



Medical Care is Not A Tourist Attraction: A Call for Global Standards and Governance

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Introduction

Short-term medical missions (STMMs) bring much needed medical care to some of the most underserved populations across the globe. They typically are staffed with well-meaning western medical professionals. These missions also attract students and other lay people looking for a meaningful experience to contribute to society through the delivery of healthcare. The typical volunteer experience includes a week to two-week time commitment, a modest monetary contribution, and plenty of photos to feed their social media accounts. Noelle Sullivan of Northwestern University noted “the most-cited figure estimates up to 10 million volunteers travel abroad annually, spending approximately \$4 billion” [1]. The purpose of this article is to discuss the role of the layperson on STMM’s and appeal for the creation of global standards to eliminate the opportunity for unsafe and unethical care to the most vulnerable of people. The provision of medical care is meant to be delivered by those who are qualified and credentialed to alleviate suffering, reduce pain and improve overall quality of life. The concern is that the number of lay people participating in STMM’s will continue to grow and the health risks to vulnerable populations will become increasingly severe. Currently, there is no monitoring body or regulatory standard that is in place to protect people from the potential harm offered through the care of a STMM. It is presumed that most, if not all patients seeking care through the provision of a STMM see it as their only way to receive care otherwise unreachable due to access or monetary limitations.

Discussion

The Health Information and Privacy and Portability Act (HIPAA) is a United States policy that restricts access to patient’s personal health information and protects their identity and health status from public knowledge and viewing. The concern of the authors of this article is that volunteers on STMM’s may forgo the basic standards of HIPAA and privacy laws that are expected in their home countries. Medical providers have extensive training in HIPAA and privacy sensitivity as required by law. Infractions of

HIPPA policies can lead to termination of employment and even a monetary fine. In an article by Thompson LA, Dawson K, Ferdig R et al. [2] medical students at the University of Florida were most likely to have potential HIPPA violations on their social media accounts when they posted photos from their experience on a STMM. Medical students have training in HIPPA and privacy sensitivity and yet, have demonstrated a lapse of application abroad, so what can we expect of the untrained lay volunteer? A limited literature review was conducted for the purposes of writing this article through the Syracuse University Library. Impens A [3] Initial results using the keywords “short term medical mission” resulted in 26,750 articles. The search was further restricted using: “short term medical mission, staffing, ethics, criteria, lay volunteer” resulting in 138 articles and after laborious review, not one article explicitly addressed the specific restrictions of the lay or non-medical volunteer. Certainly, the role of the licensed Grennan T clinician or student enrolled in a clinically based education program is much easier to understand than the role of the lay person on a STMMs [4]. There is a paucity of information as to how STMMs utilize lay people and yet there is a high potential for harm and violation of ethical standards. Lasker et al. [5] discusses how volunteers are selected and stated that 76-100% of the organizations accepts everyone who apply and can afford the participation and travel fees. Although these institutions believe that everyone has something to contribute, they can be doing more harm than good. The negative consequences that can arise are downplayed, giving fuel to the acceptance and dominance to the idea that some care is better than no care, regardless of the ethical infractions. These thoughts contribute to the progression of the negative concepts of “voluntourism”, “poverty porn” and “white savior syndrome”. Even more alarming is the opportunity for the lay volunteer to “play doctor” and assist with medical procedures and interventions. For example, Unite for Sight advertises to volunteer with them and watch “sight restoring surgeries” (<https://www.uniteforsight.org/volunteer-abroad/interests>) [6] and yet they provide one of the most detailed guidelines on best and worst practices for medical missions.

The provision of medical care should be provided by the most qualified, the most competent, at the highest ethical standards available. No element of a person's ability to pay, education level, or cultural understanding of healthcare should offer the opportunity for anyone to lower these standards. It is not difficult to find posted on social media the very public display of very private medical interventions and procedures on either individual accounts or organizational accounts. An example of an organization that is a blatant violator of the sanctity of privacy in medical care is the Moreano World Medical Mission and their public Facebook page. Posted on their public Facebook page you can find pictures of patients before, during, and after their surgical treatment. Posed with them are the volunteers grinning ear to ear displaying their joy in "making a difference" while blithely ignoring this person's right to privacy and dignity. The Moreano World Mission is only one of hundreds of organizations that are unregulated and allow non-medical participants to engage in the violation of the medical ethics and is one of the worst offenders of social justice and human rights. They disregard basic medical ethical standards and with no governing body monitoring them, they will continue to exploit the most vulnerable populations with little to no restriction.

Not only are there privacy concerns with STMMs, but even more concerning is the opportunity for a lay person to play "doctor" while on these voluntourism trips. In an advertisement for the international volunteer organization Projects Abroad, students as young as age 15 can "get the real-world clinical experience you need to excel in a medical career". Adam O, age 17, writes in his Projects Abroad testimonial how he was able to see three deliveries and even one delivery of a 16-year girl who did not make it to the delivery room. He also writes about how he was given the opportunity to treat pediatric patients for ringworm, dress their wounds, and distribute their "anti-worm medication". Kimberly M wrote about how great it was to be able to watch multiple surgeries while in Mongolia as it is difficult to observe surgeries in her home country of the United Kingdom. Even Unite for Sight, advertises to the opportunity to volunteer with them and watch "sight restoring surgeries" (<https://www.uniteforsight.org/volunteer-abroad/interests>) [6] and yet they provide one of the most detailed guidelines of best and worst practices for STMMs. It is concerning to think that even today that the basic principles of ethics can be easily tossed aside for idle curiosity. Additionally, some medical providers may find themselves practicing outside their scope of expertise in response to the lack of specialists in the area. We would not allow a General Practitioner to perform eye surgery, why is this standard different outside our borders? Some of the worst offenders are students. Students enrolled in clinical education programs at home often find themselves with opportunities to practice above their current level of training. They may see it as an opportunity to practice and perfect with little consequence [7]. STMM's largely are self-serving, ineffective, pose burdens to the host community and fail to provide continuity of care and sustainability plans. STMM's provide minimal benefit to the host community and take

advantage of the vulnerability of the communities they invade [8]. They fall under the misguided notion that some care is better than providing none. It's very difficult for these communities to say no because even though the missions may not directly satisfy their most pressing needs, they still lack resources.

Recommendations

While no orientation can help prepare someone for what is to come on a STMMs, there are several things that organizations can do in order to prevent some unethical practices. First, all volunteer organizations should cease and desist all opportunities that allows under qualified or unqualified persons to practice medicine. Second, an appeal to countries across the globe and the World Health Organization to create policies that condemn and restrict organizations that run STMMs that do not provide ethical and safe medical care. Third, a request for the formation of governing body to monitor, license and oversee the burgeoning growth of organizations providing medical care to vulnerable populations in this format. Fourth and not final, the development of global policies and policing of STMM's to ensure that health as a human right extends to its fullest meaning.

Conclusion

No person should be exposed to unethical health practices for the curiosity of another. The request for a regulatory body is urged to the World Health Organization (WHO) and the national and local governments of the most frequented countries by STMM's. The vulnerability of the population entails serious risks of exploitation [9]. The standards of medical care and ethical practice should not waiver with geography or be compromised by the curiosity of another. Health is a human right and healthcare with basic human dignity is inherent in that right.

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