

“The Myth of Mere Charity”: Ethical Considerations of Global Health Electives and Volunteerism

Jennifer J. Whitfield MD, MPH

Associate Professor, Emergency Medicine

Denver Health Hospital and Clinics

University of Colorado School of Medicine

Issues to Ponder

- The popularity of global health experiences
- What do we know about the effect of global medical missions and electives on the volunteer physician or trainee?
- What can we do to adequately prepare our trainees for global health electives?
- What makes for a “good” global health experience?

What this is NOT....

- A critique of disaster relief work
- A commentary on long-term global health work
- An analysis of non-clinical global health work
- Evaluation of “medical tourism”



Definition of Short - Term Medical Missions (STMM)

Travel undertaken by
health professionals to
resource-poor areas as
medical volunteers



Definition of Global Health Elective (GHE)

Travel undertaken by medical trainees to international, often low-resourced clinical settings to provide clinical care and to enhance their own medical education



Why This Topic?

Ak' Tenamit project, Rio
Dulce, Guatemala



The myth of mere charity

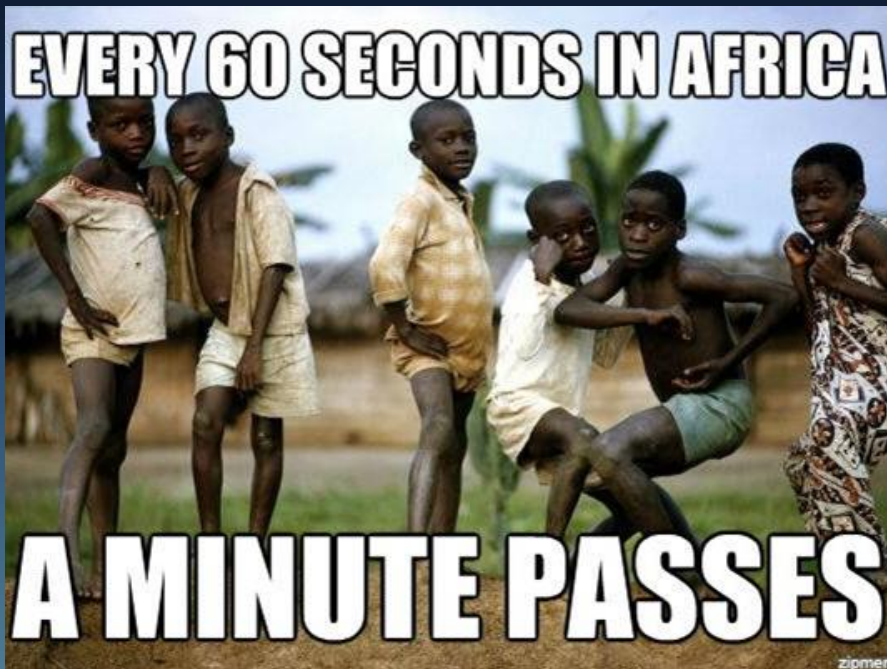
A REPORTER AT LARGE APRIL 13, 2020 ISSUE

A MISSIONARY ON TRIAL

Renée Bach went to Uganda to save children—but many in her care died. Was she responsible?

By Ariel Levy

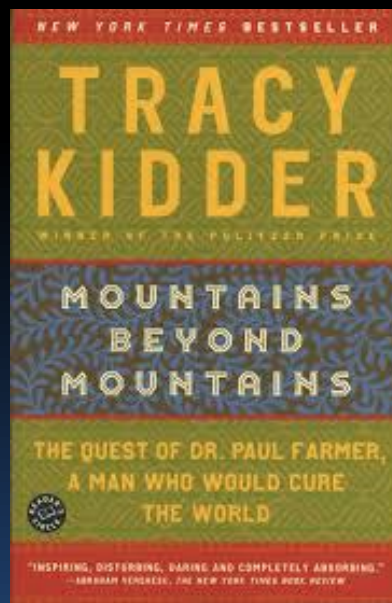
April 6, 2020



Research on STMM

- Very little out there
- Martiniuk et al, 2012: 230 articles in 25 years
 - 78% descriptive
 - Nearly all focus on the participant
 - Limitations - lack of regulation and consistent terminology

“Paul Farmer Made Me Do It”



“...I didn’t come here for myself. That wasn’t a priority. I read [Mountains Beyond Mountains] like everyone and it inspired me....What he says about a privilege for the poor, it is what we should all be doing....Well, yeah, Paul Farmer made me do it” [laughing].

Effect of STMM on the Volunteer

- Opportunities to “reconnect to the reasons why they decided to become doctors”
- Honed primary clinical skills
- Gained perspective
- “Band-Aid on a gaping wound”



6-Day Visit To Rural African Village Completely Changes Woman's Facebook Profile Picture



NEWS IN BRIEF January 28, 2014
VOL. 50 ISSUE 04 · World · Travel · Internet · Our Annual Year 2014 · Social Media



ST. LOUIS—Calling the experience “completely transformative,” local 22-year-old reporter told reporters Tuesday that her six-day visit to the rural Malawian village of Ngoni changed her profile picture on Facebook. “As soon as I walked into that dusty, red-dirt village, the smiling children started coming up to me, I just knew my Facebook profile picture

Effect on Trainees



- Increased cultural competence – think more positively about people from other cultures, greater insight and empathy with them
- Better communication awareness, non-verbal and verbal, with coworkers and patients



Effect on Trainees



- Deeper understanding of practice issues such as health care systems, role of family in patient care
- Waste and resource utilization
- Increased awareness of the role and importance of public health in patient care
- Increased confidence, appreciation of clinical skills

Effect on Career

- More likely to choose primary care specialties
- More likely to work with underserved populations
- More likely to incorporate global health into future career

Limitations....

It's more complicated than that...

- Uncertainty about how best to help
- Perceptions of Western med students as different
- Moving beyond one's scope of practice
- Navigating different cultures of medicine
- Unilateral capacity building

Abedini et al, 2012. Understanding the effects of short-term international service-learning trips on medical students. *Academic Medicine* 87:6, pp. 820-828.

Elit et al, 2011. Ethical issues encountered by medical students during international health electives. *Medical Education* 45(7): pp. 704-11.

Uncertainty about how to help



“That was...a time...I felt I could do something at least very, very small...no-one else was paying any attention and I can't do anything but I want you to know that I am aware of what's happening.”

Perceptions of Western Trainees as Different

- Patients and staff overestimated students' skills and knowledge
- Side effects of “task shifting”
- More recognition and learning opportunities

“Every time I walked through a hospital...people would beg me to save their lives...it was like they think if you're White or you seem to actually know some things...”

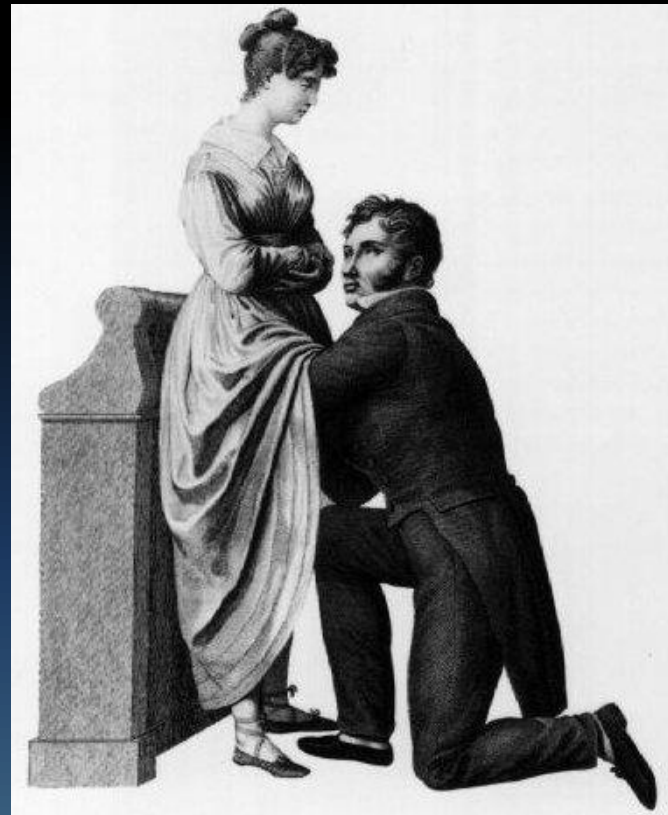
Beyond Scope of Practice

I don't think I should be listening and determining whether or not this kid's heart is functioning."



Different Cultures of Medicine

Tension between
advocating for the
patient and fitting in with
the local medical culture



“...the fact that it wouldn't happen back home does it make it not okay for it to be happening here?”

Unilateral Capacity Building

- Getting more than they give
- Lack of real impact or sustainability
- Drain on local resources



“[local doctors are] really overworked and they took time to painstakingly go through each patient with us. And I felt so guilty afterwards.”

Host Perceptions

Provided

- Surgical
- “Reactionary”
- Episodic
- Specialist care
- Free of charge
- Rural /underserved

Needed

- Health education
- Disease screening
- Improved public health infrastructure
- Improved access to primary care

Pitfalls of Medicine Donations

“Sudan, 1990: A large consignment of drugs was sent to war-devastated southern Sudan . Each box contained a collection of small packets of drugs, some partly used. All were labelled (sic) in French, a language not spoken in Sudan. Most drugs were inappropriate, some could be dangerous. These included: contact lens solution, *appetite stimulants*, mono-amine oxidase inhibitors (dangerous in Sudan), *X-ray solutions*, drugs against hypercholesterolaemia, and expired antibiotics. Of 50 boxes, 12 contained drugs of some use.” (italics mine)

“Silos” of Care

- De-worming campaigns in areas without clean water sources
- Free eyeglasses without eye exams
- Duplication of efforts and care

BestDemotivationalPosters.com



FUTILITY

All the caffeine in Columbia will not make you into a morning person.

Culture of Victimization

- Pitfalls of providing free care
 - Disinvestment in own healthcare
 - Dependence on foreign aid
- Nearly all suggested sliding scale system

“Even the poorest people in the country can find five queztales. The point isn’t to cover the cost of the care. Rather, the point is to get people to take responsibility for their own care.”

Local Infrastructure

- Supplies and equipment donation
- Dissuades gov't from investing in own system
- Competes with local practitioners
- Lack of reciprocal opportunities
- Not enough collaboration with local providers

Burden on Host

- Language barriers
 - Using health care workers as translators
- Local expenditures
 - Travel, lodging, food
- Cost for follow-up care

How do we as educators....

1. ...allow the trainee the best chance of success in their global health elective?
2. ...choose or create the “right” global health experience for our trainees?

Crafting the elective experience: Moving towards a “best practice” framework

Responsibilities of the Institution

- Occupational health and malpractice coverage
- travel advisories
- pre - and post - departure training
- formal agreement with host institution

Responsibilities of the Student

- Travel preparation
- Personal safety
- Commitment to preparation and debriefing processes
- Commitment to ethical code

Institution

Protection

- Malpractice, injury, evacuation

Training

- Pre: ethics, local burden of disease, cultural competency, SoMe
- Post: reflection, mental health resources

Formal agreement with host

- Objectives, expectations, supervision
- Student vetting and evaluation
- Compensation/reciprocity

Trainee

Personal health and safety

- Include “know before you go” in training
- Travel clinic requirement
- Knowledge of health and safety resources

Code of Conduct

- The rules have not changed
- Apply principles learned in training
- Give something back

A Framework for Global Medical Electives

- Mission
- Collaboration
- Education
- Service
- Teamwork
- Sustainability
- Evaluation

Mission

- A mission statement that communicates the group's collective beliefs
- Helpful as project evolves
- Personnel turnover

Collaboration:

A Relationship with a Community and its Infrastructure

- Partnership with a local organization
 - ENLACE
 - Solutions to poverty
 - Health committee
 - Local physician

Education

- Educating ourselves
- Educating the community
- Educating our peers



Service:

Commitment to doing work the community needs and wants

- Supplies according to World Health Organization recommendations and local needs
- Needs assessment data collected
- Appropriate referral to local physician

Teamwork:

Building on each team member's skills and experiences

- Appropriate supervision
- Diverse specialties
- Orientation on arrival by ENLACE

Sustainability: Building capacity for ongoing interventions

- Working in a single location successively
- Work with existing systems of care
- Emphasis on teaching instead of care



Evaluation:

A mechanism to determine whether goals are being reached



“Tintinalli cannot work here.”

Resources

1. [U of Colorado Global Health Track!](#)
2. [Boston University's The Practitioner's Guide to Global Health](#)
3. [Consortium for Universities in Global Health](#) Tons of resources including ethics modules, disease, health systems, etc
4. [SUGARPREP](#) clinical work in LICs, using local supplies
5. [Unite For Sight](#) - training, information on choosing an experience

Global Health During a Pandemic

“Global Health” is “Health Equity”

- Vulnerable populations
- Inequities of access and care quality
- Innovation in telehealth and FOAMed
- Inclusive of more learners

The idea that some lives matter less is the root of all that is wrong with the world.



“A foreigner sets up a clinic in your city. He does not speak much English, he will leave after a week or so, and he is not very likely to ever return. This foreigner tells you that he is a physician in his home country, but that he has never been to your community before and he is not going to be working with your family physician....Would you take your children to see him if you had any other choice?”

References

- Planche, T. Malaria and fluids – balancing acts.” *Trends in Parasitology* 21(12): pp. 562.
- Langowski and Iltis, 2011. Global health needs and the short-term medical volunteer: ethical considerations. *HEC Forum* (2011) 23:71-78
- Association of American Medical Colleges. 2010 GQ Medical School Graduation Questionnaire: All Schools Summary Report. Washington, DC: Assoc of American Medical Colleges Press.
- Maki J, Qualls M et al, 2008. Health impact assessment and short-term medical missions: A methods study to evaluate quality of care. *BMC Health Services Research* 8:121.
- Dey CC, Grabowski JG, et al, 2002. Influence of international emergency medicine opportunities on residency program selection . *Acad Emerg Med* 9(7): 679-83.
- Martiniuk AJ, Manouchehrian M, et al. 2012. Brian gains: a literature review of medical missions to low and middle –income countries. *BMC Health Services Research* 12:134
- Jeffrey J, et al. 2011. Effects of international health electives on medical student learning and career choice: Results of a systematic literature review. *Family Medicine* 43:1 pp. 21-28.
- Roberts, 2006. Duffle bag medicine. *Journal of the American Medical Association* 295:13, pp. 1491-1492.
- Green T et al, 2009. Perceptions of short-term medical volunteer work: a qualitative study in Guatemala . *Globalization and Health* 5:4
- Lever R: **Mission to Honduras.** *J Cult Divers* 1999, 6(2):57-59.
- Abedini et al, 2012. Understanding the effects of short-term international service-learning trips on medical students. *Academic Medicine* 87:6, pp. 820-828.
- Citrin D. “Paul Farmer Made Me Do It: A Qualitative Study of Short-Term Volunteer Work in Northwest Nepal. University of Washington, Seattle, WA, 2011.
- Mutchnick et al, 2003. Expanding the boundaries of medical education: evidence for cross-cultural exchanges. *Academic Medicine* 78 (10) Supplement, Oct 2003, pp. S1-S5
- Pust PE, and Moher SP, 1992. A core curriculum for international health: evaluating ten years’ experience at the University of Arizona. *Academic Med* 67: 90-4.
- Chiller TM et al. 1995. International health training. The Tulane experience. *Infect Dis Clin North Am* 9 : pp. 439-43.
- Bissonette R and Route C. 1994. The educational effect of clinical rotations in nonindustrialized countries. *Fam Med* 26: pp. 226-31.
- Godkin M, Savageau JA. 2001. The effect of medical students’ international experiences on attitudes toward serving underserved multicultural populations. *Fam Med* 35(3): pp. 273-8.
- Ramsey AH, et al. 2004. Career influence of an international health experience during medical school. *Fam Med* 36(6): pp. 412-6.
- Elit et al, 2011. Ethical issues encountered by medical students during international health electives. *Medical Education* 45(7): pp. 704-11.
- Radstone SJJ, 2005. Practising on the poor? Healthcare workers’ beliefs about the role of medical students during their elective . *J Med Ethics* 31:2, pp 109-110.
- Martiniuk AL, Adunuri N, et al, 2012: Primary care provision by volunteer medical brigades in Honduras: a health record review of more than 2500 patients over three years. *Int J Health Services*. 42(4): pp 739-53.
- Fisher, Q, et al, 2001. Assessing Pediatric Anesthesia Practices for Volunteer Medical Services Abroad. *Anesthesiology* 95, pp. 1315-22.
- World Health Organization. WHO Guidelines for Drug Donations (2nd ed.) World Health Organization, Geneva, Switzerland (1999) Available at http://whqlibdoc.who.int/hq/1999/WHO_EDM_PAR_99_4.pdf.
- Suchdev et al. 2007. A model for sustainable short-term international medical trips. *Ambulatory Pediatrics* 7(4): pp. 317-20.