As physician anesthesiologists, our primary goal is safe and effective patient care in the perioperative environment. Advancements in technology, monitoring and training have greatly reduced anesthesia-related mortality in developed countries. The same cannot be said for anesthesia in austere settings or in low-income countries. Reports from low-income countries indicate an increased anesthesia-associated mortality, with the majority of deaths identified as avoidable.

While disparities in health care between the developed and the developing world are vast, initiatives in recent years aim to address the barriers for patients to adequate health care and improved quality of life. Historically, many of these approaches primarily focused on communicable diseases. We now know that the burden of chronic diseases exceeds that of infectious diseases, and those diseases amenable to surgery account for around 28 percent of the global burden of disease. The last 20-plus years of focus on communicable disease resulted in declining surgical...
system infrastructure, resulting in an anesthesia crisis in low- and middle-income countries (LMICs.) The resulting shortage of trained anesthetic providers, lack of safety monitoring, variable access to essential medicines, including oxygen and rescue medicines, have meant greater risks for patients in need of surgery in the poorest countries.\(^4\)

In developed countries across the U.S. and Europe, an increasing number of medical students and many anesthesia residents are interested in programs offering global health opportunities. A recent survey indicates that a program with a global health residency track would influence the choice of 78 percent of the participants.\(^5\) In order to harness highly motivated anesthesia trainees with these interests and potentially impact the global anesthesia disparities, many residencies offer international rotations or the opportunity to spend time participating in a rotation offered by outside institutions. Several anesthesia programs have created global anesthesia fellowships offering unique opportunities for physician anesthesiologists committed to global anesthesia and global public health.

Rebecca McGoldrick, M.D. is one of the first global fellows in North America. Her experiences are likely to be of interest to many residents with global aspirations. Dr. McGoldrick started the Stanford fellowship in November 2013 and will complete it November 2014. Her future plans include continuing to collaborate through the many relationships she has made during her travels to Africa. Anesthesia practice in the U.S., whether academic or private, is often flexible, allowing doctors with a global interest to continue working overseas.

“My fellowship has been tailored to allow me to spend up to 12 weeks working in Harare, Zimbabwe. Utilizing a pre-existing collaboration formed by the NIH-Medical Education Partnership Initiative grant between Stanford University and the University of Zimbabwe College of Health Sciences, and the subsequent link between the universities’ anesthesia departments, I was able to develop an educational collaboration and launch a scholarship project focused on improving medical training for anesthesia registrars (residents).”

The creation of global anesthesia fellowships is indicative of the growing interest in the global anesthesia crisis. While it is a unique individual who will have interest in this advanced training, those who choose this path may have many opportunities for teaching in North America, as well as teaching, research and service delivery in LMICs. Other programs with a global anesthesia fellowship track include Boston Children’s Hospital, Dalhousie University, Duke University, University of Washington, Vanderbilt University and Weill Cornell Medical College.

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37th SCA Annual Scientific Meeting and 15th International Congress of Cardiovascular Anesthesia (ICCVA)

The 37th Annual Scientific Meeting welcomes the 15th International Congress of Cardiovascular Anesthesia (ICCVA) as together we present “A global celebration of cardiovascular anesthesia” starting Saturday, April 11 and ending Wednesday, April 15, 2015, at the brand new Marriott Marquis Hotel in Washington, D.C. We will kick off this meeting with a Thoracic Anesthesiology Symposium and a Critical Care Symposium on April 10. We expect more than 1,000 attendees from around the world and have prepared plenary sessions, general sessions, small “meet the expert (PBLD)” sessions as well as special content for trainees. Every conceivable subject of relevance to cardiovascular anesthesia in adults and pediatrics is covered, including echocardiography (TEE and TTE), coagulation and blood management, heart failure, extracorporeal circulation, electrophysiology and non-O.R. anesthesia delivery. Washington, D.C. in the spring is a beautiful place to visit, and this promises to be the premier cardiovascular anesthesia event of our careers in the United States. We hope to see you there.

Register now and view our brochure for the 37th SCA Annual Scientific Meeting and 15th International Congress of Cardiovascular Anesthesia by visiting www.scahq.org/2015SCAICCVA.

Global Anesthesia Fellowships

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“Through this fellowship, I have gained confidence as a global patient advocate with the ability to improve perioperative health care delivery in lower-resourced settings. I have a better understanding of the difference between service-oriented mission trips and initiatives focused on capacity building through global health research and educational partnerships. Overall, this year afforded me the opportunity to not only better understand the needs of patients and anesthetic providers in resource-poor settings and the barriers to safer surgery, but also to understand how to initiate effective partnerships and programs to lessen these disparities.”

The global anesthesia crisis will be ongoing for years to come. But recent public health interest in global surgery gives promise to the many patients in low-income countries awaiting surgery and safe anesthesia. The next generation of physician anesthesiologists may witness improvement in patient safety and surgical outcomes thanks to their interests and commitment.

References: