

# Are We Contributing Enough? A Foot and Ankle Surgeon's Dilemma

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At the outset, wishing everyone a very happy New Year, new beginnings, new resolutions, and new thoughts. We usher in the new year with a new volume and issue of the JFAS Asia Pacific.

The introspection here was necessitated by a question asked of me by a very prominent member of the society (not the foot and ankle): "What is your contribution to society?" Now, how do we measure our contribution? By the number of patients, we treat, by the number of research projects we undertake, by the number of publications, by the change we make in people's lives, or a sum total of all of these? It is really hard to tell that a specific person from a given profession is contributing more than another from the same or a different profession.

We, as foot and ankle surgeons, are the happiest if we are able to treat a patient well. A salvage in a patient with Charcot foot who was suggested an amputation gives a sense of satisfaction, and then, learning from that experience, if we are able to salvage 10 more and then change the intervention slightly to get quicker results... now we are talking research. We publish our results in our journal, and more surgeons are exposed to these methods—they, in turn, are able to salvage 10 feet each. Isn't it remarkable? Hasn't our society benefited? Isn't that a contribution? So, as foot and ankle surgeons, we are contributing day in and day out—provided we are doing all of the above. Many of us are more proficient in one area than in another, and collaborations work the best in such situations to bring out the best in us.

With the advent of artificial intelligence (AI), many of the mundane tasks related to research and publication have become easier, and we should be using these tools to derive the best outcomes. It is also our decision as to the amount of dependency on it. Very recently, there was an editorial in a prominent journal that questioned the need for meta-analysis and systematic reviews in the current scenario of utilizing AI. The argument was that AI can overcome some of the human reviewers' biases and limitations. AI can be more objective, provided the right algorithms and training are in place. The downside is that if wrong data or interpretation is used for the generation of the AI model, it would amplify the wrong evidence.

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In this issue, we have a bouquet of articles—one of them inquiring about the number of cast requirements in the Ponseti method vis-à-vis the age of initiation of treatment, another exploring the radiographic evaluation of the Haglund bump, and yet another which is a proof of concept involving the ultrasound evaluation of ruptures of the superior fascicle of the anterior talofibular ligament.

Now again, back to the pertinent question on our contributions—we do our best within our capabilities, collaborate when required among colleagues and across disciplines to generate the best evidence to do what we have taken our oath for—treat our patients and "first, do no harm."<sup>1–3</sup>

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