

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 volunteerism
- 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 languages
- 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

1. Caldron, P. H. (2019). "Applying global standards to short-term global health clinical experiences: the case of Project Salud y Paz." *Global Health* 15(1): 5.
2. Chapin, E. and S. Doocy (2010). "International short-term medical service trips: guidelines from the literature and perspectives from the field." *World Health Popul* 12(2): 43-53.
3. DeCamp, M. (2011). "Ethical review of global short-term medical volunteerism." *HEC Forum* 23(2): 91-103.
4. Lasker, J. N., et al. (2018). "Guidelines for responsible short-term global health activities: developing common principles." *Global Health* 14(1): 18.
5. Sullivan, H. R. (2019). "Voluntourism." *AMA J Ethics* 21(9): E815-822.

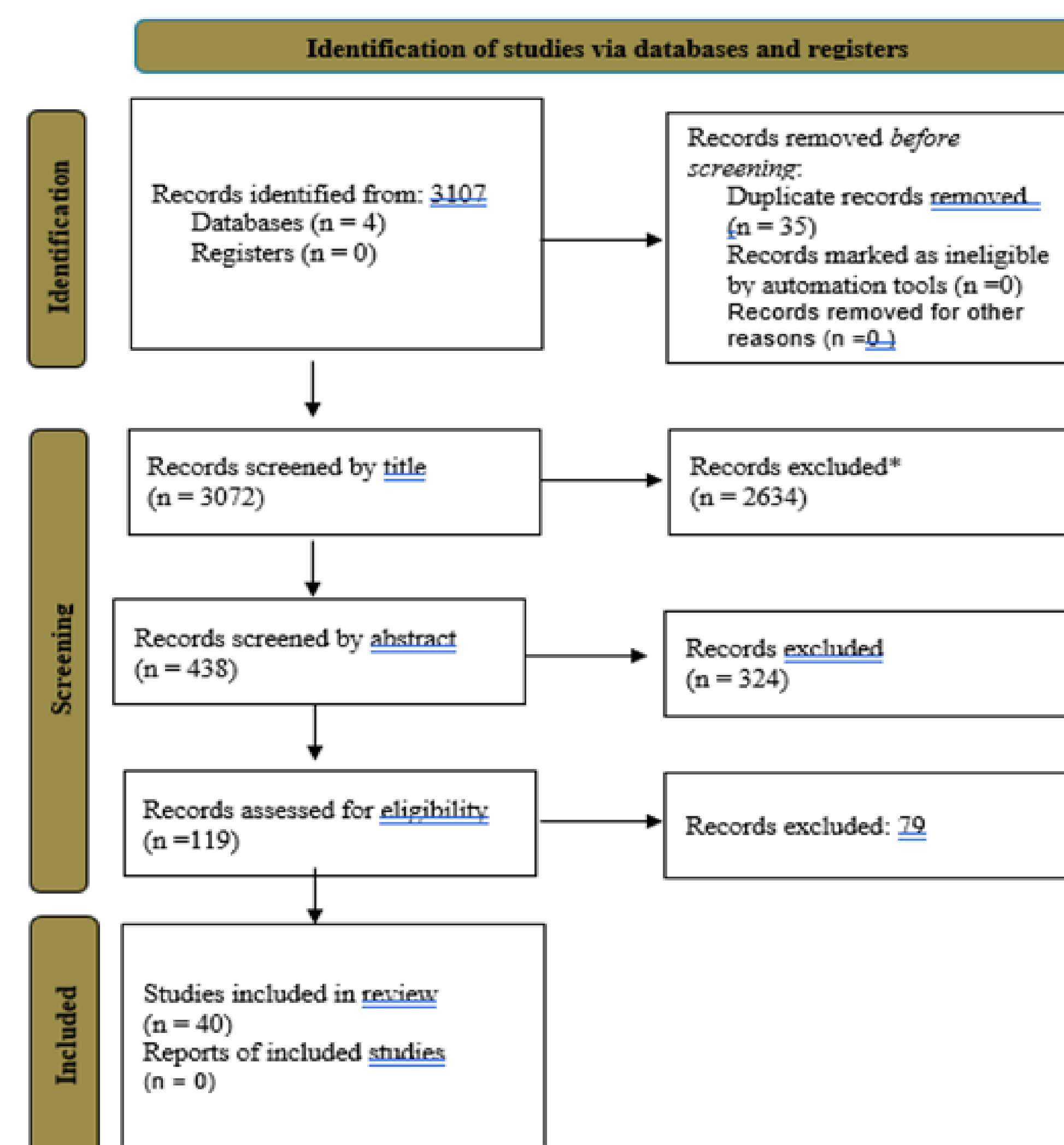


Figure 1: PRISMA flow diagram of screening and review process.