The tacit bargain in short-term medical missions

Valorization Addendum

This dissertation looks into the humanitarian activity referred to as Short-Term Medical Missions (STMMs), a grass-roots form of aid conducted by medical professionals from wealthy countries to underserved communities in low- and middle-income countries (LMICs). The physicians involved in this activity typically earn a living in their home country and provide their medical and surgical services without compensation to the LMIC communities they visit for periods of days to a few weeks. The US appears to be the country sending the most STMMs. The dimensions of this activity, in terms of the magnitude of physician participation and the costs involved, are vague for many reasons. The format of these outreaches is highly variable in terms of the personnel involved and the services provided. The individuals and non-governmental organizations (NGOs) that arrange and execute these excursions are not linked through any common association or agency, nor do they necessarily share common motivations. No regulatory body oversees the process in the US. In addition, the motivations of physicians, who are central to the activity of the direct medical care delivered in these encounters has not been systematically studied. Therefore, this dissertation was structured to assess why US physicians participate in STMMs and to gather some approximations of the inputs from the US in terms of costs and manpower.

The data generated from the research of the dissertation may provide the first numerical evidence reported from physicians to confirm that STMM activity originating from the US is increasing in the last 30 years, both in terms of the numbers of excursions and relative physician participation. The cumulative direct and opportunity costs approximating US$3.7B are material when compared to federal public outlays for foreign aid from the US. Opportunity costs to physicians may influence the choice to participate. Physician manpower equates to nearly 5,800 full-time equivalents annually.

Surgeons, anesthesiologists, and pediatricians are more likely to participate in STMMs. Participating physicians tend to be older with relatively lower income than average physicians, and are married without children at home. Medical (non-surgical) STMMs are proportionately more common than surgical STMMs. Motivations center around the satisfaction of providing medical services to underserved populations and teaching health professionals abroad, but are not demonstrably linked either to nationalistic intentions or religious affiliation.

The premise underscored by the title of the dissertation, "The Tacit Bargain…" is that there are two parties seeking to have needs satisfied and a market exists for that exchange. The dissertation outlines the blend of determinants and motivators that impel physicians to seek out the rewards found in STMMs; patients seek and often receive medical and surgical benefits from the visiting physicians that may not otherwise be affordable or accessible to these poorer people. Generically, cash flows to those entities providing transport, housing, visa fees, medications and medical supplies, travel vaccinations and prophylaxis, and administrative and coordinating services to enable this exchange. There is money to be made in satisfying these complementary demands, even if that cash flow is unilaterally sourced.

The findings of the research may be of direct value to the US and the world community by providing evidence of the current volume and recent growth of STMM activity emanating from one major participant country. Other societies may find indirect value from observation of elements of the US experience depicted herein. Understanding the motivations of physicians who play a pivotal role in this direct care and capacity building activity may assist in policy formation from governments and non-governmental organizations, and individual physicians as well, on how the process and its related monetary and manpower allocations and investments may be made more effective. Should institutions, NGOs or the US government seek to modify the participation of physicians in STMMs through policy decisions meant to affect strategic soft power, reputation building, recruitment or other broader objectives, the recognition of who has been naturally attracted to STMMs may provide the basis for targeting of recruitment. If the value proposition of STMMs is to be optimized, matching not only technical skills but also personality profiles of physicians to the activity may be crucial. Physicians might wish to self-screen for their own aptitude and fitness for STMMs with a validated instrument, and some organizations may encourage them to do so.

Another consideration is the impact of STMMs on physician "burn-out," or collapse of motivation under the strain of the profession. Burn-out among physicians in the US is alarmingly high and increasing. Finding ways to mitigate this pressure on already stressed US healthcare system is likely to become an increasing sociologic challenge. The narrative portion of the dissertation gives voice to participation in STMMs as one mechanism for self-restoration for some physicians. As a method for addressing burn-out, done well, the end result would not necessarily be a unilateral benefit.

The most common professional pro-bono activity of US physicians is teaching, and the legacy effect of teaching that carries over into STMMs seems to stimulate motivation as well as to mitigate the discontinuous nature of STMMs. The direct transfer of both services and knowledge form much of the attraction to STMMs. This may bode well for university based models of long-term LMIC site relationships.

Value may be also found in the development of standardized instruments to gather useful data continuously from STMM participants in the field. The results of this dissertation confirms the growing number of outreaches being deployed annually from the US and the research interest in the nature and impact of STMMs. By means of hand-held tablets, information on participants, patients, disorders encountered, etc., could be sent to a cloud-based research database, from as many organizations as possible, without even requiring the organizations to be linked or otherwise interact. Such a database could become proprietary to a university or other entity.

At least in theory, there is a tacit approval and indirect support from the US government for STMM momentum, since the tax revenues deducted and diverted to this activity could have found other applications. Although the exercise of soft power is not an express motivator for US physicians, if done well, such a positive externality could result, as long as nuances of neocolonialism can be avoided.