

Prof. Fiemu Nwariaku: capacity building in low-resource settings is critical to address the disparity in burden of disease

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Expert's introduction

Prof. Fiemu Nwariaku (*Figure 1*) is a professor of surgery in the Department of General Surgery at the University of Texas Southwestern Medical Center. He holds the Malcolm O. Perry, MD, Professorship in Surgery and specialized in endocrinology. Prof. Nwariaku treats diseases and disorders of the pancreas and thyroid, parathyroid, and adrenal glands with minimally invasive and robotic-assisted procedures. His research focuses on building capacity in low-income countries and specially addressing the burden of injury in low and middle income countries (LMICs).

Editor's note

The International Masters Frontier Forum at Sun Yat-Sen University was held successfully at the Seventh Affiliated Hospital of Sun Yat-Sen University on 12 May, 2018. Many Chinese and international experts were invited to share and discuss the latest gastroenterology research. At this forum, *Digestive Medicine Research (DMR)* had the great honor to invite Prof. Fiemu Nwariaku from the Department of General Surgery at the University of Texas Southwestern Medical Center to have an exclusive interview with us, allowing our readers to know more about the partnership between the Seventh Affiliated Hospital of Sun Yat-Sen University and the University of Texas Southwestern Medical Center, and also the importance of capacity building for patient care in developing countries (*Figures 2,3*).

Interview

DMR: Could you briefly introduce yourself to our readers?

Prof. Nwariaku: My name is Fiemu Nwariaku. I'm a professor of surgery at UT Southwestern Medical Center in Dallas in the US. My research interest first starts in injuries and particularly in building capacity for providing care for injured patients in low-resource settings.



Figure 1 Prof. Fiemu Nwariaku—Professor of Surgery, University of Texas Southwestern Medical Center, Dallas, TX, USA.



Figure 2 A photo with Prof. Fiemu Nwariaku.

DMR: Today, you talked about “Building Partnerships: Sun Yat-Sen University and UT Southwestern Medical Center.” Would you like to share with us some main points of this topic?

Prof. Nwariaku: The UT Southwestern Medical Center has an existing relationship with the First Affiliated Hospital of Sun Yat-Sen University. The goals will be similar when



Figure 3 Interview with Prof. Fiemu Nwariaku (1).

Available online: <http://www.asvide.com/article/view/26460>

moving forward the relationship with the Seventh Affiliated Hospital of Sun Yat-Sen University which are to build research, patient care and education on both sides. We propose that we will assist the hospital with education, skills and knowledge transfer among top providers to the trainees, as well as cutting-edge research either in basic sciences or in clinical medicine. Either way the local community should benefit from the collaboration because it will train enough high-quality health professionals who will work here, which I believe should cause the quality of health care delivery to go up. In addition, if we help build the research capacity in Shenzhen, the university and hospital will be able to make discoveries that improve the health of the population.

DMR: *As a professor of surgery from the UT Southwestern Medical Center, would you like to briefly introduce some features or cutting-edge research that will be beneficial for the cooperation of both sides?*

Prof. Nwariaku: The UT Southwestern Medical Center has a very broad research enterprise and not all of it is applicable to the situation or local community here in Shenzhen. However, there are some areas where we have basic scientists doing really good work, like Dr. Amit Singal, who also attended this forum is looking at liver cancer and screening for liver cancer. His research could be helpful for patients who have liver cancer in China because there is a high incidence of liver cancer in China. I believe that the translational research experiences in UT Southwestern Medical Center will be beneficial for the cooperation of both sides.

We also do a lot of genetic and molecular research. The

UT Southwestern Medical Center has recently opened a simulation center which allows doctors, medical students and nursing students to go into the simulation lab and learn how to do procedures and manage diseases and conditions without the risk of poor patient care. By the time they get to the hospital, they have learned all their lessons and are much better at doing their job. And the simulation center will be one of the collaboration projects with Sun Yat-Sen University. For the diseases which are common in South China like liver cancer, heart diseases and pancreatic cancer, I think the research experience at the UT Southwestern Medical Center will also be helpful.

DMR: *As the Associate Dean of UT Southwestern Office for Global Health, what is your expectation for this partnership?*

Prof. Nwariaku: I think that if you look at all partnerships, something that makes them successful is that both partners need to be committed. They have to share the same mission. Mutual sharing of all the mission alignments is critical, which means that our mission has to be aligned, our values have to be similar, and most importantly, the activities under the collaboration need to be beneficial to both sides. Partnerships don't work very well if only one side gets the benefit. Both sides have to be willing to share resources, because for a partnership to be sustained and successful, they have to be investments in time, effort and funding which have to be shared mutually as well. If we can meet those components, I think the collaboration will be a long, sustainable, and productive relationship.

DMR: *We know that one of your focuses is building capacity in low-income countries and specifically addressing the burden of injury in LMICs. What would be the common difficulties for building capacity in developing countries? What are the strategies to solve these problems?*

Prof. Nwariaku: First of all, in any low-resource setting, the disease priorities are different. For some countries, cancer is the top priority, and for some other countries, it is cardiovascular disease or diabetes. Injuries are actually a very high cause of death from the places where I work. In each country, to address the burden of disease that injuries provide, you have to look at the whole picture of injuries, not just the hospital care. You have to look at what kinds of injuries do people get. Do they get road traffic injuries that kill them or do they get interpersonal or domestic violence?

If it is road traffic, is it the road's or car's bad quality? Or is it because the drivers were not educated? Or is it because the drivers are on substances, like alcohol or drugs.

To begin to address the problem, the first step is to study the characteristics and the patterns of the disease in that community. Once you do that, then it comes clearer where you need to have interventions. If the problem is driver education, then you need to work with the regulatory agencies that regulate drivers. If it's the car's quality or vehicle's condition, you need to work with the police and people who are responsible for that. It's a big problem to solve, but once you know what the problem is in that community, then it becomes a little bit easier to design the strategies to address it.

DMR: What inspires you to dedicate yourself to capacity building in developing countries?

Prof. Nwariaku: Because that's where the problems are. There are some studies showing that 80% of the world's disease burden occurs in 10% of the world's countries, and those countries are primarily in Asia and Sub-Saharan Africa. This disparity is intolerable. I don't think a health professional who is working anywhere in this world can ignore the fact that there is such disparity in people getting sick and dying when we know that this technology and expertise exist in other parts of the world. One of the things that drives me to do this is to figure out how to transfer this technology and expertise to places where the need is greatest at the lowest cost possible.

DMR: As an experienced surgeon, what is the most important thing when treating a patient?

Prof. Nwariaku: I think compassion is the most important thing because if you see the patient as yourself or your family members. It makes the issue of money, access and time, everything else go away. It's difficult to be a physician if you don't have compassion. So I advise my students who are coming through that if compassion is not something in their personalities, they will run up against a career that will

be very difficult to sustain.

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Footnote

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