

# **The Future of Global Neurosurgery: Invest in People, Not Projects**

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Global neurosurgery has become an increasingly important imperative in the future of the field of neurosurgery and neurosurgery is a leader in the area of global health. The 2015 Lancet Report on essential surgery worldwide shows a huge deficit in low- and middle-income countries. Access to essential surgical care, including neurosurgical is absent for 5.5 billion people in the world. It is imperative that this must be solved.

Many different solutions have been tried and, indeed, much initial progress has been made, but a diversity of ideas on addressing this problem remains. While there may be some benefit in all well-intentioned approaches, some, certainly, have been more fruitful than others. For example, there have been attempts with a “mission” mentality. Often practitioners from high-income countries go in and attempt to do the work for others. Mission projects have been personally rewarding, but of little impact for the patients in the areas of need. The numbers simply are overwhelming, the project’s motivation often only reflects the political, religious or economic needs of the high-income country and the impact is not lasting.

Second, there have been attempts to bring bright people from the area of need to high-income countries for training, but because neurosurgical training involves equipment, supplies and infrastructure which is not being built in their area of need, these fail as well, as the trainees rarely return to their original home country.

Finally, the methods pioneered by the Foundation for International Education in Neurological Surgery (FIENS) and the WFNS to train people as close to their country of need as possible - and in the case of FIENS train in the country of need establishing self-sustaining training programs of and for the people of the country of need. To succeed, we must establish a relationship with the government, the military and the middle class to embrace the program and, indeed, assure it is their idea, not something imposed from outside. To do that, one must first listen until one understands the needs as expressed by the parties involved, not by the outside forces, which may have very different and often colonial motivations for their service. When one embraces the idea that the project is one of the low- or middle-income countries and its people, it has a chance of succeeding. It starts by listening to first allow the physicians, governments and middle class in their area of need to define the issue. We all then partner together to start persistent, sustainable progress which invariably is based on people and not projects. The overwhelming issue should be, we invest in people.

The recent First Global Neurosurgery Conference in Peshawar, Pakistan under the able leadership of Dr. Tariq Khan has brought some true thought leaders together on this issue. In the Peshawar statement, this group defined the 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.” Importantly, it highlighted the importance of global neurosurgery champions in each country. These are the people that global neurosurgery must invest in and the trainees that can be developed under their leadership. It goes on to state the importance of multidisciplinary collaboration and inclusive perspectives. These strategic

partnerships, especially of the young neurosurgical community worldwide, will provide the inspiration and energy for a future where we live in a profession of both strength in unity and strength in diversity. We will succeed in global neurosurgery when we partner together toward a common goal of achieving self-sustaining neurosurgical care of and for the people in need. The more that our programs highlight patients in the areas of need and physicians working to solve those problems, we will succeed. This will require a redirection so that our large and expensive projects refocus on that primary goal, people, and never lose sight of that goal by forming self-serving institutions replicating mistakes of the past.

We live in a period of great need, but also great possibility and we have learned so much from the recent years of the strength of collaboration and the strength of our young people in neurosurgery. It is really their genius that allowed us to come through the shutdowns of the COVID-19 pandemic stronger and better connected through electronic media with an emphasis on education as a solution. That global education mirrors the training and service of doctors worldwide. We are essentially teachers who empower our patients and our trainees when we work to place them in charge of their health and their future. We have learned the importance of infrastructure and that even very small things can make great impact. When it does the joy and passion of the work of global neurosurgery can become contagious. When we make our educational programs in concert with the region of need with the express purpose of having the doctors of that region take over the program, we succeed. This is no different than what we do in an individual clinic when we are working with an individual patient with a neurosurgical need. In that case we doctors must be teachers who strive to make our patients in charge of their health with an understanding of their condition, the treatments and the road to recovery that they must embrace for us to partner together for their health. In both examples we are doctors as teachers investing in people.

One of the things that global neurosurgery has taught us over these years is that in many ways the citizens of the world are very much the same. Men, women and children worldwide teach us the basic pillars of their life, which need to be supported. The universal desire for four things – a faith or value system, peace, a family, and health are all interrelated and if we can work in our own way to support one of them, we may support all. Much progress has been made.

Now dozens of programs are being supported in the training of thousands of neurosurgeons in their home area of need. This difficult step could only have been taken through the partnership of the doctors and residents of high- and low-income countries, each bringing their ideas, resources, talents and energy toward the common good of a system of care, which benefits the patients who prior did not have access to such care. When we do, we partner to create something better with passion and integrity and it will 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.