Surgical Volunteerism:

THE ORACLE INTERVIEWS DR. CASEY

Kathleen M. Casey, MD, FACS is the founding director of the Operation Giving Back program (www.operationgivingback.org) at the American College of Surgeons since 2004. Operation Giving Back reflects the humanitarian tenets central to the profession of surgery and was created to facilitate outreach to underserved surgical patients in both domestic and international arenas through education, training, service, and advocacy. Previously, Dr. Casey served eight years as a general surgeon in the U.S. Navy, achieving the rank of Commander. She was awarded the Humanitarian Service Medal for her contributions in Guatemala following the devastation of Hurricane Mitch. A Massachusetts native, she received a B.A. from the College of the Holy Cross in Worcester, MA, taught high school chemistry and physics, and worked at the Boston Museum of Science before matriculating to Dartmouth Medical School. She completed her general surgery training at Virginia Mason Medical Center in Seattle, WA. Dr. Casey has published articles, authored and co-authored chapters, and presented at national and international meetings on the importance of surgery in global health and the impact of surgical humanitarian outreach. Her contributions have been recognized by the AMA with the Nathan Davis International Award and by the International College of Surgeons with the Surgical Volunteerism and Humanitarian Award. As part of the WTS surgical volunteering initiative, Dr. Casey was interviewed by Dr. Virginia Lilie.

VL: How did you become interested in surgical volunteering?
KC: I’ve always appreciated and enjoyed volunteering, as community service was really valued in my family. That was obviously a big influence on my interest in surgical volunteering. During medical school, I had an expectation that I’d be able to incorporate volunteer work into whatever path I chose.

The time I spent in Japan after residency also helped shape my interest in the more global aspects of surgery. I had a military scholarship for part of medical school, so after residency I spent two years in Japan and had the opportunity to interact with a local transplant surgeon, supporting his academic endeavors. As a result of our friendship, he invited me to several Japanese surgical meetings. I really enjoyed the professional and cultural experiences but also learned a lot about advocacy and the differences in systems. At that time, there was no legal definition of brain death in Japan, which greatly impacted transplant surgery. My perspective on a broader spectrum of transplant cases was sought after regularly – a very interesting experience for a young surgeon. When I returned to the U.S., despite wanting to volunteer, I had continued...

VL: What do you enjoy most about your job?
KC: I enjoy interacting with the surgeons involved in this work. They are such incredibly devoted, generous people! I also really enjoy traveling to other countries and meeting with international colleagues when I have the opportunity. The exchange of ideas is always invaluable.

VL: Do you operate? If not, do you miss operating?
KC: I no longer operate and I DO miss it very much! And I especially miss my patients. But there’s a different satisfaction that comes from this approach to surgery – in trying to improve systems, access, and quality for those underserved populations. It’s incredibly gratifying. And while I think I’ll always miss operating, I wouldn’t say that I regret the decision to go down this path.

VL: How can cardiothoracic surgeons get involved?
KC: There are several programs that we have on OGB that can accommodate cardiothoracic surgeons – such as CardioStart International and Children’s HeartLink. But I love to hear about the programs and activities that our members have had experience working with. I would like to know where the gaps in volunteer efforts are!

VL: I am aware of a fair number of cardiac volunteer efforts including those of our International committee chair, Dr. Kathleen Fenton, but I don’t know of many thoracic efforts so we will be reaching out to our members to find out what they are doing both cardiac and thoracic-wide. I suspect there is interest within our organization although I appreciate the biggest challenge is TIME! Not many surgeons can afford to take time off to volunteer. Perhaps there are local and regional volunteer opportunities which are more practical to participate in. Kathleen, I hope we can work together to build our interest and efforts for the good of all!

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