

SURGERY AND IMPOVERISHMENT

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Surgeons are tasked to operate and, in so doing, aim to successfully treat the surgical condition. A hernia not operated upon in a timely fashion costs the nation (and the individual) more when it becomes incarcerated. A delayed caesarean section puts mother and child at risk of death. In addition to risks associated with timing, the financial implications of a procedure can lead to poverty and catastrophic expenditure (more than 40% of annual household income). The one-time payment for surgery can push vulnerable populations into financial ruin, and those in poverty to extreme poverty . Forty- four per cent of the world's population is at risk of financial catastrophe with a single major operative procedure. In numbers, 33 million people (which is more than the population of Australia) each year will be pushed into poverty by paying for the surgery and anaesthesia that they need. Catastrophic expenditure is greatest for time-critical surgical conditions, such as peritonitis. Surgeons may have at times been less engaged with the patients' economic and social conditions that influence their health status. In many instances those who cannot afford to pay simply do not reach the operating theatre. Furthermore, lay people and policy makers alike can view surgery as an expensive business. This can lead to a problem, in that we can appreciate that everyone needs access to surgery , but commonly only the upper wealth quintiles are privileged to be in this position. When aggregated, the national estimate of out-of-pocket expenses of injury care alone exceeds the total health budget of many LMICs. SURGERY AND IMPOVERISHMENT

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