Bethune Round Table
3rd-5th June 2011

Eleventh Annual Bethune Round Table on International Surgery was held at McGill McIntyre Medical Science Building 1160 Pine Avenue, Montreal, Quebec.

The meeting opened with a key-note speech by Dr Patrick Kyamanywa on surgical education in under-resourced environments, a review of the problems which relating to the burden of Global disease and the extreme skew of lack of surgical manpower in under-resourced environments, challenges and possible solutions relating to this. Problems relating to specialisation but needing to maintain skills in all areas were emphasised. This was particularly apparent when there was a photograph of Steve Mannion teaching about intestinal anastomosis on one of our courses!

A presentation about breast cancer in Nigeria was followed by a fascinating paper by Dr Blair Cameron from Canada about making a video for intra-osseus bone infusion. Using a simple video camera he produced a 5 minute video on site in Guyana, but the time taken to produce the short video was 35 – 40 hours. One point raised in discussion relating to this was the importance of having "local voices" which are more comprehensible to the people being taught rather than "foreign voices". We have come across this problem in Rwanda.

Dr Jaffe gave an overview of emergency surgical training which he has been undertaking in South East Asia for many years. One of the results of this was seeing some of his trainees help in the recent bridge stampede in Cambodia when many were killed.

A paper from Canada (Dr Dorothea Mutabdzic) on "recommendations for a contextually appropriate surgical training programme in Botswana. It appears that they had been asked to go and provide a framework for appropriate surgical training in Botswana but were unaware that we had already been to provide a basic surgical skills course and have considerable problems passing their recommendations on to the authorities because there do not seem to be any authorities! The author's concept of imprinting North American patterns of training on the local faculty was eventually deemed to be "inappropriate".

The afternoon session mainly dealt on use of simulators and it was generally agreed that the low cost ones were as effective as "million dollar mannequins". There was a talk from Ian Choy on his research into the adoption of laparoscopic surgery in a resource-restricted context. This again raised the difficulties relating to specialisation and the infrequent procedures performed by many people who were non specialist.

The highlight of the afternoon was a paper by Dr Philip Mshelbwala from Nigeria (Impact of International collaboration in establishment of Surgical skills training and capacity building in a developing country). Philip was one of the team who filmed the ASGBI course at Zaire and this was a lecture on how they have harnessed our course and run many courses since then.

This was seen by the meeting as a fine example of cooperation in international training where the suitability and sustainability of a simple course which had been lifted and run by the local faculty. It was a pleasure to be able to respond to this in the ensuing discussion. Philip has made a plea for a new DVD. In the close of meeting discussion, considerable emphasis was made upon the coordination of efforts between "northern" and "southern" partners and coordination relating to surgical training. It appears that in Rwanda this is being put together so that duplication of training and service needs will no longer occur

An interesting talk from Abebe Bekele [Addis Ababa] about 100 trainees having needlestick injuries in HIV positive patients. Some of the major causes are operating with consultants [nervousness], fatigue and hunger. Another reference to ASGBI relating to a paper by Fanus on the importance of pathology in surgical training. Further talks from Pankaj Janii summarising the training within COSECSA, from Nigeria on the problems of untrained surgeons operating on children and from Albert Nzayisenga about road traffic trauma in Rwanda. Excellent talks from Ron Lett on the transition of road user injury in Uganda relating to the increased injury amongst motorcyclists and whether or not to wear helmets [or whether to choose a Boda Boda driver who wears a helmet or not.] and from James Munthali in Zambia on ethical challenge of the surgical practice in the developing world

Some interesting points arose in that Pankaj Janii has a link with Vanderbilt University who exchange of students, and 100 residents from sub-Saharan Africa could work as residents in the USA and do each year as long as they do not exceed six months. There was also a discussion on the problems relating to training of non physician physicians (two years) Medical Officers (7 years) and surgical trainees (12 years). This is no an ongoing problem and it was generally agreed that all types need training because of the gross lack of trainees in sub-Saharan Africa. In separate discussions I was amazed to find that in Zambia, virtually all rural doctors come from the Congo and in some instances local trainees within Zambia have not been able to go to district hospitals because these are now virtually controlled by Congolese doctors from their diaspora.

It was a great pleasure to make contacts, discuss and renew old friendships with Patrick Kyamanywa (Rwanda) Philip Mshelbwaa (Nigeria), Ian Choy (Toronto), Ron Lett (Canada), James Munthali (Zambia) Faustin Ntirenganya (Rwanda) and Philip Hassel who is currently President of CNIS.

Russell Lock
Chairman, IDC