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Editorial
Éditorial

Broadening the mandate for international surgery

With the arrival of this issue of the *Canadian Journal of Surgery*, it is timely to reflect on international surgery. The *CJS* is receiving increased submissions from the global community and is publishing more on international surgery; this issue profiles articles and abstracts on education, practice and research relating to the field.

The increased interest in international surgery was reflected this year in the 8th Annual Bethune Round Table Conference on International Surgery, which enjoyed resounding success with record numbers of abstracts submitted, countries participating and people attending. Initiated by the Office of International Surgery at the University of Toronto, the conference was hosted in Vancouver by the Branch for International Surgery at the University of British Columbia and the Canadian Network for International Surgery. The conference theme was "Assessing Outcomes and Impacts of International Surgery Initiatives"; by critically assessing surgical outcomes, the conference aimed to improve the health of communities throughout the world. The surgical trainees who are our future leaders in surgery made an impressive contribution to the round table in terms of both presentation and attendance.

Throughout Canada, surgeons in many communities are making altruistic and enduring contributions to international health. For example, writing about his recent experience with Médecins Sans Frontières in the 2008 Spring CAGS newsletter,¹ Dr. Patrick Whelan reports that his experience was one of the highlights of his professional career and expresses the belief that many Canadian

surgeons would like to work in a developing country environment. Similar feedback has been provided to our department from civilian surgeons who have accompanied the Canadian Forces to provide care in shattered countries.

Tertiary centre departments of surgery can take additional steps to broaden their mandate for international surgery. To focus interest and attract expertise that improves surgical care in low-income or disadvantaged populations, departments of surgery can promote education, surgical skills development, service contributions, research and advocacy. They can do this by establishing centres or branches for international surgery charged with several responsibilities: Such centres can recruit cohorts of interested surgeons and related professionals who are dedicated to international health. They can facilitate communication. Internal rounds can be used to profile experiences and share ideas. External communication can be encouraged by organizing conferences like the Bethune Round Table. Further, these centres can facilitate networking and collaboration. Mentorship of surgeons and surgeon trainees is an essential outcome of this networking, with benefits to both mentors and mentees both within and outside Canada. Research projects can be initiated and designed for success, ultimately to receive scholarships and peer-reviewed funding. Degree-granting programs in international surgery are increasingly sought by trainees and can be formalized through these centres. Finally, the centres can house well-coordinated systems of financial control, including fundraising efforts, partnerships, development offices and collaborations with sister departments in universities

and other organizations. It is important that such branches or centres have consistent leadership, particularly as advocates for international surgery spend significant amounts of time in the field; in this regard, a system of coleadership helps maintain continuity and momentum. In any single hospital or university, international surgery initiatives seem to galvanize the cooperation and participation of all disciplines in surgery and anesthesia to a degree that is not often seen. Common areas of interest and common challenges effectively unite the collective efforts of surgeons regardless of discipline — a contrast to the often segmented activities of the highly subspecialized departments of Western academic surgery.

The *CJS* can increase its role in supporting international surgery. Building on its success in initiating a new section on international surgery,

the journal is now under notice to consider additional commitments to publish reviews on international surgery. As the current issue is going to press, the Editorial Board will, at its next meeting, discuss the publication of the electronic seminar “Surgery in Africa.” This seminar consists of various reviews that have been undertaken in an agreement between the CAGS International Committee and the editorial staff of the “Surgery in Africa” review course. It is most likely that this content will be posted to the electronic version of the *CJS* website — an ideal arrangement for Canadian and international authors alike, who will then see their reviews published in an indexed journal. The aim is to produce high-quality, authoritative information that supports mentorship of surgeons and their colleagues through a rigorous review process.

In summary, burgeoning interest in international surgery is reflected at all levels throughout Canadian surgical communities, in academic centres and among our surgical trainees and surgeons. All the evidence demonstrates that international surgery is increasingly viewed as a legitimate discipline of study that requires expertise for a surgical career. The *CJS* is helping to broaden this mandate to deliver high-quality surgery for international health.

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Reference

1. Whelan P. Médecin Sans Frontières — Somalia in general surgery matters. *Canadian Association of General Surgeons Newsletter* Spring 2008. p 10.

Un mandat élargi en chirurgie sur la scène internationale

Avec l'arrivée de ce numéro du *Journal canadien de chirurgie*, le moment est bien choisi pour réfléchir à l'état de la chirurgie dans le monde. Le *JCC* reçoit de plus en plus de communications de la communauté internationale et publie davantage sur la chirurgie dans le monde. Ce numéro présente des profils d'articles et des résumés sur l'éducation, la pratique et la recherche dans le domaine.

Le succès retentissant de la 8^e Table ronde internationale Bethune sur la chirurgie a témoigné de cet intérêt accru par le nombre record de résumés présentés, de pays représentés et de participants. Financée par le Bureau de la chirurgie dans le monde de l'Université de Toronto, la con-

férence a été organisée à Vancouver par la Direction de la chirurgie dans le monde de l'Université de la Colombie-Britannique et le Canadian Network for International Surgery. La conférence avait pour thème «Évaluer les résultats et les effets d'initiatives en chirurgie dans le monde». En évaluant d'un œil critique les résultats chirurgicaux, la conférence visait à améliorer la santé des communautés dans le monde entier. Des stagiaires en chirurgie qui sont nos futurs chefs de file dans cette discipline ont apporté une contribution impressionnante à la table ronde par les communications qu'ils ont présentées et leur participation.

Des chirurgiens de toutes les ré-

gions du Canada apportent des contributions altruistes et durables à la santé dans le monde. Par exemple, décrivant l'expérience qu'il a vécue récemment avec Médecins Sans Frontières (bulletin de l'Association canadienne des chirurgiens généraux [ACCG], printemps 2008¹), le Dr Patrick Whelan signale qu'elle a été un des hauts points de sa carrière; il est d'avis que beaucoup de chirurgiens canadiens aimeraient travailler dans un pays en développement. Des chirurgiens civils de notre département qui ont accompagné les Forces canadiennes pour dispenser des soins dans des pays dévastés ont formulé des commentaires semblables.

Les départements de chirurgie des