

Workforce Considerations, Training, and Diseases in the Middle East

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KEYWORDS

- Middle East otolaryngology • Global health in the Middle East
- Disease prevalence in the Middle East
- Medical education and training in otolaryngology in the Middle East

KEY POINTS

- Prevalent diseases in the Middle East include the noncommunicable diseases of coronary artery disease, stroke, diabetes, and head and neck cancer (the latter due to the high rates of tobacco usage).
- Health care system capabilities range from struggling economies to high sophistication in developed countries.
- War, conflict, strife, and government instability give rise to great challenges in providing adequate health care in some countries of the Middle East.
- Medical education and training in otolaryngology was previously based on the European system but increasing incorporation of the American system is occurring.
- In some countries, there is great personal risk to physicians caring for patients and to visiting physicians from other countries.

INTRODUCTION AND OVERVIEW OF HEALTH STATUS AND DISEASES IN THE MIDDLE EAST

The Middle East is a complex area of the world, not only demographically but also in the diverse governmental, political, social, religious, financial, and medical contexts. In general, the Middle East is a group of 18 countries in the eastern Mediterranean and Persian Gulf, which includes Egypt in North Africa and Palestine. Turkey and Cyprus

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may be included in discussions of Middle Eastern countries but not always. The US Department of State's Bureau of Near Eastern Affairs includes the following countries, states, or territory in their purview: Palestinian territories, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, and Yemen.¹ Additionally, the League of Arab States has 22 members, and is a cooperative and functional unit acting in the Middle East.

Germane to the health care systems of these countries, several governmental models exist. There are 3 constitutional monarchies (Qatar, Kuwait, and Bahrain), 2 absolute monarchies (Saudi Arabia and Oman), 1 federal monarchy (United Arab Emirates), 1 parliamentary democracy (Israel), 1 theocratic republic (Iran), 1 presidential republic (Syria), 1 parliamentary monarchy (Jordan), and other federal government models of various governments. Thus, there is a broad range of financial capabilities to support effective health care delivery and to develop and sustain an infrastructure for each country's health care system. Language and religious variances within each country and between countries challenges cooperative efforts in health care delivery.

Unlike Europe and the Far East, many countries in the Middle East are, and have been for some time, in a constant state of conflict and combat. The Middle East is the epicenter of global terrorism, and countries such as Iraq, Afghanistan, and Syria have such a burden of trauma cases that limited medical resources are often stretched beyond their limits. Basic services may be minimal, and preventive health in many regions is nonexistent. There are significant challenges to the delivery of health care in hostile and intemperate geographic terrains from desert to mountains. Rural health care in isolated parts of some countries is often rudimentary, provided only by marginally trained lower level health care workers who do the best they can with minimal resources and limited higher echelon support.

Emerging medical services may lack the sophistication and robustness of Western medicine, especially in ambulance and first-responder capabilities. Trauma patients (especially from terrorist attacks) are often transported to a hospital by passing motorists or bystanders. Triage and emergency care resources are often limited to basic life-saving treatments, and tertiary or specialized care centers are often few and far between. Trauma care is becoming a priority for otolaryngology in the Middle East, driven by injuries due to war and terrorism. Both intrinsic and foreign teaching in the management of head and neck trauma is increasing in training programs across this region.

Alternatively, several countries in the Middle East (eg, Saudi Arabia, United Arab Emirates, Jordan, Israel, Turkey, and Qatar) have quite sophisticated and modern health care systems, typically based on the British system of education and training of physicians and nurses. Resources are plentiful and funding is relatively generous. Medical education and specialty training can be comparable to that of Western medicine, including tertiary academic medical centers where meaningful research is conducted, and the full range of specialty care is provided.

General Health Conditions

Using data from the Global Burden of Diseases, Injuries, and Risk Factor Studies (GBD), heart disease was the number 1 cause of death in the Arab world in 2010, replacing lower respiratory diseases.² Risk factors for death included processed foods, hypertension, high body-mass index, diabetes, and hypercholesterolemia. Major depressive disorder, especially in women, and lower back pain, in men, contributed to higher years lived with disability in most of these countries. Road injuries and other occupational risks are more common in those more highly developed countries where transportation and driving are reflective of a more robust economy. Communicable

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