ESSKA likes to honour the individuals that have been the “pillars” of our society. In the current issue, we will focus on Professor Philippe Beaufils.

Philippe Beaufils is currently the Chairman of the Orthopaedics and Traumatology Department in Centre Hospitalier de Versailles, France and Editor-in-Chief of the Journal Orthopaedics and Traumatology: Surgery and Research (OTSR). He is a knee surgeon and the majority of his publications are around the meniscus, and particularly the meniscus repair. Professor Beaufils is very interested in education and daily practice guidelines. He has been an ESSKA member since 1990, was Chairman of the ESSKA Knee Committee, and organised the 1998 ESSKA Congress in Nice with Pierre Chambat. He is also Past President of the French Arthroscopy Society (SFA).

INTERVIEW WITH PHILIPPE BEAUFILS BY DAVID DEJOUR ON 15 MARCH 2015

**DD** PHILIPPE, THANK YOU FOR AGREEING TO DO THIS INTERVIEW FOR THE ESSKA NEWSLETTER. WHAT ARE THE VARIOUS IMPORTANT STAGES THAT HAVE MARKED YOUR CAREER?

**Ph B** I have always had quite a sense of public consciousness in the idea of being able to combine the three aspects of our profession which I consider essential: health care, education and research.

**DD** WHY VERSAILLES?

**Ph B** Firstly, because I’m from Versailles, and secondly because during my residency I had a mentor named Michel Perreau for whom I really have great admiration. He had experienced the heyday of hip replacements and he asked me to come and work with him to introduce arthroscopy and knee surgery.

**DD** WAS IT AROUND THAT TIME THAT THE FRENCH ARTHROSCOPY SOCIETY (SOCIÉTÉ FRANÇAISE D’ARTHROSCOPIE - SFA) WAS ESTABLISHED?

**Ph B** Yes, SFA was founded in 1980 under the guidance of Henri Dorfmann – I was still a resident. Henri, a rheumatologist, could foresee the key role that arthroscopy would play in the future and went to Japan to train with Ikeuchi. Later on, I became the SFA President, succeeding Henri in 1990.

**DD** HOW DO YOU EXPLAIN THE DIFFICULTY OF OVERCOMING THE LANGUAGE BARRIER WHILE DISSEMINATING WORKS WRITTEN IN FRENCH?

**Ph B** Surgeons like myself from the 1980s followed the precept that French surgeons should be strong enough to express themselves in French. It was something of a legacy from Gaullism. De Gaulle used to say that “by using French we defend the French-speaking world.” It was a very long time before we realised our mistake. Most of our elders did not speak English, and neither did I. I started to learn English when I was invited to work with ESSKA, or rather ESKA at that time.

**DD** HOW WAS ORTHOPAEDICS AND TRAUMATOLOGY SURGERY AND RESEARCH (OTSR), OF WHICH YOU ARE THE SENIOR EDITOR, CREATED?

**Ph B** In 2005, JY Nordin was President of SOFCOT (the French Society of Orthopaedic and Trauma Surgery) and I was myself President of the SOFCOT congress. We decided that the French orthopaedic journal should be distributed in English. OTSR was created in 2009. Its role was to spread the word about French orthopaedics in English and bring it into the arena of international orthopaedics.
WHAT IS THE RELATIONSHIP BETWEEN ARTHROSCOPY AND KNEE SURGERY?

Ph B

Historically it’s generally true to say that, with the possible exception of Jean-Louis Prodhon who was working in the field of knee surgery, the people who started working in arthroscopy were not knee surgeons initially. They automatically become knee surgeons through working in arthroscopy. So that was the tool which led me to the specialisation.

WHAT WAS YOUR FIRST PUBLICATION ABOUT ARTHROSCOOPY?

Ph B

It proves how one can develop during one’s career. One of my first reports was the result of meniscectomy by arthroscopy. In the RCJ I wrote that “meniscectomy on a chronic anterior laxity gave excellent results in the short and medium terms.” This shows that through the use of the tool (arthroscopy), we had ended up with results which did not correspond to reality. Very quickly we had come to think of ourselves as being knee surgeons, which as yet we weren’t.

DO IT TAKE A WHILE FOR ARTHROSCOPY AND KNEE SURGERY TO COME TOGETHER?

Ph B

Precisely. For example, it took a while for the IAA and the ISK to merge under the common banner of ISAKOS. However in Europe ESSKA started off right away with a “knee-arthroscopy” community of thought, and the “arthroscopists” and knee surgeons were united in this society.

DO HOW DO YOU SEE YOUR PERSONAL DEVELOPMENT WITHIN YOUR HOSPITAL, THE RELATIONS WITH TRAINEE SURGEONS (RESIDENTS AND FELLOWS, CHEFS DE CLINIQUE)?

Ph B

In Versailles, I found a compromise which to me seemed ideal. Ier. But that takes time: a structure where there were no oversized egos, in short – a structure where people could work well. The arthroscopy, irrespective of the joint, and the general development of knee surgery in the unit at Versailles attracted quality interns. A virtuous circle was in place: quality interns also meant quality assistants. That is how we developed a structure which closely resembles a university structure with its three axes: health care, education, and clinical research. I am very happy to see that things will continue more and more with the same spirit thanks to Nicolas Pujol who will be chairman of our department in the near future.

DO YOU ORGANISE YOUR TIME BETWEEN SURGICAL, SCIENTIFIC AND ORGANISATIONAL ACTIVITIES OF A DEPARTMENT?

Ph B

Being the editor of a journal means you have to be organised. The organisation of my time results from the same construct: things have to work at the right time. Scientific activity really provides you with training in how to be rigorous. This is why the education of our young staff includes not only teaching pathology or techniques but also, and in particular, teaching them to “learn to think.” We are very conscious of this way to guide the youngest.

DO IF I HAVE UNDERSTOOD CORRECTLY, ESSKA MADE YOU LEARN TO SPEAK ENGLISH?

Ph B

Exactly. The story is great. I was SFA President from 1990 to 1997. I don’t know why but the SFA office had told me “Things aren’t going well with ESSKA, so you will have to write a letter to the ESSKA President to tell him that we are not happy.” So I wrote a letter in French, had it translated into English and sent to Einar Eriksson, ESSKA President at that time. When I later met him at the ESSKA Congress in Stockholm he gave me a big punch in the stomach and said to me in French because, of course, he speaks French: “What’s that you said there?!” and he then invited me to join ESSKA. I quickly came to understand that European knee surgery and the European way of approaching problems was at least as relevant as that of the Americans.

DO OVER THE YEARS, WAS THE LINK CREATED THROUGH COMMON TASKS AND PARTICIPATION IN THE ESSKA CONGRESSES?

Ph B

At that time my passion was already the meniscus and I prepared communications on the meniscus, I was involved with round table discussions, symposiums, etc. That was a great boost for me. That’s why in 1994-95 I was asked to provide the scientific management at the Nice Congress in 1994. I’d say that René Verdonck, who had been ESSKA President, noticed me and entrusted me with that task. The links with Pierre Chamart started to develop when we worked together on the Nice Congress. There was complete trust between us. We worked very well together, and that was the beginning of a very close friendship which is much more than just professional.

DO ANY PARTICULAR POINTS ABOUT THAT CONGRESS?

Ph B

Ours was the first ESSKA congress to provide a true symposium with multi-centric study led by Philippe Neyret and Philipp Lobenhoffer in relation to knee dislocations. This was a European, multi-centric undertaking along the lines of SOFCOT or SFA symposiums. It was a great success.

DO IN WHAT WAY DO YOU THINK ESSKA HAS EVOLVED?

Ph B

I am very impressed with the technological development, the diversification of actions by scientific societies in general compared to what they were 15 years ago. Previously, the role of a scientific society was “a congress or a ‘circuit’,” but now, while certainly still organising congresses, they have foundations, educational websites, they organise trips for young people, receive others, etc. Which is a testimony to diversification in the educational and training model. It can make you feel dizzy at times.

DO WHAT ARE ESSKA’S STRENGTHS?

Ph B

ESSKA’s strengths are considerable. Firstly, it is a remarkably organised structure. It has a remarkable strike force. The value of ESSKA is recognised by international organisations. Another strong point is the powerful influence of the KSSTA Journal.

DO HOW DO YOU STRIKE A BALANCE?

Ph B

In order to keep a balance I think that, at certain points in my career, I have not necessarily sought honorary positions, which has allowed me to take a step back.

DO THE KNEE?

Ph B

I am exclusively a knee surgeon. This was a gradual process. I am very happy in that role.

DO CAN WE SAY THAT THERE IS A VISION WHERE WE PROVIDE TREATMENT PER JOINT AND A VISION WHERE THERE IS MORE FOCUS ON THE SPORTS OR DEGENERATIVE PATHOLOGIES? IN YOUR VIEW, IS WORKING ON A MENISCUS CONSensus PROJECT in ESSKA?

Ph B

In my opinion they’re nothing like each other. Except for the fact that there is a bit of metal, a bit of plastic and a little cement, the pathology is not the same. The technique is not the same. The strategy is not the same. I am more inclined to agree with the idea of a continuum of care for a joint from the child to the elderly person. The first international meniscus congress, which was held in Ghent with René Verdonck and myself, was “from the cradle to the rocking chair.” The fact of operating on children, young sportmen and women, people in middle age and prostheses, all of that helps us to have an idea of how a joint develops, of what causes the link between a pathology and subsequent osteoarthritis, to see how long each of our interventions can last and also to have a sequential overview of things. Not to be too aggressive in regard to the indications in young people, I can find only benefits in that. I come back to what I was saying earlier. When you start with a technique, total prosthesis of the knee or, for my part, arthroscopy, of necessity you will have a disturbed view of things. I used to remove all the meniscus that I saw and I said that things were going very well. Why? Because they had put an arthroscope in my hands and had given me the tools to remove meniscus.

It’s only later that you become aware of your mistakes, when the overview of the pathological continuum becomes clearer. But that takes time. We need industry. Innovation necessarily involves the surgeon-industry partnership. The crucial question is not the link with industry but the awareness of that link, in other words transparency.

DO SCIENTIFIC SOCIETIES HAVE A ROLE IN THIS APPROACH?

Ph B

Yes, that’s essential. In the same way as scientific journals must ensure plurality of information. Meta-analyses, systematic reviews of literature, consensus conferences, guidelines are there to help the listeners or readers to form their own ideas, based on rigorous criteria. The role of a scientific society is clearly crucial. That’s why, with Roland Becker (KSSTA Journal Assistant Editor-in-Chief), we are currently working on a "Meniscus Consensus Project" in ESSKA.

DO WOULD YOU SAY THAT OUR SOCIETIES PROVIDE A VOICE FOR ALL, WHILE WARNING AGAINST DRAWING HASTY CONCLUSIONS?

Ph B

Yes, they help to provide that pluralism. Which means allowing everyone to get on the podium and even to say things that are anachronistic, because you must avoid that. But it also means being able to unite around major topics of interest. I really believe that this is a fundamental role of a scientific society.

DO THANK YOU PHILIPPE BAEURIS FOR THIS TOUR OF THE WORLD OF ORTHOPAEDICS AND ARTHROSCOPY.

Ph B

It was a great pleasure and long live ESSKA.