

THE ALDERSEA LECTURE 2013

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“Waste Not Want Not”: a Developing World Experience

I am very grateful to the PMG NTE sub-committee for asking me to deliver this year's Aldersea Lecture. I share some of Pat Aldersea's expressed views on life in general and I hope that she will approve of what I am going to say. A former colleague thought that I may have been selected because I am politically incorrect and controversial! I wish controversy would stimulate debate. I prefer honesty and dedication rather than political correctness, and happy to face the consequences of being incorrect.

My upbringing in rural Sri Lanka by middle class parents who were teachers, proud of their heritage, frugal in their habits, highly spiritually disciplined, upright and law abiding, helped me and my family tremendously to live comfortably and prosper in this Western land, which appears to have somehow lost its way during the last 20 odd years. We have happily integrated albeit with modest material wealth, recognise the wasteful ways here, especially in the NHS and use them to benefit the country of my birth.

Having initially embarked on a training course in Obstetrics and Gynaecology in the early 70s, I was re-inducted into General Surgery by a thoughtful professor. This led to a three-year postgraduate training period in the UK culminating in a prestigious academic and surgical career back home involving some pioneering work. Ten years later, arriving at Heathrow - this time on sabbatical leave as a Commonwealth Research Fellow, eager to undertake research into gut motility - I was given, for an unknown reason, a visa to stay in the UK for 4 years when I requested just one year. This was the second important turning point in my life. One can say it was Providence!

My family joined me soon afterwards through a necessity to escape from political violence in the south of Sri Lanka and a disrupted education for the children. Their teachers in Birmingham convinced us that our children had a bright future in the UK. Failing to find a suitable senior surgical post near Birmingham, I grabbed an opportunity to become a rehabilitation physician, the third important turning point. Foolishly however, I did not heed the advice of my friends to undertake specialist re-training when opportunities arose early in this career.

I like to think that I contributed significantly towards restructuring the clinical functioning at the Oak Tree Lane Centre and its subsequent incarnations. I drew on my previous experience in Sri Lanka and a free hand given to me by the management when introducing these changes. I wish to place on record the support I received from Dr Jed Rowe who sadly succumbed to MND in the prime of his life; from Drs Jim Unsworth, Jeff Lindsay and Imad Soryal; and from Ms Judith Noakes and Ms Sue Roberts in these endeavours. Unfortunately, regulations in the NHS prevented me from doing everything as I wished, which would have possibly led to more significant cost benefits.

I was not hampered by these regulations in Sri Lanka where the discipline of rehabilitation medicine was non-existent. Therefore, I did not tread on toes of my previous colleagues and stir up trade union actions. Everything I did was pioneering and without discrimination. In 1993, realising the value of discarded rehabilitation equipment and limb components at my Centre, I began to collect them in my garage and ship them to Sri Lanka at my own expense. A few thoughtful friends joined me to form the Meththa Foundation - UK, a charity dedicated to helping the disabled in Sri Lanka. Between 1994 and 2002, using a mobile service, we provided more than 600 modern artificial limbs to amputees from all over Sri Lanka, some of which are still in use. We spent about £10,000 for this project but provided equipment which was worth well over £50,000

When the 30 year old war ended, we had an opportunity to reach out to our war injured brethren in the north of Sri Lanka. Starting in July 2009, we have steadily developed a modern stand-alone artificial limb and appliance centre at a government hospital site in the north, which has been equipped predominantly with recycled materials from all parts of the UK, Gillingham and Birmingham being the highest two donors. In December 2012, using two international grants, we purchased a bus which has been converted into a modern prosthetic workshop. This enables us to take a comprehensive prosthetic service to the doorsteps of people living in remote areas. Very soon, we will establish two more static rehabilitation centres where they are needed most. We have researched and developed and now fabricate our own modular trans-tibial prosthetic system. An academic link has been established with the University of Salford, which will help us to train our future workforce to a high standard.

At a rough estimate, we have taken away from this country components and equipment worth nearly half a million pounds sterling. These items have been selected carefully, discarding all bespoke components and those that appear unhygienic. Very little of this is discarded after reaching Sri Lanka. Almost all the recipients of our services are very satisfied with what has been provided for them.

A retired prosthetist colleague and I supervise this work in Sri Lanka, but there have been occasions when there was no qualified supervision on site. However, on balance, the risks of this appear minimal and Skype allows us to be in live video contact. Some colleagues here and in Sri Lanka have been critical about certain aspects of our practice, including reuse of discarded equipment. I will address these and justify our approach during my lecture.