

SHORT-TERM MEDICAL TEAMS: A CASE STUDY

Date: 12/09

(1 HOUR)

OBJECTIVES:

- After working through this lesson, participants will be able to:
1. Discuss ethical and practical issues related to short-term medical teams.
 2. List principles for the use of medications.
 3. List some principles or guidelines for short-term teams.
 4. Discuss ways that a short-term team can work with the national church or health care providers or CHE teams.
 5. Begin to think of alternatives to doing medical clinics.

OVERVIEW FOR TRAINERS:

This lesson explores some ethical and practical issues involved with short-term health care teams. This lesson may be used with groups preparing for short-missions. This material is adapted from Mike Soderling and Peter Yorgin’s presentation, *Introduction to short-term health care missions*. Used with permission. Other helpful references are found in the Consensus Documents of Best Practices in Global Health Missions, as well information from the World Health Organization.

Note: this is not an actual incident. But all of these problems have occurred with short-term teams.

METHOD	TIME	KNOWLEDGE
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10”

Role Play: A pastor (P) visits the team leader (Dr.) of a medical missions team in his comfortable home.

- Dr. Greetings. Come on in. I am just packing medications.
- P. I bet those people are going to be real grateful for you doctors. And they get Jesus too.
- Dr. Yes they don’t have hardly anything. These American medications will be a great help to them.
- P. Speaking of medications, my wife and I asked our friends if they had some left-over medications in their medicine cabinets. We got a collection together for you. (He hands a bag of medicines to the doctor.)
- Dr. Thanks, we really need medications. You know the team has to pay for all of our expenses, so there isn’t extra money available to buy medications.
- P. I sure wish I was going, but I am just a pastor. Where you are going they don’t need people like me. But I can pray for you...
- Dr. Just pray that God provides traveling mercies for the team and helps us to get all of this stuff past Customs and into the country.

----SHO questions----

S = What do you **S**ee?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?

- I. Issues of short-term teams
- A. Divide into small groups to discuss three questions.
- 1- What issues did that skit raise?
 - 2- What could the team have differently?
 - 3- What are some general guidelines about the use of medicines?
- Have the groups report back. Record each answer under one of three headings: Issues, Other Ideas, or Medicine
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- I. Issues of short-term teams
- A. Issues
1. The team was going on their missions trip to solve problems and to save the people.
 2. They had a Savior complex.
 3. Our American medicines and American money can’t fix everything.
 4. We can share the gospel, but we can’t take credit for giving them Jesus.
 5. They were giving out an odd collection of left-over medicines.

 Guidelines.

B. What the team might have done differently

6. The medicines did not match the needs of the people.
 7. Many of those medicines might be unknown in the country they were going to.
 8. The medicines might be expired.
 9. They were not giving their best. They were just giving what was on hand.
 10. Their medicines could actually cause damage.
 11. The medicines treated the symptoms, but do not correct the underlying problems.
 12. They had no way to get the medicines into the country.
 13. Was there follow-through after their team left?
 14. The pastor thought that he was not needed because he was just a pastor, not a medical person.
 15. Good health is more than medicines and medical care.
 16. The team really needs people like the pastor with other skills.
- B. What the team might have done differently
1. The health care team can work in partnership with a national church or Christian health center or CHE team.
 2. They don't have to provide all the skills and all the materials.
 3. They can do health teaching and counseling as well as medical care.
 4. They must go as learners. They don't have all the answers.
 5. As a team, pray to seek God's will.
 6. Consult with the national church or the national ministries—how can you work best with them?
 7. Perhaps the best action is health teaching or health evaluations rather than a medical clinic.
 8. Only hold a health clinic if you are working alongside national health care providers who can continue the care after you leave.
 9. People with many different skills and gifts are needed. The pastor could be a valuable part of the team.
 10. The pastor can interact with

C. What are some general guidelines about the use of medicines?

local pastors, and they can learn from each other.

11. Evangelism and discipleship are needed.
12. Many people need someone to talk to more than they need medicines.

C. Guidelines

1. Don't use expired or left-over medicines.
2. Don't use drug samples.
3. Buy the medicines in-country.
4. Medicines bought in-country will have familiar names and can be continued after the team leaves.
5. Allow the national partners to provide or purchase the medicines.
6. Learn from the national partners what health problems are common locally.
7. Use only medicines from the World Health Organization's list of essential medicines.
8. Use medicines that are relevant to the local health problems.
9. Any medicine can be toxic unless it is used correctly.
10. Don't give medicines unless you are certain that they will be used correctly and that follow-up care is available.
11. Work together with the local health services.
12. Give health teaching as well as medicines.
13. Teach how to use the medicines, what side effects may occur, and any other potential problems.

10"

Role Play: After a difficult time with Customs, the team has established a medical clinic.

1st Doctor, what happened after they retained you at Customs?

Dr. I kept on telling him that we are here to serve the people with our medical skills. But he kept on asking for a letter from the government approving our work in the country.

2nd But we had that all worked out! We paid a government official to get the permissions.

Dr. I'd rather not talk about it. We did nothing wrong. Hey, it looks like you have done a great job setting up the clinic.

1st Yes, look at all those people waiting to be seen! The church really advertised this well.

Dr. How is Tom holding up?

2nd He is doing a great job! Can you imagine—a neonatologist is caring for 90 year-old women!

Dr. Well, it is time to get to work. (He sees a patient for a few seconds and hands her a prescription. One team member hands her a baggie full of medicines. She leaves, with a confused look on her face, while another team member herds in the next patient.)

Dr. Hey, José! Great to see you again. (Quietly) Thanks for getting me out of that little Customs tangle.

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José (Speaking to himself) Yes, I got him out of trouble this time. But now our church's reputation with the government is damaged. We have worked for years to build a strong relationship.

----SHO questions----

S = What do you See?

H = What is Happening?

O = Does this happen in Our place?

II. More issues

- A. Return to your small groups. Discuss:
- 1- What other issues did you notice?
 - 2- What suggestions do you have?

20"

II. More issues

- A. What other issues did you notice?
1. The team bribed a government official so they could get through Customs.
 2. The bribe did not work. The Customs official asked for government authorization.
 3. The behavior of the team damaged the relationship of the church with the government officials.
 4. They were treating patients outside of their areas of expertise.
 5. The doctor did not spend enough time with the patient to care for her adequately.
 6. The doctor did not give her a thorough exam.
 7. The doctor did not teach her about her health problem.
 8. The doctor did not pray with her.
 9. The doctor just gave her medicines.
 10. Another team member gave her a baggie full of medicines.
 11. She did not know what they were for.
 12. She probably did not know how to take them correctly.
 13. The medicines could harm her.
- B. Suggestions
1. Get government permission for all medical care.
 2. When possible, work alongside government health officials. You can show them new techniques and new skills.
 3. They can teach you about local health problems and local health care.
 4. This also gives continuity to your work.
 5. Never pay bribes.
 6. Work with the local church or CHE team to get permissions.
 7. Do not treat patients outside your area of expertise.
 8. Not everyone needs to see a doctor. Other people can give health teaching and take care of minor problems.

B. Suggestions

9. The goal is not to see large number of patients. You want to give good care.
10. Spend enough time with each person.
11. Get to know them. Take a thorough history. Use a translator, if needed.
12. Do a thorough physical exam.
13. When permitted, take time to pray with each person. If not permitted, pray silently.
14. Give careful, clear explanations of medical problems or treatments.
15. Over the long term, health teaching is more important than acute health care.
16. Local health practitioners can learn to do health teaching.
17. Make sure there is follow-up health care, especially for chronic problems.
18. CHEs or health workers can visit the families in their homes to give follow-up.
19. CHEs or health workers can also build relationships and begin to share the gospel.

C. In this lesson, we have started to examine some of the issues related to short-term medical clinics. Begin thinking of other options: What else could health teams do? How can they work alongside the local church or CHE team?

C. Alternatives.

References:

Best Practices in Global Health Missions. 2009. *Consensus Documents*. Available from: <http://csthmbestpractices.org/ConsensusDocuments.html>

Soderling, M. and Yorgin, P. 2009. *Introduction to short-term healthcare missions*. 2009 West Coast Healthcare Missions and Ministry Conference. Available from: <http://www.healthcaremissions.org/Lectures2009.html>

World Health Organization. 2009. *Essential medicines*. Available from: http://www.who.int/topics/essential_medicines/en/

ATTITUDE: We must examine carefully the principles and practice of short-term health teams.

SKILL: Participants will start to examine some of the issues surrounding short-term teams.

EVALUATION: Are the participants working through these issues as they consider taking part in a short-term team?

MATERIALS: -Newsprint, markers, masking tape

This lesson is used in: Short-term missions