REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

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Subject: Short-Term Global Health Clinical Encounters

Presented by: David A. Fleming, MD, Chair

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Short-term global health clinical encounters deploy physicians and physicians in training from wealthy communities to provide care in under-resourced settings for a period of days or weeks. They have been promoted, in part, as a strategy for addressing global health inequities, and have unquestionably benefitted thousands of individual patients. At the same time, these trips have a problematic history and run the risk of causing harm to the patients and communities they intend to benefit [1]. To minimize harm and ensure significant benefits, participants, sponsors, and hosts must jointly prioritize activities to meet mutually agreed-on goals; navigate day-to-day collaboration across differences of culture, language, and history; and fairly allocate host and team resources.

Ethics guidance can neither redress historical wrongs nor solve the underlying structural issues that drive medical need in under-resourced settings. However, by making explicit the conditions under which short-term global health clinical encounters are ethically sound and articulating the fundamental ethical responsibilities of those who participate in and sponsor such trips, ethics guidance can promote immediate benefit to individuals and sustainable benefit for host communities. In addition, ethics guidance can highlight the ways in which power imbalances and neo-colonial assumptions can shape these practices and so may undermine their moral acceptability. This report by the Council on Ethical and Judicial Affairs (CEJA) explores the challenges of short-term global health clinical encounters and offers guidance for physicians, physicians in training, and sponsors to help them address the ethical challenges of providing clinical care in under-resourced settings. The encounters and perspective of host communities may reveal concerns not specifically addressed in this report. However, the guidance provided emphasizes the critical importance of ethical intent and collaboration with host communities, thus encouraging ongoing conversations between visiting medical teams and host communities regarding cultural, ethical, and practical concerns.

THE APPEAL OF SHORT-TERM GLOBAL HEALTH CLINICAL ENCOUNTERS

Just how many clinicians and trainees volunteer to provide medical care in under-resourced settings is difficult to estimate, but the number is large. By one estimate, in the U.S. some 21% of the nearly 3 billion dollars' worth of participant hours spent in international efforts in 2007 were medically related [2]. For trainees, in January 2015 the Consortium of Universities for Global Health identified more than 180 websites relating to global health opportunities [3]. The

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Association of American Medical Colleges found that among students who graduated in 2017–2018 between 25% and 31% reported having had some "global health experience" during medical school [4].

A variety of reasons motivate physicians and trainees to participate in these projects. For many, compelling motivations include the opportunities to help address health inequities, improve their diagnostic and technical skills as clinicians, or explore global health as a topic of study [2]. Global health clinical encounters may also be pursued to serve the goals of building one's resume, improving one's professional prospects, and gaining the esteem of peers and family [2].

A NOTE ON TERMINOLOGY

The literature is replete with different terms for the activity of traveling to an under-resourced community to provide medical care on a volunteer basis, including "short-term medical volunteerism" [5], "short-term medical missions" [6], "short-term medical service trips" [7,8], "short-term experience in global health" [9,10], "global health field experience" [11], "global health experience," and "international health experience"[2].

The Council on Ethical and Judicial Affairs prefers "short-term global health clinical encounters." This identifier is generally accepted and encompasses both clinical and educational activities. It also recognizes that such encounters are not exercises in pure altruism, but a mutually beneficial collaboration between those planning and participating in these encounters and host communities. The term also highlights the fact that these activities are limited in duration, which has implications for the ethical obligations of participants and their impact on host communities.

MEDICAL CARE IN UNDER-RESOURCED SETTINGS

Traditionally, short-term global health clinical encounters focused on providing clinical care as a charitable activity, not infrequently under the auspices of faith-based institutions, whose primary goal was to address unmet medical needs [10]. Increasingly, such trips focus on the broader goal of improving the health and well-being of host communities [9]. Many also offer training opportunities for medical students, residents, and local healthcare professionals [9,10,11]. Ideally, short-term global health clinical encounters are part of larger, long-term efforts to build capacity in the health care systems being visited, and ultimately to reduce global health disparities [9,10].

The medical needs of host communities differ from those of participants' home countries—participants may encounter patients with medical conditions they have not seen before, or who present at more advanced stages of disease, or are complicated by "conditions, such as severe malnutrition, for which medical volunteers may have limited experience" [7]. At the same time, available treatment options will often include medications, procedures or tools with which participants are not familiar. As such, the practice of medicine in under-resourced communities should be considered a unique area of expertise, requiring specific background and training in order to be effective [12].

By definition, short-term global health clinical encounters typically take place in contexts of scarce resources. The communities where these encounters take place often have limited access to health care, often lack access to food, and often lack both economic and political power [7]. As a result, they may feel unable to refuse assistance that is offered [10]. Moreover, short-term global health clinical encounters take place under the long shadow of colonialism, including medicine's role in that [10], and have been critiqued as perpetuating the colonial legacy of racism, exploitation, and dependency [1,10,13]. To avoid reproducing these injustices, participants and sponsors should

recognize that it is a privilege to practice and train in under-resourced communities, and that justice requires reciprocity and equal respect among local and visiting staff, community members, and patients in this context [9].

These realities define fundamental ethical responsibilities not only for those who volunteer, but equally for the individuals and organizations that sponsor short-term global health clinical encounters.

ETHICAL RESPONSIBILITIES IN SHORT-TERM GLOBAL HEALTH CLINICAL ENCOUNTERS

Emerging guidelines identify the following ethical duties for participants of short-term global health clinical encounters and organizations sponsoring them: (a) to produce good clinical outcomes, (b) to promote justice and sustainability, (c) to minimize burdens on host communities, and (d) to respect persons and local cultures [2,9,10,11].

Promoting Justice & Sustainability

If short-term global health clinical encounters are to achieve their goal of improving the health of local host communities, they must commit not simply to addressing immediate, concrete needs, but to helping the community build its own capacity to provide health care. To that end, the near and longer-term goals of trips should be set in collaboration with the host community, not determined in advance solely by the interests or intent of trip sponsors and participants [7,9]. Trips should seek to balance community priorities with the training interests and abilities of participants [10], but in the first instance benefits should be those desired by, and acceptable to, the host community [9]. Those involved with short-term global health clinical encounters have a responsibility to ask how they can best use a trip's limited time and material resources to promote the long-term goal of developing local capacity. Will the trip train local health care providers? Build local infrastructure? [7]? Ideally, a short-term global health experience will be embedded in a longer-term strategy and collaboratively planned with the host community [7,10].

Minimizing Harms & Burdens in Host Communities

Just as focusing on the overarching goal of promoting justice and sustainability is foundational to ethically sound short-term global health clinical encounters, so too is identifying and minimizing the burdens such trips place on the host communities.

Beyond lodging, food, and other direct costs of short-term global health clinical encounters, which are usually reimbursed to host communities [9], such trips can place other, less visible burdens on host communities. Physicians, trainees, and others who organize or participate in short-term global health clinical encounters should be alert to possible unintended consequences that can undermine the value of a trip. Trips should not detract from or place significant burdens on local clinicians and resources, particularly in ways that negatively affect patients, jeopardize sustainability, or disrupt relationships between trainees and their home institutions [9,11]. For example, the expectation that local healthcare and support staff will be available to assist visiting clinicians in addition to (or in place of) their usual duties can disrupt care for their existing patients. It should not be assumed that host communities can absorb additional costs, even on a temporary basis [14]. Particular attention should be paid to the follow-up care that burdens local practitioners and may result in harm to patients in the aftermath of invasive procedures [15].

Sharing information beforehand as to how visiting health care professionals are expected to interact with the host community, the team's objectives, and the skill, and training they bring, can reveal potential benefits and harms, thus allowing them to be discussed and addressed before the team embarks on the experience. Likewise, selecting team members whose skills and experience map onto the needs and expectations of the host community can help minimize disruptive effects on local practice [11]. Advance preparation should include developing a plan to monitor and address ongoing costs and benefits to patients, host communities and institutions, including local trainees (when the trip includes providing training for the host community) [11].

Respecting Persons & Cultures

Physicians and trainees who participate in short-term global health clinical encounters face a host of challenges. Some of them are practical, such as resource limitations, unfamiliar medical needs, living conditions outside their experience, among many others. Others involve successfully navigating language(s) and norms they may never have encountered before, or not encountered with the same immediacy [1,2,9]. Striking a balance between Western medicine's understanding of professional ethics and the expectations of host communities rooted in other histories, traditions, and social structures calls for a level of discernment, sensitivity, and humility that may more often be seen as the skill set of an ethnographer than a clinician.

Individuals who travel to provide medical care in under-resourced settings should be aware that the interactions they will have there will inevitably be cross-cultural. They should seek to become broadly knowledgeable about the communities in which they will work, such as the primary language(s) in which encounters will occur; predominant local understandings of health and illness; local expectations for how health care professionals behave toward patients and toward one another; and salient economic, political, and social dynamics. Participants should take advantage of resources that can help them cultivate the cultural sensitivity they will need to provide safe, respectful, patient-centered care in the context of the specific host community [7,10,11]. Further, trip participants should be mindful that they bring with them their own unexamined cultural beliefs and assumptions about under-resourced communities, some of which trace back to colonialist, racialized attitudes. For instance, there is a widespread assumption that visiting physicians and trainees possess universally applicable (and perhaps superior) skills and knowledge simply by virtue of their association with Western medicine [19].

Individuals do not bear these responsibilities alone. Organizations and institutions that sponsor short-term global health clinical encounters have a responsibility to make appropriate orientation and training available to participants before they depart [11], in addition to working with host communities to put in place appropriate services, such as interpreters or local mentors, to support participants during the experience.

The ethical obligation to respect the individual patients they serve and their host communities' cultural and social traditions does not obligate physicians and trainees "to violate fundamental personal values, standards of medical care or ethical practice, or the law" [9]. Participants will likely be challenged, rather, to negotiate compromises that preserve in some reasonable measure the values of both parties whenever possible [16]. Participants should be allowed to decline to participate in activities that violate deeply held personal beliefs, but they should reflect carefully before reaching such a decision [17].

PREPARATION FOR THE EXPERIENCE

Fulfilling these fundamental ethical responsibilities requires meeting other obligations with respect to organizing and carrying out short-term global health clinical encounters. Specifically, sponsoring organizations and institutions have an obligation to ensure thoughtful, diligent preparation to promote a trip's overall goals, including appropriately preparing participants for the experience. Physicians and trainees, for their part, have an obligation to thoughtfully choose those programs with which they affiliate themselves [1,2,9,11].

Prepare Diligently

Guidelines from the American College of Physicians recognize that "predeparture preparation is itself an ethical obligation" even though this is far from a universal practice at present [9,cf. 2,12]. Collaborative planning can identify what material resources and clinical skills participants should be expected to bring to the effort. For example, what activities participants should be assigned, or whether local mentors are needed or desirable and how such relationships will be coordinated [11].

Supervision of trainees also needs to be explicitly arranged and followed up once they arrive in the host community. Studies show that 20% of participants reported inadequate supervision during their trips, and it is common for medical schools to allow "students to arrange encounters abroad without faculty supervision and support" [18,12]. Allowing students to practice in under-resourced settings without proper supervision is a clear violation of their fiduciary duty.

Thoughtful preparation includes determining what nonclinical skills and experience participants should have to contribute to the overall success of the experience. For example, the goal of supporting capacity building in the local community calls for participants who have "training and/or familiarity with principles of international development, social determinants of health, …public health systems" and in some cases, health care administration [10,12]. Without this background, interventions may result in "resource wasting and potentially poorer patient care" [12].

Adequately preparing physicians and trainees for short-term global health clinical encounters encompasses planning with respect to issues of personal safety, vaccinations, unique personal health needs, travel, malpractice insurance, and local credentialing requirements [7]. Equally important, to contribute effectively and minimize "culture shock" and distress, participants need a basic understanding of the context in which they will be working [1,2,7]. Without expecting them to become experts in local culture, participants should have access to resources that will orient them to the language(s), traditions, norms, and expectations of the host community, not simply to the resources and clinical challenges they are likely to face. Participants should have sufficient knowledge to conduct themselves appropriately, whether that is in how they dress, how they address or interact with different members of the community, or how they carry out their clinical responsibilities [7]. They also need to know to whom they can turn for guidance. If at all possible, this should be someone from outside the host community, since community members may be reluctant to "push back" against the judgments and actions of participants [19].

Preparation should also include explicit attention to the possibility that participants will encounter ethical dilemmas. Working in unfamiliar cultural settings and with limited resources introduces the real possibility that physicians and trainees will encounter situations in which they "are unable to act in ways that are consistent with ethics and their professional values" or "feel complicit in a moral wrong" [9]. In particular, participants will be required to assess "how to balance risks and benefits [for patients who have been economically marginalized and who are experiencing illnesses

with which they have little clinical experience] … how to distribute limited medical resources, and when non-intervention is the appropriate choice" [15]. In addition, participants may find that local beliefs are inconsistent with their own ethical commitments. Having strategies in place to address dilemmas when they arise and to debrief after the fact can help mitigate the impact of such encounters. Physicians under stress due to difficult ethical situations experience emotional harm and this may, in turn, affect the quality of patient care [12]. In cases of irreducible conflict with local norms, participants may withdraw from care of an individual patient or from the project after careful consideration of the effect withdrawing will have on patients, the medical team, and the larger goals of the experience, in keeping with ethics guidance on the exercise of conscience. In addition, participants should keep in mind that some care is not always better than no care, and should ensure that they are able to provide safe, respectful, patient-centered care in the context of the specific host community at all times. This context requires cultural respect and awareness on the part of participants, as well as ongoing attention to the fact that certain treatment decisions may become burdensome to the local medical community once the volunteers leave.

Choose Thoughtfully

Individual physicians and trainees who participate in short-term global health clinical encounters are not typically in a position to directly influence how such programs are organized or carried out. They can, however, choose to participate in activities carried out by organizations that fulfill the ethical and professional responsibilities discussed above [9,10,11]. Participants can select organizations and programs that demonstrate commitment to long-term, community-led efforts to build and sustain local health care resources over programs that provide episodic, stop-gap medical interventions [10]. Participants should strive to avoid working with "volunteer placement organizations" that operate primarily for their own profit and/or lack adequate on-site supervision for trainees [14]. Such organizations exploit the needs of host communities by offering them a small sum per participant and then sending participants to them without support. Physicians and trainees should also refrain from the "casual or opportunistic" treatment of patients that are not coordinated with local health care systems in advance [20].

Measure & Share Meaningful Outcomes

Organizations that sponsor short-term global health clinical encounters have a responsibility to monitor and evaluate the effectiveness of their programs, and to disseminate their findings in a transparent manner [7,9,10]. The measures used to evaluate program outcomes should be appropriate to the program's goals as defined proactively in collaboration with the host community [9]. Prospective participants should affiliate themselves with programs that demonstrate effectiveness in providing outcomes meaningful to the population they serve, rather than simple measures of process such as number of procedures performed [7]. Since the success of procedures and programs cannot reasonably be verified if even their medium-term outcomes cannot be monitored, participants should prefer programs that can track patient results over an extended timeframe, even if their own contribution is made in a short time.

RECOMMENDATION

In light of these considerations, the Council on Ethical and Judicial Affairs recommends that the following be adopted, and the remainder of this report be filed:

> Short-term global health clinical encounters, which send physicians and physicians in training from wealthier communities to provide care in under-resourced settings for a period of days or weeks, have been promoted as a strategy to provide needed care to individual patients and,

increasingly, as a means to address global health inequities. To the extent that such encounters also provide training and educational opportunities, they may offer benefit both to the host communities and the medical professionals and trainees who volunteer their time and clinical skills.

Short-term global health clinical encounters typically take place in contexts of scarce resources and in the shadow of colonial histories. These realities define fundamental ethical responsibilities for participants, sponsors, and hosts to jointly prioritize activities to meet mutually agreed-on goals; navigate day-to-day collaboration across differences of culture, language, and history; and fairly allocate resources. Participants and sponsors must focus not only on enabling good health outcomes for individual patients, but on promoting justice and sustainability, minimizing burdens on host communities, and respecting persons and local cultures. Responsibly carrying out short-term global health clinical encounters requires diligent preparation on the part of participants and sponsors in collaboration with host communities.

Physicians and trainees who are involved with short-term global health clinical encounters should ensure that the trips with which they are associated:

(a) Focus prominently on promoting justice and sustainability by collaborating with the host community to define project parameters, including identifying community needs, project goals, and how the visiting medical team will integrate with local health care professionals and the local health care system. In collaboration with the host community, short-term global health clinical encounters should prioritize efforts to support the community in building health care capacity. Trips that also serve secondary goals, such as providing educational opportunities for trainees, should prioritize benefits as defined by the host community over benefits to members of the visiting medical team or the sponsoring organization.

(b) Seek to proactively identify and minimize burdens the trip places on the host community, including not only direct, material costs of hosting participants, but also possible adverse effects the presence of participants could have for beneficial local practices and local practitioners. Sponsors and participants should ensure that team members practice only within their skill sets and experience.

(c) Provide resources that help them become broadly knowledgeable about the communities in which they will work and to cultivate the cultural sensitivity they will need to provide safe, respectful, patient-centered care in the context of the specific host community. Members of the visiting medical team are expected to uphold the ethics standards of their profession and participants should insist that strategies are in place to address ethical dilemmas as they arise. In cases of irreducible conflict with local norms, participants may withdraw from care of an individual patient or from the project after careful consideration of the effect that will have on the patient, the medical team, and the project overall, in keeping with ethics guidance on the exercise of conscience. Participants should be clear that they may be ethically required to decline requests for treatment that cannot be provided safely and effectively due to resource constraints.

(d) Are organized by sponsors that embrace a mission to promote justice, patient-centered care, community welfare, and professional integrity. Physicians, as influential members of their health care systems, are well positioned to influence the selection, planning and preparation for short term encounters in global health. In addition, they can take key roles in mentoring learners and others on teams to be deployed. Physicians can also offer

guidance regarding the evaluation process of the experience, in an effort to enhance and improve the outcomes of future encounters.

Sponsors of short-term global health clinical encounters should:(e) Ensure that resources needed to meet the defined goals of the trip will be in place, particularly resources that cannot be assured locally. This includes arranging for local mentors, translation services, and participants' personal health needs. It should not be assumed that host communities can absorb additional costs, even on a temporary basis.

(f) Proactively define appropriate roles and permissible range of practice for members of the visiting medical team, so that they can provide safe, high-quality care in the host community. Team members should practice only within the limits of their training and skills in keeping with professional standards they would deem acceptable in their ordinary clinical practice, even if the host community's standards are more flexible or less rigorously enforced.

(g) Ensure appropriate supervision of trainees, consistent with their training in their home communities, and make certain that they are only permitted to practice independently in ways commensurate with their level of experience in under-resourced settings.

(h) Ensure a mechanism for meaningful data collection is in place, consistent with recognized standards for the conduct of health services research and quality improvement activities in the sponsor's country.

(New HOD/CEJA Policy)

Fiscal Note: Less than $500

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