BOOK REVIEW:
Global Surgery and Public Health: A New Paradigm
by Catherine R. deVries and Raymond R. Price
302 pages, paperback. Jones & Bartlett Learning ©2012, $79.95
(Amazon.com)

Two preconditions must be met to publish a book about a new medical field: enough available content, and sufficient potential readership. This first textbook on Global Surgery indicates the new discipline has reached that tipping point. deVries and Price incorporate many of the initiatives of the past decade including WHO’s Global Initiative for Emergency and Essential Surgical Care (GIEESC) (1) and the Alliance for Surgical and Anesthesia Presence (ASAP TODAY) (2) to illustrate how public health principles can drive improvements in surgical services and address the overwhelming unmet global burden of surgical disease.

The burgeoning interest in global health is illustrated by an expansion of university courses and graduate programs, including McMaster’s new Master of Science in Global Health degree (3). The success of the annual Bethune Round Table conference (4) and UBC’s Surgical Care in International Health graduate course (5) indicates that international surgery is growing as an academic discipline. To this momentum can now be added the voice of renowned public health advocate Paul Farmer who states this book is “precisely what is needed to move surgery into its proper role as a cornerstone of global public health”. (6)

What is the “new paradigm”? Volunteer international surgery initiatives have often focused on delivering excellent but expensive care to a limited number of patients, and measured success by the number of operations performed. The authors challenge that model by advocating that the expanding burden of surgical disease can only be treated by making primary surgical care affordable, acceptable, appropriate and accessible universally.

There is growing evidence to support their view. Surgical conditions account for 11% of the Disability Adjusted Life Years (DALYs) lost globally, most through road traffic accidents, maternal deaths, and congenital anomalies. A majority of these DALYs could be averted by timely surgical care incorporating public health principles such as prevention, cost-effectiveness and resource appropriateness. One cited example is that surgical care in a district hospital is 10 times more cost-effective than antiretroviral therapy for HIV/AIDS in averting DALYs.

Several chapters of the book describe innovations in health policy, management and educational approaches to global surgical care including the introduction of new “disruptive technologies” that will provide both simpler and less expensive surgical care (think of the impact of cellphones on communication). Examples of such innovations include task-shifting, distance learning, and low-cost lens implants for cataracts.
This well edited book should be read by public health students who want to understand more about surgical conditions, and by surgeons who plan to incorporate a global health focus into their careers. Each chapter includes study and discussion questions in addition to current references to the expanding field of global surgery. The next decade is sure to see the expansion of research and rigor as global surgery assumes its necessary role as a full partner in the public health community.

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