

Short Missions in low resource settings

Fun or frustration

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Controversies in working in “third world” countries

- You feel you should be very very welcome
- You work for free....
- You take days off work to do this...
- But.....
- Nobody rolls out the red carpet
- For some reason it doesn't seem to work out like you expected

The gouvernement

- Wants money
 - Charge for working permit
 - Charge for registration in national medical register
- Wants to check your qualifications

Medical and Dental Council Ghana

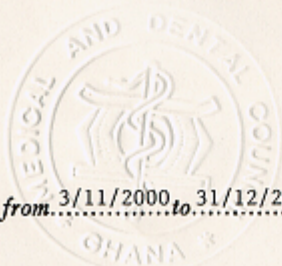
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Certificate No.....MDC/RN/04847.....

I hereby certify that the person named below is temporarily registered under Section 24 (I) and (2) of the Medical and Dental Decree 1972 (N.R.C)

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I certify that this is a true copy of the entry of the above specified NAME in the Medical and Dental Register and that the prescribed fee has been duly paid for such Registration.



.....
REGISTRAR

This certificate is valid from 3/11/2000 to 31/12/2000.....

The hospital

- Wants to charge you per patient
- Wants to charge the patients for your free service
- Withhold materials/resources from you
- Makes you pay for your stay/food etc.



The local doctors

- Do not seem very enthusiastic
- Will not stop or postpone their own operating program
- Want to charge the patient for what you do
- Will not let you use their instruments
- Don't listen to your good advice



The local theatre staf, nurses etc.

- Want to be paid to help you
- Do not want to work overtime or weekends
- Don't do what you tell them
- Don't listen to your good advice



The patients

- Don't understand you
- You don't understand them
- Don't seem to trust you
- Expect the impossible?
- Want you to treat conditions and diseases you don't know
- Expect you to work outside your field of expertise



So.....

- You go home, frustrated to the bone
- Effort, time and money are spent for little or no result
- You'll never do it again

Obviously....

- This is a worst case scenario
- In reality it normally does work out to a certain extent
- There is a certain amount of truth in all these points !

But.....

look at it from the other side

- Would your government allow anyone who calls himself a doctor to work in your country without checking?
- Would you skip your OP programme for a week if an African surgeon (that you don't know) came to 'teach' you something?
- Would your staff work for free on weekends ?

Also But.....

- Governments (and others) see NPO's as a source of income. Not right, but fact
- Bribes, corruption etc. are outrageous to us, to them it is a fact of life and sometimes a way of life.
- Local medical personnel are just trying to make a living, like everybody else
- Hospitals have very limited resources, so obviously they don't want you to use it all

Right!

- Controversies
- Misunderstandings
- Logic
- What to do?

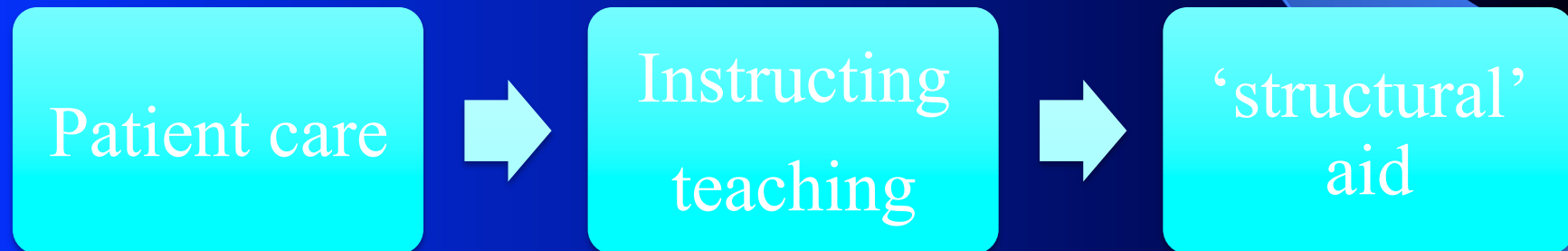
Stop short medical missions?

- Philosophical
- What is good aid?

What is good aid?



What is good aid?



What's wrong with individual patient care?

- Absolutely nothing
- Basis of healthcare

How to do it right????

- There is no 'one fits all' solution
- Short medical missions can be a valuable way of helping people
 - Short missions can provide care for individual patients
 - But also provide teaching to local healthcare workers
- Tips, tricks, pitfalls for short medical missions

ORGANISATION

- Start early
- Necessary paperwork
 - Work permit, visa etc
- Financial affairs
 - Cost of the ‘expedition’
 - Travel expenses, local boarding/food
 - Hospital charges for patients
 - Hospital charges for organization
 - Local staff. Payment?
 - Materials
 - Ship
 - Buy there

ORGANISATION

- Logistics
 - Send material in advance
 - Carry most important items with you
 - Instruments
 - Anaesthetics
 - Check with airline (overweight)
 - Avoid problems with customs
 - Try to arrange it in advance





More to think about?

- What surgery are you going to do
 - What is needed?
 - Your expertise
 - Local situation
- Who is going to be in your team
 - Local staff, preferably
 - Skills?
 - communication
 - BYO if really needed

Hospital Management

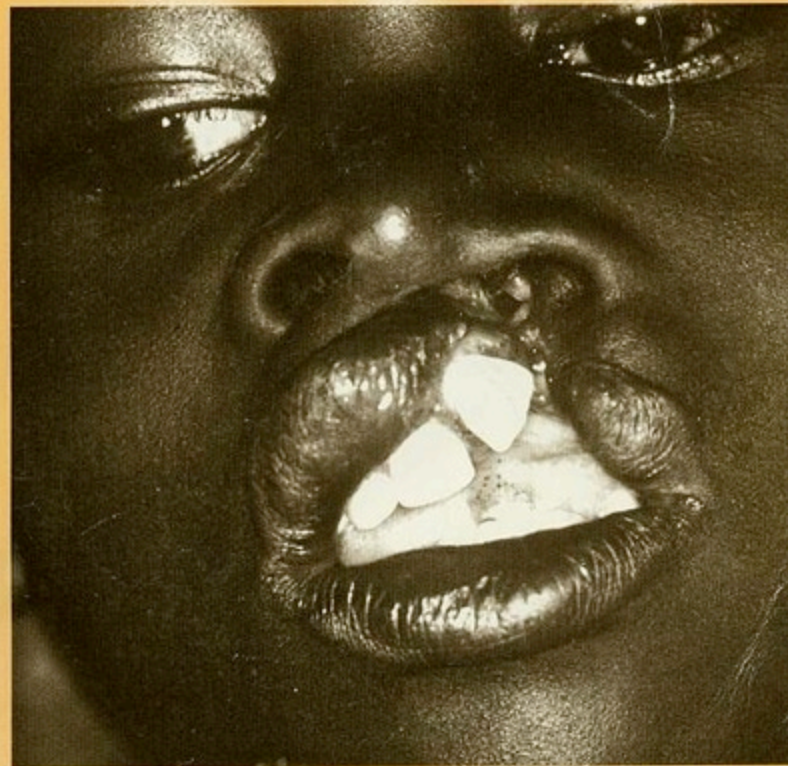
- Contact in early stage
- Do they need you/want you to come?
- Available beds
- Available OR
- Financials
- Offer teaching/lecturing
- Get them interested in what you can do

Local Doctors

- Contact in early stage
- Do they need you/want you to come?
 - Can you do things they can't do themselves
 - Don't operate what they can do themselves
- How are they paid?
- Offer teaching/lecturing
- Offer e-mail consultancy
- Get them interested in what you can do
- Co-operate

AMREF

Cleft lip and palate manual



W.E. Adams-Ray

Brita Granstrom

lectures



So, we're all set...



Let's go...

Intra operative care

- Anaesthesia
- Haemostasis
- Instruments
- Materials
- Microscope
- Sterility (implants)

Local facilities

- Instruments and materials often of lesser quality than you are used to
- Coagulation often not present
- Same goes for power tools and X-ray
- Sometimes even the light does not function



Post operative care....

- No ICU
- Recovery?
- No radiotherapy
- Physiotherapy and rehabilitation are minimal
- Follow up is difficult
- Who will do it for you?
 - Get local doctors involved/interested

Think about choices

- Complex time consuming procedures
 - Help few patients
 - High risk of complications
- Simple procedures
 - Help many patients
 - High satisfaction rate
- Many factors
 - Amount of patients vs. available time
 - What can be done by local doctors
 - Aftercare, complications, local facilities

Think about your limits!

- Oncology
 - No work-up
 - No adjuvant treatment
 - Presentation in advanced stage
 - Surgery takes a lot of time
- Microsurgery
 - no microscope
 - Time consuming
 - Who takes care of failures?

So....

- Know your limitations.....
- And those of the rest of your team
- And those of your anesthesiologist
- And those of the hospital
- Etc.....

On the other hand....

- If you don't do it, the patient will not be treated at all
- Nature is forgiving
- The African is tough

But.....

- If the treatment succeeds, who is going to provide the aftercare...
- If the treatment fails, do you have a plan 'b'?
- And who is going to do it?

It helps....

- To have knowledge of tropical medicine
 - Or to be with someone who does
- To know some basic
 - general surgery
 - Urology
 - Orthopedics
 - Gynecology
 - Plastic surgery

What's more....

- Not only individual help, but education
 - Carefully select what you are going to teach to whom
 - Return to same spot for several years
 - Leave books / instruments
 - Humby knife + blades



teaching

For your own health...

- Take your vaccinations
- Use malaria prophylaxis
- Beware of what you eat and drink





Dining out with the local staff



Trip to the coast



Fishing village



Women waiting for the catch



Carrying the fish up to the village




To be dried and smoked

THANK YOU



Yours truly enjoying it all



SYMPOSIUM
SURGERY IN LOW RESOURCE SETTINGS
NOVEMBER 14TH–16TH 2014

WHAT IS YOUR ROLE?

LAB111 Amsterdam - www.surgicalneed.nl

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