Things to remember when you are working in another country or culture

Professor Merrilyn Walton, Associate Dean (International)
› Increased interest in global health
› More students from developed world working in developing countries
› Proven impact of medical student experience on education and career decisions
Analyse the environment in which you are working

Understand the context and perspective of other people

Examine your own motives
1. Why do you hope to do this work?
2. What are your objectives, both personal and structural, short and long-term?
3. What are the benefits and who will receive them, and what are the costs, and who will bear them?
4. In the context of very limited resources for global health needs, is your elective justified? What exists close-by?
5. What do you need to do to prepare for your elective, both practical and personal?
6. Where are the weaknesses in your plan, specifically?
7. Is the work feasible, cost-effective, necessary, focused, and justified?
8. Will it work to undermine disparity, or actually contribute to it? Will there be a net benefit to the community?
9. What do you hope to bring back to your community, and whom will you share it with?
10. Is your work sustainable, and if not, will this leave a negative impact?
What issues might you expect to come across?

› Cultural differences
› Different health system
› Different presenting problems
› Level of knowledge and experience
› Different governance structures
› Different way of delivering health services/ treatments
› Inadequate resources
› Pressure to perform procedures
› Wanting to be liked
Issues to consider on your elective

- Practicing beyond one’s abilities
- Believing that poor people will benefit from any medical service
- Duty of care: maintaining trust of the patient
- Supervision
- Disclosure of level of experience
Ethical conflicts arise in poor resource settings

 Desire to help  Limited clinical knowledge
Key attributes of professionalism

- Medical Board of Australia
- Adhering to high ethical and moral standards
- Responding to societal needs and reflect a social contract with the communities served
- Demonstrating core humanistic values
- Subordinating one’s self-interest to the interests of others
How might a global setting be different?

- Vulnerable groups whose health is threatened may also be marginalised or oppressed in local society-create enormous disparities between developed world health professional and developing world patient.
  - Patients may fear questioning authority figure
- health intimately linked to public health
- close relationship with philosophy of health and human rights
- students have the potential to do more harm than good when they exceed their capabilities
Performing clinical work as a student

- Assumed membership of medical world
- Obtaining consent for procedures can be hampered by language and difficulty in explaining the risks and benefits
- May be asked to function at a level well above their skill level
- Will observe different levels of confidentiality
- May experience ethical dilemmas about unavailability of or inappropriate treatments
› Balance learning needs with the right of patient to receive appropriate care

- Requires reflection and refrain from actions that might harm the patient even though there may be little consequence for the student
Humility

- Involves one’s attitude to one’s place in the world and whether feels subject to the same moral constraints as others

- Being in a different setting is a disadvantage (medical tourism)

- Pinto suggests the following questions to help reflection
Additional principles (Pinto & Upshur, Bioethics 2007)

› Solidarity
  - Students should work to ensure their goals and values are aligned with those of the community in which they are working

› Social Justice
  - Consider the underlying causes of ill health
  - Understand the power relationships and networks that exist in society
Pressures on students

- Student bears the responsibility of saying NO & recognising own limitations.
- Inadequately supervised students risk doing more harm than good.
- Must not diagnose illness prescribe or administer treatment without strict clinical supervision.

Student bears the responsibility of saying NO & recognising own limitations.

Inadequately supervised students risk doing more harm than good.

Must not diagnose illness prescribe or administer treatment without strict clinical supervision.
Ethical frameworks can help

Medical indication

Patient preferences

Quality of life

Contextual features

Our policies

› Faculty of Medicine Policy on taking and using videos, Vodcasts, images or pictures of patients

› Involving Patients in Medical Education: Ethical guidelines for medical students and clinical teachers
Faculty of Medicine Policy on taking and using videos, vodcast images or pictures of patients

» Confidentiality
  - No identifying information
  - No posting or publishing photo on
    - the internet,
    - face book,
    - a student web site,
    - university web site,
    - email attachment,
    - portfolio or
    - power point slide.
If you have permission to take a photograph this does not mean you have permission to share.

Specific permission is required to circulate a photograph even for use in grand rounds, seminars, health web sites.

- Make a note of the date and time that permission was given if it was
Valid consent requires you (verbally or in writing)

› To explain to the patient how the information/photo will be used
  - Just asking if you can take a photo is not specific consent
› To be specific about how the image/information will be used.
› To explain it is okay to refuse
› To only seek permission from people with the capacity to consent
  - People may be temporarily or permanently impaired
› You come across an exotic parasite that you have never seen - you want to take a photograph. Do you?

› Your supervisor always introduces you to patients as a doctor. Is this a problem? Why?

› The conditions of the hospital are sub standard and there are 3 patients to a bed. A photo would add to your report. What do you do?

› A disabled man is on the floor and your supervisor says to take photos so you can include it in your power point slides so that you can show others how bad it is - what do you do?

› Your patient thinks you are a doctor- do you tell them you are a student?

› The scrubs you have been provided with have markings identifying the wearer is a doctor - do you wear them?

› The ward is very busy and you have been asked to perform a procedure that you have only observed a couple of times. What do you do?
Tips

› If you will be likely to encounter emergency situations (obstetrics, surgical attachments)
  - Prepare yourself beforehand—seek advice about what you should do
  - Seek out more experienced people—rural midwife/paramedic
  - Have a plan for de briefing
  - Know the type of health system you are going to
  - You are not prepared to run clinics—outside your level of competence

› Having a go at procedures that you would not be permitted to perform here is unethical and liable to disciplinary consequences here

› Take a hard copy of the BMJ Tool Kit

› Have email/telephone contact details of Usyd staff who can help

› Always stay with in your competency level
  - You must avoid getting involved in providing routine care that is outside your level of competence (may get away with it once—but AEs will occur)
› Always be honest, treat patient with respect and dignity
› Patient’s needs are priority- not your learning.
› Be open to cultural differences
› Keep the patients’ interests uppermost in your mind
› Avoid being an unnecessary burden on your hosts
› Consider if the language barrier will be a significant impediment
› Think about the level of supervision you can expect realistically
› If any patient is at risk of harm the same obligations here apply to the country you are working in.