

Setting guidelines for effective and ethical short-term medical missions

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Short-term medical missions (STMMs) have been described variously as volunteer missions, internships, global health education, and medical brigades, and in the last two decades, there has been a surge in such undertakings. Despite mostly positive intentions and many examples of successful medical intervention, humanitarian aid and volunteer efforts like these can also present real and potential harm to host communities.

Criticisms of short-term global [health](#) activities focus on visitors carrying out medical procedures without adequate training and/or expertise, inadequate licensing and credentialing of participants, patronizing attitudes toward host communities, inefficient use of resources, and a lack of continuity of services, among other issues. The problems identified with STMMs, says a recent study, are often related to the lack of control and direction by host organizations in defining the programs.

The study, titled "Guidelines for responsible short-term global health activities: developing common principles," appeared in the peer-reviewed journal *Globalization and Health* early this month. Judith Lasker, professor of sociology at Lehigh University, and eight colleagues with expertise in global health, analyzed 27 published guidelines for best practices created by organizations and individuals seeking to improve short-term volunteer trips in underserved Global South communities.

Lasker says, "The study tries to address the many criticisms of short-term [global health](#) activities and identify the most important principles to

follow in order to improve these programs."

The authors identify the most frequently mentioned principles in these 27 guidelines. Of these, some focus on volunteer preparation, safety, and supervision, and others focus on host communities' needs, resources, patient care, participation in the program, and the impact of programs.

For an STMM to be maximally valuable, according to these guidelines, it should at least have these five features:

- Appropriate recruitment, preparation and supervision of volunteers
- a host partner that defines the program, including the needs to be addressed and the role of the host community in directing and teaching the volunteers
- sustainability and continuity of programs
- respect for governance and legal and ethical standards
- regular evaluation of program impact on the host community

Lasker's recent book, *Hoping to Help: The Promises and Pitfalls of Global Health Volunteering*, surveyed organizations in the U.S. that sponsor STMMs and found that most of these guidelines are not followed.

The authors point out that all these guidelines are authored primarily by individuals and groups located in the Global North. They review studies of host communities' views on STMMs, resulting in the addition of a sixth principle: mutuality of learning and respect for local health professionals.

They also note the lack of any enforcement mechanisms for best practices, and the many reasons why they are so often not followed. With growing concerns about the value and effectiveness of

[humanitarian aid](#) and volunteer effort programs, Lasker and her colleagues also advocate for comprehensive regulations and incentives in both host and sponsoring countries. Both of these practices are noticeably absent in current guideline strategies.

She adds: "We hope this study will contribute to conversations regarding how to reinforce the effective and ethical conduct of short-term health activities in the global context."

More information: Judith N. Lasker et al, Guidelines for responsible short-term global health activities: developing common principles, *Globalization and Health* (2018). [DOI: 10.1186/s12992-018-0330-4](https://doi.org/10.1186/s12992-018-0330-4)

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