
Preface

No man is an island entire of itself ... any man's death diminishes me, because I am involved in mankind.

John Donne, *Devotions upon Emergent Occasions*, 1624.

Anesthesiologists provide acute and critical medical care to patients as well as the necessary infrastructure to enable surgeons to implement dramatic, life-changing interventions around the world. In and around any operating room anesthesiologists are the professionals who provide preoperative evaluation, consult with the surgical team, and create a plan tailored to each individual patient—including airway management, intraoperative life support, pain control, and postoperative management. It is in this capacity as perioperative physicians that anesthesiologists improve the safety and efficacy of surgical interventions for underserved patients in low- and middle-income countries.

When we first embarked on this project to identify the role of anesthesiology in global health, we knew that many organizations around the world were already involved in medical missions. We came to this task with different perspectives, from resident to senior practitioner, and diverse experiences, gained over the years from travels, consultations, and basic care in many countries. We suspected that anesthetic care providers would identify common areas of concern and similar difficulties. What we have learned from writing this book is so much more. Through reports from so many mission providers, we learned that many of the problems are the same ... lack of basic supplies, education, infrastructure, and communication. A need to understand that more can indeed be done with less is a recurring theme. The difficulties have all been identified succinctly and on many occasions, but no common solutions have been determined. Moreover, in diverse corners of the world anesthesiologists have developed programs that they individually believe to be unique but in fact are mirrored to a greater or lesser extent by other practitioners. Thus, the need for a collaborative effort and true development of a global health strategy is underscored. Can this be done by one entity such as a government or medical school or international organization? Probably not! Rather, as some of our authors present, representatives and leaders from among the ranks of health care professionals should put aside different agendas to develop a workable health program that is truly global. The resources are there: organizing and harnessing those resources is the next step in the process. If readers find that there is duplication in some chapters, they are correct. We have deliberately left it that way to underscore the need for closer

alliances and communication. It is our hope that with this text we might, in some small way, help jump-start the process of globalization in anesthetic services.

We are fortunate that we have been able to incorporate the experiences of many professionals from around the world in this text; we are grateful to them for sharing so much of their time, experience, and efforts. Our thanks go also to the staff at Springer, especially Jeff Taub and Shelley Reinhardt, for their continuing assistance.

New York, NY, USA
New York, NY, USA
New York, NY, USA
Portland, OR, USA

Ram Roth
Elizabeth A.M. Frost
Clifford Gevirtz
Carrie L.H. Atcheson

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Roth, R.; Frost, E.A.M.; Gevirtz, C.; Atcheson, C. (Eds.)

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