

Calling All Urologists Around the Globe to Tell Their Stories

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A key objective of the *SIU Journal* is to build an inclusive environment for exchange between all urologists around the world in a way that reflects the truly international spirit of the SIU. First and foremost, this includes representation on the editorial board from all corners of the globe, peer review conducted by urologists in many different countries, and the solicitation of submissions from authors who may often encounter barriers to publication with other journals. However, there is more to it than that.

“Urology Around the World” is a column that we would like to include in each issue of the *SIUJ*. This feature offers the microphone to any urologists or group of urologists who have a story to tell about the practice of urology in their part of the world. The story does not have to be exotic, and in fact will likely seem quite mundane to the urologist telling it, but it should reflect something specific about the urologic culture in that country or region. We have had diverse examples of this up to now, coming from Africa, the Middle East, and Australia. Each has had a specific story to tell.

Our first contribution came from Australia in the middle of their second wave of the COVID-19 pandemic[1]. Australia’s two-tiered health care system is designed to allow more rapid and efficient access to private care if limited resources in the public system lead to delays in care. The private and public sectors are separate, and potentially have competing interests, but the pandemic galvanized the health care sector, allowing private and public to come together to increase staffing, resources, and patient care capacity. As we have learned over the past two years, the ability of a health care system to adapt to extreme and unanticipated demand is critical, and the Australian system has done this robustly.

Urological training is a topic that is relevant to urologists everywhere, and there are countless different models for training urologists. The second “Urology Around the World” described the experiences of a senior trainee in Nigeria seeking higher level training at a tertiary care center in Ghana[2]. Specialty care

for patients with urologic conditions is not easily accessible in Sub-Saharan Africa, so training models to develop local expertise are particularly important. A subsequent contribution from Nigeria focused more on access to specialized equipment in the region[3]. This commentary described the ongoing use of open surgery for urinary tract stones in a resource-poor environment that lacks endoscopic equipment for ureteroscopy and percutaneous nephrolithotomy. Successful introduction of endoscopic stone treatment would require not only acquisition of the equipment but also training of urologists to use this equipment and removal of economic barriers that would prevent patients from accessing these treatments. This is a unique perspective with which many are perhaps familiar, but it prompts us all to consider our own working environment and value the infrastructure available to us. Importantly, this contribution also conveys the desire of urologists in countries like Nigeria to upgrade their infrastructure and training so that they are able to elevate the standard of care in their regions. There is no doubt that they are excellent at what they practice, but less invasive methods would benefit their patients. The reader is again prompted to ponder how to achieve this kind of progress.

The most recent contribution to “Urology Around the World” portrayed how a newly minted urologic oncologist just out of fellowship established himself in the world of private practice in Aman, Jordan while also consulting on the development of a pan-Arab electronic medical record and launching an educational television series[4]. Not many of us can claim to combine this exceptional skill set!

We anticipate a future contribution about implementing a robotics surgery program in a country with limited access to new technologies and one on the challenges of being a woman in urology in a Muslim country. In both instances these are stories of urologic practice that is specific to the author’s country and region but is also of broader interest to the urologic community. This is the goal of “Urology Around the World.”

The *SIUJ* will be introducing another regular feature in the near future: “Global Personalities in Urology.” This feature will again strive for inclusivity and diversity and will be dedicated to individuals, living or recently deceased, who have had a major impact on urologic practice in their community and beyond. Stay tuned to find out who our first Global Personality will be! We are always open to suggestions and nominations.

In the meantime, what is your story? It may seem trivial to you because you take it for granted, yet it may

be quite different from anything anywhere else. Please reach out if you want to test an idea—or simply tell us your story. All of us have different ways of delivering optimal care to our patients. Maybe you also have a novel means to conduct research in your hospital, or perhaps you want to write about an issue related to practice plans and payment structures. One of these days I will have to write my own story about the Canadian universities that do not pay their academic faculty a salary. But that is a topic for another day..

References

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