

Virtual Mentor

American Medical Association Journal of Ethics
July 2009, Volume 11, Number 7: 506-510.

MEDICAL EDUCATION

Beyond Medical Tourism: Authentic Engagement in Global Health

Frank W. J. Anderson, MD, MPH, and Tanyaporn Wansom, MD, MPP

The work of global health for physicians must evolve beyond the “prescriptive” short- term clinical model to a deeper engagement that involves collaborative priority setting and problem solving among the visiting physician team, the communities of patients they serve, and local professional caregivers to achieve shared, long-term goals [1].

The Past

Medical students, physicians, and other health professionals frequently ask how they can start working in international or global health. Students often express the desire to work with the World Health Organization or Doctors Without Borders. Some are interested in mission work; others seek jobs by means of which they can live and work in the United States and travel for 2 weeks out of the year. Biographies of international physicians and increased media attention to global health issues have stimulated the imaginations of many to “come to the rescue” of those in need.

The path of least resistance to helping those in less privileged positions is to use our wealth and power as Americans and impose our own agenda and satisfy our need to help. Highly motivated by altruism, medical students have developed a remarkable ability to go abroad and create clinics, measure countless blood pressures (perhaps for the first and last time for that particular patient), dispense over-the-counter drugs or antibiotics (that may not otherwise be locally available), and interact with patients in ways that would be considered to be beyond their level of knowledge and skill at home [2, 3]. A reflective few may raise the question, “Did I really help?”

Despite its creators’ genuine desire to help, any project arising solely from our own agenda carries a certain unconscious and unrecognized arrogance that says, “I know what you need.” It is presumptuous and disempowering. When we present ourselves in a low- income country with a package of services, are its residents really free to reject our offer? It may be difficult for an under-resourced community to turn a well-intentioned intervention down, even if it doesn’t fit in with current community policies and priorities.

Does an intervention really help if local workers have to suspend their regular responsibilities to help foreigners implement a screening program, eye camp, training session, or surgery marathon? How do local patients and clinicians feel, left with the limitations of their own health system until the next group comes, once the foreign students and health professionals disappear with their drugs and capacity?

Imposing one's own programs on others can also contribute to the emergence of a victim mentality, wherein people view themselves as needing rescue by technology or outsiders' skills that are unavailable in their country.

The real challenge is to work within the established health system in a country, integrate work and research with national and local policies and priorities, and help build capacity. In fact, accepting this challenge is the only logical and sustainable form of engagement for those working in global health. Although already practiced in many community-based public health programs, this approach would be innovative for visiting medical students and physicians.

Design Principles for Global Health Initiatives

We encourage interested physicians and medical students to become expert in key principles and concepts in global health that will increase their consciousness of pertinent global health issues and guide their work. These principles could be applied to each program and project that physicians and medical students seek to create.

The overarching concepts to be explored when designing global health initiatives are program sustainability, capacity building, community involvement, health policy, cultural sensitivity—including the role of gender in the community—and ethics. Not all projects address all concepts, but being conscious of them will help the work overall.

Sustainability and capacity building go hand in hand. Well-planned projects that respond to local health problems and are consistent with local health priorities and policies are much more likely to be carried on by the community and ministry of health. The same goes for programs that build the capacity of local professionals, students, or faculty to carry out programs or research.

Understanding international health priorities requires knowledge of the funding goals of large, multilateral donors (United Nations, World Bank), the international agencies of wealthy countries that are often called bilateral donors (United States Agency for International Development, United Kingdom Department for International Development), and private foundations (Bill and Melinda Gates). Over the years, major international health conferences have had a major impact on global health policies (Bamako Initiative, Alma Ata Declaration, United Nations International Conference on Population and Development).

National health priorities can be understood by examining both the burden of disease and key health indicators obtained from national health datasets. It is also crucial to gain understanding of how national health systems are set up and how they implement health policy. Community assessments, surveys, and focus groups yield an understanding of local health priorities, and students in global health should be familiar with the techniques to assess communities.

Understanding the cultural context—including how gender roles operate in society—is an ongoing challenge. As much as we try to incorporate cultural awareness into programs, we are bound to fall short of complete understanding. Nonetheless, sensitivity and awareness to the realities that the cultural context creates put you on a path toward a more effective partnership.

Ethical concerns are a part of the global health picture and have cultural realities as well. Students abroad face numerous ethical challenges related to clinical activities and procedures, development of research questions and application of research-related results, and obtaining informed consent. Different standards and quality of care, overcrowding, patient autonomy, and access to care all contribute to an unfamiliar context where previous assumptions about ethics may not apply. In this circumstance, it is useful to examine principles of ethics in global health and review case studies of past dilemmas faced by American researchers. By partnering with local institutions of higher learning, students can also be confident that they are following local or national guidelines for standard of care and research. Many projects need institutional review board (IRB) approval from both in-country advisory boards and a U.S. review board; students should allow ample time to satisfy these regulations.

University partnerships have the potential to provide a sustainable mechanism for capacity building and research and can establish a context for medical student participation in educational, clinical, and research projects. Through the context of an existing partnership between universities in developed and developing countries, medical students can focus on and engage in activities that promote and strengthen the partnerships. If such a partnership does not exist, you can explore creating one with interested faculty at your school.

The University of Michigan Department of Obstetrics and Gynecology has a long-term partnership with the University of Ghana, the Kwame Nkrumah University of Science and Technology School of Medical Sciences, and the Ministry of Health of Ghana. It started through a Carnegie Foundation-funded program in partnership with universities in the United States and Great Britain, the American College of Obstetricians and Gynecologists, and the Royal College of Obstetricians and Gynecologists. The program assisted in the development of postgraduate training in ob-gyn in Ghana [4]. Before ob-gyn training occurred in Ghana, many who went out of the country to train did not return. Since in-country training started in 1986, 60 of 61 Ghanaian ob-gyn physicians certified by the West African College of Surgeons have remained in-country to work as faculty and in the private sector. This partnership has no doubt yielded numerous health benefits for Ghanaians and has provided opportunities for bilateral student and faculty exchanges. It has also created a platform for ongoing and expanding research into human resources for health [5].

Is Global Health for You?

The best advice for medical students interested in global health, is to first engage in honest soul searching and assess your motivation for pursuing global health projects

in medical school. If it is travel you are looking for, visit Nepal, spend money, and support the local economy. If you are sincerely interested in participating in global health, learn about the country's principles, players, and policies. Consider further training, such as a master's degree in public health that focuses on global health, or find a medical school or residency program that offers a global health certificate or dedicated track.

A first overseas trip is essential and will change your world view forever. To make the excursion less like medical tourism, find an established project to learn about, and see if you can creatively apply some of the principles described above. Find a way to work in your country or area of interest more than once. Explore opportunities; take a year away from medical school to devote to a global health project, such as the Fogarty/NIH Clinical Research Scholars Program or the Doris Duke Clinical Research Program in Africa or apply for a Fulbright. When you have your projects in place, meet with other interested students and faculty to assess your overseas projects critically, again in light of the principles discussed here. Challenge each other to push the bar and find new, sustainable ways to work globally.

We are moving into a new era of global health in medicine, away from the hero model that disempowers communities by attempting to rescue them, and toward a co-creative model where global health problems are solved by adapting known solutions to new environments and sustainable capacity is created. We encourage you to become conduits of this energy and evoke this new era in authentic global engagement.

References

1. Bishop R, Litch JA. Medical tourism can do harm. *BMJ*. 2000;320(7240):1017.
2. Crump JA, Sugarman J. Ethical considerations for short-term experiences by trainees in global health. *JAMA*. 2008;300(12):1456-1458.
3. Bhat SB. Ethical coherency when medical students work abroad. *Lancet*. 2008;372(9644):1133-1134.
4. Klufio CA, Kwawukume EY, Danso KA, Sciarra JJ, Johnson T. Ghana postgraduate obstetrics/gynecology collaborative residency training program: success story and model for Africa. *Am J Obstet Gynecol*. 2003;189(3):692-696.
5. Anderson FW, Mutchnick I, Kwawukume EY, et al. Who will be there when women deliver? Assuring retention of obstetric providers. *Obstet Gynecol*. 2007;110(5):1012-1016.

Frank W. J. Anderson, MD, MPH, is an assistant professor and director of global initiatives in the Department of Obstetrics and Gynecology at the University of Michigan Medical School in Ann Arbor. Dr. Anderson holds a joint appointment in health behavior/health education at the University of Michigan School of Public Health. His focus is on the reduction of maternal mortality worldwide.

Tanyaporn Wansom, MD, MPP, graduated from University of Michigan Medical School and Gerald R. Ford School of Public Policy and started a residency in internal medicine at Johns Hopkins Bayview Medical Center in June 2009. During medical school, she served as the national chair of the American Medical Student Association's Committee on Global Health and spent over 2 years in Thailand as a Fulbright and Fogarty/NIH Clinical Research Scholar working with and advocating for marginalized populations such as injection drug users and commercial sex workers. Dr. Wansom received her bachelor's degree with high honors from Swarthmore College with degrees in Chinese studies and biology in 2002. She envisions a career combining global health policy with clinical research and practice in infectious diseases.

Related in VM

[The Educational Value of International Electives](#), December 2006

[A Caution against Medical Student Tourism](#), December 2006

[Should Medical Education Fight International Brain Drain?](#) July 2009

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 2009 American Medical Association. All rights reserved.