaedic more suitable.

J.M: Didn't your rather small stature come in the way of your choosing orthopaedics?

SMT: When I joined as professor of orthopaedics at BHU (Banaras Hindu University), medical students came to meet this 'new' professor of orthopaedics, and did not find me what they expected - a tall big muscular person, something synonymous with orthopaedic surgeons in those days.

J.M: How do you find the change in fracture treatment, from majorly conservative then, to mostly operative now?

SMT: We have gone overboard with operative treatment of fractures. Operative treatment is a welcome change for certain fractures, particularly for femur shaft fractures and hip fractures where it has made early mobilisation possible. But, in vast

majority of upper limb fractures and even tibial shaft fracture, for example, a well done conservative treatment can give rise to equally good results. Even early mobilisation is possible by adopting cast bracing.

J.M: If it is so, why is the whole world moving towards operative treatment of fractures – is it patient demand and changing life-style, or excessive selling by us?

SMT: It's mostly the way we sell our method of treatment. If you explain to the patient that I can give you as good a result with non-operative treatment as with operative, they will opt for non-operative. In vast majority the difference in recovery pattern with or without operative as long as the patient is up and about, is not much. If as a surgeon, you are convinced that you can deliver equally good results with conservative method, it's very easy to convince the patient by telling him that this is the way I will treat my brother or father etc. I would recommend this way of deciding whenever you are in clinical dilemma – ask yourself, how will I treat if this patient was my relative.

J.M: Joint replacement has been a major development in orthopaedics in past few decades, and now we are hearing this new term 'Joint preservation', does it indicate that all is not well with joint replacement surgery.

SMT: Joint preservation, as long as possible is always a good idea. With

increasing longevity of humans, we will have to keep joint replacement as the last option as biological joint is always better than artificial joint. One can easily buy sufficient time by joint preservation methods, and then finally do joint replacement when nothing will work. It's being over sold, particularly for younger people.

J.M: This is my personal dilemma that all the reports, so called evidence-based medicine, comes from developed world, often from top institutions of those countries. Do you think using them in our setting is justifiable?

SMT: A lot of developed world is very different, and what works there cannot work here for various reason. Particularly USA - it's a different country, and no other country is like USA. The way they think, speak and practice is very different from rest of the world. We have to be very careful about choosing methods which suit our patients, meets their demand.

J.M: A youngster is lost today as to how to craft his carrier, in the midst of so much development in orthopaedics. How to craft one's carrier amidst such a situation?

SMT: I would say, find a mentor, a role model. That will be an easy way, if you find one. If you don't find one, work towards becoming a role model yourself. Another fact is that no body can do everything in orthopaedics, with a broad base of being able to handle

general trauma, one must focus his attention to a limited area of orthopaedics. Even the most enthusiastic orthopaedic surgeon cannot do everything today.

J.M: I find a lot of youngsters in dismay, when they see how medicine has become commercialised, and how unfair practices such as soliciting patients etc. have taken roots. They

wonder whether it's at all possible for a sincere ethical doctor to make it big? What is your advice to them?

SMT: Well, medicine has undergone change, particularly with lot of corporate hospitals coming in. They do have good facilities, but their focus is on earning more, for obvious reasons. But, medicine is largely a profession where 'Gatha – word of mouth' is very important. Buddha was born in India,

and still Buddhism spread upto Japan, only because who so ever visited him, had to tell a story on way back, and hence from India to all the way to Japan its Buddhism. My suggestion will be to do good ethical work. Earn less, but earn peacefully. In fact, I can say, earn less to earn more – similar to eat less to eat more!

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