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Editorial

A few facts that should give pause to us pediatric neurosurgeons:
in 10 years there will be 2.6 billion children in the world, the vast majority (95%) living in the southern hemisphere;
brain tumors are the most common solid cancers of childhood and equal to leukemia in frequency;
1 in every 200 children will have a congenital nervous system disease;
head and spine trauma will cripple and kill thousands.
When you put all of this together and consider the number of children that will die or remain dependent throughout life, it is staggering. Pediatric neurosurgery has the expertise and technology to cure many and insure independence for most of these children. Unfortunately, this ability resides almost entirely in the northern industrially developed countries.
One could argue that the industrially developing countries will require the basics of health care, not sophisticated technologically advanced medicine. With the poorly controlled AIDS epidemic and the reemergence of infectious diseases like tuberculosis, these countries face major medical challenges. Most of these medical problems will coincide with economies struggling to survive.
I am more optimistic. As we develop a global economy, the problems become global and, I hope, will lead to global solutions. An uncontrolled epidemic in one nation threatens all of us. It is in our best interest to solve these globally, just as it was when smallpox was eradicated by a world effort. It is also likely that as the economies of these countries improve the birth rate is going to decline.
Under ideal circumstances, optimal care for these children would require an additional 5,000 pediatric neurosurgeons over the next 10 years. Obviously, this is not possible. What is possible is the introduction of individuals trained in the care of children with surgical disease of their nervous system into these countries. I would hope that most of these individuals would be pediatric neurosurgeons. These pediatric neurosurgeons would then disseminate this knowledge in their area.
In the USA and Canada there are over 100 centers with pediatric neurosurgeons certified by the American Board of Pediatric Neurological Surgery with expertise and the volume of practice to train neurosurgeons in the care of children.
Unfortunately, many states and to some extent the Federal Government have, for a variety of reasons, placed barriers to the admission of foreign medical graduates to training in the USA. Due to the magnitude and immediacy of this problem, we should involve the American Society for Pediatric Neurosurgeons, the International Society of Pediatric Neurosurgery and the World Federation of Neurological Societies in an effort to establish a 1-year training program aimed at fully trained neurosurgeons from developing countries of the southern hemisphere.
A reasonable proposal might contain the following. The trainee should: (1) be fully trained or in the last year of training; (2) pass the ECFMG; (3) obtain a limited 1-year visa; (4) sign an affidavit of intent to return to the home country.
The training institution would: (1) provide training; (2) provide a stipend for housing, board and health care.
The state would provide a 1-year temporary license.
A state-by-state review of the licensing procedures and an understanding of federal regulations for admission of foreign medical graduates would be the first step. At some point the ACGME and Neurosurgical RRC should be involved. It is time to look at the children of the world. The time is short, and the need is great!