



Editorial

SUBSPECIALITY OR SUPER SPECIALITY IN PAEDIATRIC SURGERY – IS IT ESSENTIAL OR LUXURY?

If we work together with dedication and sincerity nothing is impossible in this world. This is again been proved in case of Paediatric surgery in Bangladesh. It is not far away that the torch of paediatric surgery has been lighted with the determined hand of our beloved late Professor A. F. Masood, father of Paediatric surgery in Bangladesh in 1980 from Dhaka Shishu (Children) Hospital. It was not a one man effort, Prof. Golam Rasul, Prof. Quazi Quamruzzaman, Prof. Sajjadur Rahman, Prof. J. Alauddin, Prof. M.H. Jamaly, Prof. Shahjahan N. Samad, and the great National Professor M.R. Khan contributed a lot and gave the subject a shape and solid foundation.

It is now one of the fastly developing subject in our country. The subject covers so many things occurs in children from mom's womb till 18 years according to WHO guideline. The Paediatric Medicine has already separated in different subspeciality like General Paediatrics, Neonatology, Paediatric Nephrology, Paediatric Gastroenterology, Paediatric Neurology, Paediatric Rheumatology and Paediatric Haemato-oncology.

As a member of comprehensive child management, we are spending long 38 years. We have to manage all anomalies, neonatal surgical care, urology, oncology, hepatobiliary, gastroenterology, anorectal malformations etc. under a single umbrella with good name and fame. We can claim that a good standard has been set at home and abroad. So, general Paediatric surgery is well established discipline in our country.

Now we are looking for opening subspeciality or super speciality in different branch like, Paediatric Urology,

Paediatric Oncosurgery, Neonatal Surgery and others. The training of Paediatric surgery is very wide and vast, it includes neonatal surgery, trauma, GIT, hepatobiliary, urology, chest surgery, oncosurgery, plastic and reconstructive surgery, orthopaedics and some neurosurgery. In these area a paediatric surgeon is already trained and with specific interest in a particular field one may attach to any of the specific subspeciality.

There are other areas like paediatric laparoscopic and endoscopic surgery in which the training will develop on the availability of particular expertise. Some untouched areas should be included in our specialization like, fetal surgery, paediatric liver transplantation, vascular surgery, paediatric renal transplantation etc.

What are the barriers?

1. Mind setup.
2. Absence of infrastructure.
3. Incomplete curriculum.
4. Proper trainer in the field.
5. Disparity between adult and paediatric population.

How to overcome?

1. Area of speciality must be defined according to the need of the patient.
2. Government initiative to establish National Paediatric Institute with all subspeciality of Paediatric Surgery.
3. Public awareness on paediatric surgical patient by doing some paediatric surgical camps away from hospitals.
4. Must include our service in SDG goal achievement.

Conclusion

In a 160 million population country, around 30% are children. We have got only around 200 Paediatric Surgeons. However, if we do not subspeciality now, we will be lagging behind. It is a good news for us that with our government and APSB effort, we have created three major subspecialities in Paediatric Urology, Paediatric Oncosurgery and Neonatal Surgery in Bangabandhu Sheikh Mujib Medical University and different government medical colleges. Treatment facilities for children having major and rare anomalies must be available in our country. We hope

that as we achieve MDG goal, we will surely be successful in treating the paediatric surgical patients at the same standard in advanced countries in near future.

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