

Editorial**From Gaza to Pakistan: Surgery in the Shadow of Scarcity**

Healthcare systems are often tested by scarcity. Occasionally, they are defined by it.

Ahmad Shoaib

Saleem Memorial Hospital Lahore

For nearly two years, Gaza has endured an existential crisis triggered by ongoing war. Having spent the past two weeks working on the ground there, I can say with certainty that what we witness today is not merely a strained healthcare system, but one functioning at the very limits of human and material endurance. The scale of traumatic injuries is overwhelming. The resources required to mitigate this suffering are critically scarce.

In Gaza, surgery is no longer about refinement or innovation; it is about survival.

Operating theatres function intermittently. Essential surgical instruments are lacking. Fixation devices, power tools, sterile implants, blood products, anesthetic supplies items we consider fundamental are uncertain commodities. The spectrum of injury is vast: blast trauma, complex fractures, spinal injuries, vascular compromise, crush syndromes. Children and the elderly those at the extremes of age have borne a disproportionate burden. Many have remained in constant agony, untreated or partially treated, for prolonged periods.

Rehabilitation, the cornerstone of modern orthopaedic and trauma recovery, is not merely delayed it is inconceivable in many cases. When basic surgical instruments are unavailable, discussions about structured physiotherapy, prosthetics, or long-term functional restoration become tragically academic.

Yet amid this devastation, I have witnessed healthcare professionals continue to work with resilience and dignity. The spirit of service persists even when the infrastructure collapses.

A Reflection from Pakistan

In Pakistan, we are no strangers to resource limitations. Public-sector hospitals across Lahore, Karachi, Peshawar, Quetta, and remote districts face shortages of implants, theatre time, ICU beds, and trained personnel. Patients frequently finance their own implants. Delays in surgery due to procurement issues are not uncommon. Overcrowded wards, limited

rehabilitation services, and inequitable access to care challenge our daily practice.

However, I must acknowledge a critical distinction: Pakistan, despite economic strain, is not facing an active war or a sustained humanitarian catastrophe of the magnitude seen in Gaza. Our constraints, though serious, exist within a functioning national framework. Supply chains operate. Referral systems exist. Academic discourse continues. Journals are published. Conferences are held. Residents are trained.

In Gaza, the very structure that sustains healthcare is under siege.

This contrast should not induce complacency in Pakistan; rather, it should inspire perspective. Resource limitations in our setting demand better governance, stronger procurement systems, transparent allocation, and investment in training and rehabilitation infrastructure. But they are problems that can be addressed through policy, advocacy, and reform not survival under bombardment.

The Ethical Responsibility of Surgical Communities

As surgeons and academics, our role extends beyond technical expertise. We are custodians of humanity in moments of profound vulnerability. My experience in Gaza has reinforced for me that orthopaedics and trauma surgery are deeply humanitarian disciplines. When limbs are shattered, when spines are injured, when children lose mobility, the consequences extend far beyond the operating table they affect families, economies, and generations.

The international surgical community must recognize the catastrophic implications of prolonged resource deprivation in conflict zones:

- Increased preventable amputations
- Permanent disability in children
- Untreated infections and sepsis
- Psychological trauma compounded by physical impairment

Reconstruction of a health system after such devastation will require years, if not decades.

A Call for Solidarity and Preparedness

This editorial is not political. It is human.

It is a tribute to those who continue to serve in the most resource-strained environments imaginable. It reflects my commitment to standing beside colleagues in Gaza during one of the darkest chapters of its history. And it is a reminder to all of us in Pakistan that while we grapple with scarcity, we must not lose sight of gratitude, responsibility, and preparedness.

Let this moment encourage:

- Strengthening trauma systems in Pakistan
- Investing in rehabilitation services
- Building disaster-response capacity
- Supporting global surgical solidarity initiatives

The measure of a healthcare system is not only its technological sophistication but its resilience in crisis. Gaza today represents resilience under unimaginable strain. Pakistan must strive to build resilience before crisis defines it.

As members of the surgical fraternity, may we remain committed to service whether in well-equipped theatres or in the harshest conditions where even the most basic instruments are absent. Humanity in surgery must never become scarce.