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Short Term Medical Trips – Beyond "Mobile Clinics"

Short Term Medical Trips – *Beyond "Mobile Clinics"*

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Short term medical "mission" trips to serve needy populations in developing countries are a rewarding experience for many Singaporean doctors, combining opportunities for rugged travel, witnessing of exotic clinical phenomena, and achieving a sense of personal fulfilment.

The dominant model for these trips is the "mobile clinic": the team arrives at a rural village, commandeers a couple of tables and chairs under the mango tree, and starts registration. Soon an unending line of patients materialises, and the team works right through the day: providing medical consultations for an assortment of problems, but mostly dispensing symptomatic treatment for upper respiratory tract infections and the occasional antibiotic.

Is this helpful? Mobile clinics may temporarily meet the villages' immediate healthcare needs, establish contacts and develop friendships, but whether they make meaningful improvements to the health of the populations served is open to challenge. Empirical evidence on effectiveness is sparse,[1] in part due to the heterogeneity of implementations, and infrequent attention to documentation and evaluation. There are good reasons to be doubtful, however. The inherent qualities of mobile clinics (intermittency, brief duration and limited facilities) render them poorly suited to provide primary healthcare in a manner that would significantly impact the health of rural populations.[2, 3]

We suggest three prime strategies which can considerably amplify the health impact of short term medical trips to developing countries: focused clinics, an emphasis on prevention, and attention to the environment.

Focused clinics

General mobile clinics offer limited health impact. Significant medical problems are often beyond the capacity of mobile setups to treat, and conditions which can be treated in this setting are frequently mild and self-limited anyway. A considerable proportion of the general mobile clinics' time and resources are depleted by the non-sick seeking free medicines. Focused clinics that concentrate on limited populations (eg, pregnant women or under-fives), pathologies (eg, cataracts or dental problems) or processes (eg, well-baby check-ups) demonstrate the greatest cost-effectiveness.[4]

One of us (Dr Tan) is at times compelled by circumstances or expectations to run a clinic, and usually responds by negotiating with the local liaison to conduct a focused clinic. The community is informed beforehand that the clinic will only see, for instance, pregnant or breastfeeding women, or only the elderly. Triage is critical to ensure adherence to the clinic's focus. Even in the conduct of these clinics, preventive interventions, such as health education, take priority over pharmacological treatment. For example, when encountering a pregnant woman with anaemia, the emphasis is on dietary changes and social support – iron supplementation is provided only after sufficiently impressing upon the patient the importance of diet and exploring viable means to secure the food she needs.

Bringing health education into the homes of villagers in Yunnan

Schoolchildren in Yunnan undergoing health screening

An emphasis on prevention

Except in situations of acute emergency, prevention (through health education, health promotion and screening) is often the most efficient use of the precious few days that short term medical teams have on the ground.[5] Creative approaches can engage the communities' interest and circumvent the frequent skepticism of prevention.

School health. Village or slum schools are great places for fun-filled health education events. Involving the resident teachers, prefects and student leaders injects enthusiasm. Needful topics include the dangers of drug abuse, alcohol and smoking. In rural communities undergoing urbanisation or encroachment by expanding cities, road traffic safety is relevant. Lectures can be a spectacularly unfruitful format. Participatory approaches such as songs, skits and YouTube clips in the local language are often far better received.

Ad hoc drawing competitions are popular. The medical teams may deliver a short introduction of the health topic, instruct students to create a poster or brochure, provide materials, then award prizes for the best efforts. Winners are invited to give a brief presentation about their work – the health message is reinforced, indigenised and bestowed a unique forcefulness when heard in the students' own language and accent.

The IT boom supplies further opportunities: photographs and videos may be taken of the entire event, especially the students' presentations. A laptop and projector are all that is needed for a lively night of laughter and education, as the day's events in school are screened before the entire village.

Seniors' health. "Screening" need not mean lining up to get one's blood pressure (BP) measured and then returning home with a handful of new pills. Functional health screenings[6] by visiting medical teams empower the elderly to identify and understand their health challenges, and collaboratively generate ways to deal with them.

Dr Tan had an unforgettable time organising a Healthy Seniors Festival in Yunnan, China – complete with screening stations modelled on carnival games! The participants threw darts for vision testing, and competed in memory and balancing games in tandem with conventional screening tools like the Snellen chart and BP set. At the end of the circuit, each senior (often accompanied by family members at rapt attention) received a wellness report along with several recommendations for maintaining and improving their health.

Attention to the environment

Water and sanitation. This holds a place of unrivalled importance for health in developing countries,[7] and should always be on our agenda – especially if repeat trips are considered. Short term medical trips, even

The elderly in Yunnan attending the Healthy Seniors Festival, which focused on health education

those that centre on mobile clinics, open doors for visiting medical teams to take steps towards education, community mobilisation, and material or technical assistance with water and toilet projects.

Trees. Dr Tan found that short visits to villages were always sweetened if his teams were able to plant a few trees, especially fruit or timber trees, hand in hand with the community's children. This communicates and demonstrates the imperative to care for the earth. It is often said but seldom remembered, "There is no healthy person without a healthy environment." The inseparability of environmental from individual health is increasingly a matter of international consensus,[8] and for many rural communities, deforestation and soil erosion are mortal threats. In the final analysis, planting a hundred trees may well be a more worthwhile task for a short term medical trip than dispensing a hundred Panadols.

Conclusion

Short term medical mission trips to developing countries aim to address the health needs of the underserved. We recommend three strategies: focused clinics, an emphasis on prevention, and attention to the environment, which are frequently superior to "mobile clinics" for achieving that aim. SMA

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