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Perspective

The Armed Forces Surgeon

“One day, all members of humanity may live in peace with one another, and everyone involved with battlefields can return to their homes to grow orchids or build model ships. For now, we continue to invent new reasons and methods to introduce pieces of metal into each others’ bodies, so we need Surgeons to help get them out.”

Anonymous in “Ode to the Military Surgeon”.

An armed forces surgeon is not merely a surgeon, he is a surgeon, an administrator, an officer and a teacher primarily tasked with providing combat medical support to the armed forces, the armed forces surgeon also provides state-of-the art surgical cover to serving and retired personnel and their families. Conventionally, the armed forces are tasked to secure the nation against external threats. However, late 20th century onwards till date there is widening of scope of intervention by the armed forces in face of multiple internal threats as well as during natural disasters. In event of any major natural calamity, army surgical teams are deployed to aid the civil authorities. Gujarat Earthquake in 2001, Kashmir Earthquake in 2006, Bay of Bengal Tsunami in 2009, Cloud burst in Leh in 2011 and the Uttarakhand Flood in 2013 are all case in point. Armed forces surgeons are also regularly posted to countries such as Sudan, Ethiopia, Sierra Leone, Congo and Lebanon, as part of UN mandated peace missions.

High-velocity weapons, shrapnel, blast injuries in warfare produce tremendously greater tissue destruction than low-velocity weapons. The surgeon may be faced with a mass casualty scenario which would swamp his meager resources and casualty evacuation may be hampered by remote and difficult terrain as well as limited and uncertain means of evacuation.¹ The armed forces surgeon strives to provide combat medical support near the line of action. In peace time disaster, it would mean setting up the Operation Theater and ancillary support near the site of disaster. In war time, it would mean near the frontline. Hence, the armed forces surgeon has evolved concept of mobile OT, Dug out OT, Tent OT and ship-borne OT. Military injuries are often complex and complicated. The surgeon would be tasked to perform damage control surgery in minimal possible time with meager resources, to stabilize the patient and to evacuate him to a larger center. The concept of damage control surgery has been

refined and redefined by military surgeons and is now advocated and adapted for civilian trauma too.^{2,3}

In due course of natural progression of his career, the armed forces surgeon eventually metamorphoses into an administrator. The fact that he is able to do this with ease and efficiency is probably owed to the essential traits of a surgeon—quick assessment and rapid decision making, sharp critical thinking, ability to prioritize (triage) and to work under pressure.⁴ Seamless transition from a surgeon to an administrator and back is testimony to the versatility and maturity which has been inculcated in his long career as a practicing surgeon. The surgeon does not lose the zeal for surgery even when he passes into higher administrative appointments and it is indeed admirable to see him balance his role as an administrator and his passion for surgery. This not only serves as role model for his junior colleagues, it is also an encouragement for paramedical and support staff. The fundamental strength he possess is perhaps the well rounded and comprehensive postgraduate training received by the trainee surgeons at AFMS teaching hospitals.

The Surgeons of Yore have done a stellar job in their profession. They have had the foresight to put in a legacy wherein there is ample opportunity for their junior colleagues to continuously enhance their professional skills. To this end, super specialty DNB/MCh courses have been started in Service hospitals. Policy has been liberalized to undertake specialized training in center of excellence in India as well as abroad. There is opportunity to opt for, short term highly focused courses for specific high skill enhancement programmes. Ample funds are provided to undertake research work through AFMRC, ICMR, DRDO and other government bodies.

There is a felt need for establishing standardized protocols for all operative procedures and frame “best practice” guidelines in our workplaces. Patient safety should always be paramount in our minds and we must ensure implementation of patient safety protocols. It has been proven that implementation of standardized quality improvement practices in surgery leads to significant reduction in morbidity and mortality.⁵ To achieve this end, each hospital and operation theatre must have exhaustive Standard Operating Procedure (SOP) which should be adhered to diligently. The SOPs we lay out can be akin to the Surgical Safety Checklist expounded by the WHO as part of “Safe Surgery Saves Lives” campaign.⁶

It has been a privilege and honour indeed to have been part of this elite group of the armed forces surgeons. As one of the surgeons in the armed forces, I must complement all my colleagues for their exceptional professional achievements, displaying utmost respect and regard towards the patients and demonstrating restraint and patience on many occasions of extremely demanding and stressful situation.

“Don’t lower your expectations to meet your performance. Raise your level of performance to meet your expectations. Expect the best of yourself, and then do what is necessary to make it a reality.”

Abraham Lincoln

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