

Bangladesh

Bangladesh has a population of 130 million, half of whom are children; therefore the teaching of the skills for Paediatric Surgery is obviously important. The extent of the problem in providing care to these children is made more enormous by the accumulation of previously untreated major anomalies. The focus of the Bangladesh Association of Paediatric Surgeons and of the training assistance provided by the visits from Australia is to improve quality of life rather than prolong suffering. Australasian assistance with the teaching of Paediatric Surgery and Urology began in 1993 with a visit funded by the International Federation of Surgical Colleges. The one-month training program was initiated by the IFSC with the assistance of the then Secretary, Mr E Durham Smith of Australia, and Professor Golam Rasul of Bangladesh, and involved a visit by Paddy Dewan of the Kind Cuts for Kids Foundation. Teaching and surgery were conducted in both Dhaka and Chittagong and involved the trainees of the recently initiated Masters course in Paediatric Surgery. Four further visits have occurred in 1994, 1997, 1998 and 1999; the 1997 visit was funded as a follow-up to the awarding of Dr Tahmina Banu (a Bengali Paediatric Surgeon) with the Royal Australasian College of Surgeons 1996 Rohan Nicks Scholarship. Dr Kamal from Sylhet has since been awarded a similar scholarship for 1998, taking him to a Registrar post in Perth. More recently, Professor Shafiqul Hogue has also been awarded a scholarship to visit Melbourne for the May 2000 Annual Scientific meeting. The most recent visit of the Australasian surgical team was organised between the Royal Australasian College of Surgeons, the Australasian Association of Paediatric Surgeons and the International Federation of Surgical Colleges and members of the Association of Surgeons of Bangladesh through the Bangladesh Paediatric Surgical Association, and orchestrated by the Kind Cuts for Kids Foundation.

Paediatric Surgical training in Bangladesh has only been in existence in recent years and the number of senior posts is relatively limited, compared to the number of patients requiring treatment. Both the Universities and the Surgeons have recognised the need for development and all have taken action to improve the communal level of skills in diagnosis and treatment of Paediatric surgical illnesses. This work has been well supported by many people in Australia who are sympathetic to the needs of the Bengali children.

The burden of both clinical work and the teaching load for the senior Paediatric Surgical staff in Bangladesh is obviously enormous. It is a privilege for the Australasian Association of Paediatric Surgeons to have the opportunity to assist in this work, with the support of the International Committee of the Royal Australasian College of Surgeons and the International Federation of Surgical Colleges. The financial support from Rotary Clubs in the North East of Victoria, ROMAC, the Variety Clubs of Australia, multiple medical companies and nursing staff in Hospitals in Melbourne and Geelong is much appreciated.

Anaesthetists have been included in the team for some of the visits as have nursing staff, which helps to fill the extended aims of the Foundation. The program has thus far treated 300 children

with 149 operations in four visits; usually major surgery performed as instruction to specialists and their trainees.

Much is yet to be learnt as to how best to co-ordinate the assistance to the Bangladesh Association of Paediatric Surgeons and how to expand on the experience of having an Australian Theatre Nurse participate in the teaching program. Further invitations have recently been received, and are in the process of being actioned.