Ethical Considerations and International Volunteer Projects

David Frost, DDS, MS, FADI, FACD, FICD
“And truth is this to me, and that to thee;
And truth or clothed or naked let it be.”

“How did I get here?

“Idylls of the King, The Coming of Arthur”
By Alfred, Lord Tennyson
How did I get here?

How can I help?

“Wait, What? And Life’s Other Essential Questions”
James E. Ryan, dean, Harvard Graduate School of Education
Ethics

The basic concepts and fundamental principles of *right* human conduct — it includes the study of universal values such as the *essential equality* of all men and women, human or natural rights, obedience to the law of land, and concern for health and safety.
Ethics and morals relate to “right” and “wrong” conduct. While they are sometimes used interchangeably, they are different: Ethics refers to rules provided by an external source, e.g., codes of conduct in workplaces or principles in religions. Morals refers to an individual's own principles regarding right and wrong.
Fundamental Ethical Principles

Autonomy
Beneficence
Nonmaleficence
Justice
Fidelity
Fundamental Ethical Principles

Autonomy or self determination: A respect for patient autonomy is one of the single most-talked-about principles or concepts in medical ethics. A respect for competent decisions by adult patients is a cornerstone of medical law.
Beneficence: Actions that are done for the benefit of others (the patient); Actions to prevent or remove harms or to improve the situation of others.
Beneficence: Healthcare providers are expected to refrain from causing harm, but we also have an obligation to help our patients — this is beneficence.
Fundamental Ethical Principles

**Beneficence:** Actions that are done for the benefit of others vs. **Autonomy:** Actions done according to the patients’ choice or decision. Patients are free to choose and informed of the options.
Nonmaleficence: Non-harming or inflicting the least harm possible to reach a beneficial outcome. Harm and its effects are considerations and part of the ethical decision-making process in healthcare.
Fundamental Ethical Principles

Nonmaleficence: non-harming or inflicting the least harm possible to reach a beneficial outcome. Short- and long-term harm, though unintentional, often accompany life-saving or other treatments.
Fundamental Ethical Principles

**Justice:** Linked to fairness, entitlement, and equality
Fundamental Ethical Principles

Justice — In healthcare, there are three categories:

Distributive justice – fair distribution of scarce resources
Fundamental Ethical Principles

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Rights-based justice – respect for people’s rights
Fundamental Ethical Principles

Justice — In healthcare, there are three categories:
Distributive justice – fair distribution of scarce resources
Rights-based justice – respect for people’s rights
Legal justice – respect for morally acceptable laws
Fundamental Ethical Principles

**Fidelity:** Requires loyalty, fairness, truthfulness, advocacy, and dedication to the patients; refers to the concept of keeping a commitment and is based upon the virtue of caring.
Primum non nocere
First do no harm!

Integrity
Objectivity
Professional Competence and Due Care
Professional Behavior
The East Chapel Hill Civic Club Experiment (experience)
Health conditions around the globe – what is the magnitude of the problem?

Half the world’s population without access to healthcare (WHO)

Serious shortage of trained healthcare personnel in developing countries

Lack of resources for training

Kathmandu, Nepal
Global Health Workforce Crisis

- Current shortage of health care workers: 7.2 million
- Estimated shortage by 2035: 12.9 million

83 countries have fewer than 23 health workers for every 10,000 people*

*Statistics from “A Universal Truth: No Health Without a Workforce” – a report by the Global Health Workforce Alliance and World Health Organization
Practical Methods to Provide Care:

- Take the developed world care system/team to them
- Bring them to us
- Teach them to fish

Nepal 1987
Three Basic Techniques

- **Fly in with a big team**
  - Variations
  - Pitfalls

C5A with Air Mobile Hospital
Instead of “Take me to your leader!”
they said
“Take me to your operating room.”
Space Alien Healthcare Providers – What if they landed on Michigan Avenue?

- Offered to cure all our diseases?
- Possessed unbelievable wealth
- Taller and bigger than we are; don’t look or talk like us
- Didn’t appreciate anything we had or did
- Oh, and no license!
“It is inappropriate arrogance to assume that anything that a Western doctor has to offer his less developed neighbor is progress. These [Western physician] tourists are often working outside their trained specialty or have little concept of how that specialty applies to Nepal. They frequently don’t understand local illness presentation, culture, or language. They often offer inappropriate treatment because they think they ‘must give something.’ The consultations are often one off, with little possibility for follow up and the local health providers are left to pick up the pieces with no record of the consultation. If an unregistered Nepali doctor on holiday in the United Kingdom offered general medical consultations in a shopping centre there would be a public and professional outcry.”
Improving Healthcare in Developing Countries?
Ethical Issues

- Mission Team – Missionaries
- Been to Africa (or wherever)
- Personal Quest
Missions take many forms

- Albert Schweitzer (1875-1965) – Minister who went to medical school at age 30 and then became a medical missionary
- He built and ran a hospital in Lambaréné in what is now Gabon, Africa
Improving Healthcare in Developing Countries?
Ethical Issues

- Mission Team – Missionaries

“When the missionaries came to Africa they had the Bible and we had the land. They said ‘Let us pray.’ We closed our eyes. When we opened them we had the Bible and they had the land.”

Desmond Tutu
Colonialism

“Medical Colonialism”

Been to Africa (or wherever):

Exploitation by a stronger country of a weaker one; the use of the weaker country's resources to strengthen and enrich the stronger country

A policy by which a nation maintains or extends its control over foreign dependencies
Improving Healthcare in Developing Countries? Ethical Considerations

Personal Quest

Procedure or “body count”

Exotic or unusual cases

“Look what I did!” – Self-aggrandizement

Examine yourself
Personal Quest

Procedure or “body count”

Exotic or unusual cases

“Look what I did!” – Self-aggrandizement
Three Basic Techniques

- **Fly in with a big team**
  - Variations
  - Pitfalls

- **Bring them (caregivers or patients) to us**
  - Variations
  - Pitfalls
Improving Health Care in Developing Countries?

- Been to America
  - Bring me your poor patients ...
    with interesting diseases
  - Or send me your doctors
    to train and ...

... keep
Improving Health Care in Developing Countries?

- Been to America (and stayed)

"Human beings, being what they are, they know what they are coming back to: they are going to get a salary, which is 10 times less, [than] if they worked in the United States or the United Kingdom."
Three Basic Techniques

- Fly in with a big team
  - Variations
  - Pitfalls
- Bring them (caregivers or patients) to us
  - Variations
  - Pitfalls
- Teach them to fish
  - Variations
  - Pitfalls
“What will they eat next week?”

Dependence

Sustainability

Compliments to Dr. Kevin Hardwick
Health Volunteers Overseas and others
Teaching in Multiple Forms
Inspiring Practices

Partner with locals
Eliminate barriers to care
Provide comprehensive care
Control for quality of care
Be accountable
Inspire and mobilize others
Applying best-practice principles in global health helps to ensure the maximum beneficial impact of any global health endeavor.

Learn from the people,
plan with the people.
Begin with what they have,
build on what they know.
Of the best leaders,
when the task is accomplished,
the people will remark,
“We have done it ourselves.”

Lao Tzu
Short-term missions are often labeled as medical tourism or "volunteer vacations" — “short-term overseas work in poor countries by clinical people from rich countries”— and can be seen as:

**Self-serving:** providing value for visitors without benefitting the local community

**Raising unmet expectations:** sending volunteers who do not have appropriate training or accountability
Leaving a mess behind
Failing to match technology to local needs and abilities
Failure of NGOs to cooperate and help each other
Not having a follow-up plan
Allowing politics, training, or other distracting goals to trump service, while representing the mission as “service”
Going where we are not wanted/needed and/or being poor guests
Doing the right thing for the wrong reason

Ineffective: providing temporary, short-term therapies that fail to address root causes

Imposing burdens on local health facilities: providing culturally irrelevant or disparaging care and leaving behind medical waste

Inappropriate: failing to follow current standards of healthcare delivery (such as continuity and access) or public health programs (like equity and sustainability)
First:
DO NO HARM

Working beyond your:
Training
Experience
Facility
Equipment
Supplies
Support staff
Time
Do we want to build effective, sustainable programs with measurable results?

Due to high costs, schedule constraints, and complicated logistics, many global health endeavors take the form of short-term dental/medical missions, which undermine the local healthcare system, cause significant harm, and reinforce poverty.
Proper training is essential for volunteers. Volunteers who are not both practically and psychologically competent to work abroad can end up being a burden to the global health organization and its local partners, while well-prepared volunteers can make an immediate, high-impact difference. Those traveling to developing countries must first be educated about local culture, and familiarize themselves with their target communities. (Peace Corps/HVO)
In addition, volunteers must be competent to carry out their duties, which may include providing education or completing basic tasks. Incompetent volunteers can do more harm than good by propagating false information, or interfering with proper care. All global health volunteers must have a basic knowledge of international development and best practices in global health.
Teaching and Patient Care
Global health organizations can provide their partners in the developing world with necessary dental equipment and supplies to facilitate effective work. Obtaining donated equipment is an excellent way to minimize overhead costs. Not all donated equipment, however, is beneficial to global health organizations and their partners. For equipment donations to be useful, key points must be considered:

- Equipment must be requested.
- Equipment must be functional, and of high quality.
- Equipment must be familiar to local healthcare professionals.
- Overall cost-effectiveness
- Medicines and dated supplies MUST NOT be expired.
RESOURCES:

The Forum on Education Abroad
(forumea.org)

- “Guidelines for Undergraduate Health-Related Experiences Abroad”
- “Leading Short-Term Education Abroad Programs: Know the Standards”
RESOURCES:
Working Group on Ethics Guidelines for Global Health Training (WEIGHT) – Duke

“Ethics and best practice guidelines for training experiences in global health”

- Guidelines for institutions, trainees, and sponsors of field-based global health training
- Ethics and best practices

John A. Crump and Jeremy Sugarman
The Future is Here!


Illich, I. “To Hell with Good Intentions” from the Conference on InterAmerican Student Projects. Mexico, April 1968


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Breakout Sessions

- Legal issues for individuals/institutions
- Positive and negative impacts on the local community
- Integrating non-dental agendas into projects
- Student experience: What are the limits?
- Infection control; patient and volunteer safety
- Working with locals/patient selection/follow-up