

Association for Surgical Education: Presidential Address

Surgical education and global health: call to action



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In planning this presidential address, it was clear from the start that it would revolve around global health and surgical education. These are the themes that have guided my career. To me, surgical education and global health are intimately intertwined and are the imperatives for which I live my professional and personal life. The deep needs and unnecessary suffering that I have seen during my life have driven me to work for the past 18 years with Doctors Without Borders and to create online, easily scalable, and accessible educational materials for surgical education. This focus has given me the deepest satisfaction I have gotten from my career in medicine.

In 2008, Dr Paul Farmer, a noted figure in humanitarian medicine and one of the founders of Partners in Health, wrote in the *World Journal of Surgery*¹ that one of the reasons that surgery in global health has been neglected is “that only now are significant numbers of surgeons involving themselves in such matters. We need the support and attention of surgeons if progress is to be made.”

I am a surgeon who has been involved in global health for almost 20 years and I agree with Farmer in this: we do



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need to galvanize and to push for the recognition of surgery as a critical component of global health. And we, members of the Association of Surgical Education, are uniquely poised to make an even bigger impact with our expertise in the education of surgery, which, in my mind, is the most pressing need and where the most wide reaching impact can be made.

The world has changed so much in the last 20 years. The rapid development of information technology and the Internet has been revolutionary in how we are able to communicate, transmit information, and, yes, teach. Right now, we are experiencing one of the few eras of true democratization of knowledge, similar to the explosions of knowledge that occurred after the developments of the first simple alphabet, Ancient Greek, and the printing press, which allowed wide spread dissemination of texts.

At the same time, natural and manmade disasters because of climate change, food scarcity, the constant onslaught of natural disasters, and armed conflicts and civil unrest have escalated to an alarming degree and permeate every aspect of our lives. Traditionally, global health in low- and middle-income countries has focused primarily on communicable diseases such as HIV, malaria, and tuberculosis, which are the 3 diseases that profoundly affect global mortality. The dominant funding sources such as the President's Emergency Plan for AIDS Relief, the Gates Foundation, the Global Fund, and the Clinton Foundation among many others spend billions per year. By far the majority of funds focus on the prevention and treatment of these communicable diseases, and there is very little emphasis either on surgery or education in the humanitarian aid world. A notable exception is the Clinton Foundation, which includes as part of its vision the importance of expanding the capacity of national human resources.

What motivated me to become a surgeon in the first place? I believe that what motivated me to go to medical school is what motivated all of us. I wanted to help people and fix the injustice of the world! This is where I was going to insert a quote from my medical school application essay, but since that was too difficult to find, I asked my medical students to share some of theirs. I think we will all see our younger selves in these quotes.

One of my fourth year advisees, Molly Anderson, now an internal medicine intern at the University of Washington, Seattle, Washington, wrote "when I was young, I wanted to cure a disease. But, now I realize that, for me, being a doctor is about more than curing a disease; it's about healing a community. In a few days I am returning to Africa as a volunteer, but I hope one day to return as a doctor."

Polina Krass, a second year student, hopes that "my commitment to creative, transformative solutions will allow me to make a meaningful impact on the lives of my patients and on the way that healthcare is delivered across the globe."

Finally Andrew Hallet, a first year medical student, described his perception of humanitarian medicine in this way: "For practitioners who feel compelled to work among

the poor and underserved, medicine transcends this already noble pursuit to become something even more profound. In such hands it becomes an enacted belief in human equality and health care as a fundamental human right."

My own path to medicine is pretty roundabout. I was a Latin major as an undergraduate and then went on to get a Masters Degree in the History and Philosophy of Medicine. I had read about head injuries in the Edwin Smith Papyrus and I read the Hippocratic Corpus in the original so knew all about the essential 4 humors—you know, blood, yellow bile, black bile, and who could forget phlegm. I figured not much ever changes in medicine—it was a logical step from old school to new school medicine. Oh wait a minute isn't medicine that discipline where 90% of what we know today is obsolete in 10 years?

Actually, what had really motivated me to go into medicine was not so much the fact that there were few jobs in ancient medicine, but what I had done during my summers in college. My younger sister and I volunteered, through an organization called "Families for Children," in a remote orphanage in India in 1982 and 1983 and in a refugee center in Somalia in 1984. Although neither country was dangerous at that time, it seems a little crazy, given that my sister and I were 16 and 19, respectively, that first year. But it was a stroke of genius on the part of my parents who had encouraged us to go. My sister and I learn so much about human suffering and social injustice. Our eyes were irreversibly opened to the striking disparities between our life in the United States and the realities of poverty and life in low-income countries. It was also there where I had my first true experiences with illness and health care.

During the second summer in India, my sister and I lived in the special needs house with children who had physical and mental disabilities. I would hold and soothe a young girl, whose name I no longer remember in my arms. She had a massively distended abdomen, spindly legs and arms, and was as fragile as a porcelain cup. I'm sure she did not survive long after we left that fall. But holding her in my arms, feeling her head on my shoulder, and seeing her smile even briefly made me realize that any kind of care I could give people was so much more important and gratifying than anything I'd ever experienced before. On another occasion, I took a deathly ill girl on my lap in the back of an auto rickshaw to the hospital. I sat holding her hand although she was barely conscious as the doctors made a cut with a scalpel in her ankle. There was no blood, the cut and the tissues underneath were pure white. In retrospect, I can guess she must have been in septic shock and the physicians were trying to do a cut down to get venous access to resuscitate her. But I knew none of that then. She died later that night and we carried her body back to the orphanage in our arms for its proper burial. It was experiences like these that made me realize that I had to go become a physician.

During my fourth year of residency, I picked up a brochure from Doctors Without Borders, gave them a call, and after a short interview I was accepted. This was in 1996

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