

Beyond good intentions: Why attitudes matter on international medical service trips



The author, left, and David Aquino painting the wall of a children's food bank in 2011.

It took me only five minutes to realize that I was way over my head. A group of fellow American high-schoolers and I struggled to communicate HIV prevention techniques to eighth graders in Santa Ana, Paraguay. I was sixteen years old and on an international service trip, in which we partnered with local organizations to improve health literacy, among other goals.

When I reflect on that experience today, I recognize that I was thoroughly unqualified. I didn't fully understand the scope of HIV transmission myself, neither was I capable of explaining its prevention to students in Spanish. I didn't know how to plan a lesson nor did I have the skills to teach students just several years my junior.

International service trips, like the one I participated on, are an enticing deal: the opportunity to participate in community service and see a new part of the world in a short amount of time.

Particularly for pre-health students, international medical service trips (IMSTs)

offer a distinct allure: they provide the chance to ditch their textbooks and actually take part in health care delivery, many times in ways they wouldn't otherwise be able to do in the US.

These IMSTs are well-meaning. They intend to serve underserved communities while exposing pre-health students to the challenges of health care.

Studies indicate that IMSTs may increase medical student's clinical language skills and knowledge of health care systems (Abedini et al, 2012). More tangibly, medical students who participated on IMSTs perform better on the Step II (Clinical Skills) of the US Medical Licensing Examination than their peers.

Despite these documented benefits, some IMSTs pose risks to the members of communities they intend to serve. Medical missions that only operate for a short period of time are more likely to avoid treating patients with complications. For those who they do treat, patients who need necessary follow-ups may be left with few options for

continuing care. In addition, local providers can be displaced by free volunteers, disrupting local healthcare infrastructure (Wolfberg, 2006). Dependence on external help may also discourage local governments from taking responsibility to provide health care in a region.

Undergraduate volunteers who deliver services beyond their own qualifications pose particular risks to patients. Volunteers may not correct community members when they are addressed as “doctor” (Levi, 2009). While there is a lack of robust quantitative data, qualitative studies have documented that volunteers have participated in activities from setting broken bones to delivering babies (Holland, 2011). Volunteers who act as doctors are at a high risk of misdiagnosing and mistreating community members.

Beyond these practices, volunteers on any international service trip of are at risk of developing a ‘savior complex’, the presumption that Western individuals are able to “fix” the problems of developing nations without understanding their history, needs, or culture. When this attitude is not actively refuted, a volunteer may implicitly render the community member as ‘other’ and discount their contribution to the development process.

Pre-health students may believe that doing “something” is better than “nothing” in these environments. Yet one of the guiding principles of medicine is “nonmaleficence”, or the importance of doing no harm before all else (Beauchamp and Childress, 2001). It is, in other words, better to refrain from providing care than administer services one is not certified to provide. In light of this principle, participants must recognize that the standard of care does not “bend”, even in resource-poor environments.

Despite these and many other ethical issues, pre-health students across the developed world will still seek out IMSTs to develop their skills and learn more about the world. Given this demand, there ought to be a way to discern ethically permissible trips from more problematic ones.

I propose that students seek medical service trips based on the program’s adherence to two important attitudes: *excellence* and *humility*. IMSTs must see and treat the community members as equal partners in the cultural exchange and health care delivery process.

IMSTs that exemplify *excellence* only use certified providers with adequate cultural competency. They also work towards long-term care solutions (Ventres and Wilson, 2015). Uncertified pre-health volunteers cannot provide the medical services necessary for an individual’s health needs. Instead of attempting to provide these services, they can observe health care delivery or advocate that the local government, or a well-established medical service, provide coverage to the area.

Along with a principle of excellence, IMSTs must approach their program, participants, and communities with an attitude of *humility*.

Volunteers should be encouraged to interact with community members with respect and an open mind. They should not take photos of community members or profit off their stories without consent. The program mission, goals, structure, and outcomes should be in tune with the social, political, historic, and cultural contexts in which the program takes place.

Furthermore, participants must understand that their personal contributions to global health will not register on the wider scale; development is a slow, unending

process. Eschewing arrogance for humility is an important value not just on the IMST, but also in their future careers in health.

Not all IMSTs are alike. Some IMSTs, particularly those with longstanding relationships with communities, and culturally competent and adequate service providers, are more ethically permissible.

But in any case, pre-health students ought to choose trips more carefully, with consideration of the ethical implications of their actions on their future careers, and within the communities they wish to serve. If they do not, they may find themselves in situations in which they are way over their heads.

-Marnie Klein

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Before you board: Some questions to ask about an international medical service trip

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Embodying excellence¹

Approaching with humility²

PREPARATION



Are service-providing volunteers adequately certified and prepared in their health professions to administer care?

Are volunteers familiar with the language, community dynamics, sociopolitical, historic, and cultural contexts of their destination?⁴

STRUCTURE



Is care administered safely, even within the bounds of a limited-resource environment?⁵

Are community leaders, or are international volunteers, leading the program execution?

Are certified volunteers given comprehensive training, and are observing volunteers adequately supervised?

Are volunteers mindful of respect and community privacy (ie taking pictures with consent)?

EVALUATION



Is the program/organization designed to ultimately assist the community in receiving sustainable, self-sufficient care?

Are volunteers reflecting on their experiences cognizant of the "savior complex" and of their implicit biases?⁶

Are programmatic costs going more towards the organization partner or trip costs, or the organizing agency?

Do volunteers have an understanding of what larger goals must be accomplished to improve community health, beyond their personal impact?

BRINGING IT "HOME"



Are volunteers committed to long-term local community service, fundraising, or advocacy on behalf of the issues encountered in the host community?

Do volunteers educate others on their experiences, mindful of the privacy of community members?

Are volunteers careful not to exploit the stories and pictures of their experience for profit?

Want to learn more? Check out more information, helpful resources, and guides for ethical volunteering here:

 globalsl.org: A research-based database for 'best practices' in global learning.

 gaspworkinggroup.edu: Advancing best practices for undergraduates in health settings.

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1,2 Ventres, W. B., & Wilson, C. L. (2015). Beyond ethical and curricular guidelines in global health: attitudinal development on international service-learning trips. *BMC Medical Education*, 15(1). doi:10.1186/s12909-015-0357-7
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5 "Ethical Considerations for Service Trips Abroad". <https://prehealth.wisc.edu/ethical-guidelines-for-uw-madison-students-engaged-in-health-related-service-abroad/>

