

## Preface

Growing up in the West, I recall how ‘foreign’ Asian culture was once perceived to be. How could these little Asians eat such weird foods, and then go on to magically defeat bad guys with something called ‘kung fu’? Flash forward to the 21<sup>st</sup> Century, though, and it is clear that Asian culture has become mainstream globally. Young urbanites the world over have no problem eating raw fish using chopsticks. Yoga and Muay Thai have become popular ways of keeping fit from London to Los Angeles. Nobody today is surprised that chai tea (Indian style) is served in Starbucks.

In the world of Thoracic Surgery, can a similar trend be observed? For many years, Asian students and surgical trainees have flocked to the West for the best medical education. Asian surgeons have relied on Western textbooks and research conducted in the West to guide their practices. This is correct and proper as the West has undoubtedly led the world in medical and surgical practice. However, with the rise of Asia economically and culturally, will Asian surgical practices also become accepted into the mainstream in the same way as chopsticks and instant noodles?

On the face of it, it could be argued that there is no such thing as ‘Asian surgical practices’. After all, surgeons in Asia still reverently follow the lead of the West in most aspects of technique and standards. Yet scratch beneath the surface and the differences from the West are most certainly there. In South Asia, inflammatory disease predominates, and shapes a different view of the Thoracic Surgeon’s role compared to the West. In the island nation of Japan, a distinct path of evolution in thoracic surgery has led to unique strategies such as ultra-meticulous nodal dissection or the eschewing of pleurodesis in the management of pneumothorax. In China, the vibrant economy and confidence of an emerging superpower appears to have fuelled an insatiable appetite for the latest minimally invasive techniques that would astound peers in the West.

That differences exist between East and West does not suggest that one is ‘better’ than another—in the same way that Pu-erh tea cannot be said to be ‘better’ or ‘worse’ than Earl Grey tea. Instead, as surgeons, we should be looking at why such differences exist, and what lessons can be learnt so that patients may benefit. With clinical experience gained from the vast populations in Asia, those lessons learned by thoracic surgeons in Asia may hold important relevance for their counterparts worldwide.

This special issue of the *Journal of Thoracic Disease* aims to introduce the color and flavour of thoracic surgery in Asia. It showcases the variety of clinical and academic practices in the specialty across Asia. It explores the challenges and opportunities faced by thoracic surgeons in Asia, and how those have helped shape their distinct practices. It ultimately hopes to identify areas where East and West would be able to share and collaborate to take advantage of their differences and advance clinical care.

The authors are some of the most respected figures in Asian thoracic surgery, and are all great innovators and teachers. They are the ideal guides to the Asian perspective of our specialty. This in turn is a perspective that will only grow in voice in the coming years, and continue the wider trend of Asia entering the global mainstream.



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