

Short-term Medical Trips: Making them Ethical and Accountable

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[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

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Short-term Medical Trips (STMTs)

- Increasing interest in recent years
- Def: travel to LMIC to provide healthcare, 1 day – 8 weeks¹
 - Practicing physicians
 - 32% participated in STMTs to LMICs, 77% of those did so again²
 - Work/job constraints
 - Family commitments
 - Learners
 - 31.2% of medical students,¹⁷ increasing residency involvement



<http://annalsmedicine.org/global-health-ethics/>

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 improvement³



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Ethical objections arising from STMTs^{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 goals⁴
 - Recurring trips to same host sites, same host⁸
 - 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 humility²⁰
 - Work within local health system
 - Work through organization established in country
 - Post-trip surveys from host and visitors

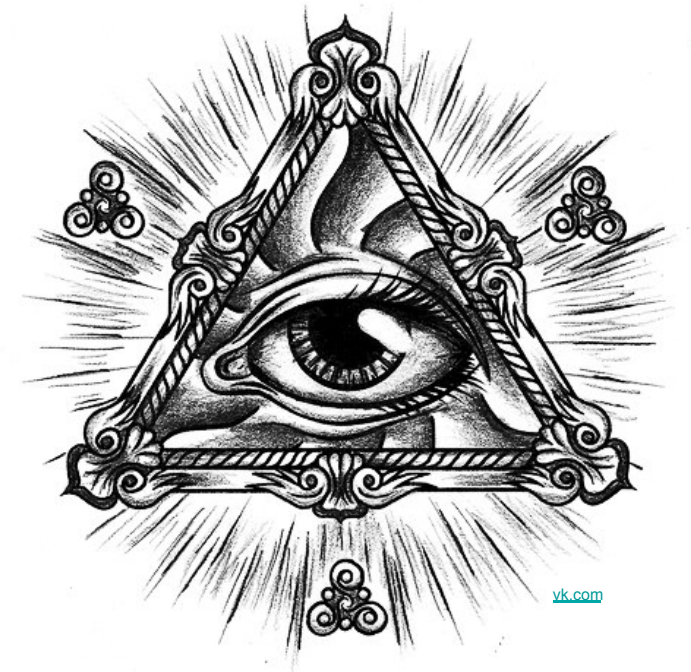


Monitoring for benefit

- CUGH Global Health Programs and Partnerships: Evidence of Mutual Benefit and Equity. Muir et al. March, 2016
- 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:^{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:^{7,12}
 - Ethics Course
 - For learners
 - Clear Objectives
 - Adequate supervision
 - Support
 - Evaluations



Thanks to Dr. Maria 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



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STMTs adhere to the 4 pillars of medical ethics?

- ✓ Patient Autonomy
- ✓ Beneficence
- ✓ Non-maleficence
- ✓ Justice



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Discussion

Questions?



Thank you



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