



«The injured person is what matters; and around the patient, everybody else»

**Interview with Doctor Pedro Guillén García, chairman
and scientific adviser of Clínica Cemtro, Madrid (Spain)**

Admired worldwide as an authority in leg and knee traumatology, as well as in sports injuries and treatment of injured persons, Doctor Pedro Guillén is an example of a person who, in spite of having reached the top, has never abandoned his studies, nor his personal dedication to his patients. Thanks to his efforts and tenacity, he has succeeded in being recognised as one of the most expert physicians in his speciality. Linked to the MAPFRE Workmen Compensation Mutual Company, presently called FREMAP, since 1972, and therefore to SISTEMA MAPFRE, he explains in this interview the way in which progress in traumatology redounds to patients' improvement and, consequently, to the reduction of costs and sick leave periods. As an expert in the treatment of injuries suffered by outstanding soccer players, Doctor Guillén tells about the introduction of the arthroscopy techniques in Spain, and how these techniques were spread to other countries. On top of this, it is a great privilege to learn about some of his thoughts on patients, the medical function and the health administration, time and insurance.

In addition to his activities for MAPFRE-FREMAP, Dr. Guillén is now with Clínica Cemtro and continues, as always, at the School of Medicine of Madrid's Universidad Complutense.

Question: What prompted you to study medicine? Where is the origin of your vocation?

Answer: The idea arose in my childhood. Pedro Jiménez, our



Doctor Pedro Guillén, promoter and chairman of the Madrid Clínica Cemtro, was born in Archena (Murcia) on 6 December 1938. He was always a brilliant student. He completed his medical degree and doctorate in the Medicine School of Madrid's Universidad Complutense; he completed the final examination with outstanding marks and obtained his doctorate degree cum laude in 1986. He started in 1985 as teacher in the Medicine School of the Universidad Complutense; from 1988, until present, he is an incumbent professor of that university. Member of the Royal Academy of Medicine, has the Golden distinction awarded by the General Sports Mutuality. There are two other awards very dear to him: his appointment as "Hijo Predilecto" (favourite son) of Archena, and the golden medal that the Murcia Region gave him in June 2000.

Dr. Guillén is member of the Academia Nacional de Cirugía, of the Colegio Europeo de Traumatología del Deporte; numerary member of Willis Campbell Club of American Orthopaedics since 1984; member of SICOT (Sociedad Internacional de Cirugía Ortopédica y Traumatología); member of IRANOR and BRAGS (Bioelectrical Repair and Growth Society). Likewise, he has been awarded numerous honours and distinctions in several countries. His presence may be seen in a large number of publications, from the Ortopedia y Traumatología magazine to standing as member of the Board of the American Journal of Arthroscopy of New York. Founder and First Director of the Escuela Española de Traumatología del Deporte of UCAM.

family doctor, was a very good-natured man, well liked at home. He always wore a white suit, and white hat. He used to call on us and came in to say hello to my parents, who were farmers: Pedro! Isabel! I thought he was the most distinguished and smart man in the world. His kindness was something else. He arose my

interest in medicine, and was a model to be followed. I studied at the Archena school, in Murcia, as an external student. After the regular lessons, the teacher would provide his explanations to me, and would prepare me to teach other children. I undertook the pre-university course in Murcia; from there, it was usual



to carry on the university studies in Granada, unless you had very good marks, in which case you could go to Madrid. I was lucky enough to get good marks, which allowed me to go to the Universidad Complutense, in Madrid, where I started in 1961 and to which I am still connected. As the man who started me in my vocation was a family doctor, otorhinolaryngologist and physician at the Archena spa, I used to stand in for practitioners at the spa when I was on holidays.

Q: How did the decision to become a traumatologist arise?

A: At that time, it seemed to me that traumatology was very little developed. It was a very empiric science, very recent. For example, during World War I, not even 10% of the English pilots who had suffered bone injuries joined again active service. Conversely, in World War II, 75% of pilots resumed their work. Obviously, traumatology had experienced major progress between 1918 and 1945 but, even so, it continued to be the *poor relative* of general surgery. Then, it progressively found its own way, progressing at the rate of requirements and industrial development, which caused major injuries, as does the growing phenomenon of road driving, which is perhaps the first cause of injuries. Nowadays, with massive travelling by car every weekend, and the subsequent rate of accidents, traumatology is the busiest service in any hospital.

Q: When did you finish your studies, and which were the following steps in your professional career?

A: In 1969. However, before then, I had been an internal student in the San Carlos University Hospital, with professor Martín Lagos, in General Surgery, Traumatology and Orthopaedics, and in-house physician with professor Palacios y Carvajal. In 1972, the MAPFRE-FREMAP Rehabilitation Centre called a competitive examination for the direction of its Traumatology Service and Orthopaedics Surgery, and I was

awarded the job. I held several interviews with its senior officers, Carlos Alvarez, presently chairman, Enrique Hevia and Dr. Carabias, who was the Medical Director. Our function was to look after persons who had been injured in work accidents. The basic objective of any hospital institution is to look after the patient, and around the patient, everybody else. This is of the utmost importance, and it was a concept that MAPFRE-FREMAP had very clear. I remember perfectly their ideas: We want patients to be well treated. We want results to be good, because our best presentation card is our patients leaving the hospital well recovered and happy. This fitted absolutely with my own motto, with my ideas, therefore it was very simple for me and, on top of this, they gave me all the facilities you could imagine. Actually, the first arthroscopy examinations carried out in Spain were ours, as well as the first non-invasive surgery. We were pioneers in many areas, because there was an identity of objectives and we defended the same concepts. I started to treat patients at Clínica San Ignacio, and to get a team together. In addition, I continued to be linked to the University, where I started as a hired teacher and, after the relevant competitive examination, I became full professor.

Q: Would you say that FREMAP was always very innovative? Was it on the watch for society's demands?


A: Yes, because of its leaders' great vision. The founder of Sistema Mapfre, Ignacio Hernando de Larramendi, Carlos Alvarez, Enrique Hevia. They instilled it with an on-going dynamics of progress. It is a logical thing, as everything else in life: if you do not improve every day, you soon are no longer good. It is a rule of life. In work you dodge with luck, as you can always buy luck with hours of dedication. Perseverance is the key to luck. Many of the first traumatology congresses held by workmen compensation companies were organised by FREMAP, which was indeed innovative.

Q: In what sense?

A: The Sociedad Española de Traumatología (Spanish Society of Traumatology), which I mention in the review I wrote on the subject, is holding its thirty and something congress, while FREMAP is holding its thirtieth congress. Within the non-official scope, the congress organised by FREMAP is the most important one in Spain, and it is a pioneer in many ways. For example, in one of these congresses, we have dealt with miners' injuries, because they suffer many meniscus fractures, while soccer players usually suffer muscular injuries. Which leads me to another thought, something I call the "small change": the success of a major institution, of a health centre, is to solve the *small change*; namely, the very many small injuries, such as sprains, fractures, etc., because for each major heart surgery, or another type of major surgery, you will find hundreds of the small ones. The *small change* must be well tended to. What is the more frequent cause of sick leaves? It is backaches. Therefore, it has to be solved, so we organise a congress. As it happens with the calcaneum fracture, because it is a very common accident among masonry workers, who fall and break their hip. Congresses represent a call to what we have to know better. The leading experts in each field attend. After each congress, I used to write a book on the relevant subject discussed in it. So far, I have published 28 traumatology books, one per year. The FREMAP congresses, many of which I have chaired, were a challenge, an approach to what we had to know; an update on matters of interest. In life, if you learn how to sort out the *small change*, you meet with an enormous success.

Q: Why does your reputation revolve around the famous soccer players, and not around persons injured in their job or in their car?

A: At the beginning, it responded to a strategy. Workmen Compensation or Industrial Accidents Mutual Companies, such as FREMAP, with their leading-



edge techniques, attract world-wide sports stars, but then come companies with their workers. Workmen Compensation companies live on the services they provide to workers, not to these elite sportspeople.

Q: At a certain time you left FREMAP. Why?

A: I was with Sistema MAPFRE until 2000. My leaving was due to growth and internal maturity, and to have covered a stage in the MAPFRE-FREMAP system. Arthroscopy has enabled me to progress, I have even created the term "genufonía" (genuphony), now accepted everywhere. It is the language of the knee, from "genu" (Latin genus), knee and "phony" (Greek phonos), sound. With its way of expressing itself, the knee can tell us what it has inside. The problem is to learn how to listen to it. Apart from this, please do not get me wrong: I am deeply linked to MAPFRE-FREMAP. They adopted me, and I adopted

them. We grew together. They allowed me to work and gave me all the freedom I wanted. I can only be thankful for that. Now I am in the board of MAPFRE Mutualidad de Seguros and of Caja Madrid.

Q: How many injured persons would FREMAP treat in a year?

A: It depends on the year. At the beginning of the 70s, we were only 22 doctors and I carried out a constant selection for new hirings. Last decade, with millions of insured workers, the team was very large and we used to carry out some 5,000-6,000 surgery interventions per year. MAPFRE-FREMAP has had an extraordinary vision, because, in the end, it pays to do things well. For example, in Latin America, 80% of traumatologists have learnt arthroscopy with us. I feel deeply close to MAPFRE-FREMAP, where there are excellent professionals.

Q: What is your opinion about insurance? With a view to the future, which will be the next big step in medicine?

A: Insurance is safety against the unforeseen. Whether public or private, it is indispensable. If private insurance continues to grow, it is because it is responsive to policyholders. There may be somehow certain lack of humanism. With respect to the future, it is every stroke of the present. We are all going to live in the future and the future is tomorrow. Time moves on in spite of you, and our work, whatever we all carry out, is added to time. Therefore, the exciting part about the future is to see how it is becoming the present. There will be major advances in medicine. One of the most revolutionary ones will be the creation of banks of mother cells, which will allow to recover damaged organs. These banks will eventually be more important than the traditional money banks, because, when health is lost, what is the use of money. ■

TRAUMATOLOGY AND INSURANCE COSTS

Q: Where does traumatology stand in Spain? Can its level be compared to that of the most advanced countries in the world?

A: The level is similar in all advanced countries, and Spain is among the leading ones. You can see that in congresses. Next year, the European Traumatology Congress will be held in Spain, and I will chair it. Paris, London and Antwerp also wanted to organise it, but the subject I proposed won and, therefore, it was decided to hold it in Madrid.

Q: Have there been major contributions to traumatology on the part of Spanish medical professionals?

A: The most advanced arthroscopy surgery, for knee pathologies, we have it in FREMAP, Clínica Cemtro, and in Spain.

Q: Can you tell us, in just a few words, what is the arthroscopy technique?

A: It is the introduction, in the knee joints, of tubes provided with a lens to see what is happening inside. That was the first step; afterwards diagnosis arthroscopy and then surgery arthroscopy were developed. Laparoscopy is the daughter of arthroscopy. Its creator was a great friend, Robert Jackson, a Canadian from Ontario who went to Japan to learn about a type of transplants, but saw a Japanese doctor putting a cytoscope, a tube, in a knee, and said to him: "if you teach me the technique with that device, I will teach you English". I knew him in 1975, and we started to use the technique in 1977, when nobody still did.

Q: What has the application of this technique entailed in the reduction of insurance costs?

A: When we started to use arthroscopy, I carried out 100 interventions of meniscus open surgery and 100 interventions of arthroscopy surgery. Open surgery entailed, on average, between 62 days and three months of sick leave, while with arthroscopy it was 22 days at the most. For MAPFRE, this was a surprise. It was a period when Social Security doctors, and doctors from many countries, would come to our arthroscopy congresses to learn. In addition to teaching 27 traumatology courses, I have taught 30 courses exclusively on the knee. Furthermore, a subject was included, called "Cost and Depreciation of Arthroscopy", which I prepared with other colleagues, which met with great acceptance. Not only because the monetary saving this technique represented, but also because of its value in terms of pain, which is what really matters. All in all, injured workers suffered less and could resume their work earlier.