

VIEWPOINT

Ethical Considerations When Sending Medical Trainees Abroad for Global Health Experiences



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We set up a makeshift clinic in rural Honduras, and a line of patients now stretches down the street. There are two physicians, separated by a hanging tarp in a small room, trying to see every patient. A nurse looks at me, directing me to another area to begin seeing patients. As a medical student between my first and second year of training, I am terrified, but try to reassure myself—having some medical knowledge is better than none, right?

We are living in a time when global health experiences have dramatically increased in popularity for American medical students and residents.¹⁻³ Estimates are that 25%-38% of medical students and 40%-68% of residents have a global experience during their training.^{1,2}

Although there have been many papers focusing on the ethical concerns involved in conducting research in developing nations, much less attention has been given to the ethical considerations surrounding education and service experiences for learners in those settings.³ There are many ethical concerns in sending trainees abroad, but no formal guidelines to address them. We have identified 4 major challenges based on review of literature and experiences with our residency's global health track.^{1,3-5} In this Viewpoint, we discuss these concerns and propose solutions to make global experiences more beneficial for both the learners and the host communities.

LACK OF UNDERSTANDING AND SENSITIVITY TO LOCAL CULTURE

Medical trainees on global health rotations frequently go where they have never traveled before, with minimal cultural and language training before or upon arrival in that country. This can lead to

many problems, including unintentionally offending the local patients or health care professionals by acting in ways misconstrued by host-country customs. Furthermore, if the learner has not had appropriate language training, discussions with patients can be misunderstood, causing medical errors.^{1,2,6}

TRAINEES PRACTICING BEYOND THEIR ABILITIES

A second concern involves learners practicing beyond their abilities. This occurs when medical students assume the role of physician, without sufficient training to make independent medical decisions. Some learners consider traveling abroad an opportunity to perform procedures or provide medical care that they would not be allowed to do independently at their home institution. Along the same lines, some may feel obligated to see patients with medical concerns beyond their scope of practice because there may not be another physician available. Should an internal medicine resident be able to see a child in rural Honduras if they cannot do so in the United States?

It also is common during global experiences to work in regions where infectious diseases, about which the learner has had no training, may occur. This can result in misdiagnoses or incorrect treatment due to lack of knowledge about those diseases.^{1,6}

POTENTIAL FOR HARM

In addition to the issues identified above, significant harm also can be done to local patients if visiting trainees do not have an adequate understanding of the health care system or medicinal

practices in the region. This can lead to misdiagnosis, drug-drug interactions, dangerous side effects, and overdoses.^{1,6}

tropical diseases, cultural competence, underserved medicine, and get to travel abroad. But, is anything truly given back to the host community?^{1,6}

SELF-SERVING EXPERIENCE

There has been criticism that these global experiences are self-serving. Learners gain experience in

WHAT CAN WE DO?

How can we, as educators, send learners abroad in a more ethical manner—allowing them to gain

Table 1. Summary of Ethical Concerns About Short-Term Global Health Rotations, WEIGHT Guidelines,³ and Proposed Implementation Solutions

Ethical Concern	WEIGHT Guidelines and Proposed Practical Solution
Trainees may lack understanding and sensitivity to local culture	<p>WEIGHT Guidelines:</p> <ul style="list-style-type: none"> ● Develop well-structured programs and implement formal training, with a focus on language, culture, and safety for the country they will visit <p>Implementation Solutions:</p> <ul style="list-style-type: none"> ● Complete global health and ethics courses before travel ● Complete a “geo-journal” before travel, in which trainees report on geography, cultural customs, language, currency, and health care system of the country they will visit
Trainees may practice beyond their abilities or without proper local medical knowledge	<p>WEIGHT Guidelines:</p> <ul style="list-style-type: none"> ● Clarify goals and expectations for all parties and clarify level of training and experience for host institution and trainee <p>Implementation Solutions:</p> <ul style="list-style-type: none"> ● Effectively collaborate and communicate with identified health care partners in host country ● Require ethics course for trainees ● Follow practice guidelines from World Health Organization or the ministry of health in the country to be visited
Potential for harm	<p>WEIGHT Guidelines:</p> <ul style="list-style-type: none"> ● Develop, implement, regularly update formal training for trainees and mentors, both local and foreign regarding norms of professionalism standards of practice, cultural competence, and dealing effectively with cultural differences ● Aspire to maintain long-term partnerships so that short-term experiences may be nested within them <p>Implementation Solutions:</p> <ul style="list-style-type: none"> ● Follow practice guidelines from World Health Organization or the ministry of health in the country to be visited ● Regularly update content in global health course, and update information in the “geo-journal” ● Send trainees to work in already established health care systems, rather than on short-term “medical brigades” or work with brigades that have established community partnerships
Short-term global health rotations are self-serving experiences	<p>WEIGHT Guidelines:</p> <ul style="list-style-type: none"> ● Recognize that the primary purpose of the experience is global health learning and appropriately supervised service ● Consider local needs and priorities, reciprocity, and sustainability regarding the optimal structure of programs <p>Implementation Solutions:</p> <ul style="list-style-type: none"> ● Encourage trainee to contribute to local health care community ● Ensure evaluation from identified rotation supervisor in host country after trainee completes rotation ● Establish effective supervision and solicit feedback from trainees and host institutions ● For sites with repeated visits from learners, encourage sites to track improvement in specific health care outcomes (ie, blood pressure control)

WEIGHT, Working Group on Ethics Guidelines for Global Health Training.³

knowledge and experience while also providing benefit for the host country? We propose adding the following elements to global health rotations:

1. Develop a set of principles for learners abroad. The Working Group on Ethics Guidelines for Global Health Training (WEIGHT) has developed set of ethical guidelines for just that purpose.³ The guidelines are summarized in Table 1, along with our recommendations for practical implementation of the guidelines.
2. Assure that learners have appropriate cultural and geographic training before leaving. For example, at our institution, all residents participating in the Global Health Track complete a 3-week global health course before travel. The course teaches tropical diseases, public health, and global health; giving the learners general tools they will need when practicing abroad. We recommend regularly updating such course material to maintain relevance. Additionally, learners must write a thesis-sized “geo-journal” about the country they will visit, requiring them to research the country’s geography, cultural customs, language, currency, and health care system. Such training before travel increases knowledge of the region and of global health in general.^{2,5} Finally, we expect the traveling student to utilize in-country standards of care, obtained either from World Health Organization guidelines or the local ministry of health.
3. Require learners to complete a global health ethics online module like the one offered by Johns Hopkins University to avert the risk for practicing beyond one’s ability.^{3,7} Learners must be aware of the ethical

pitfalls associated with traveling abroad so they can avoid contributing to them.

4. Have learners work within local, already existing health care systems, rather than participating in short-term medical brigades, to address the issue of educational medical trips being self-serving. By learning from physicians practicing within the host country, trainees will receive appropriate education in region-specific diseases, cultural norms and traditions, and the local health care system. We also propose that upon completion of the international rotation, the in-country supervisor provides an evaluation of the learner, assessing the adequacy of the trainee’s preparation, cultural competence, and ability to treat within the local context.

Taking these steps will minimize the potential negative effects associated with sending a learner abroad for short time periods, and will alleviate many of the ethical concerns listed here. By adding standard requisites to learners’ global health education, both in preparation and while abroad, the learner is empowered to gain global knowledge and collaborative experience, while avoiding the ethical challenges of traveling to developing countries to learn medicine.

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