

## Editorial

Limiting practice to a specialised area allows the physician to practice with greater accuracy and skill leading to doing more good to suffering patient.

Inter specialities prejudices tend to relegate the role of newer specialists to humiliating status.

The felt need of the spectrum of disability seen in our country, also in the developing world, compel us to understand many problems that had been mysteries before. The physiatrist in India albeit trained on an occidental model, is beginning to realise the importance of developing subspeciality programmes, both to improve teaching and patient care.

Reliance on associated specialities for minor surgical interventions in rehabilitation programme of the neuro-musculo-skeletal morbidity associated with locomotor handicaps, is neither possible now nor is necessary.

Till such time that the national policy on health is successful in the prevention of handicap the need of such Rehabilitation Surgical training will continue. Undoubtedly there will be improvement and innovations in the future that will make our proposed initiation to surgical skills consistent with the bizarre morbidity we are facing in a comprehensive Rehab. Programme.

But surgery must & shall represent a small part of our responsibilities and it should decrease progressively.

The conventional services we now provide are important but we must add more dimension to it. Advertise we must what special skills we can offer to our patients indulging in sports and the like.

An increasing responsibility is to enhance our ability to deal with changing social behaviour, psychological and medical problems of aging, spend more time with each patient, be more aware of their special needs and become more familiar with agencies to which they can be referred for help, instead of delegating such tasks to others in the team.

Our clinics are so full of well established deformities that we have devoted too little time, to truly preventive causes - preventive care ranging from prevention of basic disease per se to prevention of disability.

The guess as to the need for physiatrists may be as accurate as the guesses of demographers and sample surveys of disability. Factors that have to be considered in establishing needs are the increasing number of people and increased life expectancy. In a speciality as broad as ours and not so attractive, we must create programmes that will fill the needs of anyone who is interested, but also use interesting challenges and possibilities.

The speciality will be defined by the innumerable interactions - between patients and us. Each unique interaction represents a definition by the patient of those services he desires and a definition by the the physiatrist of the services he is willing to provide. Necessarily our involvement needs to be multifaceted.

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