SESSION C3

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SESSION C3 OBJECTIVES

- Discuss some of the ethical challenges when determining how best to train future global health workers, including dilemmas around appropriate internship experiences and the values of clinical shadowing.

- Explore how an inter-disciplinary approach that fully integrates the humanities and social sciences can better train future global health workers.

- Present novel practices the UO’s global health program has adopted in its goal of ethically training global health workers.

SESSION C3 SPEAKER

Melissa Graboyes, Ph.D., M.A., M.P.H.

Melissa Graboyes is a historian of modern Africa who writes on topics of global health and medical ethics. She is currently an Assistant Professor in the Clark Honors College at the University of Oregon. Her research has an East Africa regional emphasis (Kenya, Tanzania, Uganda) and employs a variety of historical and anthropological methods. In 2015, she published *The Experiment Must Continue: Medical Research and Ethics in East Africa, 1920-2014* (Ohio UP), and is currently at work on a new book on the history of failed malaria elimination attempts in Africa. She earned a Ph.D. in History and a Master’s in Public Health from Boston University, and has worked domestically as a health educator with Planned Parenthood, with international NGOs, and led health outreach and advocacy programs in Botswana and Tanzania. She is particularly committed to making research findings accessible and serving as a bridge to translate academic findings to practitioners working in the field.
Global Health Ethics:
Appropriate Training for the Next Generation

Melissa Graboyes, Ph.D., MPH
Assistant Professor, Clark Honors College
University of Oregon

Who am I?
- Faculty member at the Clark Honors College, Univ of Oregon. Teach medical history, global health, Africa-courses
- Trained as a historian of modern Africa (Ph.D. history) and as a public health practitioner (Masters in Public Health) with an emphasis on bioethics. Worked for global health organizations in US & Africa.
- First book on history of medical research in East Africa. Current NSF-funded work on the history of malaria elimination attempts in Africa.
- Worked in East Africa for 15+ years, fluent (but rusty) Swahili speaker
- Book chapter as part of The Value of Stories: Narrative Ethics in Public Health.
Agenda

Global Health & International Shadowing
Ethics Questions, Real Harms
Response: An Interdisciplinary Model

Learning Objectives:

1. Discuss some of the ethical challenges when determining how best to train future global health workers, including dilemmas around appropriate internship experiences and the values of clinical shadowing.
2. Explore how an inter-disciplinary approach that fully integrates the humanities and social sciences can better train future global health workers.
3. Present novel practices the UO’s global health program has adopted in its goal of ethically training global health workers.

ALSO: Hear from practitioners about their experiences with students involved in shadowing; Consider how domestic shadowing experiences can increase students’ ethical awareness of larger global health issues.

**Thanks to Kristin Yarris (UO), Jessica Evert (Child Family Health International) for slides**

What is Global Health?

“a field of study, research, and practice that places a priority of achieving equity in health for all people. Global health involves multiple disciplines within and beyond the health sciences, is a synthesis of population-base prevention with individual level clinical care, promotes interdisciplinary collaboration, and emphasizes transnational health issues and determinants.”


OR....

“a concept fabricated by developed countries to explain what is regular practice in developing nations.”


What is “shadowing”?  

Following a doctor or nurse-practitioner whose primary job is to provide care for patients—whether in a public hospital, teaching hospital, private clinic, community health center or in private homes.

Sometimes this is referred to as “clinical rotations,” “medical tourism,” or “voluntourism”

It typically involves students from richer countries (Global North) traveling to poorer countries (Global South) to gain clinical experience.

Why be concerned about clinical shadowing?
Satirical

New ‘Doctors Without Licenses’ Program Provides Incompetent Medical Care To Refugees

Not Satirical

Suturing up a head laceration on one of the Vietnamese locals.

Volunteersurgeon #idkwhatimdoing

one of my friends from high school....

“#idkwhatimdoing”
Ethical Concerns with International Shadowing

Shadowing raises issues of
- Power Differentials
- Resource Inequality
- Cross-cultural (mis)communication

These are related to patients’ ability to truly provide consent to being observed and students’ ability to merely observe clinical interactions, without interfering in or participating in clinical care

- protecting students (to not be asked to do something illegal, inappropriate, unethical)
- protecting patients (who may not consent to being observed and/or may not be able to voice their discomfort about being observed).

Some Ethical Concerns with International Shadowing

- Being asked to do something not medically qualified to do
- Performing activities they’re not medically qualified to do
- Having doctors/staff/patients believe they are doctors
- Observing without patient consent
- Inadvertently damaging the doctor-patient relationship
- Inadvertently decreasing the quality of patient care
- Taking away observational/apprenticeship opportunities from local medical students
- Drawing hospital/staff attention away from other priorities

- META: Conflating global health work with international medical work
- META: Contributing to the idea that global health work is done “over there” not here [More]
Not Just Hypothetical: Documented Harms

- Death of infant given wrong dose of medication.
- Pulling on breech babies during birth and potentially contributing to the baby’s death.
- 20+ patients with malaria not diagnosed.
- Child put through spinal tap by inexperienced student, failed procedure, delayed diagnosis.
- Sticking infants 4x for a test that should require 1 poke and breaking needles in the process.
- Students writing prescriptions for 100x the appropriate dose.
- Students dispensing medications in “pop-up” clinics with no follow up to monitor side effects, adverse events, or complications.


Not Just Hypothetical: Student Experiences

In the past 4 years, UO undergrads without medical training have been asked to
- draw blood
- perform lab tests
- perform ultrasounds
- help with a pap smear
- initiate an IV line
- give injections
- assist with births

Distracted Doctors: “a mother came in with her two year old son in the throes of cerebral malaria. He began seizing and emergency physician called us interns over for a teaching moment rather than tending to the baby. Mother was completely disregarded and shoved aside, told to be quiet when she cried. Nobody told her what was happening to her baby. Instead they were focused on telling us what was going on.”

Inappropriate Expectations: “At one point I was shadowing an OB/GYN and he talked me through an ultrasound with one patient then left me in the room alone with the next patient as he went to do something else and told me to perform the ultrasound.”
Not Just Hypothetical: Student Experiences

- Unclear Identities and Qualifications: “Everyone seemed nice but a few people laughed at us when we explained that we were just students who were there to shadow them. They believed we had training back home and we were at the hospital to practice what we had learned. We had to politely explain to them several times that we were just there to observe their daily interactions and see how the healthcare system works [here].”

- Negatively Impacting Patient Care: “we were placed in the eye clinic...the nurse showed us how to give an eye exam... Later in the day, our supervising nurse kept asking us to perform the exams on patients. At first we politely declined but it soon became more difficult to keep saying no because the nurse and patients would laugh at us. We figured there wasn’t any harm in doing the eye exams while the nurse was watching us. Eventually, I realized that the exam we were giving the patients was what determined if they went back to see the doctor to get glasses or see the ophthalmologist for a consultation about glaucoma... I realized there were a few patients who were on the edge of that cut off, and if I hadn’t given the exam correctly, they may not have received the glasses they needed or the glaucoma treatment they required.”

- Denying Opportunities to Local Students: “there was a birth that happened while I was there and physicians told [local] medical students that since they had already seen one, it was our (UO students) turn to observe since only two students could be in the room.”

Why is this important?

- Global Health is a growing field across American universities
- Many undergraduates are seeking out clinical experiences
- Clinical experiences are often rewarded by med schools
- Undergraduate training creates “norms” of the field
- We want students to be safe, have ethically appropriate experiences
- We do not want patients, doctors, and communities in the Global South to bear the burden of our students learning to “do” global health
UO Responses: Better Prepare Students

1) Don’t offer shadowing opportunities via our study abroad programs

2) Don’t offer academic credit for shadowing

3) Require basic ethics training in global health classes and before going abroad through online programs such as:

   - Univ of Minnesota, “Global Ambassadors for Patient Safety”—GAPS Online Workshop
   - Johns Hopkins & Stanford: “Ethical Challenges in Short-Term Global Health Training”

UO Response: Inter-disciplinary academic training

   • Stresses not just the medical component of global health
   • Teaches students about these ethical challenges and various responses
   • Humanities, social science, natural science training (2 classes in each area)
   • Required Internship: local or global, real experience
UO Response: Convey Expectations Clearly & Repeatedly

- Teach in entry-level classes about the ethical challenges of global health and shadowing
- Explain to students why we don’t support shadowing in classes, online, and in person
- Have students reflect on and share their experiences
- Share relevant and accessible articles (Wendland, Crane, Sullivan)
- Write about the UO’s experience for a broader audience

How might we think differently about having students shadow here in the United States?
Larger Responses: Medical School Admissions & Sensitization

“We recently did not offer a student admission who had great test scores, grades, extracurricular activities, and was someone we would have otherwise accepted because she couldn’t see the ethical issues with what she had done when she was on an international volunteer trip as a pre-med and she had done stuff that the admission committee had major concerns about.”

-Medical School Admissions Dean
Summary of Guidelines

1. Formal relationship mechanisms between school/institution and host site or facilitating organization.

2. Primary goal of experience is learning and appropriately scoped/supervised practice.* Patient and community safety is paramount, respecting continuity of care, patient safety, informed consent, etc.

3. Appropriate planning, pre-departure training, in-country support, safety/security, and post-experience multi-directional evaluation/assessment/feedback mechanisms.

4. Respect for local host, local health systems, and emphasis on local capacity building/integrity of workforce.

5. Reciprocity for host community, including recognition of true costs of receiving trainees, reciprocal benefits, and opportunities.

Is Global Health “Global”?  


• Mushtaque Chowdhury, Dean of the School of Public Health at BRAC University in Bangladesh, assured the audience that “what we do in Bangladesh is global health, though we don’t call it global health.”

• Mario Rodriguez-Lopez from the National Institute of Public Health in Cuernavaca, Mexico… recounted a conversation he had had the day before with Jeffrey Koplan, Vice President for Global Health at Emory University… Koplan had told him, “what you are doing in Mesoamerica is global health,” to which Rodriguez-Lopez responded, “ah yes, I only just realized it!”

• Nelson Sewankambo, Principal of Makerere University College of Health Sciences in Kampala, Uganda and one of the first scientists to publish data on AIDS in Africa… “When you see it the way I see it, people are not discussing global health. […] How do our students learn global health? By coming North? By staying home? You need to examine what global health actually means from other countries’ perspectives.”

Such findings raises questions about how we train our students, where we train them, the assumptions they have about what global health is…