

RESPONDING TO THE CHALLENGES OF SHORT-TERM MEDICAL MISSIONS¹

Scenario one: It was a simple question. “How was your night on call?” He raised his bowed head and stared mutely as tears filled his eyes and sobs racked his large frame. For this pediatrician of thirty years’ experience, death was not an unknown visitor in his suburban practice, but it was infrequent and rarely unexpected; to lose six precious little children to malaria, meningitis, and anemia in one night was overwhelming. He had done the best he could with the little he had, but the pain of the failure was tearing him apart.

Scenario two: Suddenly the child vomited round worms before the horrified eyes of the visiting short-term nurse who was participating in a temporary clinic deep in the jungle. The limited supply of vermifuge was gone. For the lack of a few cents’ worth of medication, there was nothing to be done.

Scenario three: With burning indignation, she examined the little five-year-old. The trusting, liquid brown eyes stared at her out of a face disfigured by a huge mass in the right cheek area. “Five days, indeed,” she sputtered. The fetid smell of the necrotic mass was overwhelming. With careful movements, she could put a gloved finger past the bony fragments of the remaining upper jaw and directly into the sinus. A molar was pushed by the mass to the middle of the hard palate with two of the three roots bared. The child choked on her own drool as she struggled to swallow. The hospital had no formalin to preserve the tissue for pathological examination, no pathology lab within hundreds of miles, the X-ray machine was malfunctioning, and a microbiology lab was only a dream. Even if the diagnosis was

made, there was no one capable of performing this sort of massive surgery nor were there any radiotherapy units willing to treat this poor patient.

Scenario four: The patient had an acute abdomen from a perforated typhoid ulcer of the distal ileum, but had delayed seeking treatment to the point that survival seemed unlikely. He was still alert, but in severe discomfort. The surgeon was university trained and went about a brisk and efficient resuscitation before wheeling the patient into the OR. He was good and he didn’t like to lose any patients. The operation was over shortly and he had done all he could, but the sepsis was overwhelming. The patient died during the immediate post-operative period without ever gaining consciousness. One of his fellow missionaries, a female nurse, asked him why he had been in such a hurry to get the man in the operating room. *Of all the dumb questions . . .* he thought indignantly. Then he listened in shame and sorrow as she continued, “Couldn’t you have taken the time to tell him about Christ first?” Broken in heart, he vowed to never forget his true priorities again.

Participating in medical missions is one of the greatest privileges you will ever have. Perhaps the greatest. Despite the four scenarios above, you will most likely return home with many success stories—stories of physical and spiritual healing. But there are significant challenges in serving in the medical and dental professions for short terms overseas. Make no mistake. Short-term medical missions can be a difficult, mind-blowing, paradigm-smashing, teeth-gnashing sort of experience at times. In North

¹ A special thanks to Dr. John Bullock, a retired missionary orthopedic surgeon to Bangladesh, for his seminal thoughts as expressed in a lecture at the ABWE Medical Missions Interface, July 1999.

America, specialization is the rule, and patients, medical societies, hospital credentialing committees, state licensing boards, and the courts all endeavor to make sure you do only what you are judged competent to do. On the field, you may be the only one even remotely qualified to do something. After all, you have a book and understand what it says better than the national healer or fetish doctor. That awareness still doesn't make your first-ever craniotomy with an open book any easier. You will be challenged beyond your level of comfort, and that is where you begin to learn about medicine, about people, about yourself, and about God. *God, surely this isn't what You meant when You said I can do all things through Christ who strengthens me?*

It must be understood that the following list of potential challenges in missions medicine is not comprehensive, that not all of these problems will be present in all situations, and that not all of them have good answers. They are not listed in order to intimidate you or talk you out of going. They are offered with the prayer that if you have a chance to think about some of these challenges before you are hit from all directions, it may prevent some times of anguish, anger, frustration, and lost efficacy. Everyone who has ever gone has felt those reactions. You will too. Thinking about these challenges and evaluating some of your expectations and preconceptions before you are facing them may help. When you begin to feel these stresses on the field, talk about them with one of the missionaries or someone who has been through them. Most of all, ensure that you have proper spiritual preparation before leaving; a regular

prayer support base before, during, and after the trip; and a willingness to trust the Lord for the daily grace it takes to face the day's challenges.

Challenges You Will Face

- ▶ Primitive conditions
 - ▶ Limited supplies and medications
 - ▶ Antique equipment and/or malfunctioning equipment
 - ▶ Uncertain power supply
 - ▶ Poor anesthesia
 - ▶ Low level of education and uncertain motivation of the national workers. These men and women are intelligent but have learned their jobs often by rote rather than by obtaining a full understanding about how and why things work. They also may not have what you might consider a "professional" approach or hold the professional standards that you hold. It may just be a job to them.
 - ▶ The flip side of the coin—working with nurses or operating room (OR) personnel who, despite inadequacies in their training, may have greater experience and knowledge than you have about a specific set of diseases or treatments. This can be hard on the insecure professional with an ego problem.
 - ▶ The crush of many patients and their families, neighbors, and interested bystanders who are waiting for treatment or perhaps just enjoying the entertainment provided by this novel experience
 - ▶ Poor patient understanding, poor cooperation, and poor compliance compounded by illiteracy and intense poverty (e.g., selling needed medications for the money it will bring because eating is more important than medicine)
 - ▶ Suspicion of your presence. Some native languages don't even have a word
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for “volunteer.” They assume some ulterior motive.

- ▶ Lack of thankfulness. There are some groups that believe you should be thankful to them for giving you the opportunity to gain merit with your god by “doing good” for needy people.
- ▶ Lack of hygiene and sanitation, along with an inability to either afford to change dressings or keep those dressings clean
- ▶ Complicated cases due to maltreatment, neglect, delayed seeking of treatment and/or underlying malnutrition
- ▶ Frequent patient deaths and sub-optimal results
- ▶ Language barriers: The interpreters may change or misunderstand the message in both directions of the conversation.
- ▶ There is danger of the short-term missionary overloading the facility and staff. Surgeons may try to do too many or too complicated procedures; non-surgical physicians may try to treat too many patients or not understand how to most effectively care for large numbers of patients in a climate with limited resources. On rare occasions, physicians may become so intimidated and afraid of making a mistake that they slow down to the point of becoming a hindrance to normal patient care and flow.
- ▶ New Diseases: “DNK” (Do Not Know) is your most common diagnosis, and you lack the diagnostic armamentarium of laboratory and imaging studies.
- ▶ The short-term missionary is asked to function beyond his comfort zone, usually not within his specialty or disease knowledge base.
- ▶ All of these lead to an acceptance of a lower standard of quality, at least as defined by North American standards.

This is all complicated by:

- ▶ Jet lag and fatigue
- ▶ Humidity
- ▶ Insects
- ▶ Friction among expatriate personnel and between national and expatriate personnel
- ▶ Internal personal stress
- ▶ Culture shock
- ▶ Illness (especially traveler’s diarrhea)

And yet it is worth it! Promise! As you read this chapter and the pertinent parts of the rest of this book, begin to prepare your mind and heart to accept some of the changes in the way you do things and think about things. Perhaps the most important piece of advice: *Go with the attitude of a servant, willing to serve and to learn.* You must go ready to serve rather than to be served. You must accept the fact that while you have much to teach, you have more to learn. Prepare to go with prayer and Bible study, and have a prayer team back home supporting you throughout your time overseas. This is often the only way you can get through the day. Sometimes you will literally feel that power of the prayers of the saints uplifting you and guiding you.

Don’t be unduly judgmental of the missionaries—the work they do and how they are doing it. You are not there to criticize or change things radically; you are there to come alongside, to help and to encourage the missionary and national staff. The Holy Spirit is referred to in John 16:7 as *parakletos*—the One who comes alongside. As God’s children, we are also to be *parakletos* in these situations. Do not assume that the people who are career medical providers are just hopelessly out of touch. Usually,

the compromises they have made are ones they had to struggle with because they were contrary to their feelings and training. Even if you have to struggle to accept it, give them the benefit of the doubt and assume that they understand better than you the reasons behind whatever they are doing. Short-term participants do not know the culture, the diseases, the costs, the government regulations, or the other demands on the career missionaries. *If there were simple solutions, they probably would have already instituted them.* Ask questions, observe carefully, and think hard about what you are told and what you see. Then, after waiting a sufficient time to see if there are any obvious drawbacks to your ideas, humbly offer a possible solution. An arrogant short-term missionary can do more damage with his or her attitude and comments than can be counterbalanced by any amount of good that he or she does.

Be prepared for healthcare settings that perhaps are not as clean as what you normally encounter. They will most likely be overcrowded as patients and loved ones spread out in whatever space is available. Other common conditions include a lack of reliable plumbing, water sources, and cleaning supplies. As circumstances allow, your example of good techniques for hygiene and minimizing contamination may become valued. You will have to choose methods, however, that preserve the hosts' and patients' sense of self-respect and avoid situations that cause undue embarrassment.

Remember that medicine per se is NOT the *raison d'être* for your being there nor for the hospital's existence. *The basic goal of medical missions is*

evangelism. Present Jesus Christ to patients, their families, and their friends. In contradistinction to the type of care advocated in the United States, it may not always be desirable from either a cultural or evangelistic standpoint to do outpatient therapy or rush them home after a procedure. Many patients and family members come to know Christ as they see the loving care and integrate it with the messages they hear during the ward visits and services. A medical cure has an effect of less than 70 years; a spiritual cure for the uniformly fatal disease of sin is eternal in its effect.

Despite the overwhelming need, set realistic goals for yourself. You are unlikely to change the culture of either the hospital or the country, and ill-advised attempts to do so can be seen as insensitivity or arrogance. For example, as the result of a two-week visit to Kenya you will not change the incidence of female circumcision no matter how desirable it may seem to you nor how obvious it may be to you that it should be stopped. You are also unlikely to single-handedly change the national health statistics. You are not in a competition to see X number of patients or do X number of cases. The success of your trip will not be judged by numbers; it will be judged by God. Take the long view and pace yourself. Since, realistically, many short-term medical missionaries may be near the end of their career, remember that you are not "the man you used to be," and, if you are honest, you probably never were and certainly won't be again! That's okay. Plan a margin into your schedule that takes into account your age and physical health. Take advantage of the fact that many cultures other than our own venerate

age, and your effectiveness may therefore actually be increased rather than decreased. Take comfort in that fact, and take advantage of it.

As a corollary to that, be sensitive to the pressures already on the national and missionary staff. Do not try to over-produce (which stresses the system unduly), and don't do difficult surgical cases that require care beyond the skills of the nursing staff or beyond the follow-up abilities of the medical staff left behind when you go home. The same person who is helping you do a case is often the one who came early to set up, the one who will clean up the room, the one who will clean and sterilize the instruments, and the one who will take calls with you. He wants to understand what you want and make you happy, but your accent sounds strange to him too! Let the expatriate staff set the pace. You may be there for a sprint, but they must pace themselves for a marathon. Do not criticize if the career missionary or local healthcare provider elects to exercise his prerogative to arrive late for clinic or leave early to do other activities. You may not understand the other demands on their time.

Be sensitive to the hospital's need to charge the patients for their care. It is often easier on the conscience of the visiting physician to want to see all patients who come and even to offer to pay for their care, but such a course of action may be counter-productive in the long run. The ultimate goal for most mission hospitals is to become self-supporting and to be turned over to the Christian nationals. Setting unreasonable expectations in the populace for low cost or free medical care does not always facilitate such a program, especially if the na-

tional church does not have access to an ongoing source of income. There will always be too few resources and too many patients.

Also, charging for the care received, even a small amount, often raises the "value" of the care in the eyes of the patient. This may increase compliance and cure rates.

Also be sensitive to the financial impact of your treatment on the patient and the patient's family. Most of the hospital's day-to-day operating budget comes from patients who make only a few hundred dollars a year. Ask your host missionaries about their normal treatment protocols. Order what is normally ordered, and in the lowest useful quantities. For chronic conditions, it is often more valuable in the long term if you try to treat them with drugs that will be available at that facility or in local pharmacies long after the wonder drug for that condition you brought with you has run out. For lab work, order only what is absolutely needed. Often the laboratory work is done manually and may cost the patient more than the treatment you would order for the condition you are considering. Having said all of that, in general, it is better to treat maximally for the disease the first time because patients often cannot afford a second attempt or return. To save face because they cannot pay, they may not return. One missionary physician with extensive experience in village clinics in Kenya advised to treat for two classes of diseases: the ones in your differential diagnosis that are certain or most likely and those that are the most lethal.

Redefine "quality medicine" for the setting, and base it on the expectations of the patients rather than your own.

TEN COMMANDMENTS FOR PROVIDING MEDICAL/DENTAL CARE OVERSEAS*

- A. I'm here to serve, not to be served.
- B. I know the American philosophy of medicine doesn't apply here. I need to do the best I can for the most people.
- C. I accept that I won't have the medicines and equipment I desire and need.
- D. I don't know much, so I'm here to learn.
- E. I'm not here to change things, so I won't criticize. I recognize that short-term participants don't know culture, diseases, costs, government regulations, and the other demands on the career doctors.
- F. I'm here to work hard and will do more than my share.
- G. I will not attempt things beyond my capabilities but will attempt new things with supervision.
- H. I will encourage the national and missionary staff.
- I. I will happily conform to standards of conduct to protect the testimony of the hospitals.
- J. I will love and respect the patients I treat.

*Taken from CMDA Mission Survival Kit

Sometimes just being seen is all they expect. The American philosophy of medicine does not apply in this new environment. You will not have access to the medications and treatment modalities you are used to having. Your expectations as to the nature and results of your therapy may be wildly expensive and, therefore, impossible for them. Be willing to set different end points for certain diseases than you would do in the U.S.; e.g., in osteomyelitis, suppression of the disease may be more reasonable and attainable in a Third World setting than cure is. Do the most good for the greatest number of people given your limited resources. Remember, function is many times of higher priority than esthetics. Keep it simple. Function, not perfection, is the goal.

Try to work quickly and efficiently. One short-term missionary refused to see more than ten patients a day, his usual number back home in his practice. He didn't want to feel rushed. He was of little help to the missionary who wanted some relief. There are huge numbers of patients to see. Pare your notes down to the absolute minimum. You are not going to be sued, and a long review of systems through an interpreter can take forever. Concentrate on the patient's presenting complaint.

Remember that most mission hospitals are located in cultures that value relationships more than events or a successful outcome. Failure to recognize the importance of personal greetings or acting like a prima donna often will do more to destroy your testimony than a brilliant medical save will enhance it. Don't assume anything about the knowledge or skill of the staff but *do* respect the knowledge they have about local

diseases, treatments, and customs. *Listen* to the advice of national and expatriate nurses. Impart teaching and training wherever possible, whether medical or biblical. Teach the missionary staff. Teach the national staff. It makes more sense to take time to make sure you have imparted some new knowledge or skill that can be utilized for years than to use the time to see one more patient today. If possible, take improved equipment or books with you to leave there if they facilitate what you have taught. When you return home, look for technologies that are suitable for that mission field. If the missionaries need them and you feel led to provide them, please do so. Above all, work harder than you are asked and be sure to encourage, encourage, encourage.

Learn once again to trust your training, experience, and skills in physical examination. Look for the evidence of the Lord's healing in cases that are beyond your skill and/or resources, and give Him the credit. *Primum non nocere* (first, do no harm) is still a good principle if you do not understand what you are seeing, but also always remember that the patient's only alternative to your educated guess may be the native healer or the witch doctor who may do harm more often than you do. Be willing to attempt new things under supervision or if there is no other reasonable alternative. In cases that turn out badly by your standards, trust in His wisdom and learn from the patient's clinical course. Always offer eternal healing.

Bring needed supplies, instruments, technologies and medical handbooks with you to the field. The *Physician's Desk Reference*, *The Merck Manual*, *The Handbook of Clinical Medicine* in

Developing Countries (from Christian Medical and Dental Society), an up-to-date *Current Medical Diagnosis and Treatment* (Lange), any good tropical medicine handbook, and most of the spiral-bound handbooks available for various specialties are always helpful for you to have while you are there and for you to leave for the subsequent use of the expatriate and national medical staff. The *Primary Surgery* textbooks by Maurice King (Oxford Press) are also valuable for surgeons and non-surgeons alike, but are difficult to obtain in the U.S. (see the bibliography). Scrub suits, gloves in your size, and any other instruments or supplies that you feel you must have should be brought by you. Glucometer supplies, dipstick chemistry sticks, pulse oximetry, and broad-spectrum parenteral antibiotics are always needed. Contact the missionaries a few months in advance to see what medical and personal things are needed, and plan to bring an extra suitcase or two of such things for them. Contact your drug representatives, hospitals, and sources of medical supplies and drugs early enough to allow time for paperwork, shipping, and back-ordering. There are many organizations and companies that will work with you to provide limited but valuable amounts of drugs and supplies for free or at a reduced price, but all of them require some time to process your request. Do not bring expired medicines without clearing it with the career missionaries where you will be working.

Stay in touch with the friends you make on the field, pray for them, support them, and return to the field at a future date if possible. Make the offer to be accessible by mail to serve as a consultant to the career missionary physi-

cian for any problem cases within your professional specialty that he may have in the future. Your understanding of his resources may make you very valuable to him. With digital cameras, pictures of findings and X-rays can easily be sent. Consider leaving them a digital camera. It is valuable for the transfer of both clinical and missionary family pictures.

Take pictures and notes of the diseases you see. It is a great way to talk to family, friends, church, medical colleagues, and local medical society meetings when you return home. Some of these cases will make great cases to present at “Grand Rounds,” and such speaking opportunities will give you an excuse to give your testimony.

Rediscover the joy of practicing medicine without the pressures of third-party oversight, financial pressures, and malpractice concerns. Enjoy the pleasure of sharing the Good News of Jesus Christ with your patients and the privilege of consulting chaplains for spiritual counseling for your patients as needed. Take time to personally spend in the Word and to reflect on the experience you are having. Write down your reactions, both positive and negative. Ask God to help you work through them and to learn from them.

Love and respect the patients you treat. Take this opportunity to see the Great Physician work without the trappings of modern medicine to interfere. Learn His art; copy His love. In all things, extend grace. As St. Francis said, “Preach the Gospel daily—if necessary, use words.” Learn to live your life as a “flagrant Christian.” God is responsible for the outcome; you are responsible only for the effort. After your trip, you will never be the same.

