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Surgery can help stem tide of pain, poverty

BALTIMORE (Reuters) – Surgery is not a luxury. It needs to be a basic human right, because millions of people around the globe die each year or suffer lifelong disability from easily correctable conditions like obstructed labour or appendicitis.

A number of readily teachable surgical procedures, performed in basic operating rooms, can stem much of the rising tide of human suffering. People associate surgery with space-age operating rooms filled with fancy equipment. A handful of medical conditions require that. But many do not. Non-surgeons trained to do simple procedures can alleviate up to three-quarters of the surgical need in underserved regions.

Conditions like congenital cataracts, club foot, cleft palate and bone fractures create problems that are far too expensive to ignore. Left untreated, they relegate people to a dismal existence of unproductivity, which fuels a cycle of poverty.

Several years ago, Reuters reporters visited a remote hospital in Africa on the border between Ghana and Burkina Faso. After they toured the modestly equipped operating room, my colleagues and they were eager to meet the surgeons. But the hospital director informed them that there weren't any. Surgery, he explained, was performed by an anesthesia nurse. When he wasn't available, a surgical nurse took over. Then, the hospital director continued, if neither nurse was present, the ward clerk would do the simplest of procedures. When he wasn't around, the gardener would step in to patch up gashes and other minor traumas. An admirable resourcefulness born out of desperation.

It was this hospital's workaround for a grave global problem: a grossly imbalanced distribution of surgical care and expertise. The poorest one-third of the world's population receives about 4 per cent of surgical care. Africa has roughly one per cent of the number of surgeons in the United States.

Liberia has three surgeons for a population of 4 million. Failure to address this inequity is economically and politically reckless. A surgical repair that could cost as little as $500 can prevent a lifetime of disability that can cost more than $200,000. For the first time in history, the burden of surgically treatable conditions — such as traumatic injuries, congenital malformations and burns — exceeds that of infectious diseases. In the quest to minimise human suffering, the scalpel is now as critical a weapon as the pill. Ensuring that people across the world have access to basic surgical care is just as important as dispensing polio drops or antimalarial drugs.

Teaching non-surgeons to perform basic procedures is a critical first step. But it is by no means a silver bullet. A meaningful solution will require a global buy-in from national and international public health groups, local governments, nongovernmental organisations, health care organisations, physicians and the public.

Making surgical outcomes a key indicator of global health, creating policies that fund surgical care to fight poverty and increasing public pressure on our officials for access to surgery are all essential. So are investments in surgical infrastructure and continuing medical education for these key front-line providers to help ensure they are continually mentored and given the opportunity to keep up with the latest techniques.

Earlier in the month, the Global Alliance for Surgical, Obstetric, Trauma and Anesthesia Care — the G4 Alliance — made its official debut in Geneva. The group seeks to improve access to safe, essential surgical, obstetric, trauma and anesthesia care for all.

The World Health Organisation passed a resolution that makes access to emergency and essential surgical care a global health priority. Both are momentous occasions.

In the global ecosystem of health, isolationism is myopic and tiered access to care seems immoral. Ensuring that our fellow human beings around the world have access to safe surgeries is not just an ethical obligation. It is also a wise geopolitical and economic investment in our future.