

# GLOBAL HEALTH

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## STUDYING AND WORKING IN GLOBAL HEALTH

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### Chapter overview

After reading this chapter, you will be able to:

- explain why it is important for healthcare students and professionals to be knowledgeable about global health
- describe the qualities and attributes of global healthcare practitioners
- plan an elective overseas
- prepare for working successfully overseas.

### INTRODUCTION

Large-scale migration, together with the relative ease of travelling across the globe, improved communication technology, large multinational corporations aggressively recruiting globally and higher education becoming big business, have culminated in an increasing national diversity on all continents. This ‘flattening’ of our world (that is, globalization) has not only created a mobile healthcare workforce but also led to the notion of *global health*, defined as ‘health issues and concerns that transcend national borders, class, race, ethnicity and culture’ (Global Health Education Consortium, 2011). While globalization has benefits, our connectedness across continents has also facilitated the spread of disease, with pathogens not recognizing national borders.

Medical and health professions’ education thus needs to train global health practitioners who can translate their knowledge and experience of global health issues into local action. Not only do graduates need to function as members of multiprofessional teams but they also need to be culturally competent in a world in which peers, patients and colleagues often originate from different parts of the world (McKimm and McLean, 2011).

## WHAT PROBLEMS DOES DIVERSITY OF THE PROFESSIONAL WORKFORCE BRING?

Through the use of scenarios informed by our experiences as international educators and the wealth of literature addressing global health, this chapter explores the challenges students and health professionals may face in an ever-flattening world of travel, study and work. Solutions are explored and recommendations made. The chapter also considers the attributes, qualities and skills for working effectively with a wide range of patients and communities in different parts of the world. The scenarios aim to stimulate discussion on the ethics of international engagement and service learning in global health, highlighting issues arising within multidisciplinary and multicultural teams.

## STUDENTS: GLOBAL HEALTH ELECTIVES AND INTERNATIONAL HEALTH EXPERIENCES

Possibly the feeling of enhanced connectedness on a global scale and a sense of global community leads students and graduates to seek educational experiences in other cultures to enrich their understanding of healthcare. International electives and exchange opportunities are probably the main vehicle for engaging students in global health.

## TYPES OF GLOBAL HEALTH EXPERIENCES

Volunteer work was once the most common international health experience for students. Nowadays, a compulsory healthcare elective (in which students have some choice in where they go) is becoming the norm, partly driven by the need to include global health in the core curriculum and in terms of social accountability. The following are three common types of global health experience.

- **Voluntary** If there is no requirement in the curriculum to undertake an elective, students may choose to volunteer with a range of organizations that work in strife-torn and/or under-resourced areas. Volunteering is often driven by the altruistic motive 'to help those less fortunate'.
- **Compulsory, student-organized** Some universities require students to undertake a compulsory elective, but expect them to arrange this themselves. The downside of such an arrangement is that supervision cannot always be guaranteed, nor can the outcomes for the student or the host community. Often the experience will not be formally assessed.
- **Compulsory, institution-organized** The training institution takes responsibility for students' experiences before, during and after the elective. A memorandum of understanding between the institution and one or more sites in the host country and community ensures reciprocity in terms of an exchange programme for students and academics and the infrastructure for teaching. It also guarantees an appropriate standard of clinical supervision and learning outcomes for students as well as protecting patients. Examples would include the arrangement between the universities of St Andrews (Scotland) and Malawi and Swansea University (Wales) and The Gambia.

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## Activity 1.1

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Read the following scenario about undertaking an elective in a developing country. Make notes of the issues that you think would be important if you were undertaking the elective.

Mary (fourth-year medical student) and Simon (final-year nursing student) have spent the last year planning their elective. They are looking forward to spending three weeks in Uganda; hoping to learn more about healthcare there. Once details of their placement (for example, accommodation, what they would be doing, what to expect, who would supervise them) were agreed with the responsible faculty member at their home institution, it was time to attend to their pre-travel medical issues. They required some vaccinations (yellow fever, hepatitis A) and were provided with antimalarial prophylaxis and antidiarrhoeal medication. The British High Commission facilitated the issue of their visas and the British Council in Kampala was informed of the dates of their impending visit and had assured them that there was no political unrest in the country and an election was not due for at least a year.

After a long flight, Mary and Simon were met at the airport and escorted to their somewhat basic accommodation adjacent to the district hospital where they would be working. Despite attending orientation sessions before their departure, they were taken aback by local conditions – long queues of extremely ill patients, many of whom were children who had waited all day; a poorly stocked pharmacy; worn linen and an obvious shortage of health-care professionals. Also, although a local paediatrician and the Matron of the hospital had been assigned as their supervisors, the doctor was called away urgently to sort out a family crisis at the end of their first week. So, as there was no other paediatrician and the Matron was too busy, Mary and Simon had to work with the nursing staff, many of whom did not speak English and were often called to assist elsewhere. Occasionally, both Mary and Simon were asked to undertake procedures they had not performed previously. As they were told during their pre-departure briefing that they were to work within their scope of practice and level of competence, they often declined. They found it difficult to refuse as there was clearly a need for more help, but they were careful about what they undertook. During two emergency situations, they had to assist a doctor with unfamiliar surgical procedures as there was no one else. Simon had to act as the senior theatre nurse.

One aspect they both found difficult was getting consent for simple procedures, such as taking blood and suturing, as most patients did not speak English. With a shortage of nurses who could translate, they found that they were not always able to obtain patient consent, but decided that they were doing no harm and their involvement was beneficial to patients' health outcomes.

### Comment

Despite Mary and Simon planning their elective thoroughly, their plans went somewhat awry. They were in a poorly resourced district hospital with no supervisor and a shortage of health professionals. Although they were acutely aware of their scope of practice and competence, they did assist with some unfamiliar operations and carried out a small number of procedures that they felt they were not very competent to perform. Patient consent and talking to patients were difficult because of the language barrier, but they believed that they were causing no harm to the patients. Their elective appeared to be uneventful in terms of personal health and safety issues. Mary's decision to pair up with Simon during the elective was wise.

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## PLANNING AND UNDERTAKING THE ELECTIVE

Whatever your healthcare and professional background, thorough planning is critical to ensure that you are adequately prepared personally and professionally (Lumb and Murdoch-Eaton, 2014).

- Make sure that you know the country well, particularly the location in which you will be working, including its climate. Check the country's political stability via the Foreign Office website or equivalent. Ethnic violence is not uncommon in many countries, but may not always be in the news.
- Anticipate the unexpected (being robbed, sick, involved in a motor vehicle accident) and plan what you would do. If you know of others who have visited the area, ask their advice.
- Try to link up with any local volunteer organization working in the country, even if you have arranged the elective through your institution.

Outlined below are key issues that you need to reflect on when planning an international elective as a future healthcare professional.

- Reflect on why you have chosen this particular elective and its location. Although altruism is laudable, evaluate whether or not your aspirations are reasonable in terms of your personal development and if there are beneficial outcomes for the hosting facility and community. At the very least, your presence should 'do no harm' and should incur no costs to the hosts.
- You will need to know in advance what activities you will be undertaking. These should match your level of competence. Working within your scope of practice is particularly important if you are still in the early stages of your studies, as you will not be competent to carry out many clinical procedures. If you are required to specify a specialty area in your application, be aware that some disciplines (such as obstetrics and midwifery, emergency medicine, surgery) could result in you being asked to work outside your scope of practice, risking exposure to blood-borne pathogens. There should be a clear understanding between you and your point of contact (an administrator at the facility you will visit, for example), as well as with an academic at your training institution. Working beyond your competence level is a patient safety issue and could lead to unethical practice.
- Ascertain what resources are available before departure. Speaking to someone who has visited previously gives you a better understanding of what to expect. In a low-resource country, one should always expect patient: health professional ratios to probably be much higher than in Western countries and there may be equipment and medicine shortages.
- In some instances, if you are undertaking volunteer work or a compulsory elective at a facility or in a community not organized by your institution, there may be out-of-pocket costs for the community or facility. As a minimum, you may be expected, implicitly or not, to reimburse your hosts for the professional time and resources used. You may also be expected to bring gifts for your hosts.
- Students should always maintain the same ethical standards they would at home. These include honesty and integrity, treating patients with dignity and respect,

placing their needs above all else and being non-discriminatory and culturally accepting. All healthcare students have a duty to report any unprofessional or unethical behaviour of their peers during electives. Writing down such events helps if, later, you are asked to provide evidence.

- Not only is being able to communicate with patients and healthcare professionals important to developing a working relationship but also there are implications in terms of ethical principles. Wherever you practise, obtaining patient (informed) consent before touching them or undertaking any procedure is paramount. This can be difficult if there is a language difference. Learn some key words and phrases in the local language to help with this. It is sometimes possible to acquire the services of someone to translate, but you need to ensure that they translate authentically rather than telling you what he or she thinks you want to hear. Bear in mind that providing this service is an additional cost for the hosting facility and may not be appropriate if staffing is low.
- Familiarize yourself with the local customs and traditions of the country, particularly the region you intend visiting. In many countries, different tribes and ethnic groups exist. Locals might consult a traditional healer and use traditional medicines before seeing a Western-trained doctor. Families may be part of the decisionmaking process and, in countries where there are distinct gender roles, males may make decisions on behalf of the women in the family. If you are female, this may influence how you are perceived by male patients or family members. In many parts of the world, the doctor still retains power within the healthcare team, with nurses clearly lower in the hierarchy. Certain clinical practices, such as female circumcision, may be part of the culture of the country you intend visiting. Prior to departure, reflect on how you will deal with an issue such as this.
- Familiarize yourself with the major health risks of the region you plan to visit (such as yellow fever, malaria, schistosomiasis, tuberculosis, sunburn, heatstroke). All forms of hepatitis and HIV are prevalent in many places. Preventing needlestick injuries therefore becomes paramount. Also, plan how you will address lack of access to potable water. Below, are some suggestions.
  - Check your government's travel website for which vaccinations are required and ensure that these are done before you leave.
  - If HIV is a risk, take your own supply of latex gloves and use double gloves when dealing with patients. It is advisable to carry post-exposure prophylaxis for HIV in case of a needlestick injury and in case of being raped.
  - Depending on location, you may need to take the appropriate malarial chemoprophylactics and provide your own mosquito net. Make sure that you can tolerate the medication. If in any doubt, seek medical advice *before* you leave. It is also advisable to take your own supply of antibiotics, as well as anti-emetic and antidiarrhoeal medication.
  - Your travel insurance should cover evacuation in the event of emergency surgery (such as an appendectomy or after a motor vehicle accident).
- Be aware of personal safety issues.
  - Never underestimate risks to your personal safety, particularly if you are travelling alone.
  - Check your government's website for the latest 'risks' associated with travel to the country you have chosen.

- Ensure that your embassy or consulate is aware of your impending visit and has comprehensive details (location, telephone numbers, next of kin and so on). If your country has a consulate or embassy in the country where you will be working, make contact before and on arrival. Inform the embassy or consulate of your arrival and departure dates.
- Carry emergency contact details on your person (of someone in the country you are visiting or a family member at home, for example). If possible, have these details translated into the local language.
- Make sure your mobile phone has international coverage in case of an emergency. Consider phoning parents, relatives or friends on a regular basis.
- Consider undertaking the elective in pairs. If you are a woman, consider a male companion (as Simon and Mary did). Carry condoms in case of rape. You may not be able to prevent the rape, but you might be able to convince your assailant to wear a condom or allow you to use a female version.

## RETURNING FROM YOUR ELECTIVE

As a minimum, on returning from your elective, you should do the following.

- Undertake a full medical if you are experiencing any abnormal symptoms, such as persistent diarrhoea or night sweats. Checking for tuberculosis is paramount.
- Debrief with a faculty member at your institution. This is particularly important if you have witnessed a professional or traumatic event or perhaps been knowingly or inadvertently engaged in what you might consider unprofessional conduct. You may also have been a victim of or witnessed violence or political unrest.

## THE ETHICS OF GLOBAL HEALTH ELECTIVES

Socially accountable education for health professionals should incorporate teaching and learning experiences such as global health electives that allow students to develop the skills required to work as future global citizens. As a minimum, their involvement should ‘do no harm’ to host communities and incur no costs for the facilities where they work. Ideally, both parties should benefit from the experience (Evert et al., 2008).

Numerous benefits for students undertaking international electives have been espoused (sometimes without sufficient evidence), such as better understanding of tropical diseases, cultural awareness, health systems and public health, clinical skills, attitudes, personal and professional development (Thompson et al., 2003). Students themselves have reported that they had had no significant impact on the community or were unable to assess the impact of their contact, due, in part, to the short-term nature (a few weeks) of many electives (Stys, Hopman and Carpenter, 2013). As social accountability is being placed in a more prominent position within the mission of schools of medicine and health professions’ education, all institutions should evaluate the impact of their students moving into the wider global community during electives.

## Activity 1.2

Identify a potential ethical concern relating to an overseas placement and then discuss with a peer or colleague.

### Comment

One of the foremost ethical concerns in terms of students working in developing countries is the vulnerability of patients, many of whom may be educationally and socio-economically disadvantaged (Thompson et al., 2003). In situations where clinical supervision is lacking, students may work outside their scope of practice and level of competence, either voluntarily (by, for example, offering to undertake an unfamiliar procedure) or involuntarily (such as in life and death situations). It is easy to imagine how learning can take place at the expense of patients (*BMJ*, 2008:337):

Released from oversight he saw an opportunity effectively to practise on a captive population. He altered a prescription written by a local doctor; he photographed patients undergoing intimate procedures without consent; and he performed an unnecessary lumbar puncture because he fancied 'having a go'.

*Source:* Anon (2008) 'Students whose behaviour causes concern: case history', *BMJ*, 337: a2878. <http://dx.doi.org/10.1136/bmj.a2874>

## RETHINKING GLOBAL HEALTH ELECTIVES

Global health electives as part of the core health professions' curriculum should be properly organized and appropriately supervised to train healthcare professionals to both understand global inequity, in terms of resources and access to healthcare, and be willing to contribute to its alleviation. As experiential learning has a strong affective component, particularly if it involves immersion in a foreign culture, the minimum requirements for global health electives should be 'pre-departure briefing and training, measurable outcomes for students, adequate supervision and debriefing on return' (Lumb and Murdoch-Eaton, 2014). Value-added inclusions to these minimum requirements also could incorporate the utilization of international faculty (including the host institution), patients and communities as resources and co-developers of curriculum material, assessment of the elective and evaluation of the engagement.

The best format for electives is a compulsory experience organized by the institution, ideally incorporating a reciprocal exchange programme, such that outcomes can be controlled and assessed, supervisors are always available and with a bi-directional flow of benefits. In such a structured, reciprocal arrangement, the criticism of electives being too short to benefit local communities may be offset by the continuity of students from the same institution picking up where the last group left off and then reporting on the progress of the intervention or project. For students, their experience would also be an organized mentoring engagement.



## HEALTH PROFESSIONALS: WORKING ABROAD

Today's health workforce is globally mobile for several reasons:

- availability of postgraduate studies abroad
- recruitment of international faculty for offshore professional training institutions, often in low- and middle-income countries (LMICs)
- health professionals (including volunteers and consultants) working in areas of need
- reciprocal arrangements between institutions for global health electives, requiring academic staff to be trained or provide training and perhaps also supervise.

As a result, many hospitals and universities in both high-income countries and emerging economies now have an international complement of culturally diverse staff. Multidisciplinary and multicultural teams are thus common.

### Activity 1.3

List some of the issues that a health professional working abroad might face in an unfamiliar culture.

#### Comment

We don't know what you have identified, but compare your thoughts with the following of Ali, a young Muslim doctor who has just commenced his residency training in the UK.

## CASE STUDIES

### Case study 1 Working in a culturally different context

Dr Ali is one month into his junior medical residency at a large London teaching hospital. Having spent all his life in a Muslim country in the Middle East, he undertook his medical studies and completed his internship in his home country. In order to be offered this UK post, he had to satisfy a number of General Medical Council requirements, which he duly did.

It is the second week since Ali's wife, Farah, and young son had returned to his home country. Although they had accompanied him when he started, his wife was not happy being away from her sisters and mother and decided to return home, leaving Ali alone in London.

Dr Ali has enjoyed the job so far, meeting a lot of patients from different cultural backgrounds. He is also getting used to many patients being knowledgeable about their illnesses, the fact that he has to ask women to undress and always having to ask patients for their consent before he carries out any examination or investigation.

Tonight, his first time being on call, Ali is asked to attend to a scantily dressed woman who is obviously very inebriated and heavily pregnant. Dr Ali finds this shocking as this situation is foreign to his culture. She refuses to let Ali examine her, accusing him of being a terrorist.

Although the UK is culturally diverse, it is a Western country, which is very different socially and culturally from the more conservative Middle East where Ali was raised according to Islamic principles. With Islam's strict social regulations in terms of dress code, alcohol and marked gender roles, the inebriated, scantily clad pregnant woman in the scenario would have been challenging socially, psychologically and culturally for Ali. Her verbal abuse/accusation would have been unsettling.

In any society, cultural conservatism in terms of 'foreigners' will exist in a proportion of the population. With some of the recent attacks on Westerners by Islamic fundamentalists (killing a British soldier in broad daylight outside his own barracks; ISIS beheading journalists), anti-Muslim sentiments should not be unexpected. With Ali's wife returning home with their young son, because she felt socially isolated, Ali is now alone in a culturally foreign country.

It is possible that you may empathize with Ali and his wife, either because you are an international student or perhaps you have witnessed a peer or colleague bearing the brunt of a racial or cultural slur.

The following two case studies elaborate on other issues that arise when health professionals work abroad. Case 2 depicts a situation faced by many health professionals working in an under-resourced country with poor healthcare provision (Haiti, in this case), while the third scenario describes a young Chinese cardiologist who trained in the UK and has now returned to Hong Kong.

## Case study 2 Working in a resource-poor country

Since qualifying as a midwife 15 years ago, Maria has had a sense of social responsibility. She has always wanted to use her skills and experience in a less developed country. Now that her family has left home, she has decided to take a three-month sabbatical in Haiti. Having read all about Haiti after the 2010 earthquake, Maria felt that she would be able to provide assistance to a struggling community.

It was a hot day when Maria arrived at her hospital in Port-au-Prince. After settling in, she was given a tour of the maternity facilities by the Head of Maternity services. What she saw and what she was told was not what she expected.

She learned that most of the women arrive at the hospital in an advanced stage of labour, having had little or no antenatal care. This is because many women have to work until the last minute because they are the breadwinners of an extended family. The recent earthquake, the poor health and social conditions and the HIV/AIDS situation has meant that many pregnant women are either unmarried or widowed. Taking one day away from work for antenatal care translates into no money and no food for the rest of the family. The lack of antenatal care means complications of pregnancy and delivery are high, with high infant and maternal mortality rates. With the low number of trained midwives and attendant physicians, many healthcare workers are asked to undertake procedures well beyond their competency levels. Many of the Haiti women do not know whether or not they are HIV positive so healthcare workers must be constantly vigilant.

Many of the tragedies of childbirth, leading either to death or severe birth trauma of the infant, are put down to 'circumstance' or 'life' and the mother and/or relatives are expected to return to normal life as soon as possible. There is little or no counselling or follow-up care. Maria cries herself to sleep most nights.

### Case 3 Working in a multiprofessional and multicultural team

Dr Peter Wu is excited to be going back to Hong Kong, where he was born just over 30 years ago. He has lived in the UK for most of his life as his parents emigrated when he was only a few months old. His father is proud of Peter, who has followed him into medicine and only recently qualified as a cardiologist. As part of his training and the need to experience his specialty in another country, he is about to spend a year at his father's old hospital in Hong Kong.

During his training in the UK, Peter developed an appreciation of cardiology as a team specialty. He had learned from his first few days of training that everyone on the team had a role and each team member respected the others. Patient safety was their priority. In his new position in Hong Kong, things worked differently and, in Peter's opinion, his team did not function efficiently. Was it because the cardiology team was multicultural, comprised of healthcare professionals from different parts of Asia, the Far East and Europe, or was it because the healthcare system placed less emphasis on the multidisciplinary nature of the team? Either way, communication in the team was less than professional, with senior doctors often barking orders to their juniors and the nurses on the team. There was often considerable disagreement, too, and delays on the ward and in the operating theatres, putting patients' lives at risk.

Maria is a well-qualified, experienced midwife who brings with her a high level of anticipatory care. Her experience suggests that obstetrics and midwifery has moved on considerably since she was a student and within her own understanding. She expects the rest of the world to follow, although maybe not to the same high level. Her experience abroad conflicts with her own training, her own high standards of clinical care and the respect she has for her subject and the patients for whom she is responsible. She finds it difficult to reconcile 'how cheap life is' in Haiti with her own intrinsic values, of life being precious.

The third scenario describes the situation of a UK-trained Chinese health professional who returns to his place of birth to find that the hierarchical relationships between the culturally diverse healthcare professionals interfered with service delivery and compromised patients. Although Peter was born in Hong Kong and is Chinese, he was raised and studied in a Western country. Accustomed to working in an efficient team where communication is key, Peter found himself in a very different work environment, one in which teamwork is not valued. He found that the multicultural and multiprofessional team to which he is assigned is hierarchical, with senior doctors still functioning within the paradigm of 'the doctor is always in charge'. There appears to be little respect for the skills of the different members of the team, many of whom are expatriates. Respectful, effective communication seems non-existent.

Health professionals who choose to study or work in a foreign country are faced with many cultural and social issues such as these. A dual responsibility, however, exists when individuals study or work abroad.

- **Responsibility of the student or the healthcare professional** When choosing to study or work abroad, particularly when the culture is very different, there is an onus on the individual to understand the conditions under which he or she will study or work. First-hand information from someone who has studied or worked there is

probably the most important means of getting an idea of what awaits. Searching the Internet for blogs or websites might also yield ‘must know’ information.

- **Responsibility of the host or the employer** The host institution or facility and/or the employer have a responsibility to provide the new recruit with support and assistance during the settling-in period and at work or study. Providing information (local culture, work circumstances) prior to the new student or appointee’s arrival would assist the transition. There should be opportunities to ask questions. A contact person to assist with administration, medical requirements and licensing would also go a long way to assisting the new recruit with settling in to studying or working in a new environment.

### Activity 1.4

In the light of what you have gleaned from the case studies provided in this chapter, list activities you would undertake to prepare yourself to study or work abroad.

#### Comment

Hopefully, most of what you identified is listed in the section below. You have probably also identified additional issues because they are important to you.

## RECOMMENDATIONS WHEN STUDYING OR WORKING ABROAD

- Familiarize yourself with the community in which you will study or work. Although the population in Western countries is becoming increasingly ethnically diverse, these countries are still largely Christian. Similarly, if you are taking up employment in Asia or the Middle East, for example, and originate from Europe, the UK or North America, you need to ensure that you are au fait with the local culture and religions. If you are religious and your culture is important, ensure that you are able to locate a place of worship in the new country to avoid cultural disorientation. Although written from the perspective of working with indigenous communities, Smith’s (2007) recommendations are equally applicable to new social contexts in which students or healthcare professionals choose to work or study (see below).
- Research the country extensively to familiarize yourself not just with the medical problems but also the social issues affecting the country. It is the latter that will frequently have the greatest impact on you, perhaps causing distress.
- If you are travelling alone to a new country where you have no friends or relatives, you could become socially isolated. You may be expected to live in a ‘compound’ if the institution offers housing as part of the remuneration package. Make sure you understand your employment contract. If you are studying, make sure you understand the rules and regulations. Consider how you can make friends or join a local society.
- Be aware of the professional registration regulations of the country where you intend working. As a health professional, be aware that you might have to travel to your home country, perhaps on an annual basis, to maintain your professional registration.

- Several authors have identified the concerns and implications of foreign students and health professionals not being aware of the intricacies, nuances and colloquialisms of the language in the new country. This could be interpreted by patients and colleagues as a lack of clinical knowledge and skills. In addition, confusion could lead to potential misunderstandings and risks to patients.
- While professionalism is often considered in the same breath as healthcare, some aspects of professionalism are not perceived in the same ways across cultures. An area of professionalism that varies considerably is the doctor–patient relationship. In Western countries, a patient-centred approach is favoured over the more doctor-centred, paternalistic approach dominant in many other cultures. This necessarily involves different perceptions relating to informed consent, patient autonomy and patient confidentiality.

**Principle 1** Stand back, be quiet, listen, hear and wait. Acknowledge that your views stem from your own lived experience and set of values, priorities and beliefs.

**Principle 2** Get to know the local community.

**Principle 3** Be respectful at all times, particularly of older people and community leaders.

**Principle 4** Find a local cultural mentor for advice and guidance.

**Principle 5** Have an open heart to build acceptance and trust.

**Principle 6** Don't assume you know if you are experienced. Communities are all different.

**Principle 7** Don't participate in discriminatory behaviour.

**Principle 8** Learn to laugh at yourself and with others at you.

**Principle 9** Understand how inequity impacts lives.

**Principle 10** Power rests with the community.

**Principle 11** Be cognisant of the cycle of staffing – personnel may change and affecting circumstances. Be flexible. Plan for these eventualities to ensure continuity.

(Source: Adapted from Smith (2007).)

### What is the evidence?

Padela and colleagues' (2008) exploratory qualitative study, with Muslim physicians trained outside and now practising in the USA, identified the challenge of working with populations whose lifestyles are at odds with Islamic teachings and end-of-life care, as the following extract shows (Padela et al., 2008: 367):

Several participants suggested that Islam profoundly influenced their practice of medicine, including the specialty they pursued, the type of patients they feel most comfortable managing, and the types of procedures they perform. Neda noted how Islam may affect specialty choice: 'Muslim (male) doctors, not necessarily me ... would not go and do obstetrics or gyn[aeology] because they would not really want to see an exposed

patient ... Muslim women doctors would not go into urology.' Multiple participants commented on prohibited medical procedures – for example Neda listed 'abortion', '[purely] cosmetic procedures' and 'sex change' in this category. Furthermore, several respondents mentioned clinical situations where ethical dilemmas would arise due to their adherence to Islam, specifically relating to end-of-life care. Muhammad felt that 'some Muslim physicians ... feel that if we are taking any part in decision making of ending somebody else's life, that's not right. That would be against the religion.' Basheer said, 'We do not do [that] which would terminate their life quickly. We do not take the patients off the ventilator just because the chance is low for their survival.'

In many ways, the UK healthcare system operates in a less hierarchical way than in many other countries. Multidisciplinary teams are an important element in healthcare delivery. For doctors from more hierarchical systems with more definite role distinctions (that is, dimensions of power relations; Hofstede, 1986), this may be challenging. A lack of understanding of the roles and responsibilities of others in the team could interfere with interprofessional relationships and be interpreted as a lack of respect.

### Activity 1.5

Based on your reading of this chapter, reflect on the qualities needed to study or work abroad and discuss them with a peer or colleague.

#### Comment

You probably agreed that study or working in other countries is not for everyone. It is therefore important to recognize whether or not it suits you. For some, the circumstances underpinning the move may be extenuating (that is, financial or personal safety issues). It is important, therefore, to be sensitive to the experiences of foreign peers or colleagues even if you would not choose to go abroad yourself. The attributes and qualities of global healthcare practitioners (including those in training) are discussed in the next section.

## QUALITIES AND ATTRIBUTES OF GLOBAL HEALTHCARE PRACTITIONERS

Based on our personal experiences as international medical educators, we believe that certain qualities and attributes are required to study and work abroad. Before contemplating the challenge of working abroad, particularly in a different culture, consideration should be given to whether or not the following descriptions apply to you.

- Having uncompromising ethical standards, placing patients and their care above your personal needs (within reason).
- Being resourceful and innovative in circumstances where shortages may exist, but accepting that one is not able to solve the world's problems. One's contributions should serve the needs of the community or immediate patients.

- Remaining emotionally and mentally resilient, especially in the face of futility.
- Embracing diversity, accepting cultural differences and being open to different perspectives.
- Being willing to recognize one's level of competence and not work beyond it, unless the benefit clearly outweighs the potential harm.
- Being prepared to work in a multicultural and multiprofessional team and acknowledge that roles and responsibilities may change, depending on the circumstance
- Acknowledging the good work done by others, giving credit when it is due.

## CONCLUSION

Just as all graduates are expected to meet certain standards before they are allowed to practice, the same should be expected of all students and healthcare professionals, irrespective of where they practice. There is thus a dual responsibility for any healthcare professional working or student studying abroad.

Personally, the individual needs to be professionally and culturally competent to manage the task, while the host institution or employer needs to ensure that the individual is provided with adequate information prior to arrival and then receives orientation, training and support.

For students, training establishments have a responsibility to protect the host communities, just as students have to understand the potential power they may have over vulnerable populations.

Similarly, employers of health professionals, wherever they are in the world, are responsible for ensuring staff members are culturally competent professionals. This should involve agencies at all levels – governments, regulators, employers. Each has a role to support international doctors in their transition to the new social and cultural context.

If we are to tackle health inequities, a concerted global effort is required. Although Crisp's (2007) report relates to the UK's contributions to health in low-resource countries, his message is universal: Developing countries have requested partnerships with hospitals and healthcare schools in developed countries, with reciprocity in terms of mutual learning and exchange. Such collaboration across national borders has numerous benefits (Table 1.2).

In Hanson and colleagues' (2011) view, global health electives will do little to address historically and politically rooted global health inequities unless critical consciousness is raised through improved global health curricula and appropriate pedagogical strategies. With one of the long-term benefits of student engagement in international health electives being an increased disposition of these students towards primary healthcare and for working in underserved communities (Stys et al., 2013), however, we need to capitalize on students' enthusiasm and often genuine desire to improve the quality of life of vulnerable populations through international collaboration between funders, health professions' schools and host communities.

1. Improved population health and welfare.
2. Greater cross-cultural awareness.
3. Educational benefits for students of partner institutions.
4. Financial benefits.

5. Enhanced reputation.
6. More efficient, cost-effective service delivery.
7. Enhanced staff motivation.

Source: Adapted from Kanter (2010).

## USEFUL LINKS AND ORGANIZATIONS

Association of American Medical Colleges, global health learning opportunities. [www.aamc.org/services/ghlo](http://www.aamc.org/services/ghlo)

AFMC Global Health Resource Group and CFMS Global Health Programme [www.cfms.org/downloads/Pre-Departure%20Guidelines%20Final.pdf](http://www.cfms.org/downloads/Pre-Departure%20Guidelines%20Final.pdf)

British Medical Association, toolkit of electives

<http://bma.org.uk/developing-your-career/medical-student/medical-electives-ethics-toolkit>

Canadian Federation of Medical Students

[www.cfms.org/index.php/global-health/projects/pre-departure-training.html](http://www.cfms.org/index.php/global-health/projects/pre-departure-training.html) Preparing Medical Students for Electives in Low-Resource Settings: A Template for National Guidelines for Pre-Departure Training

Global Consensus for Social Accountability of Medical Schools <http://healthsocialaccountability.org>

Harvard Global Health Institute

<http://globalhealth.harvard.edu>

MedAct (a charity for health professionals and others working to improve health worldwide)

[www.medact.org](http://www.medact.org)

Medical Electives by Medics Away

<http://medicsaway.co.uk>

Médecins Sans Frontières

[www.msf.org](http://www.msf.org)

Medsin UK (a student network and registered charity tackling global and local health inequalities through education, advocacy and community action)

[www.medsin.org](http://www.medsin.org)

The Electives Network

[www.electives.net](http://www.electives.net)

THEnet (a network of collaborating medical schools experimenting with instructional and institutional innovation to attract, retain and enhance the productivity of health professionals serving disadvantaged populations, usually in remote and rural areas) <http://thenetcommunity.org>

Third World Network

[www.twinside.org.sg/index.htm](http://www.twinside.org.sg/index.htm)

Work the World

[www.worktheworld.co.uk](http://www.worktheworld.co.uk)



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