

'The Art of War'

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The period 2020/2021 has been an extremely interesting time. The concerns around the 'rise of pseudoscience' referred to in my inauguration address last November have turned out to be prophetic to say the least, with my screenshot taken off the TV of the 'shaman of Q-anon' being superseded by his public involvement in the storming of the Capitol in January and his subsequent imprisonment.

Among the noise, my concern about how we will practise our craft of healing in this environment of mistrust, distrust and the proliferation of the 'instant expert' may have been lost or misunderstood. Please pay attention to this!

Things have really seemed to only accelerate with the vaccine development and rollouts being challenged, the treatment protocols for Covid-19 being influenced by the media and internet, and signs that global mental health has been negatively impacted by the lockdowns and restrictions, which seem to have polarised communities across the world. All we can do is 'carry on' as normally as possible, and hope this influences those around us to do the same. To do this we need to have accurate and reliable data to support our decisions.

'The hottest places in hell are reserved for those who maintain their neutrality in a period of moral crisis.' – Dante Alighieri

Many of the decisions made by some eminent scientists over the last year have been flawed, and we have to acknowledge that nobody really knew, or knows, what to expect. The initial literature from Wuhan advising against surgery during the pandemic was based on 33 patients, only three having had orthopaedic surgery for hip arthroplasty, with the bulk having procedures for abdominal surgery and neoplasms.

Although there have been follow-up papers with more 'statistical power' concluding that major surgery and Covid-19 are not a good mix, those of us doing trauma emergency work, as limited as it was, did not seem to experience this anecdotally. I am sure that the longer-term trials and experiences will clarify this conclusion in the coming years as we live with the virus and its variants.

Another example is the decision to stop the Oxford-AstraZeneca vaccine rollout, after the vaccine had landed in SA, based on the analysis of a study involving approximately 2 000 patients but, actually, only 40 odd having had the genome sequencing for the 'newer variant', and a 20/20 split between the placebo arm and the vaccine arm. That means the decision was made on the basis of the immune response of approximately 20 patients.

Clearly, these decisions may turn out to have been good ones, and time will tell, but the application of the scientific process was

not always, in my opinion, well served by these events. It is for this reason I would like to reinforce my plea to our membership to register with and submit their data to the South African Orthopaedic Registry (SAOR). The SAOR remains a world first – the only attempt to host a comprehensive registry of *all* orthopaedic procedures performed in a country, independent of the hospital groups' and funders' data.

The registry is gaining traction, and we are starting to generate reports which will be useful for our negotiations, and will enable us to challenge the funders' and hospital groups' data interpretations. In addition, they will assist in comprehensively and intelligently planning for the provision of national orthopaedic excellence and implementing our mentor programmes.

Ten per cent of our membership is actively participating, and despite the lockdown restrictions over the last year, we have close to 3 000 patients registered. We need this number to increase so that we can honestly and accurately represent all our membership.

'If you know your enemy, and know yourself, you need not fear the result of a hundred battles.' Sun Tzu – *The Art of War*

Discussions with our fellow associations and specialties, locally and across the world, are met with envy, and indicate that we are way ahead of the game. Let us remain leaders. Please engage with the registry, register on the website, load your patients, and use the operation note functionality and patient-reported outcome measures (PROM) opportunity to help us to help you.

Finally, as we plan for the SAOA Annual Congress in September, please be assured that we have heard the members and will plan another hybrid type of event, with enhanced virtual offerings and hopefully enhanced face-to-face events that will comply with the regulations of the day.

Stay safe, get vaccinated and carry on!