

An introduction to surgical challenges and priorities in rural areas

Historically, there has been a critical shortage of surgeons in rural areas, particularly in Africa, and this lack has been increasingly acknowledged in the medical literature. In addition, a plethora of measures has been advocated to deal with it.^[1,2]

One conspicuous problem with the recommended strategies, however, is that they are typically proposed by surgeons and surgical departments with a developed-world perspective, and many of the suggested approaches lack the detail necessary to deal with the intricacies involved in building strong rural surgical departments.

This special issue of the *SAMJ* is dedicated to rural surgery, and represents an attempt to alleviate the above shortcoming by sketching the surgical reality from a coalface perspective.

It has been estimated that on average there is only one surgeon per 250 000 people in Africa, with only one per 2.5 million in rural areas – this despite the fact that surgical diseases constitute at least 10% of the total global burden of disease.^[2,3]

Recruiting for, motivating and sustaining surgical departments in rural areas is a challenging task. Although financial compensation can assist, it remains very difficult to attract and maintain surgeons of high calibre to work in these complex rural situations.

Delivering appropriate and effective surgical care in rural areas remains a daunting challenge. We strongly believe that home-grown, home-trained surgeons are the most essential building block for an effective rural surgical workforce, and that they will ultimately improve surgical care across the rural areas. Other temporising measures such as humanitarian missions may be of assistance in the short term, but the fully trained rural general surgeon is the key to a bright rural surgical care worldwide.

This special edition of the *SAMJ* consists of three parts.

- The first part (articles 2 and 3) provides a general introduction to and overview of typical rural surgery.

- The second part (articles 4 - 9) consists of reports from various surgical specialists who were closely involved in initiating, growing and developing surgical departments in a rural setting.
- The third part (articles 10 - 20) provides a number of case reports typical of the rural setting.

We sincerely hope that the interested reader will find satisfaction and develop a deeper insight from our experiences in building up world-class rural surgical care, and we hope to assist key role-players in developing surgical services in rural areas.

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