

# Innovative neurosurgery in a developing country?

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# Declarations

- No industry funding or involvement
- Special thanks to:
  - Prof G Fieggen
  - Prof T Figaji
  - Prof R Brow
  - Prof M McCullough

For their thoughts

# Case study





# Post op



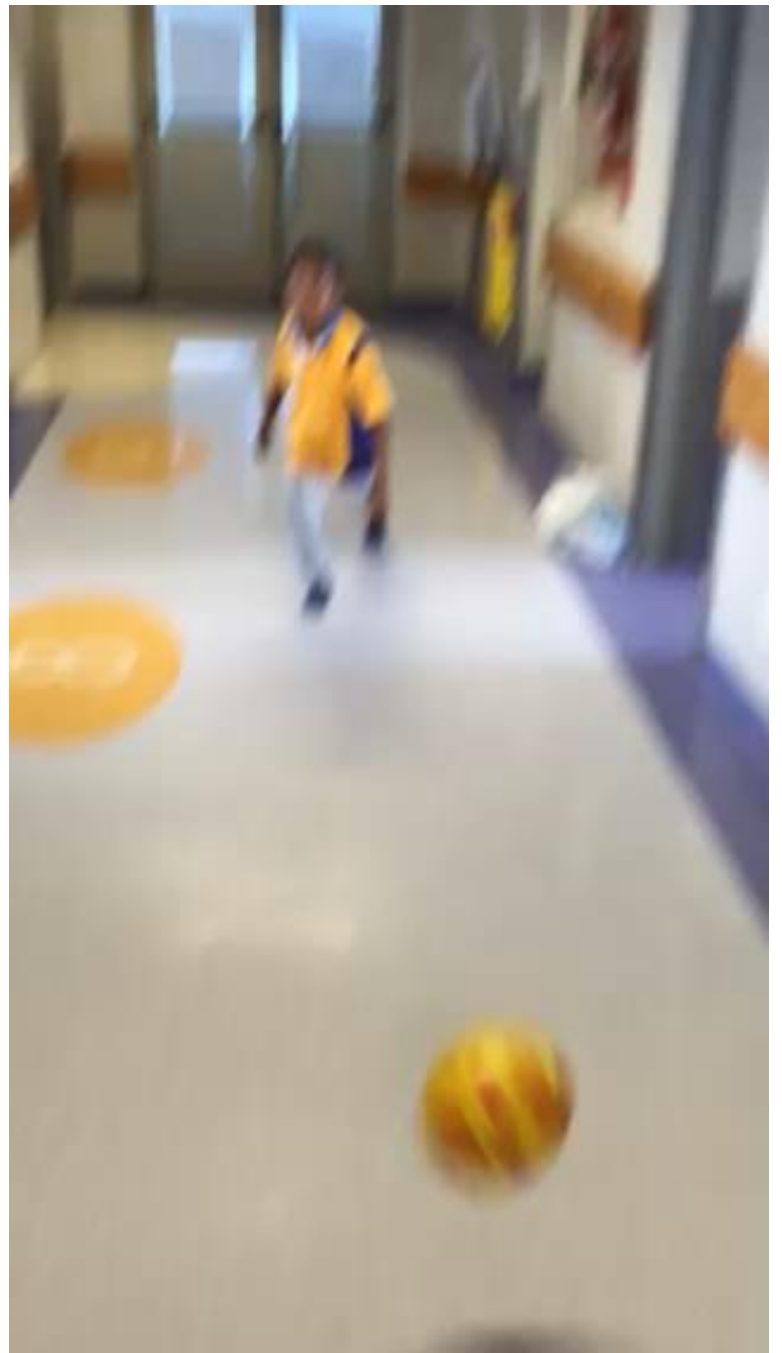
# Post op

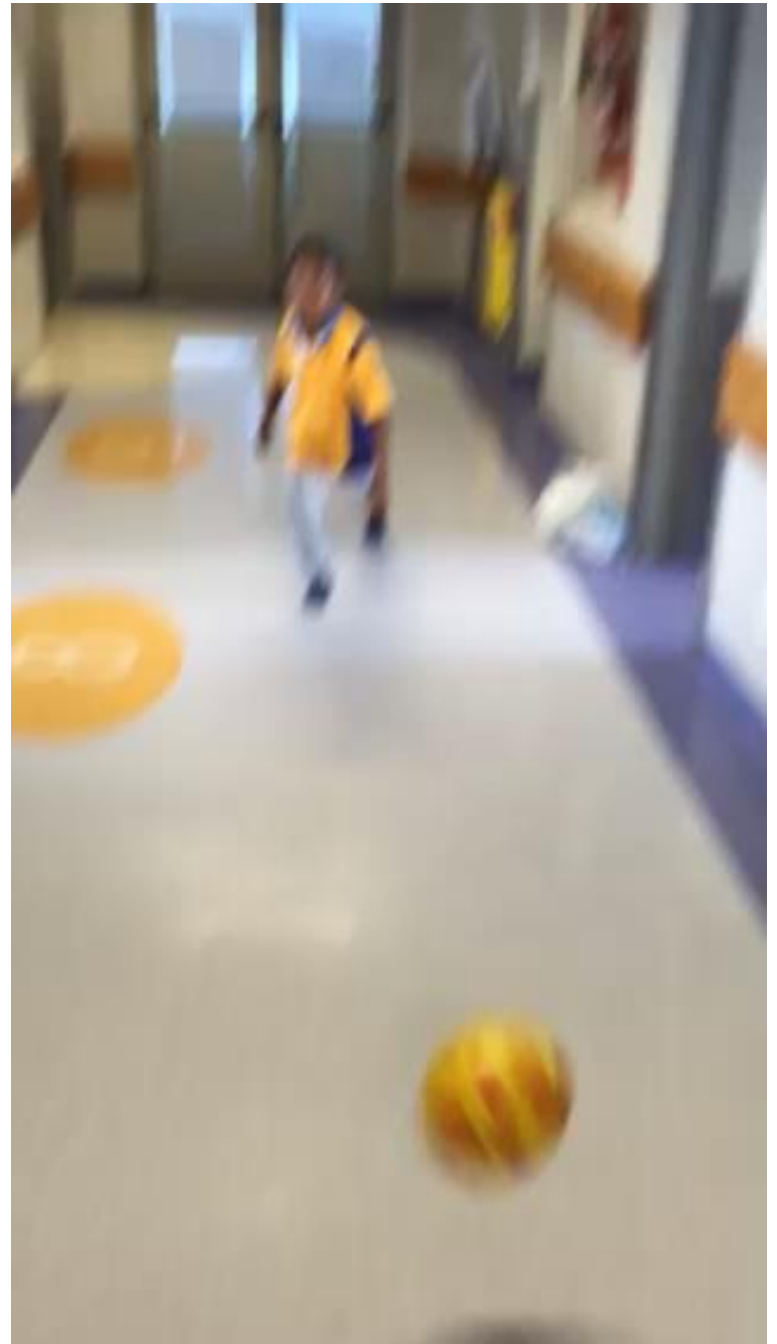


# Post op





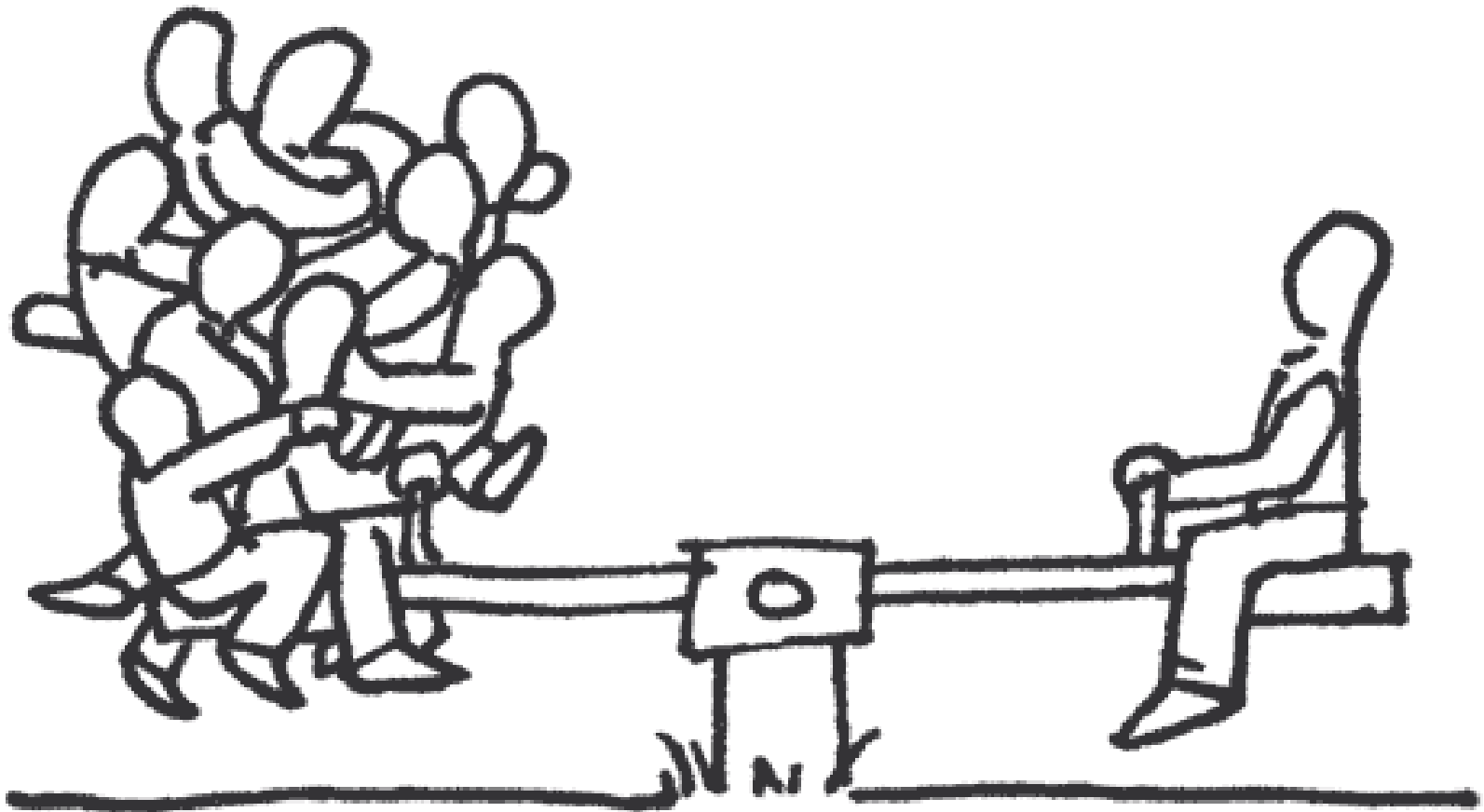




# And then...

- 3 years later...

# The problem



# Management/political argument

- IPG non-rechargeable cost           R150 000
- IPG rechargeable cost                R220 000

VS

- Rotarix vaccine                        R50
  - Therefore 3000 children saved...

# What are we to do?

- Basic emergency care only
- Easy surgery only
- “Developing country medicine” only (shunts, infections, trauma)
- No super-specialist divisions / interests
- Must all innovation and groundbreaking care come from the USA and Europe only?
- Should those who want to do specialist cases all go to private practice to learn?

# But...

- What if Dr Chris Barnard did not do the 1<sup>st</sup> heart transplant in the world at Grootte Schuur Hospital in 1967

The “spin-offs” for developing country medicine was immense...



# The role of an academic unit

- Teaching medical students
- Training and guiding specialists
- Innovating
- Leading the field
- International collaboration
- Act as the “gold standard”/”Litmus test”/”barometer” for the profession



# Ethics

- Informed consent
- Beneficence
- Non-maleficence
- Distributive justice

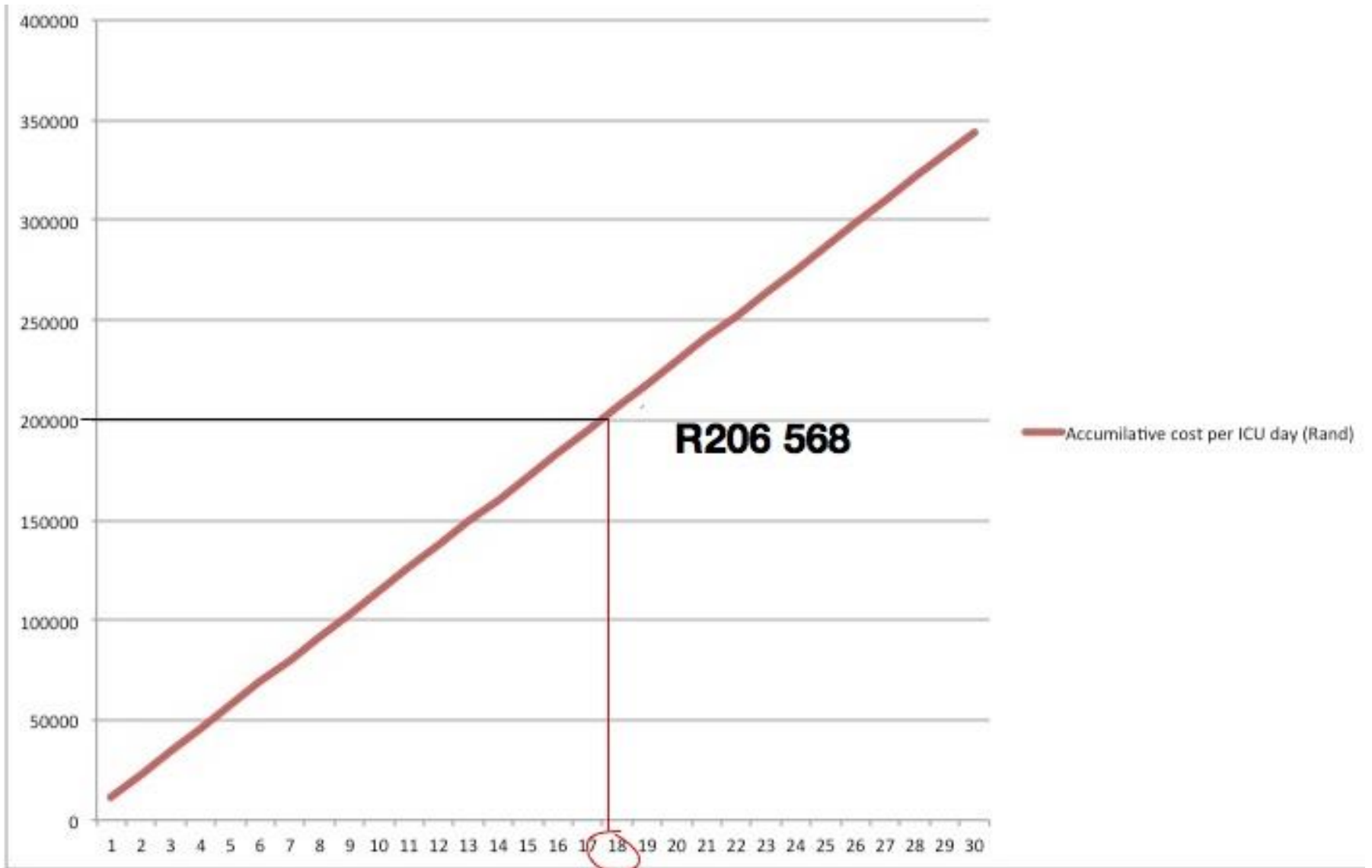
# Concepts for discussion

- Role of academic / Tertiary institutions vs district level care
- Cost of care of the individual vs millions
- Does the skills that I develop while caring for the individual, have any benefit to the millions?...

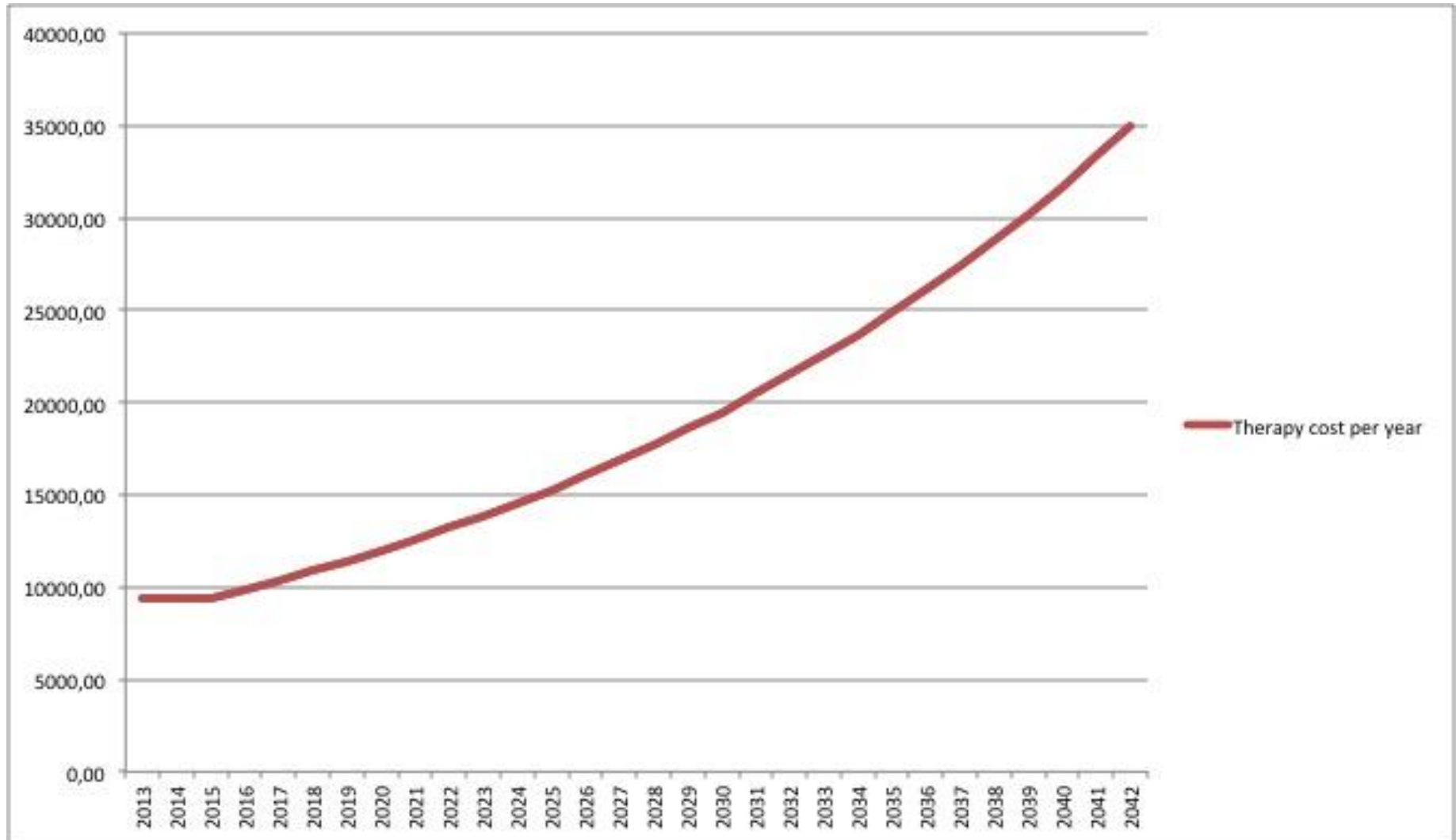
It can not only be a financial argument



# Cost vs Benefit



# Cost of Dystonia medication



# So where to from here?

- I can only care for the one in front of me at present
  - And I need to do it as best I can
  - If I can not do something it does not mean it can not be done
  - I then make it my duty to get the patient to the person who can do it...
- If I can give “first world therapy” to the one in front of me
  - I must keep on fighting until it is possible

Thank you

