

Editorial

The Lancet Commission on Global Surgery and Anaesthesia

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In the United Kingdom today, access to skilled surgical and anaesthetic care is considered as a basic component of a highly functional healthcare system. UK anaesthetists deliver much of this care directly, equipped with a modern range of drugs and equipment and funded by a range of payment systems. Safety is recognised as a key concern for patients, and the UK's National Health Service is improving all the time in the variety of surgical procedures available and in its ability to get patients safely through them.

However, in low and middle income countries (LMIC) an estimated two billion people worldwide are without adequate access to surgical consultation, investigation or treatment. The reasons are often obvious – low numbers of trained surgeons and anaesthetists for the population, chronic under-resourcing of healthcare, lack of basic drugs and equipment and inadequate healthcare facilities. Affordability is a major issue for patients, with many being without insurance or free national healthcare systems.

Although the challenge of healthcare delivery in LMIC has been recognised for many years, the specific issues regarding the provision of surgery and anaesthesia have rarely received the recognition they deserve at the local hospital, healthcare planning, political or international level. It is recognised that many of the common diseases (HIV, pneumonia, malaria etc) that are considered major killers in LMIC have received huge publicity and funding, resulting in major improvements in care. Other diseases such as injury, cancer and congenital conditions are now recognised as causing substantial numbers of deaths and morbidity and are major concerns. Surgery is a key component in therapy and anaesthesia yet despite this, apart from Caesarean section, surgery is rarely promoted even at WHO level. This is a major catastrophe for patients, resulting in many unnecessary deaths and much

suffering. Much of the surgery required is basic, inexpensive and extraordinarily effective in transforming lives – cataract, hernia, club feet, cleft palate and fracture care, for example.

Many surgeons and anaesthetists have published academic articles describing the deficiencies in care, so the issues are known, but there has never been an international united, high-profile campaign to portray the issues involved to Ministries of Health, governments, major foundations, healthcare planners and training institutions.¹

The internationally renowned medical journal The Lancet has run a series of Commissions on issues such as the Health Effects of Climate Change, the Future of Medical Education, Antibiotic Resistance and others.² Commissions are essentially peer reviewed 25,000 word reviews of a major healthcare topic, which describe the underlying issues and make practical recommendations to healthcare planners to resolve them.

The opportunity of a Commission allows a global consultation with experts from all backgrounds to contribute, producing a unique collaboration with an overall message. This Commission will be followed by global advocacy to encourage investment in the ideas described and an improvement in affordable access to surgical care.

The Commission on Global Surgery was formally launched by Dr Jim Yong Kim, President of the World Bank, on 17–18 January 2014 at the Harvard School of Public Health, Boston, USA. Over 90 contributors sat together to discuss the issues from a variety of perspectives including workforce, training, measurement and finance. (www.gscommission.com). At the same time, the Lancet published the first comment on the work inviting contributions from anyone and everyone with a view.³