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Henri is staff member and head of the resident training programme at the department of Plastic, Reconstructive and Hand surgery at the VUMC, university teaching hospital in Amsterdam, the Netherlands. He has participated in medical missions to developing countries since 1998. Countries he worked in are: Ghana; Nigeria; Ethiopia; Nicaragua; Yemen; Morocco; Indonesia and Tanzania. Henri has been involved with Interplast Holland, the Dutch NOMA Foundation, Santé Pour Tous and several other organisations. He has been a faculty member and an instructor in several courses in developing countries and is a firm believer that medical missions should always be in co-operation with the local medical and para-medical staff.

Controversies around short medical missions?

Short medical missions mostly involve 2-3 week long trips of medical specialists that deal with specific diseases or malformations like burns contractures, cataracts, noma, club foot, uretrovaginal fistula or cleft lip and palate.

What's wrong with that? And how can free medical care be controversial?

Short missions are generally more focussed on helping the individual patient than on structural improvement of the healthcare in the involved countries. This is controversial to many people who feel that all medical aid programmes should be focussed on creating a self-supporting healthcare system in every country in this world.

Another controversy arises from the fact that most people involved in a medical mission think that everybody will be happy and grateful when they go somewhere to help/treat/operate people for free. This will likely be so for the patients that receive treatment, but for governments, hospitals and local healthcare workers the feeling may be completely the opposite. Local doctors are thrown out of their OR, because the foreign medical team claims it for two weeks, deriving the local doctors of their income. Hospitals are unhappy because they see their resources depleted by the "visitors". Local personnel are expected to work overtime because the visiting doctors operate 12 hours a day. Governments may feel that their citizens are used as training objects for young foreign doctors.

Even in the treatment itself, controversies can arise. How happy is the patient when we start some fancy treatment that cannot be continued after your departure? Who is going to take care of your patients after you have left? Who is going to deal with the complications?

Does this mean that there is no room for short medical missions? It is the author's opinion that short medical missions can certainly be valuable, but the controversies mentioned above should be considered and dealt with to make the mission (more) successful.