Chapter 13
Humanitarian Basic Plastic Surgery

Bishara S. Atiyeh, MD, FACS

13.1 Introduction

Elsewhere in this book, several chapters abundantly demonstrate how the basic spirit of Health for All (Mahler, 2003) and the strategy of Primary Health Care, with its overriding principle of health as a human right (Gunn, 2000) underpin the philosophy and practice of humanitarian medicine. This, however, should not be interpreted as a second class medicine, reserved for simpler diseases and “cheaper” procedures. Indeed the right of the patient requires that, within all possibility, and barring irrelevant practices or frivolous demands, no life-saving or socially supportive needs be withheld. Thus, the accounts of essential cardiac surgery (Christenson, 2003) complicated urogenital reconstruction (Dewan, 1998) meticulous geriatric patient education (Assal, 2005) are concrete examples of extensive, scientific, necessary humanitarian medicine, as is humanitarian basic plastic surgery.

The spectrum of plastic surgery as seen by most people is based on television extreme makeover shows, thinking that this is what plastic surgery is all about (Dukes). Plastic surgery, however, is a well-defined specialty, which encompasses reconstructive surgery as well as cosmetic (aesthetic) procedures (Knipper), going from the very simple interventions up to the very complex micro-vascular reconstructive surgery (Dukes), sophisticated craniofacial surgery (American Academy), and management of burn injuries and their complications (McIndoe). It is far from being a luxury surgical service. Several branches of plastic surgery are deeply committed to humanitarian service with a great desire to enhance the quality of human life (American Academy). The term commonly used nowadays is “humanitarian plastic surgery” (Knipper).

However, several questions remain to be clearly answered. What is the place of plastic and reconstructive surgery within the field of general surgery in developing countries? (Micheau and Lauwers, 1999) Must the reparative motivation of plastic surgery intervention remain the only trace of a plastic surgeon’s skill and humanity? During a plastic surgery humanitarian mission, can this surgery be aesthetic? Can aesthetic surgery be humanitarian (Knipper, 2003)?
13.2 Humanitarian Medicine

Disasters, unfortunately, and help, fortunately, are as old as humanity. As long as man has had a beating heart, some adrenaline, and a reflex for protection, he has had compassion and the urge to help. This is the natural and noble drive for humanitarian medicine (Gunn, 2000). And this was the drive that, in face of mounting natural disasters, conflicts, and social degradation, led a group of concerned citizens to establish, in 1984 at the World Health Organization, the Brock Chisholm Trust that was subsequently registered in Palermo, Italy, as the International Association for Humanitarian Medicine Brock Chisholm, to promote and support the right of health for all and access to appropriate medical care. To take the full measure and social significance of the concept of Humanitarian Medicine, it is worth to consider its formal definition (Gunn, 2000). Unfortunately, at present the “right to health,” acclaimed, recognized and required everywhere, does not seem to get all the universal attention it deserves and is even precarious in terms of promotion, dissemination, and protection (ZENIT) (Maselli and Gunn 2002).

Historically, assistance in emergencies has evolved from early wound dressing and pain relief, to specialized techniques like emergency medical services and Disaster Medicine; to institutionalized mechanisms like the Red Cross, to concepts, like disaster prevention, and socio-political arrangements and Humanitarian Medicine (Gunn, 2000). The first “thorough study” of humanitarian intervention was published by Rougier in 1910: “Unfortunately, the conclusion which emerged from this study is that it is neither possible to separate the humanitarian from the political grounds for intervention nor to assure the complete disinterestedness of the intervening States.” Whenever one power intervenes in the name of humanity in the domain of another power, it cannot but impose its concept of justice and public policy on the other State, by force if necessary (Boyle). Irrespective of this fact, international humanitarian law and human rights provide the normative context for those who try to deliver medical and emergency relief to war and disaster zones (Leaning, 1999) or to communities living in underprivileged areas. Unfortunately, unlike most professional activities, humanitarian relief is not subject to monitoring by professional bodies (JAMA, 2001) nevertheless, the key principles of international humanitarian law of relevance to physicians are neutrality, non-partisanship, independence, and humanitarianism with commitment to promoting the welfare of sick and injured people, treating everyone according to medical need. Physicians and other health care workers are protected from hostile action to the extent that they understand these principles and abide by the rules that flow from them. They must take no political sides in any conflict, be unarmed, and directed only by professional dictates (Bruderlein, 1999; Leaning, 1999).

The practice of humanitarian medicine involves more than just the application of medicine or medical knowledge to the treatment of a patient as a person, who should not be viewed as a mere body requiring medical attention. Any physician practising humanitarian medicine must view the patient as someone possessing his own unique personal history and treat him in the context of being a member of a family even of a larger human family with neighbours and friends, not