LOOKING BACK the last 25 years - the lessons learnt

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I came back to Coimbatore, a tier 2 city in South India in 1991, after training in Stoke Mandeville and Canniesburn in the UK for 2 years and Louisville, USA for a year. My brother, an orthopaedic surgeon, who spent 3 years in the UK returned at the same time and together we set up a specialty centre for trauma in a 35 bed hospital which our parents had started earlier. I have had my basic hand and plastic surgical training with Prof. Ramaswami Venkataswami, the doyen of Indian Hand surgery. Before our arrival, Ganga Hospital was a polyclinic, catering for all specialties. Our main thrust was to create a centre which would cater for major trauma and introduce microsurgical reconstruction. At Coimbatore till that time, no one had specifically projected himself as a hand surgeon. Our senior nurse everyday kept telling me that my name tag evoked surprise among people and she had a tough time explaining to people the term 'Hand Surgeon'. One day she suggested that I take off the tag 'Hand Surgeon' because again, one patient had just confronted her stating: 'What is special about this? I thought everyone operates with their hands'. He could not even think that someone can specialise in hand disorders.

Picture of my brother Dr. Rajasekaran and myself

But we held on. In the time between 1991 and 2014, lots of things have changed. We have become one of the busiest hand trauma reconstructive surgery units with 9500 surgeries every year, and attracting about 100 surgeons from all over the world to visit us. It is nice to go down memory lane and think of the factors which made this possible. When we started, many with good intentions advised us that we should do sessions in major hospitals, because major injuries will come to major institutions and not to a start-up unit. But we were very keen to develop the institution which our parents had nurtured with so much difficulty.

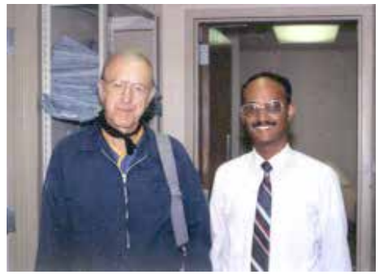
Before coming back, I spent the last few months of my fellowship at Louisville with Dr Harold Kleinert. A genial man, who could sometimes utter some words which would have a great impact on one.

When I used to discuss the starting of a Hand Surgery Centre with emphasis on hand trauma in India he infused the 'can do it' feeling. The basic tenet against its success was that the injured people were poor and that they cannot afford treatment in a private set up. At the time of our coming back the insurance penetration in India was just 2 %. To that Kleinert used to say:

> "As long as you love doing hand surgery, and keep doing good hand surgery without worrying about money, everything else will take care of itself

That was comforting to hold on in the beginning.

Myself with Harold Kleinert during the Louisville Fellowship.



The other advice he gave was the need to have the three 'A's to start a hand injury service: **"Availability, Affability and Ability"** in that order. This again was making us persist to stay in one place. Things do not work out immediately and it is one's good fortune if some encouraging signposts become available. In the beginning, since I had little work to do and a lot of time at hand, I used to attend all medical meetings in the city using it as an opportunity to meet people and talk about microsurgery. Microsurgery was new to the region. The guiding light came in the form of a lecture by Mr Thulasiraj, executive director of the Aravind Hospital in Madurai. Aravind Hospital is a marvellous model of eye care. Its founder Dr Venkataswami started it after his retirement from Government service at the age of 58. In a span of 15 years Aravind had become the foremost eye care provider of the world. They had a purpose of 'preventing needless blindness'. In the lecture, Thulasiraj explained the need to have a good purpose and that the power of good purpose is unlimited. One just needs to relentlessly chase that purpose. Aravind presently does more than 250,000 surgeries a year, treats more than 60% of them totally free, still makes a profit, is debt free and has become a Harvard business school study model for healthcare delivery. He went on to say that only 8% of patients with blindness due to cataracts in India were getting operated when they began and that all the doctors were fighting within that small market share. Aravind just concentrated on the underserved 92% of the population and grew. Three factors were identified for people not being in the service net. Some were ignorant that treatment was possible, some knew, but did not know where to go, and the rest knew where to go but could not afford the treatment. Aravind's answer to the problem was to educate the masses, project the place and subsidise or offer free treatment. It worked.

At the end of the lecture, I walked up to the speaker and told him of our goal of starting a hand injury service and wondered if the same principles would apply. He gave an emphatic 'yes' and wished us all the best. The idea was clear – we need to have a good purpose and relentlessly chase it whatever it takes. We articulated our purpose of **"Preventing needless morbidity due to hand injuries"**. The idea was to prevent hand injuries, but we should be treating all the hand

injuries that occur in the region. So we printed some brochures – one on the need for safety in the workplace, one on first aid for hand injuries and one on microsurgery for hand injuries. It had a remarkable effect. Many industrialists said that the number of injuries definitely reduced after they put up the posters and they sent us all the patients when injuries did occur.

Once the patient flow started, the problem of affordability came in. We were very keen to do replants. We were struck by the stark reality that no one got injured with money in the pocket. If they needed replants we just had to do it. So we kept doing and every time we succeeded, it brought in a lot of good will. Some did not pay, many paid much less, but overall because of volume we did fine. If the replant failed it was possible to charge the patient only for the closure of the amputation stump. That kept us really on the fence to perform at our best all the time. If I lost a replant, all of us lost - myself as surgeon, anaesthesiologist and the hospital. I should pay a great tribute to our anaesthesiologist Dr Bhat, whom we unfortunately lost a few years ago, (read: 'Game changer in trauma care' at www.gangahospital.com) and to our parents who allowed us to pursue our dreams without worrying about the financial part of the equation. It is said that 'in the decision making process, if you leave out money, you make the right choice, and the right choice leads to money'. It did for us. We expanded from 35 beds in 1991 to 135 beds in 1997 and to 420 beds in 2007 and presently we have 480 beds catering just for the two specialties of Plastic and Reconstructive Surgery and Orthopaedics.

> “In the decision making process, if you leave out money, you make the right choice, and the right choice leads to money’

The system was established that no one paid on arrival. We would explain the cost involved, and in an emergency what needs to be done will be done irrespective of the patient's ability to pay. That decision helped us to build the brand Ganga. People felt that 'if you get hit, if you go there they will take care'. In healthcare so much depends upon trust. The trust grew every time we saved a life or a limb. The close collaboration of the Plastic and Orthopaedic teams supported by an incredibly efficient anaesthesiology team made it possible.

The model I think is replicable, but it needs a total conviction in the purpose. It has to be matched with good skill, and incredible hard work. The conviction of the purpose helps you to put in the work and makes the effort enjoyable. It can also draw in people who share the same vision. At present when medicine is at the crossroads with so many young people seeking direction, I am convinced of what Harold Kleinert said that day holds true, 'As long as you love doing hand surgery , and keep doing good hand surgery without worrying about money everything else will take care of itself'. The only things required are the love for doing it and development of skill.

The high volume – high quality – affordable cost model cannot be achieved without a great team. We are fortunate to have gathered a group of people, who have sacrificed their smaller goals for a shared big one. It demands hard work from everybody. For the first two decades I have not heard the words, 'Work – Life balance'. I think the way to achieve it is a very personal thing. All great things can be achieved only with the support of the family. Achievements have no meaning if the family does not rejoice the accomplishment. The

Ganga Hospital in 1991

Ganga Hospital at 1997 (the first block in the background)

Ganga Hospital in new premises in 2007

key is to get the family involved in what we do and they take pleasure and pride in our professional success.

'Work – life balance' has two words. One is work and the other is life. First of all we need to think what gives us this life. It is our work that gives us this life and hence we can't complain about it. It is my feeling that people talk about work--life balance when they do not achieve their goal or are not clear as to what they want in life. I am convinced that it is not the amount of time you spend with your children or family but how you spend the amount of time that you have. Just as in healthcare, here also it revolves around trust. Once I had a young girl from a poor family just out of school ready to join college. She had gone to do a part time job in a textile company to get some extra money to buy books. Unfortunately she sustained a dorsal composite loss of the hand. She needed a flap cover and it took us about 4 weeks to get her wounds healed. Throughout the stay, an old lady stayed with her and I never saw her parents after they admitted her. When they came on the day of discharge, I just started asking them how they could be so heartless not to come even for a day when their daughter had such a severe injury and as to what her daughter would think of them. I felt humbled when her father answered, 'Doctor, please don't get angry. We love her a lot. Throughout this period both my wife and I worked extra hours so that the life here will go on. We wanted our daughter to get the best care possible'. I am sure the absence of her parents at the time of need would not have mattered to the daughter because she knew that they are doing it for her. In life it is important to build that trust. It is built by frequent communication and sharing of the vision. In the answer of the parents there are the two words – work and life and there was a successful balance.

Early in my career, an incident left a lasting impression. I shared the dais at the annual day of a Physiotherapy College with Mr Ali Irani, the chief physiotherapist of the Indian cricket team. A person introduced me as a 'doctor with terrific stamina, since he operates daily for 10 to 15 hours'. I tried to downplay that, stating that Mr Irani deals with our national cricket team players who have greater stamina. To this Mr Irani replied, 'Stamina is purely a mental attitude, not a physical attribute'. He said that if you can perform or do a thing which needs to be done, when you are physically tired or you don't like to do it, then you have stamina'. He went on to say: 'Operating for 15 hours does not mean that the surgeon has good stamina, but when he goes home, and if his daughter asks, "Dad, shall we go for an ice cream", and if the surgeon then could say: "Well that is a good idea, let us go" then he has stamina'. That conversation helped me to put our professional work in a right perspective so often.

After the unit became busy, two things became obvious. With time, you only work harder and longer. This was in spite of the team becoming bigger. Then I understood the words of Harry Buncke: ' I always thought it is

going to get easier, but it never does'. How to keep going? I think one needs to see the larger picture of one's work. If in the middle of the night we see a child who needs a radical debridement, humerus fixation, repair of the brachial artery and then cover the wound by a pedicled latissimus dorsi flap which will serve both as cover and elbow flexor, then one need to be at his best till the end of the procedure. The individual technical steps look daunting, particularly at night. But if we consider that our efforts that night will give the right arm back to the 10 year old child, that she will be able to play with her friends as before, will pursue her dreams at college, get married and raise a family, then we get the extra push to continue on with attention to detail. It is the ability to see the larger picture of our efforts that can keep the leader of the team to keep on going.
Timing of team building and choosing of the team members is very important. Once again to quote Harold Kleinert: 'I don't mind selecting a monkey when I choose a fellow. All I want is an interested monkey. Interest in hand surgery is important. But when you want to choose a partner, don't just rely on skill levels. He or she must be acceptable to the people in the unit, to the staff, to the therapists, to the secretaries and so on'. It was a great education to me whenever I had to make a decision in expanding our unit, then I think back on this advice.

The hard work and the team effort got the unit to the leadership position in the region. I very soon realised that leadership is not a permanent entitlement. This is not a challenge exclusively for the medical profession. Even Bill Gates has said: 'History has shown that the leader of a field in one generation is not the leader in that field in the next generation. I am afraid of history and I want to beat history'. The periods of leadership is getting shorter and shorter. In some professions, like sports and cinema it may even be only a few months.

Bob Acland visited our unit in 2006, and he wrote the following words in our visitor's book. 'I am happy that I am in the United Nations of microsurgical progress and education. This feels the same in terms of energy and excitement as Louisville in the seventies and Ljubjana in the eighties. My best wishes for your continued success'. Though it made us jubilant that he compared us to renowned units, it also made me feel that he has given a decade for each unit. Later that night I talked to him about it and our discussion went on to the rise and fall of institutions. Bob Acland said that he found 3 common threads in the fall of all great institutions. First was 'Celebrating success'. He said that once a unit succeeds, a sense of invincibility creeps in and the founders keep on explaining how they succeeded, not giving their unit the vital push all the time. The second was: 'You will train the world, but may not take care to train the people who will be working with you. The skills of the next generation must be honed up'. And the third and the most important: 'Over a period of time, forgetting the core values which brought you up to this level in the first place'. The points were delivered like someone hitting the head with a brick. They all appeared so true when looking at some units in hindsight, and I constantly try to keep them in the back of my mind to prevent us from wavering from the course we have set for ourselves.

Tier 2 City of Coimbatore with heavy traffic and many pumps and textile manufacturing companies

The last 25 years has also taught me that it is impossible to have any direct effort – reward relationship. One has to just follow the heart and do what one likes, to do what is right without thinking of the effects. Time and again instances have proved this right and I will just quote two incidences. India, although it joined the IFSSH, never paid its dues to the Federation from the beginning. Dr Amit Gupta my good friend, wished that we host the meeting in India and after the Finland meeting told me that India is not a member of good standing since we have not paid the dues and in that case we can't bid for the meeting. During the next meeting in Vancouver, in the corridor both of us were talking and I told Amit Gupta: 'Amit you give me US $ 500 and I will take it as the subscription and will attend the council meeting.' It was, but an impulsive decision just to erase the label, 'not a member of good standing', from our country's name. Dr Guy Foucher was the President of IFSSH and he was very welcoming and Dr Lam Chaun Teoh helped to keep the butterflies off my stomach when I went in to attend the council meeting. Thereafter we regularly paid the subscription by personal contributions. To our own surprise we won the bid to host the IFSSH meeting just 3 congresses later at Sydney. At the time when we joined the council meeting in Vancouver little did we realise that we will host the IFSSH 2013 Congress.

Similarly, when I came back from Louisville, I had a great desire to set up a micro lab like the one founded by Acland at Lousiville. I came back with the tapes, but it took 10 years to manage the funds to get the microscopes for the lab. In the beginning it was a great loss making venture, but now it has become one of the busiest micro labs in the world with about 75 surgeons taking the course every year. It has helped surgeons from 50 countries to visit us and so far around 720 surgeons have taken the course. When we started the lab we never thought that it will bring in international trainees. Now I feel that our lab contributed to showcase our work to the world. I am very convinced that in major decisions one has to just follow the heart and be passionate to the cause and things will work in a bigger way than we even could imagine.

That is exactly what the great Indian philosopher Swami Vivekananda said: **'Take up one idea. Make that one idea your life; dream of it; think of it; live on that idea. Let the brain, the body, muscles, nerves, every part of your body be full of that idea, and just leave every other idea alone. This is the way to success'.**

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