

**Dr Charles Odamtten Easmon FRCSEd, FICS, FGA, FWACS, GM**

**22nd September 1913 - 19 May 1994**

Open heart surgery is classified as any operation involving a major incision on the chest, in order to access and operate on the heart or surrounding muscles and/or vasculature. Examples of such operations include coronary artery bypass grafting (CABG), heart valve repair or replacement, heart transplant and pacemaker insertion amongst other procedures. With such invasive techniques, the life expectancy of such operations is often queried, with a multitude of possible complications arising both during and post-surgery. However, the National Adult Cardiac Surgery Audit, an establishment responsible for collecting data on all major heart operations performed by the NHS, reported a mortality rate of 1.82% ((98.18% survival rate) for all operation types within the 2017/2018 period. This figure has been steadily declining in the last decade; reflecting technological advancements responsible for earlier prognoses for cardiogenic conditions, and the efficacy of primary interventions. To appropriately appreciate the progress made in this anatomical field, it is imperative to understand how relevant research began. This progression could only have been achieved by the work of open-heart surgery pioneers in 19th to 20th century.

Charles Odamtten Easmon was renowned as the Father of Surgery in West Africa. Born on September 22nd 1913 in modern-day Ghana, his prominent lineage included leading Sierra Leonean surgeons, NASA engineers, university chancellors and establish novelists. Though he excelled in athletics and art, his passion for a career in Medicine led him to the University of Edinburgh on a government-funded scholarship. Following his MBChB qualification in 1940 and a diploma in tropical hygiene and medicine in 1941, he returned to Edinburgh and qualified as the first Ghanaian to be admitted to the Royal College of Surgeons of Edinburgh as a Fellow.

Once he returned to Ghana, known as the Gold Coast, he was employed at Korle Bu Hospital in its capital, Accra. His discipline and intelligence were him being rapidly promoted to the running and management of the hospital. As the only public tertiary-hospital in the southern region of the Ghana, and a teaching hospital, Dr Easmon was responsible for molding the minds of the future. His work is immortalized in the Surgery Department, in recognition of his feats and its contribution to his initial years as a practicing Doctor.

His drive for improving international relations between Ghana and Western Cultures saw him on a five-month fellowship in Rochester, Minnesota, where he attempted to create an understanding between the two nations. At this US Mayo Clinic, he was elected as a Fellow of the International College of Surgeons.

His titles only accumulated as in 1960, he was nominated as the Chief Medical Officer of Ghana. He was later reallocated to the University of Ghana Medical School, resuming his academic leadership in the role of the first Dean and Professor of Surgery.

In both esteemed roles, he served with distinction and was lauded as an honest, giving and respectable man. His most acclaimed contribution to medicine was his first ever performance of open-heart surgery in West Africa, successfully repairing an atrial septal defect in 1964 using surface cooling to achieve hypothermia. Prior to this, surgeries of the kind in this territory were either not attempted, with less invasive maneuvers opted, or unfortunately unsuccessful. Cardiac surgery is currently unavailable in many West African countries, with dilapidated health infrastructure and insufficient funding. With reduced resources and relatively undeveloped software, it was even more commendable that Dr Easmon was able to achieve such a feat at his time. The consistently low GDP demonstrates that even if such sophisticated services were available, it would be out of reach for the majority of the population, with only 12% of parents able to afford congenital heart disease surgery within a year of diagnosis. Dr Easmons innovations set a new course for management and treatment for arrhythmias, congenital heart defects, transplant and other issues of the heart.

As a man of numerous 'firsts' in his life, Dr Easmon can be rightfully viewed as a trailblazer in Ghanaian history. He had to overcome numerous barriers in this career, with his race being discriminated against the moment those unfamiliar with his complexion came upon him. His work was also frequently shelved, as it was not considered a priority at the time, with infectious disease and malnutrition taking the forefront. This opposition and inadequate staffing saw a fall in the progression of this surgery and its applications, with widespread political instability also destroying prospects. Though he may not have been able to physically perform surgeries following military occupations and lack of government support, his ideas and technique persisted in the West African region.

It should be acknowledged that Dr Easmon was not the first person internationally, to perform such a risky procedure, with the first recordings of such surgeries dating back to the early 19th century. It can be difficult to compare the accomplishments of different civilizations, because the disparities between them are not always so categorical. To this day, there is true inequity in the healthcare experience even within countries, with unfair health systems and legislations preventing just care for all. The Global Health Observatory states that as of 2019, there 58.3 medical doctors per 10,000 in the population. Compared to Ghana, at 1.06, this number is astronomical. The reasoning for this imbalance can be attributed to the nine determinants of health as defined by the WHO that purport such inequalities; including housing, income, employment, social environment and education. As a basic human right, dictated by the United Nations, every individual should have equal opportunity to a essential healthcare regardless of age, gender and socio-economic or ethnic background. Previous achievements in open-heart surgery could have been implemented internationally, both honoring every individual right to health, as well as attempting to level this imbalance as much as Practitioners can. Dr Easmon supported this idea, as he frequently offered free treatments at his Ghana practice, adding to his status as admired Doctor.

As an MBBS4 student with an interest in Cardio thoracic surgery, the draw to such a profound figure in Modern African Medicine was inescapable. I endeavour to uphold Dr Easmon’s values towards healthcare, which so beneficially overlap with the positive qualities of the NHS. Sadly, Dr Easmon passed away in May 1994, still staying true to his values of revolutionizing healthcare, he was succeeded by his wife, his children, and his ever-culturally significant legacy.