Surgical Anthropology & Global Craniofacial Screening and Care: Preliminary Lessons Learned

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Abstract Text:

Introduction:
Understanding the cultural context in which medical and surgical care is offered in international settings has become increasingly valued, yet few U.S.-based global health programs include anthropological assessments in their screening processes or perioperative care guidelines. We therefore conducted an ethnographic pilot study during overseas medical trips to repair cleft lips and palates, with the purpose of developing an anthropological assessment tool that aims to enhance surgical screening and care inglobal health programs.

Methods and Materials:
Patients who presented for evaluation of cleft lip and palate during two surgical mission trips to Guatemala were included in the study. Patients, their parents, and their healthcare providers, underwent qualitative analysis regarding how their cultural beliefs informed their experiences surrounding delivering or receiving surgical care. Qualitative methods included (a) observations of patients, families, providers, and (b) anthropological interviews and focus groups. Topics of interest included socioeconomic background, distance traveled to receive care, and beliefs regarding etiology of the presenting disease.

Results:
One hundred eight patients were screened during the two trips. Of these, 120 were deemed fit to undergo surgery. There were no perioperative complications. Hospital stay averaged 1.5 days. A representative sample of 15 patients were included in the anthropologic study. Ethnographic observations revealed three areas of relevance for the development of cultural screening tools: (1) Surgeon interaction style, as exemplified (a) during rapport building phase, (b) during questioning of the child/parent, and (c) in consultation with other clinicians; (2) patient non-verbal indicators, including patterns/odor of clothing as a marker of cultural group affiliation and socioeconomic status; and (3) families' beliefs about causation of clefting and their attitudes about surgery.

Conclusions:
Lessons learned during a pilot project in a Guatemala hospital point to novel ways of moving beyond a mainly medically focused approach to patient screening toward one that incorporates a cultural awareness assessment into screening for plastic surgery patients.
These observations will help establish a new paradigm of "surgical anthropology" based on interdisciplinary approaches to optimize humanistic global surgery screening and care.