

# E.S.P.R.A.S.

## SHARE

### Committee on Surgeons' Humanitarian Aid Resource Europe

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#### Introduction

##### *About ESPRAS*

The **European Society of Plastic, Reconstructive and Aesthetic Surgery, ESPRAS**, is the European section of IPRAS, the International Confederation of Plastic, Reconstructive and Aesthetic Surgery, which is the only worldwide organization of plastic surgeons. Each European national society of plastic surgery is a member of ESPRAS, embodying 5000 plastic surgeons (ESPRAS delegates) in Europe.

**Ulrich T. Hinderer** became the General Secretary of IPRAS in 1992, a position he held until 1999. He stood at the forefront of setting up official structures for educational and humanitarian activities within the international confederation. It is the aim of ESPRAS to continue and consolidate this in the form of SHARE: Surgeons' Humanitarian Aid Resource Europe.

##### *ESPRAS SHARE*

The aims of ESPRAS SHARE are:

- I. to **facilitate** and better **coordinate** humanitarian activities involving European plastic surgeons, and
- II. to improve the quality of humanitarian aid given by European plastic surgeons so that **no harm** will be done.
- III. to ensure that the humanitarian aid provided contributes to **sustainable** development of reconstructive plastic surgery in receiving countries.
- IV. to ensure **ethical practice** of the surgeons providing humanitarian aid.
- V. to reach the targets of sustainability and better coordination, improved **communication** between the various organizations and individuals engaged in humanitarian aid is necessary.

**Training and education** are the primary instruments to reach the goal of sustainability. Providing the resources to institutions in the receiving areas, on the other hand, is just as essential. ESPRAS SHARE will stimulate European plastic surgeons to make their efforts in the humanitarian field to share their knowledge and skills to contribute to a sustainable development of medical service in other areas in the world.

In the future, when the European plastic surgeons will have realized these ambitions, ESPRAS SHARE aims to expand its work to the whole of IPRAS, covering humanitarian work of 21 500 plastic surgeons worldwide.

### Problems to be solved

Many plastic surgeons take part in humanitarian work. Operations performed during humanitarian missions are typically reconstructive in nature. They include congenital deformities, e.g. of the hand, burns, cranio-facial deformities including cleft lip and palate, mutilation, and contractures. Humanitarian missions are often organized by individual plastic surgeons themselves, forming teams with an OT-nurse and an anesthesiologist, sometimes under the cover of an NGO, but mostly as individual initiatives. Hospitals are being built by foreign plastic surgeons and their NGOs. Educational exchanges take place.

Several problems have been identified regarding the necessity for plastic surgery worldwide and humanitarian work by plastic surgeons. These include:

- I. Lack of means and facilities, insufficient coordination.
  - a) It is difficult to make **supply meet demand**: when the expertise of plastic surgeons is needed in a certain area, there is neither a worldwide body nor a European organization of plastic surgeons which can provide an adequate solution.
  - b) As far as **disaster relief** is concerned, there is no central body for information exchange and communication, and no structure that will be able to identify available plastic surgeons.
  - c) On occasion, humanitarian teams have arrived at their destination only to find that, prior to their arrival, another humanitarian team has already done the work. This kind of **overlap** must be avoided.
  - d) Much more could be done if there were sufficient **financial means**: the building of hospitals, educating and training local staff, executing humanitarian missions and providing local hospitals with infrastructure and equipment. Sponsoring and funding should become more accessible to those who take the initiative.
- II. The quality of humanitarian work.
  - A. Minimizing harm, “primum non nocere”.
    - a) Some humanitarian teams do not organize appropriate **aftercare** for their patients. This too is unethical and may cause unacceptable health risks to patients.
    - b) **Local medical staff are not always informed**, or consulted, before a humanitarian action is undertaken. Without informing local authorities and local surgeons, humanitarian work can harm relationships, undermine existing structures to tackle health issues utilizing locally available capacity.
    - c) The lack of knowledge about **cultural differences** may cause maltreatment of patients and inappropriate action by foreign medical staff members.

- d) It has been reported that in some instances foreign medical staff take part in medical acts that they are not qualified for, with the goal of getting work experience. Treatment by **unqualified personnel** is unethical, clearly endangers patients and is a situation that cannot be tolerated. At present, there is no way to prevent it from within the rank and organization of the plastic surgeons.
- e) **Insufficient preparation**, for instance due to the lack of access to information about political stability or common diseases in a certain area, causes security and health risks to members of humanitarian teams.

#### B. Sustainability.

- a) For long-term benefit, prevention of problems and sustainability in developing countries, **training and education** of the local medical and health staff is imperative. Training and education to local medical and health personnel is not taking place on a large enough scale, as yet. Simultaneously, brain drain from the host countries should be prevented. Therefore, training and education should be organized locally, as far as possible. Furthermore, European hospitals and health institutions should be called upon not to recruit personnel in and from developing countries.
- b) Short visits may help individual patients, but only **long-term relationships** between different physicians and medical and health institutions provide a context in which underlying problems can be addressed. Plastic surgeons should be encouraged to build long-term relationships with hosting hospitals and countries.
- c) At present, the manner in which humanitarian aid is currently being provided is supply driven rather than demand driven. In order to provide aid which contributes to sustainable development of local medical and health services, it is important that humanitarian missions take place on a **demand driven** basis: the right kind of help should be delivered to **the right people at the right time**.

Many of the difficulties mentioned above can be overcome. Plastic surgeons in Europe and elsewhere in the world emphasize the need for better facilitation and coordination of humanitarian aid, and call for action against malpractice. In order to make substantial progress in the field of plastic surgery worldwide, aid which facilitates sustainable development of medical and health services should be promoted within ESPRAS.

### Solutions

The existing organizations of ESPRAS and IPRAS provide for an expanding network of 21 500 plastic surgeons in about 80 countries. Many are target countries for humanitarian aid, either in the context of disaster relief or because they do not have the means and the knowledge to be able to provide good healthcare. Furthermore, Information Technology now makes the necessary communication possible.

### *A Code of Conduct*

There is an urgent need for regulation in some areas for the safety and wellbeing of patients who are being treated by humanitarian teams involving foreign surgeons. Malpractice should be acted upon and aftercare should always be appropriately organized by the humanitarian

teams. This should be regulated by the formal introduction of a regulating **ESPRAS code of conduct for humanitarian work**, to be implemented by the national societies. Surgeons who do not act according to the ESPRAS code of conduct for humanitarian work will be summoned by ESPRAS SHARE not to take part in humanitarian missions any more. If ESPRAS SHARE finds it necessary and safe to inform the health authorities of either the home country or target country for humanitarian work, it will not hesitate to do so.

Another task for the Code of Conduct is to educate and to stimulate the sustainable development of surgical services in developing areas. The code of conduct demands that, prior to the departure of a humanitarian mission, the national IPRAS delegate of the target country should be informed about the particular mission. The mission can only take place with the consent of the national IPRAS delegate. If for a particular country there is no IPRAS delegate, the national health authorities should be consulted instead. ESPRAS SHARE assist in getting in touch with the national delegate or the local health authorities.

The Code of Conduct asks plastic surgeons to report to ESPRAS SHARE, before and after every humanitarian mission.

#### *A Database for staff, hospitals, field hospitals, fundraising, equipment, results of humanitarian work*

An comprehensive database will assist in two key areas: to better coordinate and facilitate humanitarian work and to provide plastic surgeons and coordinating staff with information to give plastic surgeons the resources to ensure that their aid contributes to sustainable development of reconstructive plastic surgery in receiving countries.

#### *Exchange information, promote communication*

To improve the quality of humanitarian work, ESPRAS SHARE will inform, stimulate debate and organize workshops at international congresses. An informative website is being developed, with a Wikipedia-like function for plastic surgeons to exchange information about their working experiences and share relevant information about local culture, and for ESPRAS SHARE to inform about vaccination, political stability and other safety related issues. Information about fundraising can be placed in the easily accessible Wikipedia-like function of the ESPRAS SHARE website.

#### *Fundraising*

By supporting plastic surgeons in the search for appropriate sponsorship and funding of humanitarian initiatives, it may enhance the efforts of plastic surgeons to ensure sustainable development. For example, ESPRAS SHARE, will assist plastic surgeons to find sponsors to realize projects on education and training of medical and health staff in target countries for humanitarian aid. The fundraising service will allow ESPRAS SHARE to become a pillar for humanitarian activities by European Plastic Surgeons. Fundraising is essential to get the necessary cooperation of individual teams and plastic surgeons.

### *Contacts with NGOs, local health institutions and disaster relief authorities*

ESPRAS SHARE will be a valuable body to address NGOs, local health institutions and disaster relief authorities. ESPRAS SHARE will be able to provide staff for humanitarian missions, maintains direct contact with ESPRAS delegates and will have an up to date database with valuable information.

### **Means and budget**

An office with three full-time employees and a budget of around € 350 000 per year will be needed to improve the quality of humanitarian aid by European plastic surgeons: to share knowledge, skills and experiences with professionals around the world so that patients with the need for reconstructive surgery will receive appropriate treatment in their own countries worldwide, by their own well equipped and well trained surgeons. A database will be built externally for ESPRAS. The Code of conduct will be developed by ESPRAS SHARE, after which it will be implemented by the national societies of plastic surgery under the guidance and supervision of ESPRAS SHARE.

For more information please contact:

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