The genesis of the current healthcare crisis sweeping developed and developing countries is multifactorial and difficult to clearly understand. There are plenty of faults to go around. Those who have tried to decipher the conundrum have identified as the most likely culprits the hospital industry, the insurance companies, academia, the legal profession, the pharmaceutical and surgical implant industry, and the medical profession.

I believe a major share of the blame rests on the shoulders of the medical profession, due to a great extent to the increasing loss of its traditional professional values and its rapid transformation into a business. In the case of orthopaedics and other subspecialties it is aggravated by a deliberate or unintentional complicity with the pharmaceutical and implant manufacturing industry. 1-11

Because of its technically driven nature and greater dependency on industrial products, orthopaedics has been a more visible player than most other branches of medicine. I have long expressed interest on the subject at hand and have unapologetically insisted that our profession’s pusillanimous attitude before the advancing juggernaut has heavily contributed to aggravating the condition.8-13

Technical developments during the past few decades have sprouted at a fast pace contributing in a dramatic way to the improved care the sick and injured receive today. Although these products are very expensive, the abuse in their implementation is likely to constitute a factor of a degree greater than it is normally acknowledged. If abuse were to be eliminated, the reduction in the cost of musculoskeletal care would be dramatically reduced. The exaggerated fragmentation of orthopaedics into an almost absurd number of subspecialties has also played an unhealthy role in this regard, since the greater the number of subspecialists involved in the care of patients the greater the utilisation and abuse of expensive technology. 3,6-12,14-16

A couple of examples should support my argument. Diagnostic technological modalities such as MRIs and CT scans have made a tremendous difference in identifying pathology, which in many instances cannot be recognised by simple clinical and radiological modalities. The problem, however, is that we have been unable or unwilling to seriously consider the need to determine in a practical and logical manner the situations when the MRIs and CT scans are essential to determine the outcome of the conditions for which they are used.

One could argue that since MRIs and CT scans are harmless and assist in facilitating correct diagnoses, their unconstrained use is justified. This attitude might some day be an acceptable one, but not today. We must wait until these technologies become so inexpensive that their unrestricted usage may be justified.

Egregious abuses regarding certain surgical innovations, such as arthroscopy, total joint replacement, internal fixation of fractures, spinal instrumentation, and many others, are widespread.
Residents in training and many practicing orthopaedists seem to be unaware of the fact that in many instances the encouragement they receive to use nonessential diagnostic tests and the performance of unnecessary surgeries is often generated by individuals with vested financial interests in the required surgical implants, or by the growing number of surgeons receiving huge financial kickbacks from industrial concerns, as proven quite vividly by the ongoing investigation by the United States Justice Department of the relationship between orthopedists and the Pharmaceutical and Surgical Implant industry. This investigation has, so far, disclosed flagrant unethical transgressions and possible criminal conduct in many sectors of the profession.\textsuperscript{17}

It is not uncommon today for many to argue that if surgery and the new and expensive diagnostic modalities are not routinely used, litigation ensues. Although frivolous medical litigation has reached obscene degrees in America, the argument is frequently a specious one, which is used as a subterfuge to legitimise the higher economic benefits that the unneeded treatments and surgeries generate.\textsuperscript{13}

No party or segment of our society is more likely to be successful in preventing the serious consequences of an unresolved solution to the health care crisis than our discipline itself. Short of a radical restoration of the basic tenets of professionalism, and a redefinition of the place and role of industry in education and patient care, nothing salutary will come out of further attempts to solve the current dilemma. Though moral conduct cannot be legislated, there are means to promote it and to inculcate it the mind of the young, as well as the more mature individuals, who are, with increasingly louder voices, expressing concern over the deterioration of the profession they have chosen. Our representative organisations, by example, can also do a great deal to help matters.

The orthopedic community could make the difference if it were to take a strong and firm stand to liberate itself from the Faustian bargain that granted Industry so much power in the education of its fellowship in exchange for free trips to market-driven educational seminars and dinners for many, and large kickbacks to some segments of the academic and private practice elite.\textsuperscript{1,3,5-7,9,11,14,17}

We cannot afford to take for granted that what we are witnessing is natural, unstoppable evolution. Such an attitude is naïve at best. If orthopaedics is to function entirely as a business, a solution of the problems it now confronts will remain elusive. We have already learned that for every step forward taken to improve matters, two steps backward has followed. The fact that the condition today is worse than it was as recently as two decades ago eloquently testifies to that effect. The perpetuation of the problem undermines the great contributions the discipline is in position to offer.

A genuine dialogue among the principal parties in this debate, with clear recognition of the important role industry plays in expediting progress, is essential. Attempts to hold such debates have, thus far, ended in failure. The expected serious discussions have been, for the most part, exchanges of platitudes.

Even under the best of circumstances, the orthopaedic discipline must become an active partner in the incoming struggle, and accept that a carefully and realistically structured rationing of the use of technology is unavoidable and necessary, because the cost of its unregulated use and the performance of unessential surgical procedures are incompatible with a sustainable economic reality.

In light of serious unfolding economic challenges facing many industrialised societies, it is appropriate that we recognise that if draconian measures in the health care arena are not put into effect, we will have to
accept that when the crisis reaches the projected severity, governments will be forced to consider nationalising the medical and medical-allied professions, as well as the pharmaceutical and surgical implant industry. We see this as a disastrous socialist scenario, and will oppose it. However, in doing so we are ignoring lessons of history, which in many occasions demonstrated that the “impossible to occur” actually occurred. The success of ideas “whose time had come” and changed the course of history in profound ways, should be vivid reminders that we may be on the eve of a likely situation: the Church of Rome cavalierly dismissed the “noise” Martin Luther, the obscure German monk, was making in the early 16th century; the monarchs of France in the 18th century, who upon hearing the angry crowds outside Versailles asking for change, reacted by saying, “Let them eat cake”; almost simultaneously, the English and Spanish crowns assumed that their subjects in the newly conquered lands across the Atlantic were incapable of freeing themselves from their yoke. In these three instances, subsequent events proved how vulnerable and wrong the powerful can be.

Contrary to the widespread pessimism expressed by many about the long term future of an altruism-driven orthopaedic discipline, I remain optimistic. Nonetheless, whether we like or not, the time has come for us to accept that the practice of orthopaedics will not indefinitely continue to be a source of high personal wealth. This realisation should not be, as some have suggested, the loss of prestige of the profession and the bringing of progress to a screeching halt. This will not happen. There will always be young people seeking a life devoted to the care of patients with diseases or injuries to the musculoskeletal system. The innate desire for innovation and discovery, deeply rooted in the human psyche, will remain intact. Individual philanthropy, governments and charitable organisations will likewise continue to play major roles in financing the advancement of scientific developments; academia will adjust to the new reality; and future generations of physicians with a different view of the profession, will take over. With the same passion and altruism that older generations discharged their responsibilities, they will bring about a healthy renaissance.

REFERENCES


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