

# Surgery and Global Health

*But however much concerned I was at the problem of the misery in the world I never let myself get lost in the broodings over it; I always held firmly to the thought that each one of us can do a little to bring some portion of it to an end.*

Albert Schweitzer, MD, *Out of My Life and Thought*<sup>1(p186)</sup>

**D**ISCUSSIONS OF GLOBAL HEALTH PRIORITIES focus naturally on the large number of patients with malaria, tuberculosis, AIDS, and other infectious diseases. The epidemiology of these diseases is complex and in its broadest sense includes the global socioeconomic structures responsible for their prevalence. A recent book, *Awakening Hippocrates: A Primer in Health, Poverty, and Global Service*,<sup>2</sup> places global health disparities in a historical perspective and emphasizes the role of structural violence to the poor of the world as the result of human choices in the allocation of resources. While solutions to these global epidemics are being vigorously pursued with scientific research and socioeconomic interventions, we would, however, make a gentle plea for programs directed to the victims of war and violence, children born with congenital defects, and others who have diseases and disorders that require surgical treatment.

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One early global health practitioner, Albert Schweitzer, MD, left a brilliant career as a musician and theologian to become a physician and serve the health needs of the poor in Africa. Although he did not have the public health perspective we have acquired almost a century later, he clearly grasped the “ethical imperative” to treat individual patients. During his first mission in Lambaréné, Gabon, in 1913, he wrote<sup>1(p111)</sup>:

The chief diseases I had to deal with were malaria, leprosy, sleeping sickness, dysentery, frambesia, and phagedenic ulcers, but I was surprised at the number of cases of pneumonia and heart disease. . . . Surgical treatment was called for chiefly by hernia and elephantiasis tumors. If there is no medical man in the neighborhood, every year sees a number of unfortunate mortals doomed to die a painful death from strangulated hernia from which a timely operation might have saved them. My first surgical intervention was a case of that kind.

Although much has changed in medicine since Dr Schweitzer's experiences in Africa, the importance of treating acute and chronic surgical diseases has not. Then, as now, surgical treatment should be integral to medical outreach programs. For our specialty, facial plastic surgery, there are many needs to address, such as reconstructive facial surgery after trauma or cancer resections. The treatment of congenital deformities, including cleft lip and palate, however, merit special attention. There are a relatively small number of children born with those disorders whose lives we can transform today with a

straightforward surgical intervention. A child born to poor parents in Africa, Latin America, Asia, or elsewhere with such a cleft deformity will be disadvantaged in speech, appearance, education, and job opportunities. The human costs to these children and the societies in which they live are large and preventable. Articles in the *Archives* have documented successful programs to treat these children.<sup>3,4</sup> A goal to ensure that every child born with a cleft lip or palate receives appropriate reconstructive surgery and rehabilitation is achievable in the present time.

The main components of such a program are surgeons trained to perform the procedures, funds to cover hospital expenses, and an organization to manage the logistics of surgery and postoperative rehabilitation. In one model, surgeons from a developed country travel to a geographical area of need to perform reconstructive surgery for these children. The quality of these missions in terms of surgical expertise, preoperative evaluation, and postoperative follow-up is variable. Nevertheless, many of the organizations are excellent and currently provide an important mechanism to treat these children. Incorporating training of local surgeons in these missions is important and can facilitate postoperative follow-up as well as develop a cadre of local surgeons to treat future patients in their countries. The costs of hospital care for these children are large for them but manageable for us. The many excellent nongovernmental organizations that sponsor cleft lip and palate missions can, with public support, also provide necessary hospital funds. The most important contribution we can make to help these children for the future is to train and educate surgeons around the globe in the art and craft of cleft lip and palate surgery.

Ti-Sheng Chang, MD, of Shanghai, China, is perhaps the most venerated plastic surgeon in the world. His accomplishments are numerous and include contributions in microsurgery, craniofacial surgery, burn surgery, and lymphedema. Older than 90 years of age, he remains a respected surgeon and teacher. Among other commitments, he is the honorary chair of the Smile China International Advisory Board. Smile China is a premier example of how one idealistic surgeon can contribute. Joseph Wong, MD, of Scarborough, Ontario, Canada, founded this organization, which treats children with cleft lip and palate deformities in China. In addition to quality surgery, Smile China provides education and excellent patient follow-up with minimal administrative costs. Dr Chang recently chaired the International Federation of Facial Plastic Surgery Societies Meeting in Hangzhou, China, convened after a Smile China cleft lip and palate mission that treated 100 children. His welcoming comments<sup>5</sup> in

Hangzhou speak to the essence of facial plastic surgery and the importance of surgical education:

As spring comes, the International Facial Plastic Surgical Conference now opens at the beautiful West Lake. Experts and specialists coming from Europe, America, and Asia communicate the techniques of facial plastic surgery. As the chairman of the conference, I am glad to give a warm welcome to all of you, and believe that the conference will be a big success.

Facial plastic surgery is an important part of the plastic surgery, which deals with not only functional reconstruction of deformities but also beautiful and harmonious appearance.

Since the 1970s, facial plastic surgery has had great development, including both craniofacial surgery and cosmetic surgery. Craniofacial surgery involves high risk and requires high technology. It is performed only in several top medical units, whereas aesthetic surgery is popular worldwide, and represents both social and economic development and progress. As facial plastic surgeons we are asked to assume a big responsibility, to develop a dexterous technique and even our own artist's brain.

Of course, facial plastic surgery also includes the reconstruction of deformities to reach the coincidence of function and form. We can't imagine a beautiful eye with no vision or a nice nose that cannot breathe.

I hope we can have plenty of communication, share different ideas with each other and enjoy the beautiful spring time beside the West Lake.

Finally, part of our mission as a scientific surgical journal is to encourage and publish quality research

that provides data to improve outreach programs and their outcomes. On-going basic research in the genetics, embryology, and anatomy of clefts, as well as studies of surgical techniques for cleft repair, are important. There is, however, also a significant need to evaluate the socioeconomic effects of these deformities and the outcomes of specific treatment programs. We look forward to receiving such articles for review and publication in the *Archives of Facial Plastic Surgery*.

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Editor

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