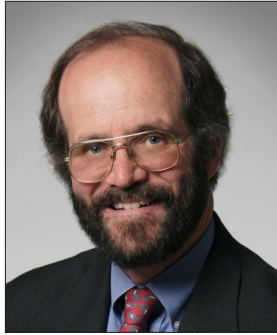




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The Future of Global Neurosurgery: Invest in People and Education in Areas of Need

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The future of the field of neurosurgery must include a commitment to and focus on global health. A 2015 report by the Lancet Commission on Global Surgery noted that essential surgical care for trauma, cancer, stroke, pain, and pediatric congenital lesions is absent for 5.5 billion people worldwide.¹ It is imperative that this is addressed in a manner that reflects our compassionate global roles as doctors and educators.

A diversity of approaches aimed at the problems of global health have yielded very different results. For example, some attempts have been based on a “mission” perspective, in which practitioners from high-income countries attempt to do the work for others. This may provide a sense of personal satisfaction to the altruistic providers, but unfortunately it often yields little impact for the patients in the areas of great need. Service alone is inadequate. Going and doing the surgery for the people in need – a mission mentality – just does not come close to addressing the issue. Although personally fulfilling for providers, the approach has minimal lasting impact and is

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easily disrupted by the wars and famines that may affect these areas of need. The numbers are overwhelming, and if the project’s motivation reflects only the political, religious, and/or economic perspectives of the high-income country, benefits usually do not last.

middle-class population so they will embrace the program and make it their own, rather than regarding it as something imposed on them by outside agencies. To succeed, one must invest in people by listening to and understanding the needs as expressed by the involved parties, not

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As another approach, there have been numerous attempts to bring bright people from the area of need to high-income countries for instruction. However, because neurosurgical training involves equipment, infrastructure, and supplies that are not available in the area of need, these efforts usually fail because the trainees rarely return to their home countries if they do not have access to the necessary infrastructure.

Organizations like the Foundation for International Education in Neurological Surgery (FIENS) train people in the country of need, establishing self-sustaining educational programs of and for the people who live there. This requires developing and sustaining relationships with the government, the military, and the

by outside groups that may have different and often “colonial” motivations for their service. After hearing and embracing the views of the local community, the physicians, and the government, practitioners can partner with them to establish sustainable programs that are based on their needs and views, rather than a preconceived notion of what a successful project “should” entail.

The recent First Global Neurosurgery Conference in Peshawar, Pakistan, brought together incredibly dedicated, experienced, and compassionate thought leaders to consider this issue. In the Peshawar statement, this group shared their definition of global neurosurgery as “the clinical and public health practice of neurosurgery with the primary purpose of ensuring

timely, safe, and affordable neurosurgical care to all who need it.” The statement highlighted the importance of developing and supporting global neurosurgery champions in each country. These are the people that global neurosurgery must invest in, and they in turn can lead the development of local clinicians and staff. The Peshawar statement emphasizes the importance of multidisciplinary collaborations and inclusive discussions in advancing a common goal of achieving self-sustaining neurosurgical care for the people and populations in great need. These strategic partnerships – especially those focused on creating a young neurosurgical community worldwide – will provide inspiration and energy for a future in which global neurosurgery draws strength based on its diversity and unity. Creating programs that focus on patients in the areas of greatest need and supporting local physicians who are working to solve local challenges may require a redirection of resources from outside projects.

We live in a period of great need, but also of great possibility. We have learned so much in recent years about the power of collaboration and the strength of our young people in neurosurgery. It is really their passion and dedication that allowed us to emerge out of the shadows of the COVID-19 pandemic stronger and better connected through electronic media with an emphasis on education. Indeed, education is the driver of change in global health. The very definition of doctor, or “docere” in Latin, is teacher. When we teach in global health, we allow learners to take over the program and

make it their own. Essentially, we are teachers who empower our patients and our trainees when we place them in charge of their health and their future. This is the same model we use as teachers when we partner with an individual patient to help them take charge of their health by understanding their condition, the treatments, and the road to recovery that they must embrace to advance their health. In both examples, we are doctors as teachers investing in people. We have learned that even seemingly small things can have enormous impact. When that occurs, the joy and passion of our work in global neurosurgery becomes contagious. FIENS now helps support self-sustaining educational programs in more than 24 regions of great need, serving millions of people.

An iconic slogan from an earlier decade encourages us to “Think globally, act locally.” We believe the flip side is just as important. As we consider the local challenges regarding health disparities among disadvantaged populations in communities across our state, we should also act on the global scale. The modern interpretation of the Wisconsin Idea recognizes that the boundaries of our university’s impact should include the global village. In turn, the lessons and insights we gain through our global outreach can provide great advantages in our commitment to Wisconsin communities.

One of the most powerful lessons to be learned from any global health experience is that, in many ways, people are much the same, regardless of where they live. Men, women, and children worldwide can teach us about

the basic pillars of their lives, which must be supported. The universal desire for four things – a faith or value system; peace; a family; and health – are all interrelated. When we work to support one of the pillars, we provide stability and strength for the others.

Dozens of programs in places like Kenya, Zanzibar, Uganda, Ecuador, Vietnam, Tanzania, Zimbabwe, Haiti, Myanmar, and Bolivia are now supporting the training of thousands of neurosurgeons in their home areas of need. This is possible only through the partnership of the doctors and residents of high- and low-income countries, each contributing their ideas, resources, talents, and energy toward the common good of a system of care that serves patients who otherwise would not have access to care. When we create partnerships that channel passion and commitment to a goal of advancing the health of medically underserved people, the results can spread like wildfire. As Williams Butler Yeats said, “Education is not the filling of a pail, but the lighting of a fire.” In this way, we learn, create, teach, and leave the world slightly better than we found it.

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