Discussion to the Article: Teaching Pediatric Hand Surgery in Vietnam

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Discussion

The admirable efforts of the surgeons, anesthesiologists, nurses, paramedical staff, and other volunteers offer a tremendous service to unfortunate individuals in underdeveloped countries. The authors have eloquently described their experience abroad, treating patients afflicted with a variety of ailments. Many patients in underdeveloped countries must bear the burden of living throughout their lives with various deformities. These deformities may result in functional loss that significantly impairs their activities of daily living. In fact, afflicted patients may be ostracized from their own community because of their deformity. There are many implications and ramifications of these medical problems not only for the patient, but also for their families and the local society. I too have traveled overseas for volunteer work, performing surgery on patients with burn contractures, nomas, congenital deformities, and other acquired disorders that impair function. The experience offers a multitude of benefits to these patients, their families, and the local community. These patients are extremely grateful and return to productive lives.

Such trips require significant commitment and can actually be quite tiring. Depending on the location, the travel can be long and grueling, often involving various flights, bus rides, or other modes of transportation. Jet lag and fatigue are not uncommon during these trips. As the surgical team arrives, the equipment must be checked,

calibrated, and/or repaired prior to performing any surgery. The instruments and supplies are removed from boxes and the operating rooms are set up to permit safe, reliable, and efficient surgery. The patients often arrive from miles around with the hope that they might be lucky enough to be operated upon by experienced, knowledgeable surgeons. The patients are usually screened by the surgeons, anesthesiologists, and staff to prioritize those who would be candidates for surgery. The short amount of time that the surgical team has at any given destination unfortunately limits the number of procedures that can be performed during each visit. The surgical team must therefore look to perform procedures that would have the greatest impact on patients, focusing primarily on restoring function. Following the surgical screening, the patients are assessed for operative risk factors, as safety is foremost in the minds of the entire team. In fact, the partnership and communication between the surgeons, anesthesiologists, and nurses are often more intense and constructive than at our own surgical theatres.

The many surgeries can include cleft lip and palate repair, contracture release, free tissue transfer, skin grafting, and flap reconstruction. The patients therefore require surgeons with expertise in reconstruction of the head and neck, hand, lower extremity, and trunk. Postoperatively, nurses and paramedical staff care for the patients to aid in safe recovery. It is amazing to witness the care that the families provide in the recovery process of these patients. The surgical team uses the resources it has brought with them, as well as what is locally available, to provide adequate rehabilitation. The daily rounds on the patients after surgery are for caring and education. It is often astonishing to witness the makeshift dressings, splints, and wound care that are available from the local surgeons and

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physicians. Once discharged from the hospital facility, follow-up care is provided by the local physicians, as well as by members of the surgical team when they return on subsequent visits.

The care that is provided to these patients meets all the standards that are provided in our home communities. The patients were treated with respect, compassion, and honor. The follow up care has improved over the years so that patients are not left without rehabilitation after the foreign surgical team has departed. Now, there is no question that the surgical missions offer a personal sense of satisfaction and fulfillment to all the members of the surgical team. The members of the team feel good about themselves for helping others who would not otherwise get this kind of care. The goals of these trips, however, should be much more than seeking fulfillment in oneself or merely treating patients and then leaving without educating the local medical community on the techniques of these procedures and the follow-up that is required. The goals of these medical trips should include establishing medical relationships with the local surgeons, medical staff, communities, and countries. The local surgeons are taught how to perform the surgery. They should be given didactic lectures and perhaps even lab demonstrations as a means of education. Ideally, the education should progress from physician training to fellowship training and even exchange programs that would ultimately lead to research opportunities, student programs, and other volunteer education. Residents and medical students would benefit from this experience. It should be fully acknowledged that the surgery performed and medical care given to these patients is by no means compromised by the resident or student involvement. Indeed, their involvement would be identical to what it is in our country. They would operate and round with the surgeons under their direct supervision in the exact

manner that they would in their home teaching environment. The infrastructure for exchange of knowledge and surgical techniques could lead to surgeons coming to our country on fellowships and returning to their own country as educators and partners of these admirable trips. An underdeveloped country could move from an inability to provide any care to its people, to one that is only somewhat reliant on others, to one that is ultimately self-sufficient in its medical management. There are many volunteer organizations that adhere to this philosophy. For instance, Operation Smile, the network that I have been involved with, has developed a type of infrastructure where the care of the patients involves education and partnership with surgeons, anesthesiologists, nurses, par medical staff, and thousands of volunteers all working each other to benefit the patients that live in underdeveloped areas and do not have the resources that we take for granted in our own country.

With all this in mind, we should take the opportunity to expand upon the concept of volunteer work abroad. It is not only important to look after the underprivileged overseas, but it is also important to look after those in our own country; that is, the indigent and the uninsured patient. Each of us has a responsibility to treat patients in our own community. This includes those that have insurance and those that are underprivileged. This social contract should give the same sense of pride and fulfillment as it does to traveling to other needy countries. No matter what means we believe in and utilize to give back to humanity, whether we travel abroad or treat those in need at home, the take-home message stands alone “we must give back to society for the privileges society has given us as surgeons.” I applaud the authors on their enlightening article that illustrates compassion, dedication, and a true virtue of human character.