Bethune Round Table 2011 11th Annual Conference: Clinical Care in Context

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Global health conferences: Are they truly “global”? The Bethune Round Table paradigm for promoting global surgery

As recognition of the contribution of injury and surgical disease to the global burden of disease grows, strategies to address these challenges have emerged, including on-site surgical support, larger-scale surgical education and capacity-building programs.¹ In addition, there are a number of global health conferences whose main goals are to exchange, learn and expand on our experiences in global health, foster young leaders in global health and build new partnerships to further such endeavours.

Norman Bethune (1890–1939) was a pioneer in global surgery who developed innovative approaches to surgical care during the Spanish civil war and the Second Sino-Japanese War.² The Bethune Round Table (BRT) on global surgery was initiated by the Office of International Surgery, University of Toronto, under the leadership of Massey Beveridge and the Canadian Network for International Surgery (CNIS) in 2001 as a forum to propagate Dr. Bethune's vision, explore issues in global surgery (e.g., education, systems of care, surgical public health and advocacy) and foster innovative ideas for further development of global surgery. The meeting occurs annually and rotates among major Canadian academic medical centres (e.g., Toronto, Vancouver, Calgary, Montréal), bringing together leaders in global surgery from Canada and around the world. One of the main objectives is to create an environment for direct interchange among interested parties from different parts of the world. The 11th annual Bethune Round Table was hosted in Montréal in June 2011 by the McGill University Health Centre and the CNIS. This meeting focused on global surgical education, capacity-building and, for the first time, disaster preparedness and response. In all, there were 12 countries represented from North America, Africa, Eastern Europe and Southeast Asia, and more than 25 podium presentations, 10 poster presentations and 3 focus sessions. The BRT has now become a model conference for global surgery, and several elements were essential for creating this successful paradigm.

Webster's dictionary defines “conference” as “a meet-

ing of 2 or more persons for discussing matters of common concern.”³ Most global health conferences focus on health challenges in resource-limited settings. One would therefore expect strong representation and input from health care professionals from these settings. Interestingly, on review of recent global health conferences in North America, only a minority of presentations were delivered by personnel from resource-limited settings.^{4–12} How can one expect to have a productive exchange given such unilateral representation and opinion? The BRT has always promoted a balanced representation of health care professionals from resource-limited settings as well as North America. In fact, more than half of the speakers at the 2011 conference were from resource-limited settings. Such balanced representation is a fundamental prerequisite for the direct exchange and partnership necessary to achieve thoughtful, effective and locally relevant strategies to tackle global health challenges.

To achieve balanced representation, most speakers from resource-limited settings received scholarships covering flight and accommodation expenses; 12 speakers received full scholarships. Despite generous sponsorship support for this conference, careful use of funds allowed for maximizing such scholarships. For example, university facilities were used for accommodations, the conference auditorium and catering. Photographic services were provided by medical students with an interest in photography. The goal was not to have an extravagant conference with expensive meals, luxurious galas and lavish accommodations. Rather, we allocated funds for balanced representation and, more importantly, to promote and implement global health interventions while providing a comfortable and enjoyable conference setting.

While those already involved in global health continue to learn and expand on their experiences, it is essential that we introduce the younger generation of medical students and residents into this exciting field. It is only in recent years that students and residents have become increasingly involved in such programs despite always

having had a strong interest in global health. Opportunities for participation were previously rare and mostly reserved for attending physicians. At the 2011 BRT, medical students and residents actively participated in conference proceedings, including podium and poster presentations, and more than 45 first- and second-year medical students at McGill University volunteered at the conference. Contributing to the administrative and organizational efforts allowed students to attend all the sessions and social events (including the banquet dinner) free of charge. Not only was this essential and cost-efficient support for the conference, it was also a tremendous opportunity for students to network with global surgery leaders in North America and abroad. For example, students accompanied international participants from the residence hall to the conference centre and provided tours in old Montréal, creating informal exchanges with surgeons from different corners of the world and opening doors to potential academic and clinical endeavours and partnerships.

In line with the bilateral exchanges, in addition to the Canadian students and residents who participated in the BRT, several residents from East Africa also participated. Their opinions at the podium and during informal exchanges provided powerful insight into the local realities of global surgical interventions. It is the medical students and residents who are often the target of such interventions, and their opinions are essential for continued growth and improvement of such programs. Today's students and residents will be future leaders of global health interventions, and early involvement in global health is essential as they shape their careers.

Global health conferences provide an important forum for the continued development of interventions, dissemination of research and identification of challenges in resource-limited settings. The paradigm described highlights the importance of balanced representation, careful budgetary consideration and the essential participation of health care professionals at various stages of their careers in conference planning and implementation. This type of approach is key to achieving the goals of such meetings and allows for the effective promotion and growth of global surgery.

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