

# Quill on Scalpel

## Plume et scalpel

### INDICATIONS FOR SURGERY IN OUR GLOBAL VILLAGE

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When the term “global village” was introduced some 20 years ago the concept was quickly taken up by those working in international development. With awareness, communication and transportation being what they are today, the globe is increasingly seen as a number of interdependent communities of one large global village. Differences separating us need to be put into perspective, considering what we have in common. In health, for example, the basic medical and surgical needs of all communities are quite similar; what is different is the availability of resources to meet those needs. There are some communities in the global village (perhaps even a majority) where common suffering goes unrelieved simply because of a lack of basic medical and surgical personnel or material, or both, which we in our community have in abundance.<sup>1</sup>

The growing concern among Canadian health care personnel over this situation and the need to respond are evident at many levels. A surgical response is certainly indicated. Basic surgical care is an essential service for community health, and its place in the “health for all” concept is increasingly accepted.<sup>2</sup> One response has been from the Canadian Association of General Surgeons (CAGS). In 1998, it established the “Liaison Committee for the Advancement of Surgical Services in the Developing World.” This committee’s mandate is to raise the profile of surgical needs of countries in the developing world among its membership and to establish links between interested members and orga-

nizations with credible projects in these countries.

The CAGS was not the first Canadian surgical specialty group to respond. Orthopaedics Overseas Canada is a special committee of the Canadian Orthopaedic Association, linked to sister organizations in the United States and the United Kingdom, that has been supporting projects in several developing countries in recent years. Similar efforts are established or under way among Canadian colleagues in many if not most other surgical specialty groups.

Not all developing countries are alike, nor are their surgical care programs, which may vary from nearly nonexistent to well developed. Therefore, Canadian surgical involvement will vary, depending on the host country or even the region within an individual country. The request may be primarily for service, for teaching and training or for a combination of the two. There are opportunities for interested Canadian surgeons to be involved anywhere along this continuum.

A recent discussion document in the *Annals of the Royal College of Physicians and Surgeons of Canada* stated in its introduction, “As a major institution in a benevolent nation, we should share globally what we have, to initiate, to improve, to sustain and to solidify the efforts of those who wish and can benefit from our expertise . . . particularly in places less fortunate than ours.”<sup>3</sup> Implicit in this statement is the need for partnership; that is, a deliberate relationship whereby colleagues from different communities,

who share the same goals, together plan and implement a project while drawing on the resources of both communities. Once again, the basic similarities between communities allow us to do this; the differences are related only to the resources. For those of us who are surgeons, who rely on both technical and judgement skills, such a relationship is particularly appropriate. And it is the partnership that accepts the onus to assure that improvements are self-sustaining.

When those of us who have been involved in surgery in the developing world over the years share our experiences and our perceptions of needs and possibilities, many colleagues respond by expressing an interest in being involved themselves. Often the question is, “How do I get started?” One first step could be contacting the designated committee of your own surgical specialty association, registering your interest.

The indications for surgery throughout our global village are there. Whether or not the surgery takes place wherever it is needed may depend on us.

#### References

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