



Delivery of Orthopaedic Care Abroad: Leadership Exemplified



Luke A. Lopas, MD

To some extent, everyone in medicine feels the proverbial call to help those in need. Certainly, when it comes to orthopaedic care, especially orthopaedic trauma care, there is a substantial and well documented burden of trauma and musculoskeletal disease in low- and middle-income countries (LMICs)^{1,2}. Trauma disrupts the ability to physically navigate the world which can mean not only personal disability for a patient, but potentially poverty for the entire family if the injured member is the primary provider.

Regardless of where in the world an injury occurs, the same basic tenets of care are required for a successful patient outcome. Namely, accurate and timely diagnosis, and patient centered shared decision making ultimately leading to patient and culturally appropriate treatment with adequate rehabilitation and follow up through healing. The ethics of participating in medical care in LMICs is complex and viewed differently when stratified by hosts and visitors³. It's easy to go and do a bunch of complex surgeries and reconstructions, but what does that mean for the patients left behind? How do you avoid leaving behind a wave of complications and destruction? How do you truly serve the population(s) that you are trying to help?

I was fortunate enough to witness first-hand what it looks like to live this mission of service and how leadership in this context is embodied. As a chief resident, one of my co-residents (Dr. Kristin Buterbaugh) and I had the opportunity to join our own Dr. Samir Mehta as well as a group from Rush University, lead by Drs. Monica Kogan and Stephanie Crane (Figure 1), on a mission trip to the Dominican Republic. I had the privilege of seeing what two decades of effort and service could build. Dr. Crane has been working in the Dominican Republic for more than 20 years, first starting an NGO (Community Empowerment) to develop a water purification and distribution system (Figure 2). She then leveraged this infrastructure and income to partner with the local community in Peralta to create primary care clinics staffed by local providers. After investing in the training and leadership of these clinics for two decades, Community Empowerment turned over full ownership of these clinics to the local community in 2018. As if this wasn't enough, she continues to work towards these goals with surgical and emergency medical care. The partnerships she has fostered are clearly built on mutual admiration and respect which yields an impressive collaborative effort (Figure 3). Dr. Crane



Figure 1. Members of the medical mission trip from Community Empowerment, Rush University, and the University of Pennsylvania.



Figure 2. Members of Community Empowerment, including Dr. Stephanie Crane (center) who are the driving force behind the infrastructure required to successfully complete a medical mission trip.



Figure 3. Minyetti, head of the sterile processing department at the hospital, partners with Community Empowerment to provide care for the local community.

spends much of the year, physically present in the community, truly epitomizing a servant leader.

Fortunately, there is more than one way to lead in international orthopaedic care. Drs. Kogan and Mehta not only give time and energy to lead surgical missions but spend hours writing grants to secure implants or equipment, as well as take advantage of relationships to secure donations and collections for use not only during the mission, but critically to build local capacity. Observing and participating in this experience continues to be one of the most inspiring and meaningful experiences in medicine I've had and serves as a fundamental reminder of the central feature of successful care regardless of location – the people and the relationships.

References

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