

Episode: *Author Interview: "Everyone Is Harmed When Clinicians Aren't Prepared"*

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Ghassan Abu-Sittah, Head of the Division of Plastic and Reconstructive Surgery at the American University of Beirut Medical Center in Lebanon and founder of the Conflict Medicine Program of the Global Health Institute at the American University of Beirut. He's here to discuss his article coauthored with Dr Thalia Arawi and Bashar Hasan, "*Everyone Is Harmed When Clinicians Aren't Prepared*", in the June 2022 issue of *The Journal*, [Health Care In Conflict Zones](#). Dr Abu-Sittah, thank you so much for being on the podcast with me today. [music fades out]

DR GHASSAN ABU-SITTAH: Thank you very much for your invitation and for the publication of our article.

HOFF: So, to begin with, what's the main ethics point that you and your coauthors are making in this article?

ABU-SITTAH: So, the issue for us is this: that it is obvious that there are certain parts of the globe where armed, protracted conflict is almost endemic.

HOFF: Mm.

ABU-SITTAH: And therefore, war-related ill health, either directly in the form of bullets and shrapnel and blast injuries, or indirectly as a consequence of protracted conflict, are part of the disease load.

HOFF: Mmhmm.

ABU-SITTAH: Yet we find that as a result of a multitude of conditions and power relations, this is not reflected in either medical or nursing education in the very countries where this is needed the most.

HOFF: Mm.

ABU-SITTAH: So, you look at the medical curricula and the nursing school curricula. They're almost copied verbatim, or at least in the most, in the largest part, from institutions, notable institutions, in the West in an attempt to somehow give an air of authority to the curriculum and to the medical school. And what happens is that these medical schools and nursing schools then graduate health professionals who are unprepared for the most pressing of these diseases that they see while being fully prepared for esoteric and rare

illnesses that fill the medical curriculum and the nursing curriculum of a lot of medical schools to the detriment of their patients.

HOFF: Mmhmm. So, what do you see as the most important thing for health professions students and trainees who aren't receiving this education that they need to take from this article?

ABU-SITTAH: In order to better serve their future patients, they need to seek that knowledge and start creating the undergraduate infrastructure of knowledge and skills that will enable them to serve. And because they live in countries where literally you graduate, and you hit the ground running, in Iraq, the emergency departments are manned by the most junior graduates because the few remaining specialists are in the operating room. And so, when there's a car bomb or there's a blast or there's fighting, it's the graduates who are there at the front line. And therefore, and the same is in Palestine, the same in Syria, the same in everywhere. So, our point is that you need to equip yourself. But our message also to the educators is that you need to create a curriculum that reflects the needs of the population.

HOFF: Hmm. And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

ABU-SITTAH: The dimension, the other dimension, of why this absence of contextualized medical curricula, which is the brain drain. You know, medical schools now in, especially in middle-income countries, but also low-income countries, pride themselves and measure their success on how many students they've managed to get into a residency program in North America or into Europe. And therefore, our medical schools are becoming almost like export services that are there to prepare much needed health professionals for the service of Western, affluent health systems in the North rather than what they were initially built for, which is to meet the health needs of their communities. [theme music returns]

HOFF: Right. Dr Abu-Sittah, thank you so much for being on the podcast today and for your contribution to the Journal this month.

ABU-SITTAH: Thank you very much.

HOFF: To read the full article, as well as the rest of the June 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.