



# Dr. Donald T. Weed Works to Bridge Global Disparities in Head and Neck Surgery, from Haiti to Africa

As a moderator during the April 23 virtual global symposium “Bridging Continental Divides: Challenges and Opportunities in Head Neck Oncology Practice in Low Resource Settings,” Donald T. Weed, M.D., and colleagues in the American Head and Neck Society explored issues related to the challenges faced by head and neck surgeons in low-resource settings from Haiti to the African continent.

“The idea of the symposium was to have a conversation about head and neck surgery in limited-resource settings and learn about the kinds of partnerships that many of those surgeons have formed with international groups, as well as resources they’ve been able to generate within their countries,” said Dr. Weed, co-leader of the Head and Neck Site Disease Group at Sylvester Comprehensive Cancer Center and vice chair for academic affairs in the Department of Otolaryngology at the University of Miami Miller School of Medicine.



Dr. Jean Gilles, left, and Dr. Donald Weed

The message from the symposium was that the countries – from Haiti to Uganda, Ghana, and Senegal – have both common obstacles, such as limited access to operating room time, and challenges unique to each country’s availability of critical resources and infrastructure, according to Dr. Weed.

“For example, Jeffrey Otiti, M.D., from the Uganda Cancer Institute has just done amazing work. They have a well-functioning cancer center that seems to have partnered reasonably well with the government to build the infrastructure and facilities,” Dr. Weed said. “Whereas Patrick Jean Gilles, M.D., a head and neck surgeon at the University of Haiti, has built a very strong program but does not have a functioning partner in his government, as we know from current events. In fact, they lost a lot of the infrastructure that he was able to put together over the past 10 years, with the violence that has followed the assassination of the president and with gang violence that’s

ongoing,”

Organized by the American Head and Neck Society, the symposium included moderators from Sylvester and the Miller School and Joseph Curry, M.D., a head and neck surgeon at Thomas Jefferson University and former head and neck fellow in the Department of Otolaryngology at the Miller School; Johannes Fagan, M.D., professor and chair of head and neck surgery at the University of Cape Town, South Africa; Merry Sebelik, M.D., professor in Emory University’s Department of Otolaryngology, Head and Neck Surgery; and Pankaj Chaturvedi, M.D., AHNS Global Outreach Service vice chair and deputy director of the Center for Cancer Epidemiology at Tata Memorial Hospital in Mumbai, India.

Symposium speakers included Drs. Gilles and Otiti; Evelyne Diom, M.D., president of the African Head and Neck Society; and Anna Konney, M.D., chair of the Department of Ear, Nose and Throat at Komfo Anokye Teaching Hospital, Ghana, and past president of the African Head and Neck Society.



Dr. Jean Gilles (second from left) prepares a fibula graft for harvest.

## Sustained Engagement Is Key

The moderators have learned that the key to successful partnerships between high-resource and low-resource settings is a commitment by the surgeons from high-resource settings to do more than just fly in, perform operations, and fly out, according to Dr. Weed.

“Work that is sustained over time is what is the most effective. And it’s work that starts with attempting to address the specific needs of the surgeons in a low-resource setting, and then helping to meet those needs,” he said. “Most of the moderators on the webinar, for example, are really involved in training of surgeons, which is a primary focus of their recurring trips. Obviously, patient care is an integral part of that and certainly a benefit of that, but the training of the surgeons and other health care providers is what will provide a longer lasting benefit for all.”



One message Dr. Weed said he found most interesting from surgeons in limited-resource settings is that generating success in treating local head and neck surgery patients while simultaneously improving the skills and capabilities of their surgeons tends to result in additional help proportional to the resources that are available from a country's governments. The extra help might take the form of providing some of the critical infrastructure necessary to care for head and neck surgery patients, for example.

## **Training and Fellowship Programs**

Training surgeons helps to spearhead the success. Dr. Fagan from South Africa has a head and neck fellowship and has trained most of the head and neck surgeons currently working across the African continent. He deserves a great deal of credit for raising global awareness of the challenges of head and neck cancer care in developing countries, according to Dr. Weed.

"Many of his fellows are growing fellowship programs in their countries, including Dr. Otiti, his first fellow now practicing in Uganda who is working to start a head and neck fellowship there. They have online materials dedicated to the unique aspects of taking care of head and neck surgical patients in low-resourced areas. Those are all efforts to try and improve the incredible imbalance of the number of head and neck surgeons on the African continent with the patient populations there," he said.

## **Dr. Weed's Long Commitment to Global Outreach**

Since 2015, Dr. Weed has traveled one to three times annually to Haiti with Dr. Curry and a group of otolaryngologists, residents, fellows, nurses, and operating room techs from the

University of Miami and Thomas Jefferson University to provide extensive training for Dr. Jean Gilles, who treats patients and runs the otolaryngology residency program at the Universite d'Etat d'Haiti.



Physicians from the Miller School, Thomas Jefferson University, and the Universite d'Etat d'Haiti

The pandemic sidelined the U.S. group's in-person meetings. They continue for now with virtual training; Dr. Gilles has told Dr. Weed and colleagues that it is still unsafe to travel to his country for on-site surgical training as they have done in the past due to ongoing gang-related violence that has impacted so many aspects of life in Port-au-Prince specifically.

"We rely on his judgement. There have been safety concerns in the past, but we were able to continue our trips. This is another order of magnitude," Dr. Weed said.



Before going to Haiti to train head and neck surgeons and staff, Dr. Weed traveled to Kenya with his mentor James L. Netterville, M.D., at Vanderbilt University, where Dr. Weed was a fellow.

“I would say that if you have the opportunity to experience the kind of change that can happen from helping surgeons in low-resource settings, take it,” Dr. Weed said. “Once you’ve done it, you can’t stop. But it has to be part of a meaningful, sustainable long-term plan.”

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