Ethical Considerations for Clinical Care on Short Term Medical Missions in Low and Middle Income Countries: A Scoping Review

M. Smith RN BSN (MD, GS)1, R. Graham (MD, GS)1, C. Vance (MD, GS)1, W. Coburn (MD, GS)1, D. Richards MD, FACEP2, J. Whitfield MD, MPH2

1 University of Colorado School of Medicine, Aurora, Colorado, USA
2 Department of Emergency Medicine, Denver Health, Denver, Colorado, USA

Background
- Medical missions serve a large role in providing clinical care in low-and-middle income countries (LMICs) with more than 145,000 visiting physicians participating in provision of direct clinical care in one year alone.1
- Traveling professionals often rely on values and ethics not adapted for the circumstances found in LMIC’s.5
- While ethics in medical research are clearly defined and regulated, clinical missions lack oversight.3 Further, there is little research on the impact or practices of these missions which may identify harm.2
- Ethical guidelines are currently vague and their development relies on collaboration with host countries regarding complex ethical precepts.3,4

Aims
- To summarize available literature regarding ethical considerations pertaining to the provision of clinical care in LMICs.
- To use this analysis to develop guidelines for provision of ethical clinical care.

Methods
- Design: Scoping review of literature with search conducted May 2021.
- Inclusion Criteria: English language, published 2001-2021
- Exclusion Criteria: focus on disaster relief or long term volunteered
- Screened by title → abstract → full text by two independent reviewers. Conflicts resolved by a third reviewer.
- PRISMA guidelines were followed throughout (Figure 1).
- 40 included articles were reviewed, summarized and thematically cataloged by each reviewer.

Results: Themes
Five most common themes identified and points of discussion include:
- Collaboration/Longitudinal Relationships
  - Host country and community
  - Other missions/NGOs
  - Local healthcare providers
- Education
  - Community Members
  - Visiting Healthcare Providers
  - Local Healthcare Providers
- Lack of Follow Up
  - Leads to poor outcomes
  - Communication/Referral to the local healthcare system
- Cultural Barriers
  - Language barriers and consent
  - Belief systems and ethical dissonance
  - Customs and hospitality
- Needs Assessment/Goal Setting
  - Evaluation of resources
  - Goals
  - Capacity Building

Results: Developed Guidelines
- Begin with conducting a collaborative needs assessment with the host country stakeholders.
  - Consider identifying a community leader for outreach
- Use needs assessment to guide goal setting together with the host country professionals
  - Consider goals which aim to build local capacity
  - Evaluate goals to ensure that they don’t impede local systems or duplicate local efforts
  - Ensure that goals are focused on needed interventions and are attainable
  - Solicit educational goals from the host country professionals - i.e. specialty education, procedural
  - Identify educational goals for visiting professionals - i.e. gaining knowledge of local illness or beliefs
  - Conduct pre departure planning to develop a framework to achieve set goals, including:
    - Inventory of available resources, including those needed for follow-up
    - Scope and level of training of volunteers
    - Deference to host country professionals as local experts
    - Host country professionals should lead clinical care, visiting professionals acting in support.
- Plan for outcome evaluation
  - Components of consent for interventions and provision in local language
  - Educational tools or handouts in local language
  - Conduct pre-departure training to include information on basic customs, work conditions and available resources, basic language skills, and common medical conditions.
  - Ideally developed with locals from the host country
  - Arrange for patient follow-up either with local resources or on a planned return trip
  - Conduct outcome evaluation, use this to guide future efforts.
  - Ideally short term medical missions (STMMs) will return to the same community

Limitations
- Lack of level one evidence within the field of study.
- Available level one evidence supported the themes identified.
- Complex issues of ethics with only level four and five evidence including commentary and expert opinion

Conclusions
- Ideally ethical review boards would oversee clinical care in LMICs
- This is difficult to arrange and enforce.
- Mission entities must be responsible for adherence to ethical care
- Considerations for collaboration, education, follow up, cultural barriers, and needs assessment should be a basic part of every missions planning.
- More research is required in this area for consensus to occur

Disclosures
- The authors have no relevant financial or non-financial interests to disclose. No funding was received to assist with the preparation of this manuscript.
- The research did not require ethics review due to lack of human participants. No protocol was filed.

References