ASA Guidelines on Humanitarian Work

Anaesthetists Working and Teaching Overseas

There are many opportunities for ASA, NZSA and ANZCA members and Fellows to work and teach overseas. Anaesthetists often ask for advice as to how to select and assess possible trips. This document aims to provide Fellows and members with some broad principles to help with their deliberations.

When aid is poorly coordinated, as unfortunately it often is, it can disempower and further weaken developing countries and their governments. Time and money are wasted with transaction costs and this can lead to fragmented, contradictory and unsustainable outcomes. Ministers of Health in developing countries repeatedly describe their experience of enthusiastic and well-intentioned development interventions that, in their view, contribute to rather than solve problems. But they are equally clear: development when delivered effectively is hugely beneficial[1].

From a former Mozambique Minister of Health: *"When I was appointed minister, I thought I was the minister of health and responsible for the health of the country. Instead, I found I was the minister for health projects run by foreigners."*

The principle of ownership

The project should ideally be led and driven by the needs of developing countries, not by the enthusiasm and interests of the Australian and New Zealand participants. Interventions should be based on written agreements "owned" by the developing country partner and avoid "supply-side driving".

The principle of alignment

The project should be aligned with the recipient government's health plans as well as those at district and hospital level. This ensures that ownership is encouraged, not by-passed or undermined.

The principle of harmonisation

The project should be adequately co-coordinated – with initiatives from other development partners (Australia and New Zealand and others) working as one.

Evidence-based

The project should also be subject to proper monitoring and evaluation. It is imperative to identify and (wherever possible) measure actual outcomes or results, because so much well-intentioned activity in the past has either done harm or failed to achieve its stated aims.

Sustainable

The initiatives should be supported by long-term commitment from all parties involved. If the initiative is only undertaken by an individual, however motivated, with little institutional buy-in, the activities are likely to fall by the wayside when the individual moves on.

[1] https://severndeanery.nhs.uk/assets/Internationalisation/TheFrameworkforNHSInvolvementinInternationalDevelopmenttcm79-26838.pdf

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Mutually accountable

The responsibility for the project or program should be shared[1].

Working opportunities may be either uniquely one, or a combination of the following types of activities: Short Term Medical Missions (STMMs or "service" trips), locums, teaching or longer-term aid and capacity building assignments.

These differ considerably in the challenges and rewards they offer.

Service trips deliver immediate and obvious benefits for patients, but often limited opportunities for training and development. Longer term projects can lead to sustainable positive impact for health workers and to the health system.

For those projects involving short term medical missions ("service" or clinical work), Fellows and members are urged to ensure that:

1. The project has equitable patient selection criteria
2. The project has appropriate follow up arrangements to manage ongoing care and complications
3. The project has a process to identify and analyse adverse events.
4. All team members are working within their current scope of practice for planned procedures
5. All team members have appropriate registration with local regulatory authorities
6. All team members have indemnity insurance which covers their planned clinical activity

To be effective, longer term and capacity building or development programs have the following attributes:

1. The program has been developed in response to a needs analysis conducted with involvement of the local Ministry of Health and if possible counterpart health workers
2. The program has a prime focus on education and skill transfer with clear learning objectives
3. The program has a clearly defined monitoring and evaluation system
4. The program has sufficient opportunity for counterpart feedback

Fellows and members are advised to be familiar with local regulations and customs prior to travel and ensure that these are adhered to during project work. Working in a culturally sensitive manner is of paramount importance. "Visiting Experts" are only expert in their own medical circumstances, and the challenge of working overseas is to become a learner as well as a sharer of knowledge and skills.

Fellows and members should ensure that they are appropriately briefed before committing to service trips or project work. Professional preparation by attending a course is very useful. The Real World Anaesthesia Course is held yearly and rotates through Frankston Vic, Darwin NT in Australia and Christchurch New Zealand, Anesthesia in Developing Countries, is hosted by the Oxford, UK Department of Anaesthesia in Kampala, Uganda and the North American Global Outreach course alternates between Halifax Canada and Boston USA.

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