“First, I will do no harm”
an investigation of short term medical missions in Guatemala

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ABSTRACT

This study includes an examination of literature surrounding short-term medical missions (STMM) conducted by foreign volunteers in Guatemala. Themes emerge of cultural incompetence, prioritization of volunteers over patients, and a dangerous dependence of the Guatemalan health system on foreign investment. Still, the researcher concludes that STMM are an important part element in the construction of a more egalitarian relationship between medical professionals in nations with different levels of resources.

METHOD

The study began with a relatively open question: what are the effects of short term medical missions (STMM) in Guatemala? Recognizing the multifaceted nature of the question, I looked for sources from a variety of disciplines, including anthropology, public health, and political science. In the University of Washington library database, I only found literature written by non-Guatemalan authors, but many of the works included interviews with people in the country. Searches in Guatemalan university databases did not return any results. I included my own experience working under the US Embassy to Guatemala as a medical project facilitator, acknowledging the possibility of bias, but also hoping to include perspective that was not represented in the literature.

INTRODUCTION AND PURPOSE

The Hippocratic Oath is an ancient code of medical ethics followed by practitioners of medicine across the globe. The code consists of a series of oaths, among them that they will practice medicine with good judgement and within their own scope; that they will remain dedicated to education within the profession of medicine; that they will only enter a place in order to do care for the sick; and that they will abstain from all acts of injustice. Although the words do not appear in the original oaths, the principles are often summarized in the phrase, “first, I will do no harm.”

At first glance, the idea of short term medical missions (STMM), short trips in which volunteers from rich nations visit lower income countries to provide medical service for a short period, appears to be a near-perfect manifestation of the Hippocratic Oath. Particularly in the case of countries like Guatemala, identified by the WHO in 2013 as having the second-worst health status in the region, the sense of obligation to help can be very powerful. However, this emotional motivation may cloud judgement and result in the creation of programs that are ineffective at best, and harmful at worst.

To ensure that volunteer humanitarian and medical work is effective and beneficial, it is vital to remove the emotions of the volunteers from the decision-making process and replace them with the input of the host communities, empowering them to make their own decisions about their health. The purpose of this study is to examine the existing literature surrounding STMM and understand their true impacts on local communities.

RESULTS

Poor STMM planning stems from the objectification of poverty by volunteers from HICs

Privileged groups frequently define the poor of Central America according to their own agenda, without any input from the communities in question. Particularly in the context of humanitarian work, the diverse population of Central America is often homogenized as a single, desperate group deserving pity. There is a pervasive conflation of poverty with culture (Scandlyn et el, 2009).

In some cases, physicians from HICs view those from LICs as less competent. Local medical professionals’ experience is devalued, and their relatively superior knowledge of community needs is discarded during the planning process. They may be relegated to a trainee role during STMM, receiving insights from foreign volunteers rather than being treated as subject matter experts and qualified professionals.

This view of poverty justifies the practice of poorly-regulated medicine in LICs, paternalistic prioritization of volunteer contributions over true community needs, and the frank exploitation of low-income communities to further individual and institutional image goals. As Green and Berry point out, this lack of emphasis on empowering the communities being served results in a continuation of oppressive systems.

Treatment quality and objective measures of success are often sacrificed during STMMs

Various researchers identified a tendency among volunteers to separate charity medical work from the normal practice of medicine in their countries of origin. This stems in part from a perception that for people living in poverty, “anything is better than nothing,” since STMMs are their only point of access to healthcare. Not only is this supposition often inaccurate, but the separation between international charity work and domestic medical work creates an environment in which a volunteer may overvalue their own contributions and feel justified in providing care that would be unacceptable at home (Berry, 2014 and McCall & Iltis, 2014). Unacceptable care includes practice by unlicensed volunteers (such as pre-med college students) or practice beyond a licensed professional’s scope (Green et al, 2009).

The “anything is better than nothing” mentality also changes the way that the success of a medical project is evaluated. Emphasis is placed on the volunteers’ perception of success, which is often based on the number of patients served, rather than the community’s perception of success (Berry, 2014) or measurable patient outcomes. Often, the medical contributions of volunteers, particularly those without medical qualifications, are not well regulated or documented, reflecting a certain carelessness regarding their treatments or the patient’s need for follow-up care (McCall & Iltis, 2014).

This carelessness is also reflected in the mass donation of drugs and other medical products that are expired or otherwise unapproved for use in the donating countries (Green et al, 2009).

STMMs are often conducted without recognition of their political and social impacts in the host nation

The constant need to capture the attention of international donors can cause the adoption of short-sighted political strategies that are not necessarily in the interest of public health (Replogle, 2002). Due to Guatemalan government funding allocation practices, the presence of a volunteer clinic automatically decreases the amount of public infrastructure investment in the area, regardless of its capacity to provide needed services (Green et al, 2009).

In addition to decreasing governmental investment in health, high levels of dependence on healthcare provided by NGOs changes communities’ health seeking behaviors. In some cases, individuals will wait for volunteer health events rather than accessing services in the local system. Additionally, when volunteer health services disappear or a patient needs a higher level of care, the patient may not know how to navigate the local health system (Green et al, 2009).

Although there are patients in Guatemala who truly cannot afford to pay at all for medical treatment, the assumption that all of Guatemala is in the same financial position is false. In fact, doctors interviewed by Green et al have observed that patients who pay, as little as the cost may be, tend to feel more satisfied with the services that they have received. These doctors propose that the act of paying, as long as it does not pose a risk to the patient’s ability to access treatment, allows the patient to feel like an active participant in their health rather than a passive recipient of services. Indiscriminate provision of free services by NGOs also affects the livelihoods of rural Guatemalan doctors, further decreasing the incentive to practice rural medicine in a country with profound disparities between urban and rural populations (Green et al, 2009).

RECOMMENDATIONS

Various experts agree that STMMs can be beneficial to certain communities, but they cannot replace necessary reforms to local health systems. Poorly conducted STMMs can do more harm than good.

In order for the benefits of STMMs to outweigh the risks, volunteer physicians at Children’s Health International Medical Project Seattle have outlined a STMM planning model consisting of six guiding principles:

1. Creation of a collaborative relationship between the volunteer organization, the community they serve, and local infrastructure.
2. Provide appropriate education for volunteers, the community, and host nation partners.
3. Prioritize the good of the community.
4. Work as a team.
5. Work for sustainability.
6. Conduct high quality evaluation of efforts in order to ensure that appropriate health goals are being met in the community.

CONCLUSION

The existing literature is very clear with respect to the risks of STMMs. In the absence of adequate planning, they are not only a waste of resources, but they may result in poor quality patient care and impede the development of local health systems in the communities the projects supposedly serve. The medical effectiveness of STMMs hinges on creating a plan of action defined by vigorous investigation, including and based on the needs identified by the community itself. Given appropriate planning and integration of local medical systems, STMMs can provide the opportunity to increase cross-cultural understanding between medical personnel of different backgrounds, but this type of collaboration is only possible when all parties are viewed as professionals, equally responsible for the welfare of their patients.

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