World Journal of Surgery

INVITED COMMENTARY

History, Ethics, and Pragmatism: Evaluating Quality of Life and Social Reintegration Through Recurrent Short-Term Reconstructive Surgery Missions in Tanzania

Barnabas Tobi Alayande

The Centre for Equity in Global Surgery, University of Global Health Equity, Kigali, Rwanda

Correspondence: Barnabas Tobi Alayande (balayande@ughe.org)

Received: 21 July 2025 | **Revised:** 8 August 2025 | **Accepted:** 11 August 2025

Funding: The author received no specific funding for this work.

In a unique prospective longitudinal single-center study, authors from a specialized short-term surgical platform followed patients undergoing reconstructive surgery for postburn contractures and congenital malformations for a year [1]. They assessed quality of life (QoL) and social reintegration indicators using patient-reported outcome measures (PROMs) at baseline and at 12 months postoperatively within a limited-resource setting. From over 94 established items (including the 36-item WHO Disability Assessment Schedule, the 18-item Participation 33 Scale, and the 40-item Burn Specific Health Scale), the authors distilled five yes/no questions on disability, family impact, exclusion, discrimination, and witchcraft, holding that these effectively captured the social and functional impact of the initial surgical condition, whereas remaining understandable and applicable to the Tanzanian population. This study achieved a remarkable 80% follow-up rate with notable patient satisfaction and statistically significant improvements across all domains [1]. Notably, through including active follow up into short-term missions, the study incorporates an ethical workflow that aligns with the ethics cycle of global surgical engagement, which demands incorporation of ethical thought into planning, execution, evaluation, and adjustments of clinical surgical missions [2]. This article calls for important reflections on the intersection of QoL assessments and short-term missions, spanning history, ethics, and pragmatism.

1 | Historical Perspectives

Historically, contextualized African versions of patient reported outcome versions have been limited and largely identified from studies conducted in South Africa, Nigeria, and Ethiopia in Amharic, Yoruba, Xhosa, Setswana, and Afrikaans [3]. For 10 of 32 prominent African languages (representing > 63 million people), no PROMs were identified and no studies were identified from 27 of 48 sub-Saharan African countries. Only 17% of the 56 core outcome sets included appropriate participation from Africa [3]. In the light of such history, this manuscript is indicative of progress.

Although short-term, vertical, and disease-specific interventions through missions have historically faced criticism for limited integration with local health systems, minimal follow-up, and other ethical concerns, moral cosmopolitan arguments have emerged to support short-term diagonal surgical missions as a temporary but necessary measure to advance global surgical equity [2, 4]. Increasingly, platforms, such as the authors,' are implementing context-specific capacity building (e.g., residency training, online education, and strategic exchanges), supporting system-strengthening efforts (e.g., national surgical plans, infrastructure, and international advocacy), and engaging communities to lead and ensure ethical, culturally appropriate, and sustainable implementation. Against the backdrop of history, this work by a short-term surgical platform that works toward longer-term follow up is an exemplar.

2 | Perspectives of Equity and Epistemic Justice

This manuscript reflects a highly commendable effort to address the often-neglected challenge of longitudinally assessing QoL following short-term medical missions in low-resource settings.

However, simplification of validated, multi-item instruments used in high resource contexts reduces complex experiences for low-resource settings. In contrast, populations in high-resource settings with strong longitudinal surgical structures are routinely afforded the analytical nuance of validated, multi-item instruments developed over years (in some cases over 40 years) of rigorous cultural validation, linguistic rigor, and rigorous community codesign [5]. Reduction of QoL experiences may introduce the risk of "interpretive marginalization related to pose"—the valuing of certain experiences as complex and worth understanding in detail, whereas flattening others into binary responses that barely scratch the surface of a lived reality we do not understand based on sociocultural gaze and pose [5]. Minimum standards of comprehensiveness, and content validity in relation to accepted definitions of health, require the representation of numerous health concepts in any cultural context. Constraints in time, language, and accompaniment of short-term missions should drive us toward creative, participatory, and ambitious methodologies that respect the complexity of every human life, regardless of geography.

3 | The Perspectives and Tensions of Pragmatism

This study invested in QoL instrument development but had to do this with a pragmatic paradigm due to constraints of significant language barriers and limited time available for each interview [1]. This is not uncommon, as in response to the accumulation of experience with full-length scales over several decades, very useful short-form health scales have been constructed. A significant critique of the field of QoL outcomes, not specific to this study, is the paucity of criteria for the construction and validation of health scales. Although a survey can be shortened by the exclusion of several health concepts, minimum standards of comprehensiveness require the representation of multiple health concepts. Breadth (comprehensiveness) requires inclusion of the most studied functional status and well-being concepts, whereas depth (precision in measuring concepts) requires use of multi-item scales which best reflect a full-length measurement scale of established validity. Pragmatism too often subjects individuals from resource-constrained settings to a lower bar for measurement and interpretation, suggesting, perhaps inadvertently, that their experiences are simpler, less textured, and not deserving of the same scholarly care [5]. The authors have attempted to address this challenge by relying on predominant themes they encountered during their stay to guide the pragmatic approach. The translation of the tool into Kiswahili was thoughtful and essential. Although quick translations are pragmatic, deliberate WHO translation processes, such as those applied to WHODAS 2.0. with translation and back translation, should always apply to QoL instruments. We cannot fully capture the nuance of a culture without rigor.

4 | A Global Surgery Futurist View

From a global surgery futurist lens, this study offers a valuable opportunity to advance follow-up practices and long-term engagement by short-term mission platforms and we sincerely thank the authors for the work and impact in sub-Saharan Africa. This work should serve as a springboard toward rigorous context-appropriate PROM development—ideally led by African stakeholders through Delphi methods and community action participatory research. On the one hand, we are in desperate need of more data and more studies from underrepresented settings. On the other, tools designed with the constraint of context may entrench the very disparities we seek to overcome by offering distorted or tokenistic representations of the populations involved. The authors have guided first steps in evaluating quality of life and social reintegration following short-term reconstructive surgery missions in Tanzania and future studies can build on these insights.

Author Contributions

Barnabas Tobi Alayande: conceptualization, methodology, validation, investigation, data curation, writing – original draft, writing – review and editing, project administration.

Conflicts of Interest

The author declares no conflicts of interest.

Data Availability Statement

The author has nothing to report.

References

1. S. Dumont, S. Msangi, S. Ponthus, et al., "Health-Related Quality of Life and Social Reintegration Indicators Following Reconstructive Surgery: A Prospective Observational Study," *World Journal of Surgery* (2025): wjs.12696: Published online July 9, 2025, https://doi.org/10.1002/wjs.12696.

2. B. T. Alayande, R. R. Riviello, and A. Bekele, "How to Maintain Ethical Standards of Global Surgery Practice and Partnerships," in *Global Surgery* ed. M. A. Hardy and B. R. Hochman, (Springer, 2023), 27–37, https://doi.org/10.1007/978-3-031-28127-3_3.

3. C. van Zyl, L. B. Mokkink, W. Derman, S. Hanekom, and M. Heine, "Patient-Reported Outcome Measures in Key Sub-Saharan African Languages to Promote Diversity: A Scoping Review," *Value in Health Regional Issues* 34 (2023): 86–99, https://doi.org/10.1016/j.vhri.2022.11.001.

4. G. Y. Hyman, R. Jhunjhunwala, and D. W. Hanto, "A Cosmopolitan Argument for Temporary 'Diagonal' Short-Term Surgical Missions as a Component of Surgical Systems Strengthening," *Global Health Science and Practice* 12, no. 5 (2024): e2400046, https://doi.org/10.9745/GHSP-D-24-00046.

5. S. Abimbola, J. van de Kamp, J. Lariat, et al., "Unfair Knowledge Practices in Global Health: A Realist Synthesis," *Health Policy and Planning* 39, no. 6 (2024): 636–650, https://doi.org/10.1093/heapol/czae030.