

Interview with Profesor D P Bakshi



Profesor D P Bakshi Dr. Swarnendu Samanta

I am Dr. Swarnendu Samanta and I represent the Journal of Clinical orthopaedics. It is my great honour and privilege to sit across a man who truly is a living legend, a giant in the field of orthopedics, DR D P BAKSHI. He is renowned not only in West Bengal and India, he is reputed in International circles for his teaching, publications and path breaking innovation in orthopaedic surgery. A truly great human being and we all have been his students, rather I am the student off his students, so it is a great honor for me. I will be asking him a few questions today

Sir my first question to you, it is probably a silly question. What made you choose orthopedics as your specialty?

Prof.D.P.Baksi:

Initially, I was a general surgeon. So I worked as a general surgeon

for several years, I did many abdominal surgeries, but I was transferred to orthopedic department due to service requirements. And, when I was transferred to orthopedics department, then I gradually developed interest in the subject and subsequently I followed my heart and continued in orthopaedics.

Dr.S.S:

So its a coincidence, not your particular choice; That's really interesting .

You being in orthopaedics , was a boon for the discipline of orthopaedics and thousands of thankful patients. The fact . we all know that you are totally committed to your patients , to your profession and to your clinical research. Even at this age you keep yourself so updated with latest developments in the subject you are probably more updated than many of your juniors and us.

How do you get the impetus for being so committed to academics when most people of your age choose to retire

What is the secret for this immense dedication?

Prof.D.P.Baksi:

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My interest in the subject started to grow, which motivated or stimulated me to do further work in different directions

Dr.S.S.:

What is the message to the juniors, in terms of commitment to this subject?

Prof.D.P.Baksi:

They must love the subject. They should think of what new avenues of research that can be started to address the deficits in this particular subject, which has not been stated in the journals or publications. And one should think of how innovative techniques can be applied in this direction. So basically I want to tell them, not to be satisfied doing routine job, try and think outside the box.

We should always think of critically whatever we read in a journal or textbook, it may not be hundred percent perfect. There may be some lacune, and there may be some new ideas, new room for improvement on the topic

Dr.S.S:

Sir, as you have always taught us that patients are the greatest teachers, do you still believe that?

Prof.D.P.Baksi:

Patients come to us with unique problems, naturally we were challenged and had to come up with innovative technique.

Dr.S.S:

Sir I have been your disciple for life and followed your career closely. I have read everything you published, attended as many

lectures I could. Your body of work is immense ranging from muscle pedicle bone graft for neck of femur fractures to treatment of osteonecrosis, to elbow arthroplasty and pesplasty. I will request your staff, so that they can give a write-up of all that, so that we can include that in our write-up. We know that at one point of time you were the President of IOA. We would like to know your thinking process while you were president and how you approached the job

Prof.D.P.Baksi:

Nothing special as president of IOA was just a post. My work, my service for my patients and my innovation went on.

Dr.S.S:

I know even when you are not doing surgeries, your mind keeps on working and innovating of how to make the treatment specific and suited for Indians

Prof.D.P.Baksi:

Of course. From the experience of previous surgeries, in a strive to improve upon them new techniques generated. Whatever is published there is always room for improvement. You have to innovate depending upon the necessity of the particular problem.

Dr.S.S:

Sir tell us about the history and dream of the elbow prosthesis you developed?

Prof.D.P.Baksi I first designed the metal on metal elbow prosthesis implant in 1974. Then the elbow stimulator study was done for 5 years in Science Collage with that first prosthesis. Thereby, first generation prosthesis came for clinical use on 1978, its modified version, 2nd generation since 1984 and finally modified 3rd generation on 2004. First generation prosthesis was relatively rigid hinge. Both the humeral and ulnar components were equal without laxity. Then by elbow stimulator study I found that if 7- 10 degree laxity is added wear can be reduced, and I modified to second generation with components of unequal size, so that, during elbow motions, contact area did not remain same all the time. So, it would last for longer period with reduced chance of stem loosening.

Dr.S.S:

I understand that, because I have used your prosthesis in Peerless Hospital also.

I have seen you demonstrate TER in SSKM in 2004 when I visited as J and J travelling fellowship of IOA.

It is still in use and people are doing it.

Prof.D.P.Baksi:

Are People using it? I thought that it has stopped

Dr.S.S:

People are still using, it was published both from Delhi and South India too .A paper on the Sloppy hinge prosthesis has been published in the Indian Journal of Orthopedics, even in some other Index Journals .

Prof.D.P.Baksi:

Also in international journals like JBJS

Speaker 1:

Yes sir, I have read that article .

Prof.D.P.Baksi:

Various articles have been published regarding use of this prosthesis in Post burn ankylosis of elbow, old intercondylar humerus fracture, highly comminuted elbow fractures “bag of bones”

Dr.S.S:

There are reports from different centers that the latest design it is best.

Particularly preserving the condyles. So that you keep the maximum bone stalk. Hence the longevity and survival of the prosthesis much more.

My next question is ,what are your thoughts on the current scenario of medical education and profession. Weather this is good or there should be some changes in teaching of orthopedics.

Prof.D.P.Baksi:

I have been away from teaching for 5 to 6 years.

Dr.S.S:

Nevertheless, the way you know that now The DNB and MS is there.

Prof.D.P.Baksi:

These are degrees one acquires by passing exams to get a certificate for practicing orthopaedics. But development of orthopedics

will only take place by innovative approach by the candidates. Whatever one does or reads, they must remember that some lacunae can be there, this is the way one can improve .

Dr.S.S:

After MS General Surgery ,there is option to do superspecialization, and there is FNB after DNB Orthopaedics, what is your opinion about adding superspeciality options after MS Orthopaedics, like spine, arthroscopy, arthroplasty, paediatric orthopaedics. Can we do something from IOA?

Prof.D.P.Baksi:

I think it is not so essential. You see in NHS they only offer FRCS degree, there the student can practice all the branches. One qualification is enough but you have to develop different techniques and different subspecialties. For the development of subspecialties, the degrees not essential.

Dr.S.S:

Basically I mean fellowship. Like unless one has FRCS, one cannot practice as an orthopaedic consultant. So do you feel that a fellowship , obviously suppose somebody after the MS/ DNB will be helpful? For example in spine, such that they can do it safely.

Prof.D.P.Baksi:

Actually training is essential which is important than the degree;

Degree is an introduction to your interest about particular specialty,but for development in that field one needs to improve the techniques and have innovative approach. Not merely a degree. If one gets such a degree that means perhaps you are more qualified , this is not mean much , the candidate can't perform that operation probably .

Many postgraduate pass outs can't operate well enough. So, superspeciality degrees only,will introduce to the subspecialty,but improvement of the specialty is based upon your knack and wish to improve in that subject.

Dr.S.S:

Sir people like you are just not teachers, you are Gurus . Now a days we see people are getting influenced about surgery under the influence of industry ,regarding use of implant. So what is your opinion and guidance?

Prof.D.P.Baksi:

Industry representatives have some contribution; no doubt, but you can't accept whatever they say on face value. As a doctor you have to be critical about the necessity, application and utility of a given implant which is being advertised.

Dr.S.S:

Now a days medical profession has lost face in front of the masses, people blame, that doctors don't have any ethics. What is your take on ethics in our profession and how to uphold it?

Prof.D.P.Baksi:

Ethics can never be compromised with, it's a must. Not only in medicine but in every profession and every aspect of life.

Dr.S.S:

So ultimately,the final question probably to you, what's your message towards the budding orthopedic surgeons Surgeon someone who has just passed out and about to start his career, What is your message , how they should go ahead with their carrier, how they can update themselves every year to do something because probably what we learnt 20 years back is not true today. So every time he has to rethink and retrain. What is your advice?

Prof.D.P.Baksi:

He has to understand and love the subject. And remember to assess critically whatever is written in the books.Whatever new article one reads, one must not take it at face value, only then will innovation and genuine improvement will be possible.

Dr.S.S:

Some times we feel that our profession is loosing the fellow feeling, adverse and hurtful comments been made by one doctor about another on adverse outcome of a surgery or looking at a post op XRay

Prof.D.P.Baksi:

Ethics and education should go simultaneously. Education, what you have learned must be expressed in ethical way and not unethical way by hurting anybody.

Every method has some got lacunae, may not be known today, may be known tomorrow. Nothing is 100 percent perfect. No technique, nothing is 100 percent correct for the whole life.

Dr.S.S:

Because we all tell our junior, please don't pass comments in an irresponsible way.

Prof.D.P.Baksi:

That is the habit you know; the loose talk and loose commenting to colleagues, is a bad practice, It is not only in our profession, it is human nature. Everybody has some merit and demerits. So we have to understand that; sometime loose talk is hurtful but ignore them. If you ignore them that's the best and dignified response. One should introspect regarding the merits of their hurtful statements.

Dr.S.S:

Sir,,it has been a great honour and privilege to get the chance to interact with you .

Thank you Sir and wish you good health and remain as lighthouse to all of us.

Namaskar.

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