

Editorial

El Comité de Cooperación Internacional: Esfuerzo Humanitario de la *European Association for Cardio-Thoracic Surgery*

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El cuidado de la salud está desigualmente distribuido en el mundo. Una pequeña proporción de la población del mundo tiene un producto interior bruto y un índice de desarrollo humano mucho más importante que las naciones menos desarrolladas. La oferta de cirugía cardiotorácica es muy limitada en muchas áreas del mundo. Hay iniciativas gubernamentales y privadas para mejorar el campo de la misma que incluyen la asistencia internacional al desarrollo, las organizaciones profesionales humanitarias y la cirugía en centros avanzados. Hay lugar para la mejora, y la EACTS ha desarrollado un número de iniciativas para mejorar la transferencia del conocimiento. Éstas incluyen las becas para la *European School of Cardio-Thoracic Surgery* en Bérgamo, el Programa de Becas de Viaje y los Cursos EACTS de Enseñanza. Otros métodos se están explorando en la actualidad. La transferencia del conocimiento sigue siendo la piedra angular de la EACTS.

Palabras clave: Cooperación internacional. Cirugía cardiotorácica. Transferencia del conocimiento.

International Cooperation Committee: Humanitarian Effort of the European Association for Cardio-Thoracic Surgery

Adequate health care is grossly unequally distributed across the world. A small proportion of the world's population has a gross domestic product and human development index much larger than the least developed nations. Cardio-thoracic surgery is poorly offered in many countries of the world. There are some government and private-based initiatives to improve the field of cardio-thoracic surgery including international developmental assistance, professional charitable organizations and surgery in advanced centres. There is room for improvement and EACTS has developed a number of approaches to improve transfer of knowledge. They include scholarships for the European School of Cardio-Thoracic Surgery in Bergamo, Visiting Fellowship Programme and EACTS Teaching Courses. Some other methods are currently being explored. Transfer of knowledge continues to be the mainstay of EACTS.

Key words: International cooperation. Cardio-Thoracic Surgery. Transfer or knowledge.

There are only two families in the world, as my grandmother used to say: The haves and the have-nots.

Sancho Panza in *Don Quijote de la Mancha*, Miguel de Cervantes

INTRODUCTION

The wealth of nations, a prerequisite for an adequate health care, shows a grossly unequal distribution. In affluent areas of the world, comprising North America, European Union, Japan and Australia, with only 14% of the world population, the average gross domestic product (GDP/capita) is more than 25 times higher than that of the least developed nations (Table 1). Equally, the human development index¹, which in highly developed nations lies between 0.929-0.955 (1.0 being the absolute maximum), can be found in the least developed nations at values of 0.448 or less. Cardio-thoracic surgery, which requires strong logistic support and extensive infrastructure, provides good coverage and care only in highly developed nations². Indeed, the density of cardio-thoracic surgeons in a particular world area shows a strict correlation with GDP (Fig. 1). Many countries are in desperate need of help in cardio-thoracic surgery; even in some developed nations in Europe, there might be space for improvement, due to their lack of structured post-graduate education, limitations of international contacts, and financial restrictions of foreign travel.

VARIOUS APPROACHES TO THE IMPROVEMENT IN THE FIELD OF CARDIO-THORACIC SURGERY

International developmental assistance

Governmental institutions of the developed nations customarily deliver developmental and humanitarian aid to the underdeveloped or war-ravaged countries. It usually involves multi-million dollar projects like building new hospitals and

opening specialised wards^{3,4}. The financial investment is considerable; buildings are completed with all necessary equipment and instrumentation, but no provisions are sometimes made for continuous operation by the local authorities, leading to the deterioration of care, exodus of highly trained personnel or even closure of these prestigious objects.

Professional charitable organisations

For financial means, they usually depend on donations. They send a complete team with surgeons, anaesthetists, intensive care specialists, nursing staff and pump technicians, to the underdeveloped nations to perform a series of operations in local hospitals. A small group of patients profits from this activity, but the general development of the specialty in the visited country is not necessarily facilitated. Financial means necessary for such a visit are substantial (travel costs, board and lodging, transporting the bulky and expensive equipment), and the institution in which the team normally functions has to agree to a prolonged leave of absence of the whole team, with its financial consequences. Good results, which the visiting surgeons accomplish, are due to their large experience and to the optimal composition of their highly experienced team. After the visiting team has departed, the local institution is left to its own means and visitors' good results are difficult to match when operations are performed by the local team.

Surgery in advanced centres

Direct help for the children with complex surgical problems is provided by several international humanitarian organisations like *Terre des Hommes*⁵ or *Chaîne de l'Espoir*⁶. These organisations – besides other aspects of their activity – bring the sick children to the developed countries to receive proper treatment. Although costly, this method of humanitarian aid has saved many children and continues to be a highly respected modality of humanitarian aid. It requires substantial financial means, due to the costs of transportation and lodging for patients and accompanying persons, as well as payment of direct hospital costs; although the operations are performed free of charge by the participating surgical teams.

TABLE 1. WORLD'S DISTRIBUTION OF WEALTH

	Population (millions)	GDP/capita (US\$)	Human development index (maximum 1.0)
USA	296	37,812	0.944
Canada	33	27,125	0.949
European Union	456	28,100	0.929
Australia	21	25,380	0.955
Japan	128	33,942	0.943
Least developed nations	1274	0,448	

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