The challenges and ethical dilemma in operating CHD in developing countries

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Abstract

Introduction: Worldwide the incidence of congenital heart diseases (CHD) is about 8 in every 1000 life born babies (1). The complexity of this group of congenital heart abnormalities are widely vary from simple with possibility to have spontaneous correction to non-operable. Interventions are not dependent only on the complexity of CHD. Associated morbidities, late presentation of simple CHD, and other factors have indispensable impact in such decision. (2), (3) In developing countries unlike developed, Operating CHD carries various challenges in limited resources (4).

Objective: This presentation aims to collaborate all influences and the ethical aspect that should be considered in the decision of operating CHD in developing countries.

Method: This was a case study from Sudan; where five cardiac missions were conducted in collaboration with Hamad Cardiac Center in Qatar. 200 cases underwent operations in these missions aged 3 weeks to 14 years.

Results and findings: In developing countries like Sudan, where well-trained medical staff and necessary technical resources are limited, cardiac surgery becomes risky and hazardous. Other factors like cultural believes religious and ethical backgrounds to be considered, particularly when heart transplantation is decided. Late presentation of large VSD can be non-operable because of Eisenmenger syndrome. Reassuring good level of support and management in the post-operative care, in suboptimal setting, following such missions is one of the main factors to pick what level of intervention is applicable.

Conclusion: In developing countries unlike developed, Operating CHD carries various challenges and ethical dilemma that have direct impact in such decision.