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Philanthropic Missions for Congenital Heart Surgery: Better to Teach How to Fish

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Editorial

"Give a man a fish and you feed him for a day; teach a man how to fish and you feed him for a lifetime."

The proverb has been attributed to many others, but no good evidence has been produced. Nevertheless, the moral of this dictum is teaching a person a useful skill can be more beneficial eventually than filling a need temporarily. For instance, if there is a need for electricity power, giving batteries will satisfy the demand temporarily as oppose to establishing an electricity generator. However, there is no point in founding an electricity generator where no electrical devices are going to be used, no one is interested in utilizing the electrical energy, no maintenance and no backup is secured for the generator.

Hence, if one decides to deliver medical care to a society, an in-depth assessment should be performed for the society demands and expectations. Many years ago, since I got involved with the philanthropic work addressing congenital heart surgery in developing countries, I have always believed in teaching how to fish. I was privileged to work with distinct groups and it was a great learning experience in my life. This kind of experience provides different binoculars to see how our practice can be applied in the environment that we are living in.

Congenital heart disease is a worldwide problem and, although management for these conditions is now available in some parts of the world, the majority of children suffering from these conditions do not receive basic care. Those children live in underdeveloped societies where many of the public health issues are not mainly medical but social, cultural and economic problems in nature. However, it is our profession's ethic to diagnose and treat all patients, regardless of race, nationality, social/economic/cultural conditions, religion, political persuasions, or incidence of a disease.

The following are pivotal points, in my judgment, that one may need to entertain when planning for a philanthropic mission for congenital heart surgery especially if one wants to establish the service onsite rather than delivering care per visit:

Where?

It is very helpful when the local health authority of the targeted society, the higher the rank the better, is supportive for the project, appreciating the need in their society and facilitating the process with the intention to secure a long-term plan to establish the service. The support includes customs, immigration, licensing, purchasing, communication, designating healthcare facility and manpower. It is imperative that their expectation should be set on a lengthy follow up results with realistic outcome.

In order to figure out the project demand, one needs to establish a communication with insiders regarding the volume and type of pathology, setup, manpower, and resources. The insiders are health care staff working in emergency room, neonatal and pediatric intensive care unit, and pediatric and cardiac clinic. Local data or registry, if available, may help as a starting reference point when estimating the burden of the project and reviewing the reflection of outcome later.

The healthcare facility where the project is going to be establishes, must be in a strategic location; major city, close to larger number of population, open for long hours and weekends, and affiliated with academic centers for training and recruitment. There should be basic infrastructure setup that can be upgraded to a congenital heart surgery center.

"They should know the type of fish, importance of fish, and what to expect when they fish."

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Who?

Assembly of the team is an exciting task, and undeniably rewarding when you have the right squad. Personal communication and relation is the key to speed up the process. Also, it is always worthwhile recruiting members who have been involved in similar activities in their past. Members with certain personality (tolerance, consideration, adaptability, modesty, friendship) and professional characteristics (seniority, experience, creativity, multilingually and academic interest) are of great advantage to have on board. Their mascot is to support and not to disdain, and to set a steadily growing program.

The team should have members from the following specialties: Cardiothoracic surgery, Cardiology, Anesthesiology, Intensive care, Perfusion, Nursing, and Respiratory therapy. It is prudent to have more than one member from each specialty in the team to avoid surprise absence, to support demands of education and care, and to maintain stability of the program. Junior staff is always encouraged to join and to continue their participation to enrich their experience and prepare them to handle similar mission in the future.

Sponsorship of the team and funding from organizations and individuals is crucial, not to mention industry support for equipment, instruments, devices, and implants. The contribution of the universities and healthcare centers by providing staff and technology is valuable. Their facilitation to free up their staff involved in the philanthropic mission is a valuable factor. Also, their involvement in accommodating trainees from the targeted site is a commitment to a long-term plan. The local staff is the future team to run the program and maintain care.

"Team members are expected to wear more than one hat in such a mission."

What?

The setup for such a program needs a facility where an operating room can function as a cardiac surgery theater. The existence of an established adult cardiac surgery program will speed up the process. Instruments, lights, outlets for gasses, suction and electric sockets need to be inspected. Adequate space for cardiopulmonary bypass, anesthesia and echocardiography machines is needed. Thorough assessment of all surgical theaters and supply stores is rewarding where required items might be found either misplaced or not utilized. The use of a camera for audiovisual display can bring more attention and interest to support the initiation of the program, and enhance the teaching experience.

Explore relevant units such as blood bank, intensive care unit, pharmacy, and cardiac catheterization laboratory and radiology suite. Provision of blood and products has to be verified since the whole blood unit is the only type that the blood bank can provide in most of the underdeveloped societies. Monitors for hemodynamics and mechanical ventilators are needed to be secured for postoperative cardiac cases. Medications such as, inotropes and antibiotics are basic requirements for intensive care unit however, diuretics, anticoagulants, antiplatelets and prostaglandin are equally important too. Fluoroscopy and monoplane camera are usually available in their diagnostic radiology suite.

In order to secure the supply of items needed for diagnosis and intervention, one has to locate a local vendor who could deliver on short notice and is easily accessible for ordering. Needless to say, clearance of customs is needed for shipping any disposables and reusables items through the assistance of the local higher authority. Moreover, fund raising locally and internationally is unquestionable support to complement the inadequate government aids.

"Be economic, improvise, re-sterilize, and avoid superfluous elements."

How?

The strategy when designing the program is to orchestrate a multiphasic plan that span over minimum five-year duration to secure future program sustainability with longstanding objectives. One may start with exploratory communications and on-site visitations. Followed by scheduled visits to introduce care with a gradual buildup in treatment, experience and technology. Two-way telecommunication should be established to maintain continuity of service which will help in discussing old and new cases management plan and support the day to day care design for cardiac patients. Avoid complex and high-risk cases in the first year or two to minimize the intimidation and to maximize the passion. Training at one of the tertiary care centers for the local staff is a great educational tool to enhance the experience and to enforce the objectives of the program.

The key to maintain the success among the local staff is to reward them for the least effort and to express appreciation continuously. Avoid creating enemies by showing exaggerated dissatisfaction and underrating the achievement. Awareness and public education is key factor to announce the availability of the service and to set the expectations. Higher authority support should be maintained to facilitate the logistics and official process. Every effort should be made to keep all local staff in the healthcare facility involved in the project and share the success.

"It is more difficult to stay on top than to get there."

Conclusion

Philanthropy is a willing act to deliver items or services in need to the deprived environment, i.e. the effort to increase the well-being of humankind, as by charitable aid or donations. It is practiced in many societies and delivered in various shapes and forms. There are no religious, racial or geographical boundaries for philanthropy and its significance is valued by its long lasting and broader benefit to a larger population.

Therefore, when planning for a philanthropic mission for congenital heart surgery, the goal is to design a program that is sustainable, upgradable, efficient and self-sufficient. The standards that are aimed for should take in consideration local social/economic/cultural conditions. Shoe lacing the project should be avoided, and instead adapt to environment and act with a positive attitude. Determination, malleability, and tolerance are valuable abilities to develop a sustainable pediatric cardiac program in underserved societies.

"So, you may want to give the fish when you start but better you teach how to fish."