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## International Cleft Surgery Educational Initiatives: Ethical Challenges and Solutions

**To the Editor:** Congenital clefts of the lip and/or palate (CLP) affect nearly 1 in 500 to 700 live births globally, and lead to significant morbidity if unrepaired.<sup>1–3</sup> However, many patients do not have access to care in developing countries.<sup>4</sup> This has triggered a number of educational international cleft care initiatives targeting developing countries.<sup>5–7</sup> Here, we highlight barriers to cleft care in developing countries, discuss existing international educational initiatives, their potential ethical pitfalls, strategies to mitigate them, and suggest future directions to preserve their educational value while ensuring the delivery of ethical and high-quality care.

### BARRIERS TO CARE

Access to cleft care is challenging in developing countries.<sup>8</sup> Among the most frequently reported challenges are lack of financial resources, travel costs, poor awareness, and lack of trained providers.<sup>8</sup> These challenges provided the impetus for immersing international surgeons in educational initiatives in these countries that can address shortages in care, while providing them with a unique training experience.<sup>9</sup>

### INTERNATIONAL FELLOWSHIPS

Fellowships have been established to provide international trainees with experience in caring for patients with CLP in limited resource settings, and opportunities for academic and cultural development.<sup>6,10–12</sup> The majority of trainees involved in international fellowships report improved cultural aptitude and performance in all 6 core competencies delineated by the Accreditation Council for Graduate Medical Education.<sup>12</sup> Furthermore, participation in these fellowships was a strong predictor of prospective participation in global cleft care.<sup>10</sup>

### ETHICAL CONSIDERATIONS

International initiatives have made substantial contributions to CLP care but have also raised ethical challenges such as dismissing the needs of local physicians, promoting surgical quantity over quality, and disrupting local infrastructure to accommodate visiting surgical teams.<sup>13,14</sup> Additionally, visiting surgeons must have appropriate surgical expertise to achieve optimal patient outcomes and prevent burdening local surgeons with managing their complications.<sup>15</sup> Furthermore, visiting international physicians must secure informed consent despite language or cultural differences between them and patients.<sup>16</sup>

## CAPACITY BUILDING AND SUSTAINABILITY

To address these challenges, several initiatives have adopted a “maturational shift” that focuses on long-term sustainability and training local surgeons until local autonomy is achieved.<sup>10,11,18,19</sup> Consequently, numerous cleft care models have incorporated educating and training local providers as part of their mission, leading to the creation of comprehensive cleft care centers in developing countries.<sup>10,17,20</sup>

### PROMOTING QUALITY OF CARE

International initiatives implement perioperative guidelines that are comparable to those utilized in developed countries including clinical checklists, emergency response protocols, quality assurance guidelines, and only allow the participation of certified physicians.<sup>7,21</sup> Moreover, programs should systematically collect and analyze data to assess quality of care.<sup>22,23</sup>

### FOCUSING ON MUTUAL BENEFIT

International educational initiatives can provide cleft practitioners with unique opportunities for broadening their clinical and cultural horizons. Nevertheless, primary emphasis should remain on the stimulus that resulted in their creation: improving patient access to high-quality cleft care. Organizations engaged in these initiatives must therefore ensure that care is comparable in quality to that provided in developed countries, focus on nondisruptive interventions that are most likely to yield sustainable change in their host countries, and simultaneously train the next generation of cleft surgeons and practitioners.

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## Let's Salute Our Deceased Predecessors: Academic Obituaries in the *Journal of Craniofacial Surgery*

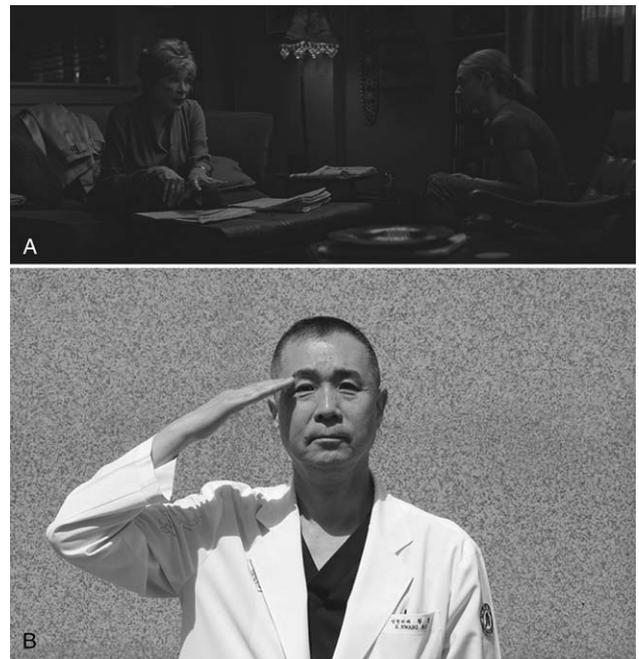
*“Let me not then die ingloriously and without a struggle, but let me first do some great thing that shall be told among men hereafter.”—Hector’s last word in Iliad*

**To the Editor:** Recently I enjoyed a movie, “The Last Word” (2017; director: Mark Pellington) (Fig. 1A).

Harriet, played by Shirley MacLaine, is a successful businesswoman with the goal of completely controlling her surroundings in retirement. She even pays the local newspaper to write her obituary in advance, under her supervision, to make sure that the story of her life is told in the way that she wants. Harriet says to Anne (Amanda Seyfried), the young journalist assigned to the task, that there are “four essential elements to a really great obituary”: for the deceased to be loved by his or her family, for the deceased to be admired by co-workers, for the deceased to change someone’s life unexpectedly, and the “wild card.” However, Anne does not agree to follow Harriet’s script, and instead insists on discovering the truth about Harriet’s life, and their relationship develops into a life-altering friendship.

Because 2 of my teachers who trained me passed away recently (Yoon-Ho Lee in 2019, Chull-Gyoo Park in 2020), I searched for the definition of “obituary” and how many obituaries have been published in the *Journal of Craniofacial Surgery* (JCS).

An obituary is defined as a report, especially in a newspaper, that gives the news of someone’s death and details about their life. Since 1990, when the journal started publication, only 10 obituaries (in



**FIGURE 1.** (A) Shirley MacLaine explains “four essential elements to a really great obituary” to Amanda Seyfried. From <https://youtu.be/kx-B4SYbgIE>. (B) Salute to predecessors.