Dear ECDD Committee Members,

Thank you so very kindly for this opportunity to share my thoughts on the Global Benefit Versus Harm of Ketamine.

In brief, please note that my comments come from the perspective of more than 26 years as a practicing emergency physician in the United States yet having worked with health providers in over 50 countries across all continents, a former member of a regional drug abuse task force, the author of the original research debunking the esteemed Professor Cope’s long held golden rule restricting the use of analgesia in acute abdominal pain, the author of sedation protocols setting the standard for the Joint Commission among several hospitals in the United States to include the Massachusetts General Hospital and the Brigham and Women’s Hospital, the current Chief of Global Health and Human Rights at the Massachusetts General Hospital, an active participant in the Harvard collaboration supporting the Lancet Commission on Global Surgery, the senior author of an analysis of the Emergency and Urgent Care Capacity of Health Facilities in Western Kenya to include examining anesthesia services (BMJ Open. 2014-006132), the senior author of, Defining the Anesthesia Gap in Life Saving Reproductive Health Surgeries in Resource-Limited Settings (IJGO. 2014; Dec;127(3):229-33), and the principal investigator of, A Safe Anesthesia Innovation for Emergency and Life-Saving Surgeries when no Anesthetist is Available (World J. of Surgery, June 12, 2015).

In the minutes afforded I will review the evidence supporting the raised concerns for ketamine’s role in harm to human health and then similarly examine the benefits of ketamine on our global population, especially in the most resource limited regions on earth. I additionally will point out a few key errors in the statements put forth by the People’s Republic of China, especially with regard to the sweeping generalizations about the role that ketamine plays across and within societies. These errors are critical to understanding the potential impact of enacting global policy change.

I will propose that since the unique properties of ketamine allow for an enormously beneficial role to human health among a large segment of our global population, instead of adding policies that may harm earth’s most vulnerable citizens, the WHO recognize that ketamine’s role in human health is remarkably varied across different segments of our world’s population. I urge that the WHO in fact
take a fresh position and actively call for research on ketamine that helps us better understand the
details of the harm/benefit ratio. I suggest that the WHO take the position that new research, updated
through the lens of our modern world of task shifting, global supply lines, the drug’s unique properties
and its potential role in the movement of safe surgery, the shifting abuse culture, and being open that
“one sweeping singular policy is likely not right for all”, is necessary for an outcome that optimizes the
opportunity for maximizing human health and ensuring that we do not do harm to the world’s most
vulnerable.

I do look forward to the opportunity to share thoughts and dialogue on Monday and many thanks
again.

Kind regards,

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