

## INVITED ARTICLE

# Spine Aid

Amarjit S Rai

**ABSTRACT**

Spine Aid has helped Indian children with scoliosis, educates local surgeons and promotes local centres to perform these complex operations in partnership with UK based Spinal Surgeons. The study highlights the need for valid outcome data to confirm treatments offered are cost effective.

Dr Rai explores his Indian roots, education, and development of the charity Spine Aid.

**Keywords:** Outcome measures, Scoliosis, Spine charity, Spinal registry, Value based treatment.

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**INTRODUCTION**

Dr Amarjit S Rai gives his account of growing up in the UK, his training, and how Spine Aid was formed.

I was born in Hoshiarpur, a district of Punjab, and migrated to the UK in the early 1970s. Most of my schooling was done in the UK and my parents highlighted the significance and importance of education.

Like most UK consultants, I enjoy my National Health Service practice over my private as this allowed me to treat patients from all walks of life and care is provided based on need as opposed to ability to pay. However, our aging population and high patient expectation has created increased demand where we now need to ration our limited resources. In the spinal community outcome, data are very important as these allow us to calculate value and these are then used to commission care. The British Spinal Registry has over 71,000 patients and very soon it will be mandatory (linked to payment) for all UK surgeons to record their outcome data. This will improve the quality of care we can deliver to our patients (please see editorial Hutton/Rai) and I am sure it is a matter of time before this is accepted in India.

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Surgery is very humbling and a surgeon's response and attitude to a significant complication is test of his character. Some of the best learning seminars are from our morbidity and mortality meetings. As in most vocations, learning is lifelong. As a young surgeon, we often relate surgical ability to success but in reality, patient selection and consent with managing expectations is just as important. Our regular Spine Aid camps have greatly helped me learn from my peers, seeing patients collectively, discussing options, and operating in teams:

Real-time practical learning which we are trying to recreate in our consultant fellowships back in the UK.

**SPINE AID**

We initially travelled to Zambia working in charitable hospitals across the country (cure.org). This is a Christian organization that helped the poor in Africa by funding hospitals that could deliver modern and up-to-date treatment in the developing world. The UK spinal community received and encouraged our efforts. Many surgeons at different stages in their career gave up their valuable time to help and treat patients. During these visits, I came across many inspirational people who worked solely to help others without material gain. Their reward was sense of service and helping those less fortunate.

Our years in Africa taught us that you need a committed local surgeon who can coordinate the visits, care for patients in our absence, act with the patient's interest as a priority, and work in an institution that is open to everyone. This was initially facilitated in Mumbai by Dr Shekhar Bhojraj who through his links with Mr Sashin Ahuja invited us for a 2-day charitable scoliosis surgery symposium to Mumbai in November 2013. The event was sponsored by Spine-Aid and the team consisted of Dr Amarjit S Rai, Mr Bob Crawford, Mr Jayesh Trivedi, Mr Sashin Ahuja, and Ms Helen Grover (neurophysiologist).

This charity mission gained more support from the UK-based surgeons of Indian origin and led to a week-long charity mission to Ahmedabad, in February 2014 in conjunction with Polio Foundation Ahmedabad and Indo-American Spine Alliance with a much bigger team [Amarjit S Rai, Iqroop Chopra, and Mushtaq Shaikh (neurophysiologist), Sashin Ahuja, Shaishav Bhagat, and Vinay Jasani]. The team performed surgeries in Polio Foundation with the support of Dr Bharat Bhagat and Dr Amit Jhala at Civil Hospital with the support of

Dr MM Prabhakar and Dr JP Modi. Ahmedabad has been an annual event in the calendar for the team since then.

Dr Sarvdeep Dhatt has been responsible for coordinating the visits to Chandigarh, arranging clinics, numerous international telephone conferences to select appropriate patients, decisions about surgical equipment, organizing lists in different hospitals, teaching for junior medical staff, and always a very welcoming evening feast. This preparation allows us to do many complex deformity operations in a short period of time (15 operations in 4.5 days in February 2017). Dr Dhatt was able to present our work at The British Scoliosis Society meeting in 2016. This made for lively discussion and emphasized what can be achieved with collaborative working. Our next British Association of Spinal Surgeons meeting will have a session on value-based surgery.

The Spine-Aid team that travelled to PGI February 2017 were:

George Ansari (Medical student, Salzburg), Sashin Ahuja (Spinal Surgeon, University Hospital of Wales, Cardiff), Iqroop Chopra (Consultant Spinal Neurosurgeon, University Hospital of Wales, Cardiff), Vinay Jasani (Spinal Surgeon, University Hospital of North Staffordshire, Stoke), Jayesh Trivedi (Spinal Surgeon, The Robert Jones and Agnes Hunt Hospital Oswestry / Alder Hey Children's Hospital, Liverpool), Mushtaq Shaikh (Neurophysiologist, Bespoke Health care Ltd, Preston), Rajat Verma (Spinal Surgeon, Salford Royal Hospital and Royal Manchester Children's Hospital), and Amarjit S Rai (Spinal Surgeon, Norfolk and Norwich University Hospital).

It was a very rewarding week for us in helping and improving children's quality of life but we also learn a lot from each other and the local Indian surgeons that we visit. As specialists in the UK, we usually have the final

decision and over many years, one may start to believe there is only "our" way of treating certain conditions. Working, listening, and observing peers achieve similar or even better results, is humbling but an excellent medium to improve one's skills. There is also a real sense of brotherhood and spirituality amongst our Indian and the UK team. I have since learned that there are several NRI medics that visit Punjab and I hope we can all coordinate the visits with a common objective.

To date, the funds for Spine-Aid have come from patient donations in Norfolk, various sponsored sporting events (Etape du Tour, London-Paris cycle ride, cycle around Ireland, Team Triathlons, etc.) and donations from implant companies. I generally ask each surgeon to fund raise the cost of each visit but our charity will pay economy class travel, board, lodging, and costs of surgery when required. I have not advertised our work but there are many people who would like to help with what we are doing and we hope to have a collaborative fundraising event in India and the UK. The importance lies in ensuring that money donated is spent directly on caring and improving quality of life of those in need.

Many people were surprised and skeptical why we would want to come over to India on our holidays, pay our own expenses and patient costs, teach, and take local surgeons through the operations. I hope our regular visits have allayed our sceptics as our only motive is to be of service for the community.

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