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

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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 MISSIONARY ON TRIAL

Rennée 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

“...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”
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


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

<table>
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<tr>
<th>Provided</th>
<th>Needed</th>
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<tr>
<td>• Surgical</td>
<td>• Health education</td>
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<tr>
<td>• “Reactionary”</td>
<td>• Disease screening</td>
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<tr>
<td>• Episodic</td>
<td>• Improved public health infrastructure</td>
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<tr>
<td>• Specialist care</td>
<td>• Improved access to primary care</td>
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<tr>
<td>• Free of charge</td>
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<td>• Rural /underserved</td>
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“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

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

<table>
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<tr>
<th>Responsibilities of the Institution</th>
<th>Responsibilities of the Student</th>
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<tr>
<td>● Occupational health and malpractice coverage</td>
<td>● Travel preparation</td>
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<td>● travel advisories</td>
<td>● Personal safety</td>
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<tr>
<td>● pre- and post-departure training</td>
<td>● Commitment to preparation and debriefing processes</td>
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<tr>
<td>● formal agreement with host institution</td>
<td>● Commitment to ethical code</td>
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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
“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