One Man’s Legacy

Dear Readers,

I recently had the honor of having dinner with a surgeon from Africa. We actually met on the shuttle going from the airport to the hotel, where we were both attending a meeting of American surgeons who work in Africa. My wife and I had a delightful conversation with the gentleman on the way to the hotel and during dinner that evening, but it wasn’t until the next morning at the meeting that I found out what a truly remarkable man he is. Dr. David Thompson grew up in Cambodia and, at the age of 14, saw a man die from injuries because there was no one to help him; this was a catalyst in his decision to become a surgeon and spend his life helping others.1

According to Bruce Steffes, MD, it is said that there are more than 53 million patients in Africa in need of operative procedures every day, very few of whom will receive it (personal communication, Brackenhurst Conference Center, Limuru, Kenya, April 10-24, 2013). Dr. Thompson decided that Africa was where he should be. He has spent more than 40 years practicing surgery in the country, helping those who had little, if any, hope of receiving surgical care, as well as teaching African surgeons. As his career at Bongolo Hospital, in the jungles of Gabon in West Africa, progressed, he realized that when he died or had to leave his practice, there would be no one to continue the work he had started; the people in that part of Africa would again be without surgical care.2

Dr. Thompson met with a group of American missionary surgeons, who were also serving in Africa, in 1996 to try and remedy the problem. Since local African surgeons were not interested in working in such remote locations (even in their own country) or providing care to the poor, the only solution was to begin a training and residency program for the African surgeons who would be willing to help their fellow people. This type of program was certainly needed, since the number of surgeons in Africa is very low. The ratio of formally trained surgeons to people in Africa is between 1:250,000 and 1:2.5 million. There are 20 countries in Africa with fewer than 20 surgeons each, Dr. Steffes noted at the Brackenhurst Conference Center in April, and most of the surgeons are in urban hospitals, which leaves most rural areas without any surgical care.2

Starting an academic training program under such circumstances would be almost impossible without a lot of help. At the meeting in 1996, everyone thought the idea to start a formal surgical residency program run by American-trained surgeons and taught to American standards in missionary hospitals across Africa was a great idea. Through the help of volunteer surgeons and donations from all over the world, Dr. Thompson has seen his dream become a reality. Currently, there are 8 surgical residency program sites that train residents in the Pan African Academy of Christian Surgeons (PAACS). The first resident graduated from Dr. Thompson’s hospital in Bongolo, Gabon, in 2002. Since that time, 34 total residents have successfully completed their training programs and are serving their people in Africa. At the PAACS Annual Meeting in Chicago, IL, November 1-2, 2013, Dr. Steffes noted there are 41 surgical residents in the programs, and that number will increase to 53 in a few months. Dr. Thompson has assured his legacy of having continued surgical treatment for Africans at his hospital in Bongolo, Gabon.

Most surgeons, after practicing for 40 years and accomplishing what Dr. Thompson has, would retire with a feeling of satisfaction for a lifetime of good work. Not Dr. Thompson. He is currently the PAACS Director for Africa and is headed to Egypt to start a new training program at an Egyptian hospital where there has not been one before. The challenges of starting a new surgical residency-training program in an area where there has not been one before can be formidable. There are governmental issues, countrywide and local medical issues, hospital issues, cultural issues, and...
EDITORIAL MESSAGE

recruiting issues, just to name a few. There is no doubt in my mind that this remarkable gentleman, with the help of others, will succeed in this endeavor. I am looking forward to traveling to his hospital and teaching wound care to his residents in the near future.

I addressed the issue of our legacy in a previous editorial.1 In that article I quoted Dan Castro, author of “Critical Choices,” when he said, “The impact we have on the lives of others is our only true legacy. This is the only thing that truly lasts when we are gone.” I cannot imagine the impact that Dr. Thompson has had on the lives of countless people in Africa. Because of his love for and dedication to those people, his legacy will continue through the residency-training program he has been so instrumental in establishing.

(For more information about PAACS and how you might volunteer to help teach in one of their programs or for information about the 3 books Dr. Thompson has written, go to www.paacs.net.)

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BRIEF COMMUNICATION

Hyaluronic Acid as Treatment Option for Pressure Ulcers
Javier Ramos-Torrecillas1; Elvira De Luna-Bertos1; Lourdes Díaz-Rodríguez1; Olga García-Martínez1; Laura Rodríguez-Pérez1; Concepción Ruiz-Rodríguez1,2
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ORIGINAL RESEARCH

A Continuous Bedside Pressure Mapping System for Prevention of Pressure Ulcer Development in the ICU: A Retrospective Analysis
Aamir Siddiqui, MD; Robert Behrendt, RN; Marianne Lafluer; Susan Craft
From the Henry Ford Hospital, Detroit, MI

ORIGINAL RESEARCH

Use of a New Acellular Dermal Matrix for Treatment of Nonhealing Wounds in the Lower Extremities of the Diabetic Patient
Layne Yonehiro, MD, FACS, FACP; Glenn Burleson, MD, FACS; Victoria Sauer, RN
From the Baptist Hospital, Pensacola, FL

ORIGINAL RESEARCH

Comparative Efficacy of Silver-Containing Dressing Materials for Treating MRSA-Infected Wounds in Rats with Streptozotocin-Induced Diabetes
Jong Hoon Lee, MD1; Jeong Ja Kwak, MD2; Hee Bong Shin, MD3; Hae Won Jung, MD4; Young Koo Lee, MD5; Eui Dong Yeo, MD6; Seong Seok Yang, MD7
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