

How useful are short-term medical missions?

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Dr Alexandra Martiniuk: "Considering their popularity and growth, there is a need to harness the positive power of these medical missions and to reduce their weaknesses."

Australia is a world leader in sending medical personnel to less developed countries to assist with a variety of medical issues but the contribution of these missions has now been examined in a study, led by a University of Sydney academic, which calls for improved transparency, implementation and policymaking.

"This is the first review of accounts of short-term medical missions to lower and [middle income countries](#) over a 25-year period," said Dr. Alexandra Martiniuk, lead author of the study, from the Sydney [Medical School](#) at the University and its affiliated George Institute for [Global](#)

[Health.](#)

"It highlights the impact, sustainability and priorities of these missions."

The review is published today in the [BMC Health Services Research](#) journal and is co-authored by Joel Negin, from the University's School of Public Health, together with practitioners from Canada and the University of NSW.

The study reviewed 230 accounts of short-term medical missions to low and middle income countries over a 25-year period (1985 to 2009).

For the first time this new research formally defines medical missions, describing them as short trips of one day to two years by a healthcare professional, typically from a high income country, to a [developing country](#) to provide direct medical care.

"The number of [health professionals](#) going on these missions is growing globally and medical schools are also noting an increased demand from their students to volunteer as a health professional in developing countries."

As identified in this new research: the USA, Canada and Australia represent the top three countries sending medical missions to developing countries.

The USA sends short-term medical missions to Honduras most often, Canada to Somalia and Australia to [Papua New Guinea](#) (28 percent of missions). The next most popular destination for short-terms missions from Australia is the [Solomon Islands](#) (17 percent). Of those missions that specified the [health condition](#) being focused on, the most common were cleft lip and palate deformities, oral and dental health and vaginal fistulas.

Several weaknesses of short-term medical missions were highlighted by the study review.

"A major concern was the quality and effectiveness of the medical care provided by foreign doctors unfamiliar with local health needs, local culture and the strengths and limitations of the healthcare system in which they must leave their patients for follow up care," Dr. Martiniuk said.

Such experiences can be further undermined by an absence of follow-up data and ongoing good relationships with the local health services. Medical missions may also not be the best use of limited financial and human resources.

This includes the considerable costs involved in financing medical missions such as airfares, accommodation, vaccinations, visa costs, customs fees for medicines and medical equipment. It is often asked if money would be better spent donated directly to health care facilities in the destination country.

"This new research also highlights the ethical dilemma of the importance of responding to the needs of individual patients, so often the focus of these types of missions, versus addressing the [health](#) needs of the community as a whole," Dr Martiniuk said.

Preventing illness - by, for example, using safe water, immunisation or insecticide-treated bed nets for malaria - is more likely to reduce the burden of long term disease in a community, the study observes.

"Considering their popularity and growth, there is a need to harness the positive power of these medical missions and to reduce their weaknesses. This can be done by increasing true partnership with people in developing countries and mentorship over the long term to help local

people increase their own skills to reduce the need for medical missions," Dr. Martiniuk said.

Provided by University of Sydney

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