**Short-Term Medical & Surgical Brigades: Questions for Reflections…**

Put yourself in their shoes:

“A foreigner sets up a clinic in your city. He does not speak much English, he will leave after week or so, and he is not very likely to ever return. This foreigner tells you that he is a physician in his home country, but that he has never been to your community before and is not going to work with your family physician or with other health professionals in your local health care structure. Would you take your children to see him if you had any other choice?”

Maya Roberts, “Duffle Bag Medicine,” *Journal of American Medical Association* 295:13(2006): 1491

1. Put yourself in the shoes of the host community. Is the planned trip providing optimal healthcare for them? What alternatives do they have? What are the alternatives to what you are planning to do that would provide better care? Why can’t your group do/facilitate that instead of a “brigade”?
2. Would you categorize the trip you are planning as relief (“band-aid”) or development work? Google “capacity building” or capacity development and read the Wiki entry. What principles of global health development are being violated by continuing relief work when additional development is so needed in this country? Discuss the principles of service, sustainability, capacity development, professionalism and safety and how they are neglected or assured on this trip. How can you re-orient the planned trip to successfully accomplish more of these ethical goals?
3. Why is there not a health clinic in the village where you will be serving that provides the needed healthcare year-round? As an alternative to dozens of medical students practicing skills on this community, what healthcare infrastructure could be created? What will be the aggregate cost of your trip? What is the annual salary of a nurse in the host country (do an assessment of the health budget and healthcare infrastructure of the country to which you are going)? Of a physician? What is the cost of building a clinic that the Ministry of Health can staff indefinitely? What would be the gain and loss of facilitating health development in this community as an alternative to this brigade trip?
4. When your brigade is finished, how will the community be better positioned to sustainably develop with national-led healthcare infrastructure? Have you discussed with academic medicine leaders in-country their views on your brigade? How are you training national physicians and nurses during the trip and creating the infrastructure to provide ongoing, continuity of healthcare to the community?
5. What structures will be in place to ensure that your ethical obligations as healer to assure beneficence, prevent harm, are fulfilled? Are the medical students working within their competencies or are they performing functions they would not yet be considered competent to perform in the USA? Are their supervising physicians competent in diagnosis and treatment of the diseases they are seeing (e.g., tropical diseases)? Will patients be informed of each healthcare providers’ level of training who cares for them?
6. Will you be registering all healthcare providers with the Ministry of Health? Are you following the treatment protocols they have established with the WHO as detailed in their country’s National Therapeutic Guide in terms of, e.g., the cost-effective level of hypertension being treated or glycemic goals and approaches to therapy for DM2?
7. What patient records are used and maintained and provided to the patient to be able to share with future healthcare providers? What follow up is assured so that chronic diseases are treated with uninterrupted medications? How are chronic diseases evaluated in a manner that ensures accuracy in diagnosis (e.g., blood pressure in hypertensives measured in the village/at home by regional nurse/tech rather than after waiting all morning in a line and not waiting 10 min sitting)?
8. What assures diseases are treated with in-country available WHO essential medications rather than duffel bag supplies from the US, particularly for chronic diseases that will require lifelong treatment?
9. How will you handle the oft-reported history of individuals showing up from communities repetitively served by such brigades reporting lists of symptoms to try to get free medication for all the potential diseases they may suffer in future months?
10. What pretravel preparation assures that all participants have had all vaccinations, disease prevention prescriptions (prophylaxis for vector-borne diseases and availability of HIV PEP in case of needlestick) and treatment prescriptions for expected diseases like traveler’s diarrhea? Will participants be clearly informed about other risk reduction including transportation, environmental, food borne illness, recreational activity risk)? Will you be registering with the Smart Traveler Enrollment Program? Will you have an evacuation plan in event of natural disaster, political unrest or personal emergency? Will you have or bring PPE?
11. What economic harms are resulting from the brigade (e.g., if free medication is handed out, how does that harm the business of local pharmacies? Is the free care lowering the value of and taking away business from regional clinics?)
12. What pre-trip preparation is provided to ensure participants have cultural awareness (including traditional medical practices, health beliefs and customs in the region), understand context of care and optimal utilization of translators. What post-trip debriefing has been done in the past and is planned when you return to ensure honest and transparent feedback is obtained from participants including the hosts and used to improve future trips?

**Recommended Reading**

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