Medical Missions

By Dr Fong Poh Him

Medical missions have always stirred the hearts of people most, as the recipients are obviously in need of help. Illness, however, seldom occurs on its own and is more likely due to a combination of factors, such as the environment, the weakened resistance of the patient, and the lack of medical facilities to investigate or treat the problem early.

"Charity is not the privilege of the rich but that of the sincere." – Master Cheng Yan

How very true I have found this over the years of working with all kinds of volunteers to help the poor, the sick and the disadvantaged.

Charity has always been considered a trait of human graciousness and is practised widely wherever communities have matured. For those who have felt the need, it is important to step forward to give from your heart and not because you can afford it.

Medical missions have always stirred the hearts of people most, as the recipients are obviously in need of help. Illness, however, seldom occurs on its own and is more likely due to a combination of factors, such as the environment, the weakened resistance of the patient, and the lack of medical facilities to investigate or treat the problem early. Nature is intolerant of weakness and it is not uncommon for even parents to reject deformed children. As such, medical missions benefit from having non-medical persons participating. Such volunteers contribute to the total care of the patients. They provide comfort and understanding at the lay person's level, even as they help with the preparation before and after surgery.

As a medical person, the doctor becomes the focal point of the mission. In addition, many will look upon the doctor for leadership in the healthcare setting – what to bring, what to say and what to give. The doctor embodies the whole effort. Hence, for a medical mission to succeed, medical personnel have to be well selected, properly briefed and able to make wise decisions in the field.

The starting point of a medical mission usually begins with an appeal for medical support to an existing mission of relief or charity. A senior medical person experienced in this work then needs to do a site visit to establish the medical aspects, as well as to do ground work regarding permission from authorities and degree of support from the local medical services. The doctors who would be helping in follow-up of patients need to be made comfortable with the support level from volunteers and the mission team. Training of local doctors may be necessary if more complicated treatments are being carried out at the site. Missions then become more structured to improve the local services. It is usually unrealistic to expect missions to take on the whole medical service to a community as this role is better undertaken by the local government.

Once a working plan has been worked out, the team needs to be built up. Publicity is best by word of mouth than open advertising as there are people who just want to come to "have a look" or use the mission to further their own agenda rather than the mission's objectives. Parallel activities can be scheduled but these need to be clearly stated so volunteers and patients receiving treatment are not confused as to what is happening.

Team members need to be briefed on what is expected of them and work allocated accordingly. It should not be forgotten that team members can also fall sick during the mission and a medical team should be appointed to be the team doctor. Medicines and equipment also need to be assembled, labelled and packed.

In many countries, customs clearance has be obtained preferably beforehand. Where items are being sourced at the mission site, it is important to make sure that enough supplies are available. Vaccination and malaria prophylaxis, if needed, are given appropriately.

Social functions are often an integrated part of the mission, and serve to thank volunteers from the host country. It is also important to recognise the efforts from participants of the host country.

Over the years, as missions evolve into more complex activities, they should be treated as joint missions with the host country's participation being as important as the efforts from the mission team.

Page 7 ►

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◀ *Page 5 – Medical Missions*

While some feel that missions achieve goals of providing clinical services, teaching and training of medical personnel, perhaps what is not so obvious is that the participants benefit enormously from the "feel good" factor too. It is because of this that missions work more so than providing funds or equipment.

Funding has usually been a major obstacle for missions and it is important that funds collected are used appropriately. I find missions are most successful when all participants volunteer their time, and also pay for their personal costs of transport, accommodation and meals. These costs can be controlled by bulk purchase of tickets and sharing of accommodation. Even purchases for the mission can be controlled by having the relevant person help, such as having the anaesthetists get materials for anaesthesia, the nurses source for nursing items, and so on. In this way, everyone gets to help in obtaining needed materials at the lowest cost.

A single coordinating centre is needed to allow packing, labelling and storing of things to go on the mission. At the mission site, unpacking and creation of stores, and repacking into smaller units is a continual process throughout the mission, and volunteers are important here. Communication with handphones, walkie-talkies and notice boards are most effective as the best-laid plan can often go wrong.

Every mission can expect weather changes, shortages of electricity or water, or even lost baggage with important items, to happen. Where possible contingency plans should kick in, but do not, patients have to be consoled and surgery postponed.

The end of the mission is often met with relief and many would like to go shopping or sightseeing. This should be organised so that everyone has something interesting to do and happy memories to bring back. ■