What is **Our** Responsibility? Global Health Ethics in Practice

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Step 1:
We engage in global health.

- **30% of medical students** complete an international elective or exchange.
(Journal of Ethics, AMA)

- **Evidence:** international electives result public health and cultural competency.
- Viscerally: "The quest to improve global health… it is difficult to imagine a pursuit more closely aligned with the professional values and visceral instincts of most physicians."

Izadnegahdar, R., et al. "Global Health in Canadian Medical Education: Current Practices and Opportunities." *Academic Medicine* 2008; 83 (2): 192.

Haq C, Rothenberg D, Gjerde C, et al. "New world views: preparing physicians in training for global health work." Family Medicine 2000;32:566-72

Gupta et al. "The International Health Program: The Fifteen-Year Experience With Yale University's Internal Medicine Residency Program." American Journal of Tropical Medicine and Hygiene 1999;61(6).

Thompson MJ, Huntington MK, Hunt DD, Pinsky LE, Brodie JJ. "Educational Effects of International Health Electives on U.S. and Canadian Medical Students and Residents: A Li terature Review." Academic Medicine. 2003;78(3):342-7.

D. Shaywitz and D. Ausiello. "Global Health: A Chance for Western Physicians to Give and Receive" The American Journal of Medicine. 2002;113(4):354-7.

Do International Experiences Develop Cultural Sensitivity and Desire for Multicultural Practice among Medical Students and Residents? Lauren Taggart Wasson. *Virtual Mentor*. 2006; 8:826-830.

The Educational Value of International Electives Justin List, Rebecca Hope, John Tarpley and John Margaret. *Virtual Mentor*. 2006; 8:818-825.

Step 2:
Training in global health ethics is paramount but currently inadequate.

- Can medical students and physicians do **harm** pursuing global health activities. **Yes.**

- Has the need for ethics training been articulated? **Yes, by expert opinion.**

"Do Doctors Who Volunteer Their Services In Disasters Overseas Do More Harm Than Good? BMJ 2006;332:244 (28 January)"

[6] Medical Tourism Can Do Harm BMJ 2000;320:1017 (8 April)

Pinto, A. and R. Upshur. "Global Health Ethics for Students". *Developing World Bioethics* 2007. ISSN 1471-8731 (print); 1471-8847 (online).

Grennan, T. "A Wolf in Sheep's Clothing? A Closer Look at Medical Tourism". *McMaster University Medical Journal* 2003; 1(1): 50-54.

Ramsey, K. and C. Weijer. "Ethics of Surgical Training in Developing Countries". *World Journal of Surgery* 2007; 31: 2067-2069.

Bezruchka, S. "Medical Tourism as Medical Harm to the Third World: Why? For Whom?". *Wilderness and Environmental Medicine* 2000; 11: 77-78.

RWANDA AND IAVI

Short-term HIV care

Step 3: First do no harm

An assessment of ethical frameworks in global health to date

Outline

learning from **ethical standards** in other disciplines: lessons and limitations

establishing the need for **evidence-based** frameworks

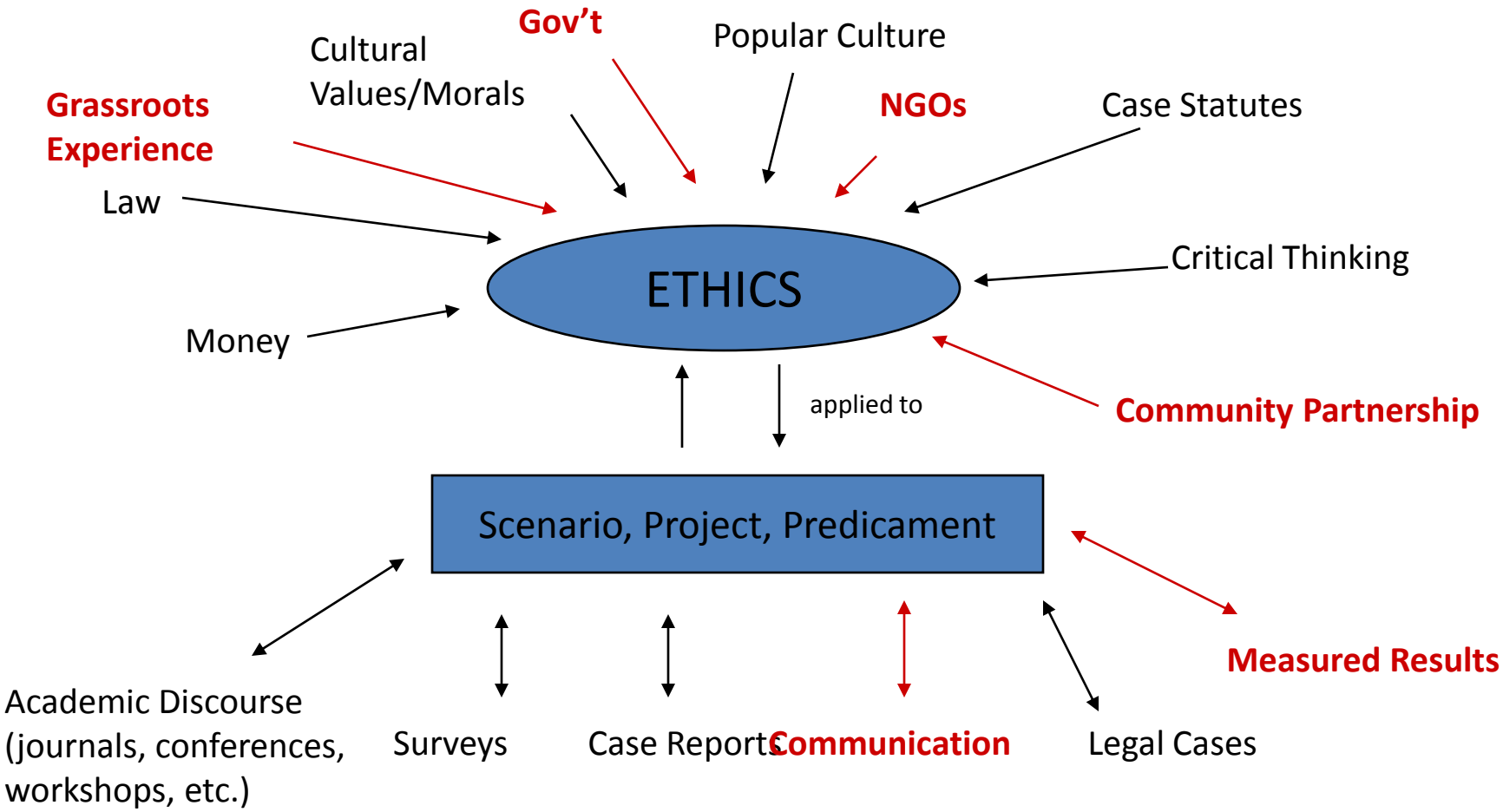
overview of **ethical frameworks** in global health

Ideology & Methodology

In the **context of global health**

Current

Global Health Experiences



1) Fundamental principles lacking

can we just apply the fundamental ethical principles of “Western” medicine to global health?

are these principles indeed universal, and if they are, do they take the same form in different cultural contexts?

even if we apply these principles to global health, shouldn’t we apply the above model of discourse (the model) to them in the context of global health?

2) Assessment of current frameworks

Pinto (2007)

GHEC/AMSA (2006)

AMA Journal of Ethics (Virtual Mentor)

McCarthy & Petrosoniak (2008)

Summary of Step 3

a model for developing ethical standards exists in all other fields, including medicine

a model is needed in global health work that utilizes other models and is sensitive to the unique challenges of global health

current attempts to develop ethical criteria are a good start, but need to evolve through a multidisciplinary process (incorporating elements of law, cultural differences, community partner's concerns, socio-economic conditions, ethical discourse)

Step 4:
Taking responsibility

What **must happen** at
Canadian medical schools?

Difficult Questions.

We are medical experts, **not** global health experts.

1. In overseas medical electives, how do we ensure that we are not a drain on the system? Are we impeding the training of local medical students and health professionals?

2. Should we use our power as physicians to advocate for global health from within Canada? And if not, why are we not interested in this approach?

3. Are you involved locally in refugee and community development issues? If not here, then why internationally?

4. If we are driven to ‘help’ a particular community, do we need to actually be a part of that community? And is that possible?

5. Should we consider engaging in international relief over development if we are only available short-term?

6. Should we measure the outcome of our student's overseas activities? How do we ensure that in the long-term we don't cause harm to the communities we work in?

7. Are short-term clinical exchanges the best way to learn about the global health challenges facing us all?

Preventing Harm:
it starts with us.

- In a recent survey (pending publication) completed by 76 Canadian physicians who engage in global health, no respondents indicated that their projects created any potentially negative impacts in the short or long-term.

Lets start asking difficult questions and taking responsibility.