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*References*

Themes

**Ethical Considerations in Global Surgery**

**Guests: Dr. Regan Guilfoyle and Dr. Abdullah Saleh**

**Question:** The two of you have *co-authored a publication* on ethical considerations of global surgery. Can you share some of your thoughts, insights, and reflections on your global surgery experiences and career?

**Dr. Saleh:** The field of global surgery has been undergoing a renaissance since the *2015* *Lancet Publication* that urged the global health community to address the global surgical disease burden.

* The commission revealed that 5 billion people lack access to adequate surgical and anesthetic care and that 260 million surgeries are needed annually to address this gap.
* Early on, the field of global surgery was primarily limited to people engaged in mission trips, faith-based organizations, or short-term surgical deployments. There has been a shift to capacity-building to address this gap sustainably and the field is at an inflection point.
* Increased awareness does not equate better health outcomes and improved care. We need to practice reflection and be deliberate to ensure that the mistakes of our predecessors are not repeated and avoid causing more harm than good.

These insights have ultimately informed the *ethical framework that we recently published* for the field of global surgery.

**Dr. Guilfoyle:** As our society matures, it becomes more self-reflective and socially aware. This is similarly reflected in surgery.

* Service-oriented global trips were initially lauded because the inventions came from a place of altruism and sincerity. However, ethical challenges have emerged and it has taken time to reflect on these pitfalls and recognize these mistakes.
* In pediatric surgery, it takes 20 years to truly know whether a novel intervention works.This also applies to global surgery, where it takes time and reflection to recognize the immediate and lasting effects of our actions – and to adjust these endeavors accordingly.

**Question:** In your [publication](https://gh.bmj.com/content/5/4/e002319), the ethical framework you presented proposed 4 major ethical domains. What are these domains, and are some of them overrepresented over others?

**Dr. Saleh:** During our scoping review, the vast majority of papers discussed problems associated with clinical care and delivery, followed by education and research. The least represented ethical domain was partnerships and sustainability.

After scoping the global surgery literature, the four ethical considerations we primarily identified were:

|  | **Ethical Domains Most Represented in Global Surgery Literature** |
| --- | --- |
| Domain 1 | Clinical Care and Delivery |
| Domain 2 | Education and Training |
| Domain 3 | Research and Evaluation |
| Domain 4 | Partnerships and Sustainability |

Since then, we have recognized two other ethical domains:

| Domain 5 | The environmental impact of traveling abroad, our carbon footprint, and the waste generated during surgical initiatives. |
| --- | --- |
| Domain 6 | The economic impact of donating surgical supplies and delivering clinical care on the local workforce – the surgeons, clinicians, and manufacturers of surgical equipment. |

Pure biomedical ethical principles of nonmaleficence, justice, autonomy and beneficence are insufficient for the global surgery ethical framework. The domains we have identified have prompted conversations that have culminated in an ongoing international validation project.

**Question:** How did you validate this ethical framework?

**Dr. Guilfoyle:** Through discussions with ethicists and clinicians, we concluded that these six domains of conducting global surgery initiatives should be governed by 5 principles – respect, accountability, honesty, justice, compassion.

* For external validation, we created a Likert Scale and assessed the level of concordance between the 6 domains and 5 principles, based on clinicians' and ethicists’ perspectives.
  + This data was derived from Eastern Africa, the results need to be corroborated in other parts of the world.
* Personal testimonials that reaffirmed these findings.
  + There was a shared feeling that publications were generated from countries without local involvement; that there was no true skill transfer; and that differences in visiting and host teams’ clinical practice were dismissed in favor of the host teams’ practice.

**Question:** If we were to apply this ethical framework to short-term collaborations versus long-term collaborations, are there concerns that are unique to each?

**Dr. Guilfoyle:**

* For short-term surgical trips, the major concerns are poor skill transfer, lack of sustainability, and evidence that visiting surgeons operating in different countries have a higher complication rate. Even if there were no complications with the initial surgery, that is only the first hurdle in achieving better health outcomes.
  + There is a lack of follow-up treatments and allied healthcare (speech language pathology, physical therapy, etc) which are a huge portion of patients’ outcomes.
* For long-term collaborations, the ultimate goal is to create a sustainable project. The definite pitfall is not creating and implementing an exit strategy from the outset.
  + If there is no buy-in from the host community, and if the entire financial burden is managed by the high-income country, then it can be difficult to hand over that baton completely and the program may completely collapse.

The ethical considerations are similar, but one unique concern for long-term collaborations is the financial considerations. To make something sustainable is quite hard, but based on our paper, it seems as though you need to commit at least 10 years to achieve something that is likely to persist in the future.

**Dr. Saleh:**The concerns are more clear for short-term collaborations than long-term collaborations.

* In terms of the latter, one needs to conduct a needs assessment driven by the host community to fully understand the root cause of the issue that you are trying to address and acknowledge the inherent power differential that may skew perceptions of what the need is.
* Secondly, there is an expectation that high-income countries will support these programs with donations and grant funding. This is not sustainable in the long term.

To create a sustainable system, it’s important to forge a partnership that considers the clinical, social, cultural, and educational issues. There should be a commitment to understanding the region’s root challenges and developing a path towards a clearly defined endpoint.

**Question:** When considering ethical challenges associated with language/cultural barriers, resource allocation, and capacity limitations, what practical steps have you taken to navigate these concerns? What would you advise others to do?

**Dr. Guilfoyle:** One of our priorities is to limit our involvement in clinical care as this approach does not align with our priority of driving sustainable, tangible change. The easy thing to do is perform surgery.

* The harder thing to do – prior to any clinical involvement – is to visit the region without any preconceived notions; to facilitate a needs-assessment with the aim of identifying their critical needs and not just any need that you may be able to support.
  + These should ideally be done at an institution that has already defined a need and reached out to you, or one where you have an existing partnership.

**Question:** How do you allocate resources when facing multiple, conflicting needs?

**Dr. Saleh:** Decisions involving resource allocation have to be informed with a clear understanding of our role and mission: to impart the largest possible impact sustainably, which varies based on each hospital’s clinical workflow and systems.

* It is important to question whether we are truly looking at their needs from our perspective, or if we are thoroughly considering the most basic common denominator that we can identify and resolve to create the greatest, widest impact.
  + Building residency programs, for example, is a powerful mechanism to perpetuate training and create a local, significant impact. However, this demands extensive time and investment and is usually driven by one or two people visiting from an academic setting and living in these regions.

**Dr. Guilfoyle:** To provide another example, if you sought to bolster an institution’s pediatric cardiac surgery management using the ethical framework, you would have to conduct a needs assessment, determine the unique patient identifier, secure appropriate wound care, advance the ICU’s capacity, ensure adequate ventilation and anesthetic care in ORs, etc. To drive this level of change in a sustainable manner requires years of time and effort. However, if this goal was achieved, the benefits would be vast and the institution’s systems would be fundamentally advanced. If you do not have this type of systemic approach, as soon as you leave, other patients in need will not receive help.

**Question:** Can you shed light on ethical issues associated with exchange programs?

**Dr. Saleh:** The process of bringing a trainee into a new environment requires extensive time for that individual to settle and acclimate.

* Short-term exchanges, especially at more junior levels, probably will not result in major impact aside from some educational benefits.
* At more senior levels, there are benefits, but if a resident from a high-income country visited a low-income country, they may be taking learning opportunities away from local people who would serve these communities for the long-term.
* Moral distress may also be involved in experiencing different systems. In North American systems, residents are supervised and will not have opportunities to take patients to the OR by themselves and delve into complicated cases without a consultant. That, however, is the reality in many developing.
  + When our residents visit these places and undertake complex, challenging cases with negative outcomes, they have to live with that moral distress. They may not be trained for this nor do they have the medicolegal coverage to navigate these situations.
  + When trainees come from low-income to high-income settings, they may witness technologies and procedures that are not relevant to their home context. This may create ground for brain drain, which can has major societal implications.

Personally, we have founded a **pediatric global surgery fellowship** through which we have brought a pediatric general surgeon from East Africa to train with us for one year.

* This individual honed a very defined set of skills that aligns strongly with their home institution’s needs. When they return, we continue to correspond and investigate whether we have been able to create a long-term impact.

**Dr. Guilfoyle:**The issue of brain drain is a difficult ethical dilemma. There is this concept of examining issues through a “global north” versus a “global south” lens.

* In the global north, there is a push amongst academic centers to be engaged in global surgery as a means of attracting students; this opportunity, however, is not available for students, fellows, or staff in the global south. As a result, it appears that this is not a bidirectional exchange of knowledge; rather, knowledge is only transferred one way.

**Question:** Do you have any closing thoughts?

**Dr. Saleh:**I’d like to emphasize that if you want to do something, ask yourself: what are my motivations? Why me, and am I the right person for this? Are there people, perhaps locally, who may be able to do this better? What are some alternatives? If you’re able to honestly answer these questions and it still points to you, and you have an ethical framework to approach the situation, a series of principles and self-checks one can use, there is less risk of harm.

**Dr. Guilfoyle:** I would add that sometimes you don’t know what you don’t know. Even when you reflectively conclude that you are the right person for a job, you still need more information to thoroughly understand every aspect of the problem and to address it adequately – this is the basis for needs-assessments.

Finally, our ethical framework is a living document. Presumably 20 years from now we may reflect on it and realize that we have completely missed things. That is the point. It is a stepping stone to try and examine things differently. You will make mistakes, but it is about trying to prevent them as much as possible, recognizing from them, learning from them, and implementing steps towards positive change.

**Organizations**

**Innovative Canadians for Change**

<https://www.icchange.ca/>

**University of Alberta Global Surgery Pediatric Fellowship**

<https://www.ualberta.ca/surgery/news/2022/globalfellowship.html>

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