Short-term Medical Trips: Making them Ethical and Accountable

Victoria McCurry, MD & Sommer Aldulaimi, MD
Global Health Track; Family & Community Medicine
University of Arizona College of Medicine – Tucson
Activity Disclaimer

It is the policy of the AAFP that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest (COI), and if identified, conflicts are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

[Victoria McCurry and Sommer Aldulaimi] have indicated they have no relevant financial relationships to disclose.
Objectives

• Describe current interest in global health care
• Explain existing arguments for engaging in short term medical missions
• List ethical objections for short vs long-term global medical care
• Describe practical solutions to ethical concerns
• Understand the importance to establish a consistent ethical approach to short-term medical trips
Acknowledgements

We would like to acknowledge Ron Pust MD and Tracy Carroll PT/MPH for their innovative and effective Global Health Course and “geo-journal”.

Short-term Medical Trips (STMTs)

- Increasing interest in recent years
- Def: travel to LMIC to provide healthcare, 1 day – 8 weeks\(^1\)
  - Practicing physicians
    - 32% participated in STMTs to LMICs, 77% of those did so again\(^2\)
    - Work/job constraints
    - Family commitments
  - Learners
    - 31.2% of medical students,\(^{17}\) increasing residency involvement
Ideal Goals of STMTs

- Promotion of health care equality and equity
- Collaboration and site development
- Education: hosts and trainees
- Emergency assistance
- Distribution of resources
- Research for quality improvement

3

CDC.gov
Ethical objections arising from STMTs\textsuperscript{4,5,6,7}

- More benefit to visitor than host patients
- Poor inter-cultural communication
- Practicing outside clinical experience
- Little support to local healthcare system
- Non-sustainable care
- Brain drain
- Minimal provision for follow up
STMTs adhere to the 4 pillars of medical ethics?

1. Patient Autonomy
2. Beneficence
3. Non-maleficence
4. Justice
STMT adherence to ethics pillars

Yes – with care

Pillars often met

• Eliminating disparities in healthcare – *Justice*\(^7\)
• Collaboration, resource sharing, patient care – *Beneficence*\(^4\)

Pillars may be at risk

• Long-term risk, side effects of treatments – *Non-Maleficence*
• Proper patient consent? Is there a choice? – *Patient Autonomy*
Specific ethical considerations

• Talk Focus:
  – Educational and clinical rotations abroad
  – Research not discussed

• Our approach:
  – Consideration
  – Example
  – Recommendations
Consideration: Brief time commitment

• Example:
  – Dr. X goes on a weekend medical trip to Mx
  – Dr. X resident rotates for 1 mo in Guatemala

• Recommendations:
  – Participate with organizations already connected with host
  – Host/community-driven goals
  – Recurring trips to same host sites, same host
  – Educational trips (ALSO, HBB)
Consideration: Benefits visitor more than host

• Example:
  – Dr Y’s team spend half their 2 week trip on safari

• Recommendations: \(^4,5,9\)
  – Participation fee – $$ for host
  – Reinforcement of doctor-patient relationship
  – Goals determined by host
  – Post-trip analysis: Benefit to host?
  – Post-visit follow up on specific patient cases
Consideration: Self-serving

• Example:
  – Chance to learn about tropical disease
  – Gain ‘global health’ experience
  – Travel opportunity

• Recommendations:\(^6,^{11,12,13}\)
  – Emphasize humility\(^20\)
  – Work within local health system
  – Work through organization established in country
  – Post-trip surveys from host and visitors
Monitoring for benefit


- Surveyed 82 North American and 44 International partners
- Question: Benefit to your institution from global health partnerships?
- North American partners affirmed benefit more strongly than International partners
- Most beneficial: education, research relationships
- International partners saw less learner cultural awareness < North American partners
Consideration: Language and Culture

• Example:
  – Lacking local language fluency
  – Interaction with opposite sex colleague
  – Body language/communication differences
  – Talking about Death

• Recommendations:\textsuperscript{6,11,12}
  – Preparation: Cultural awareness-education
  – Ethics course
  – Enough interpreters
  – Collaboration with local physicians and healthcare providers
Consideration: Lack of monitoring, refills

• Example:
  – Pt gets metformin for 1mo but unable to obtain refills
  – Med started that can have liver toxicity-no monitoring
  – Pt needs a referral-no process in place for getting it

• Recommendations: $^{6,11,12}$
  – Ensure any prescribed medications accessible
  – Collaborate within local healthcare system
  – Work with an organization involved sustainably with host
  – Frequency of follow-up short term trips
Consideration: Practicing beyond abilities or scope

• Example:
  – Internal Medicine Physicians seeing children
  – Medical student doing procedures they have never done

• Recommendations:\textsuperscript{7,12}
  – Ethics Course
  – For learners
    • Clear Objectives
    • Adequate supervision
    • Support
    • Evaluations

Thanks to Dr. Marla Potter
Consideration: Lack of familiarity with host country

• Example:
  – Drug-drug interactions
  – Misdiagnosis/treatment
  – Waste and misuse of local resources

• Recommendations: \(^6,^{11,12,13}\)
  – Tropical Disease course
  – Self-education, “Geo-journal”
  – WHO guidelines
  – MOH local treatment guides
STMTs adhere to the 4 pillars of medical ethics?

- ✔ Patient Autonomy
- ✔ Beneficence
- ✔ Non-maleficence
- ✔ Justice
Discussion
Questions?
Thank you
References


