

## A World of Need

### To the Editor

The recent publication of an anesthesia “workforce map” by the World Federation of Societies of Anesthesiologists, and its accompanying article in this publication, has garnered attention from the likes of National Public Radio.<sup>1</sup> The authors correctly point out the startling lack of skilled personnel in large portions of Asia, Africa, and Oceania.<sup>2,3</sup> The concentration of anesthesiologists in the United States is 26 times higher than that of Bangladesh, and more than 1000 times higher than South Sudan.<sup>2</sup> Somalia has no anesthesiologists at all.<sup>2</sup> Clearly, there is much work to be done if our profession is to provide basic anesthesia care for the world’s most needy.

The experience acquired over the past 15 years by the Children of the World Anesthesia Federation (COTWAF) confirms this observation. Dissemination of knowledge and acquisition of clinical anesthesia skills required to ensure delivery of quality of anesthesia care for infants, children, and future generations represent a significant challenge for developing and emerging countries. The educational paradigm used in well-developed countries to transfer knowledge and train future anesthesiologists is not applicable in those countries as observed by the COTWAF while working closely with governments, ministries of health and education, health care professionals and institutions.

Thankfully, numerous health care organizations other than COTWAF are working to close the gap in anesthesia provision. Doctors Without Borders regularly sends teams to unstable regions of the world to help provide emergency surgical/anesthesia care. The Lifebox charity has provided essential monitoring equipment to more than 100 countries in an effort to improve anesthetic safety. The World Federation of Societies of Anaesthesiologists itself has developed fellowships that give specialty training to providers from countries where anesthesia capacity is extremely limited. These such organizations and endeavors deserve our support.

However, beyond the physical provision of supplies and manpower, the global crisis in anesthesia care, as

above-mentioned, must be countered with our educational expertise and intellectual ability to transfer knowledge directly to those in need. The problems of anesthesiologists in the United States are not the same as those in regions without reliable electricity, an oxygen supply, or adequate transportation to health care facilities. Research efforts must be undertaken to better understand these complex issues and to find workable solutions. At the most recent International Anesthesia Research Society meeting in May, this author was lucky enough to present a paper in the global health category. Sadly, mine was the only entry in that category. Clearly, we can do better.

**Richard Hubbard, MD**

*Department of Anesthesiology & Pain Medicine  
Nationwide Children’s Hospital  
Columbus, Ohio  
Richard.Hubbard@Nationwidechildrens.org*

**Bruno Bissonette**

*Department of Anaesthesia and Critical Care Medicine  
University of Toronto  
Toronto, Ontario, Canada*

**Marco Corridore, MD**

*Department of Anesthesiology & Pain Medicine  
Nationwide Children’s Hospital  
Columbus, Ohio  
Department of Anesthesiology & Pain Medicine  
The Ohio State University College of Medicine  
Columbus, Ohio*

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