Editorial - Educational

Overseas Medical Aid - Where Do You Stand?

Martin Corbally, FRCSI, FRCSEd, FRCS, CCST*

Providing medical aid to developing and low-income countries has produced a variety of differing and diverse opinions ranging from enthusiastic support to frank criticism. Critics have expressed concern that the effects are short-lived and do not build on local capacitance or sustainability. Supporters are keen to point out that such aid is a necessary part of our global responsibility, does result in improved local skills and that the individual rewards far outweigh the investment of time and money. Whatever the individual position, it is now clear that the provision of anesthesia, surgery, and nursing fills a clinical vacuum in areas devoid of or deficient in vital services. This is especially true in the provision of pediatric nursing, anesthetic and surgical services in low and middle-income countries.

The United Nations have defined a set of goals (anti-poverty Millennium Development Goals) seeking to eradicate extreme poverty, improve the level of primary education, equality for women, reduce infant and child mortality, improve the health of women, combat HIV/AIDS/Malaria, protect the environment and develop co-operative global development partnerships to conclude by 2015[1]. Although there has been significant progress in these areas, it has not been uniform in all regions and many of the world's most vulnerable remain at risk. The United Nations have further defined these goals as Sustainable Development Goals over the next 15-year cycle and have identified global health and education as a priority for all[2].

However, primary health care, while important, could not exist as an independent pillar of any health strategy and is intimately related to secondary and tertiary care, education and economic development. Increasingly, governmental organizations, non-governmental organizations and international bodies have become aware that every society has the right to expect equally good secondary and tertiary care. What value to have excellent vaccinations only to succumb to appendicitis? This has produced a re-appraisal of the role of voluntary agencies that interact with governmental policy in many regions to increase local expertise and better patient outcomes, all in keeping with the premise that everyone deserves the right to access good health care at all levels. In many situations, this involves improving local surgical skills so that straightforward surgical procedures, such as appendectomy, laparotomy and hernia repair may be performed safely and effectively. Training has been advanced by a variety of independent bodies, such as COSECSA (College of Surgeons of East, Central and Southern Africa) that teach surgical care and shapes the fabric of surgical outcomes in these vulnerable areas[3]. This effort requires considerable out of region support, and the Royal College of Surgeons in Ireland (RCSI) has been to the fore in this initiative in providing mentoring and other supports.

There remains, however, a significant potential for individuals and other agencies to contribute on a smaller but equally effective scale. This needs properly constructed programs that are sustainable, constant over fixed time frames and have measurable outcomes[4]. In a general sense, those involved in these programs should engage in pre-visit planning, post visit analysis/review and confine their efforts to their own skills and expertise.

I have been most fortunate to be part of an organization (Operation Childlife, a registered Irish Charity) that has provided nursing, anesthetic and surgical up-skilling in Vietnam since 2004 and Tanzania since 2007. This has been supported by RCSI (Dublin and Bahrain), the Christina Noble Children's Foundation and for the past four years, King Hamad University Hospital. This longstanding program has successfully developed a pediatric cardiac, surgical and oncological program in Ho Chi Minh City and an oncological surgical program in Dar Es Salaam. There is no longer any doubt that properly structured surgical programs, backed by the foresight of supporting institutions play an important role and has a significant impact on global health development.

The return on these interactions far outweighs any individual investment not only in terms of the humanitarian aspect, but the individual's own experience and is to be highly recommended. It has far reaching consequences for future regional and global health and it seems best served by encouraging early involvement of our undergraduates and trainees. We are privileged to bear the responsibility of treating our fellow man, a responsibility that knows no borders and stays with us throughout our career.

REFERENCES

1. The United Nations. Millennium Development Goals and Beyond 2015. http://www.un.org/millenniumgoals/bkgd.shtml Accessed on 16 February 2016.
2. The United Nations. Sustainable Development Goals. http://www.un.org/sustainabledevelopment/blog/2015/12/sustainable-development-goals-kick-off-with-start-of-new-year/ Accessed on 16 February 2016.
3. COSECSA. What is COSECSA. http://www.cosecsa.org/about/what-cosecsa Accessed on 16 February 2016.
4. World Health Organization. http://www.who.int Accessed on 16 February 2016.

* Chief of Medical Staff
Consultant Pediatric Surgeon
King Hamad University Hospital, Bahrain
Professor and Head of Department of Surgery, RCSI-MUB
Program Director, Operation Childlife
Kingdom of Bahrain
E-mail: martin.corbally@khuh.org.bh