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Reflections on Short-Term Medical Missions by a Long-Termer

We arrived at our destination late in the afternoon after a long journey in a school bus driven by Miguel. He is a man whose short stature would make one wonder if his short legs could even reach the pedals of an old VW bug. Everyone was tired and more than a little dusty from traveling for 7 hours. We were anxious to begin seeing patients and screen them for surgical procedures as soon as possible. Our team of 60 North Americans had prepared carefully and we were anxious to do what we could to relieve the suffering in this overwhelmingly Mayan community.

Before we could get settled in, we were told that a young woman was there whom we had treated the year before and who now would like to speak with us. She and her husband were quiet and reserved as is typical in this culture. Sheepishly they explained what had happened after her surgery the previous year. We had performed a cholecystectomy for gallstones. After our departure she had had some complications that caused her to have to undergo repeated surgical procedures. She had come to the hospital this year because she and her husband felt as though our group should help cover the costs of her other operations. She had all her receipts, of course. The surgeon who had come to work with this team was not the same as had performed her previous surgery but it was decided that the group would pay for her bills.

This may sound unusual to the uninformed reader but unfortunately it is all too common. I have spoken with a hospital director from a neighboring country who has had to deal with these same kinds

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of problems. Statistics about the frequency of these kinds of medical misadventures are non-existent.

I have lived and served in a Latin American country that I believe receives more short term medical missions teams (STMM's) than perhaps any other country in the world. I have taken part in many such short term teams as described above and was a part of the team that performed the aforementioned gallbladder removal. I have also been a part of other teams that do what is often called a medical "jornada" here. These short term teams usually bring a couple of US trained doctors and several nurses. They are always a group of wonderful people who just want to do something good for the poor of the world. So in the course of a week they see and exam perhaps 800 to 1000 patients. There will typically be a couple of truly sick individuals whose lives may be saved. But for the most part the patients are suffering from the maladies that affect a majority of the world's poor. Head aches, body aches, stomach aches, and skin rashes are some of the most common complaints expressed by patients who come to these "clinics".

With this in mind, we can begin to discuss openly how we can carry out STMM's so as to avoid these types of problems and complications. At the same time we can discuss in a more general way how to do STMM's in a more effective way, with a view towards making a long term difference with our short term trips.

MEDICAL ETHICS ISSUES

Medical licensing

I would like to start my discussion of STMM's by exploring the issue of medical ethics. First and foremost we must remember what Paul implores us to do in Romans 13. We are to submit to the governing authorities since they have been established by God. Those who travel to foreign countries to carry out medical outreaches need to make sure they are practicing medicine within the legal framework of that country. They also should inform the host-country Ministry of Health of their plan, and request permission to do it. Can you imagine a general practitioner from Ghana coming to a small community in rural America to do a week of medical exams with nothing more than his medical license from Ghana? Yet that is what the majority of doctors do in the country in which I serve. That may not be the case with most of the rest of the medical teams that go all over the world doing this type of work, but it is the norm where I live. Our biblical mandate is to obey the laws of the land, as long as this will not put us into conflict with the laws of God.

Doctor/Patient interaction

Another very important but neglected ethical issue has to do with our interactions with patients who come to our clinic. We as physicians are trained early in our medical careers to pay close attention to all aspects of our patients needs. That's why it was drilled into our heads to do an accurate and thorough history and physical exam. Yet this is often a much neglected side of our work. With 200 people standing in line in the

sun and heat, how can we hope to be thorough? So we rush through, getting the most basic information and many times not inquiring at all about past medical history or family history. Sometimes in the heat of the day we even forget to ask about drug allergies.

Practicing within your area of expertise

The final point I would make in the realm of medical ethics is the issue of doctors from North America practicing a type of medicine with which they are not familiar. For instance, a plastic surgeon spends all day seeing 80 to 100 general medicine or pediatric patients. And occasionally he tries to figure the proper dosage of antibiotic for that truly sick 8 month old with pneumonia.

I worked with a group who decided to excise an 8 cm mass from the base of the back of the neck of a teenage girl! They had no radiological imaging to assure them that it had no connection to the spinal cord beneath. Yet under local anesthesia this tumor was removed and no pathology was discerned. And this was performed by an ENT specialist.

We need to work in areas with which we are familiar. This would include all of us health professionals. Why should we think that RNs should be able to examine, diagnose, and treat patients? Yes, situations may arise for which we need to function outside of our normal area of expertise, but those instances are truly few and far between.

CONTINUITY OF CARE/FOLLOW-UP

The next important point to discuss has to do with continuity of care, or follow-up care after the team leaves. This could also be considered a medical ethics issue. I have not yet worked with a team which has arranged to have local healthcare providers assist during the week even though there are usually several in the community. Staying a day extra on one trip, I was able to talk with the government healthcare workers who devote their time to working in the clinic we had used the previous week. It was obvious that they dreaded our visit each year. It was not because of the additional work it meant for them. They actually did less when we were around. But what they dreaded was the way in which the week was conducted. They recognized much more clearly than anyone on our team, the minimal effect these types of teams were having on their community. They may even have thought about stewardship issues and how much sense it makes for these teams to spend \$50,000 to come and carry out one of these jornadas when that may be the total budget for the clinic that year. That is another point we should consider.

A critical point is this: Are we seeking to work with local healthcare providers who will be able to provide the necessary follow-up for surgical cases and complicated cases? They would also be invaluable in providing diagnoses for cases that the visiting doctor has never seen in his or her private practice in the north. Yes, it may be necessary to offer compensation for this help. However, why should we believe such a

healthcare worker, who may make only \$6,000 a year, should devote a week of his time for nothing?

Other medical ethics issues certainly could be discussed, but these I believe are the most urgent.

ISSUES OF MOTIVATION

Why are we going?

The next important point to consider has to do with motivation. Why do we want to be on this medical team that will only work for a week and be gone? Joel Belz wrote an article in the June 12, 1999 issue of World Magazine (<http://www.worldmag.com/articles/2929>) that changed my life. I think any health professional would do well to review this important article. Why are we going? Is it to do as much as we can in a short amount of time? Or should we be involved instead in something that can have a long term impact on the lives of the people?

Short term experience or long term effect

If we want to have a long term impact, we have to talk about how these teams can realize this vision. This is perhaps the most vexing question we must explore. I believe the answer to this question is multifaceted. The starting point is to change the way we think. We in North America are more interested in seeing immediate results which we can then tell to our friends when we get home. Most teams I have worked with ask the same question at the end of each day. "How many did we see today?" Long term change requires us to think in ways we are not accustomed to. Measurable improvement in a community's health is a long process that takes much time, and we will experience many failures mixed in with significant successes.

Purpose to teach

I think the goal of having a long term impact can also be answered in part by purposing to teach something to the local healthcare providers while you are there. In this country, we are presently discussing the possibility of partnering with a local university to provide CME credits to local healthcare workers who attend teaching sessions given by visiting medical teams. This would be most useful if we first find out what topics the local healthcare workers feel would serve their needs best. This means we should approach the topic of long term impact by being willing to listen to the needs of our host-country partners rather than by dictating to them what we will believe they need to hear.

Select a location and stick with it

Another potential way of having a measurable long term impact is to pray long and hard about where God wants you to work and return there consistently each year or within whatever interval you visit. The government of the country in which I serve estimates that there are some 600 visiting short term teams coming to this small Central American country each year and that these teams provide \$12,000,000 in medical care.

And yet we have no indication that these visitors have made any contribution to the overall health of the people. I think if we purpose to work within the same community each year, it will allow us to learn more about what can be done to have a more significant impact on the overall health of the population. It will allow us to form strong relationships. It may even spur us on to understand the dynamics of the community better and how we may be able to help in other areas of community development such as education, the environment, justice, agriculture, or micro-enterprise to spur the local economy.

By serving the same community each time we visit, we will also have greater opportunities to interact with the local governmental authorities. This is a sensitive issue in many cases, since these same authority figures are often the most corrupt individuals in the community. But I believe we need to view this as an opportunity to be witnesses for the gospel of Jesus Christ. Where could the gospel be more in need than in the lives of these government officials? We all too often spend most if not all of our time during the week working and mingling with other believers. Let's take the good news of Jesus into some of the darkest places on this earth: the offices and homes of government officials.

WHO ARE WE SEEKING TO GLORIFY?

Finally we desperately need to make sure to maintain our Christ-centered approach to the work we do. This is again very difficult in the setting most commonly encountered with the short term medical team approach. There is often an attempt made to relate the good news of Jesus to patients who attend these clinics. I have even had a local doctor tell me that he uses these short term outreaches as "bait" to lure people into the clinic in order to "give them the gospel". When did Jesus ever bait anyone? We must never use these valuable outreaches to coerce confessions of faith in Jesus out of the patients.

At the same time, however, we should never neglect to share the good news with anyone who asks why we would leave the comforts of home to come to a poor country to work for a week. I have been on teams where the name of Jesus was barely spoken during the entire week. I have been on other teams where the spiritual "leader" of the team was in reality a universalist hiding behind a clerical collar. If we do not keep the name of Jesus at the forefront of our work, then why are we there? Just to do a good work? That may make us feel good and we may help alleviate some pain and suffering but what eternal difference have you made? If that's your desire then work with a secular organization that does not claim to represent Christ.

I have discussed the issues of medical ethics. Are we holding ourselves to the same standards in the field as we do at home? Are you doing what you are trained to do and doing it legally?

I have spoken about motivation. Why are you going? Is to just do a good work to alleviate your own guilt about living in a prosperous country? Or are you doing in order to make a long term difference? Is the name of Jesus being glorified by your efforts?

There are many other issues that we need to keep discussing and improving on, but I believe these are among the most important.