Creating a systemic national database—are we ready?

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It was a pleasant surprise when I received an email from the “Indian Society of Thoracic Surgeons,” a registered trust, aiming to create a national database of thoracic surgery. Dr. Bhabatosh Biswas, being the founder and trustee of the trust, also sent this email to hundreds of IACTS members. Being an avid reader and promoter of systemic database of every medical discipline, I found it a very welcoming step.

IACTS had attempted to create National Database almost 10 years back which was a failure. Lack of organized plan, disinterest of private players, and sloppiness of institutions were the prime reasons.

Today, we all know the importance of a national database, but we have been electively overlooking. We meet in conference, dine and have wine, go back to our hospitals, and start doing the same thing. We have neither witnessed any “trial discussion” nor created any “guidelines of practice” in our conferences. We never formulated a systematic way of teaching residents. Are not we supposed to do all these?

It is time to restart with a stronger intent and a more concrete plan. To initiate discussion, let me propose a few ideas.

- IACTS, not any other independent trust, must own the database and take responsibility for data integrity and privacy. It is highly inappropriate to allow data collection by any organization, less than of national importance.
- Database participation must be *mandatory and free* for every IACTS member. Except for foreign faculties (who are bound to follow patient privacy laws of their countries), those who do not contribute to the database *must*

not be allowed to publish a paper in IJTCVS or present in the IACTS conference, irrespective of seniority. Sadly, it's true that unless we are intimidated or rewarded, we will not change.

- A committee comprising of interested members should maintain the quality of database.
- Every IACTS conference should have a full session on discussion of the database, trials, and studies.
- Publicly report results of surgeries like STS does at regular intervals.

Is it too tedious? Let me describe my story. Highly inspired from an international conference, I created my own database from scratch in my residency days. Gradually with improvisations, now it contains more than 100 data fields per case record. And believe me, it takes only 15 minutes to enter case details. Moreover, it automatically generates discharge summary for me! Busy surgeons can always ask their assistants to fill up the database while academic institutes can divide the workload on residents. In this way, residents can be nurtured to keep using the database lifelong.

In order to stand tall in the eyes of our patients, residents, and international community, we must change. Neither Dr. Biswas nor I can do this alone. Let us come out of this “frog in the well situation.” Let us *come out from an age-old excuse—a good surgeon cannot be a good academician and vice versa.*

I propose involvement of Dr. Biswas too. I would also be happy to volunteer my time and energy for the designing and creation of the database, if the association needs.

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