



Journal *of the* American College *of* Dentists

ETHICS of CHARITY
DENTAL CARE—
INTERNATIONAL

Spring 2014
Volume 81
Number 1



DEVELOPING AN ETHICAL FRAMEWORK FOR SHORT-TERM INTERNATIONAL DENTAL AND MEDICAL ACTIVITIES

Alexandra Friedman
Lawrence Loh, MD, MPH
Jessica Evert, MD

ABSTRACT

The popularity of volunteering to provide charity health care in third-world countries has increased dramatically in recent years. While there are advantages to both those being helped and to volunteers, there are also ethical issues that need to be addressed. A framework for analyzing the ethical impact of such service is presented which continues 27 principles that should be addressed.

In an interview, Peter Singer, moral philosopher and Professor of Bioethics at Princeton, observed, “More often there is a compromise between ethics and expediency.” To avoid this compromise when considering or undertaking engagement in short-term international medical and dental activities, it is prudent to develop and operationalize an ethical framework—both on a program and an individual level. It is recognized that embarking on clinical volunteerism without first considering alternative or supplemental activities that may have a greater benefit on community health is potentially harmful (Wilson et al, 2012). Similarly, embarking on such activities without considering the ethical framework guiding the activity represents the compromising haste alluded to by Singer. The utility of short-term medical and dental activities has been increasingly scrutinized (Seymour, 2012). By developing an ethical framework and consciousness for these activities, participants and programs have the potential to evolve from engaging in short-term “band-aids” toward structuring programs that prioritize sustainability, local health systems integration, and facilitation of alignment with the goals of global health (Mouradian, 2006; Seymour, 2012; Vaduganathan 2014).

THE RISE AND IMPACTS OF SHORT-TERM INTERNATIONAL DENTAL AND MEDICAL ACTIVITIES

Interest in global health is on the rise among healthcare professionals and trainees, driven by the globalization of multiple sectors (Crump & Sugarman, 2008). Short-term participation, in particular, has grown in popularity. In 1978 only 6% of medical students participated in health-related activities abroad, with recent data showing 32% participating in global health education and service activities during medical school (AAMC, 1978; 2013). A 2009 survey similarly showed that half of all dental schools offer international volunteer opportunities to their students (Cohen & Valachovic, 2012).

The nature of short-term global health experiences abroad varies in length, purpose, and participants. Trips may range in length from two days to four weeks (Maki, 2008). Teams are often multidisciplinary and activities during such trips may include research,



Alex Friedman is a student at Northwestern Feinberg School of Medicine; Dr. Loh is Adjunct Lecturer in Global Health and Clinical Public Health, Dalla Lana School of Public Health, University of Toronto; and Dr. Evert is a clinical faculty member, University of California, San Francisco Department of Family and Community Medicine and Executive Director, Child Family Health International, San Francisco, California; jevvert@cfhi.org.



service, education, and public health projects (Crump & Sugarman, 2010). This heterogeneity of short-term experiences presents challenges in distinguishing between voluntourism (combined volunteering and tourism) and “responsible engagement in global health” (Seymour, 2013; Snyder, 2011). What is increasingly clear, however, is that poorly planned short-term international medical and dental activities that do not consider ethical implications run the risk of falling under the former designation, with numerous unintended consequences. For example, there is a growing recognition that the provision of service by visitors from high-income countries often competes with and further weakens existing host community health systems (Seymour, 2013). International activities that are short-term and sporadic are often accused of being a band-aid approach that do not attend to underlying causes of ill health (Mouradian, 2006).

Despite these concerns, the motivations and benefits attributed to visiting participants of short-term international experiences are well documented in literature. These include improved clinical knowledge and skills, enhanced global perspective, fostering of international career intentions, increased dedication to underserved care domestically, and an increased appreciation of public health (Dowell & Merrylees, 2009; Drain et al, 2007; McBride et al, 2010). Institutions also benefit from experiences in healthcare provision abroad by competing for desired candidates, drawing needed funding, and building interna-

tional reach and prestige (Dowell & Merrylees, 2009).

For hosting institutions and communities, however, the benefits of short-term trips are far less clearly defined. While their receptiveness to such trips can link them to future aid, knowledge exchange, and resources (Crump & Sugarman 2008; Dowell & Merrylees 2009; McBride et al, 2010), receiving communities also bear numerous potential harms. Local patients may be at risk of being treated by inexperienced, foreign trainees; the magnitude of potential harm is further increased by language and cultural barriers (Crump & Sugarman 2008). At the same time, host institutions use great time and resources to accommodate short-term volunteers, faculty and trainees, orient them, and provide logistic support (Dowell & Merrylees 2009). A lack of resources limits the ability of these institutions to evaluate and inform their decisions to host such endeavors (Provenzano et al, 2010).

These tensions, coupled with increasing interest in global health participation by dental and medical professionals, highlight the need for comprehensive ethical approaches to short-term experiences abroad (Crump & Sugarman, 2008; Machin, 2008; McBride et al, 2010; Sherraden et al, 2008). The World Dental Federation (FDI) Guidelines for Dental Volunteers provide directives to mitigate risks and set best-practice standards for dental volunteering worldwide. These

In 1984 only 6% of medical students participated in health-related activities abroad, with recent data showing 32% participating in global health education/service activities during medical school (AAMC, 1978; 2013).

The motivations and benefits attributed to visiting participants of short-term international experiences are well documented in literature.

guidelines include the recommendation that volunteers join a project that is integrated into the host community and recognized by host government, as well as one that conforms to legal requirements for the practice of dentistry (FDI 2005). These guidelines are commensurate with the ethical tenets of prioritizing sustainability, common good, and respect for persons. A 2011 American Dental Association (ADA) resolution, issued in response to concerns about untrained students performing dental procedures abroad, called on both dental and predental students taking part in international volunteer activities to adhere to the *ADA Principles of Ethics and Code of Professional Conduct* and to only perform procedures for which the volunteer has received proper education and training (ADA, 2011).

Ethical Analysis of Short-Term Medical and Dental Activities

The first, critical step in developing an ethical framework for short-term medical and dental activities requires a broader understanding of ethical analysis. Ethical analysis generally evaluates four central components (Jennings, 2010):

- Character and intentions of the agent: what virtues and vices does the agent exemplify?
- Inherent properties of an action: what rights and duties does the action fulfill or violate?
- Consequences (most often understood as causal effects) of an action: what benefits or harms are brought by the action?
- Context in which the action takes place: does the action support or undermine the system or context which makes the action possible or meaningful in the first place?

By applying these questions to international short-term medical and dental work in a generic sense we begin

to foster a dialogue about the ideals, tensions, realities, and consequences of such activities. Using this analytical framework to consider each short-term project or international engagement effort lays the foundation of inquiry necessary for developing an ethical framework.

Ethical Principles to Consider When Developing an Ethical Framework

The ethical principles that may apply to short-term international service activities are many. The accompanying table represents an array of principles, ranging from foundational bioethical tenets to those specific to international activities and the power dynamics therein. While the traditional bioethical principles of justice, beneficence, nonmaleficence, and autonomy do apply, they are often interpreted or valued differently in a global setting (Pinto & Upshur, 2013). Foundational bioethical principles alone are insufficient to provide a comprehensive ethical evaluation of the potential pitfalls of short-term international activities. Thus, a more robust framework is necessary, preferably one that challenges and prevents the usual shortcomings of such activities from being manifested.

Literature has described six domains of ethics for international global health activities and programs, including social ethics, professional ethics, clinical ethics, business ethics, organizational ethics, and decision ethics (Evert et al, 2014; Porter, 2004). Four ethical commitments and considerations suggested by Wilson and others (2012) for short-term international service activities include: (1) *service* that is in the best interest and addresses the needs of each patient; (2) *sustainability* through training of

the trainer models, use of locally available medications and astute outcomes assessments; (3) *professionalism* that ensures that community and existing health systems are not left worse off by short-term efforts and that ethical patient care standards practiced in visitor's home country are upheld when visiting an international, underserved community; and (4) *safety* that includes appropriate approvals from local health organizations to be involved in patient care, pre-travel medical clearance, and in-country security measures. Others have suggested the centrality of collaboration between often disparate, parallel short-term international activities and with local partners as being an ethical imperative (Loh et al, 2012). An ethical framework for global health aimed at students suggests the importance of tenets of humility, introspection, solidarity, and social justice (Pinto & Upshur, 2009), while other frameworks include distributive justice, respect for persons, and sustainability (Evert et al, 2014).

Crump, Sugarman and the Working Group on Ethical Guidelines for Global Health Training (WEIGHT) proposed guidelines for establishing trips; preparing for visits; ensuring open communication before, during and after the trip; monitoring impact; and soliciting feedback (Crump & Sugarman, 2010). These and other ethical guidelines inform program structure, impact measurements, and operations of short-term global activities. Ethical guidelines and frameworks that fail to penetrate the execution of programs from planning to delivery stages may actually be more harmful as they can serve as a deceptive veil for ethically unsound activities.

The next step, considering the principles described, is to identify a process by which an ethical framework can be created for each unique short-term healthcare activities abroad. This process should ideally occur at the individual, organizational, or project

level and be consistent between levels. An ethical framework is as important as the project framework in permitting program leaders and stakeholders to reflect on their activities and goals through an ethical lens and to outline ethical priorities and integration of tenets into projects or programs. However, it is often a choice of which principles will be prioritized in program development and operations, as it is difficult to prioritize all ethical principles simultaneously. In addition, certain ethical principles can potentially conflict with one another. For example, focusing on the principle of need and addressing needs of patients or a community in an immediate, time-limited sense, may be in conflict with prioritizing sustainability if perpetuation of the intervention is not possible, or in conflict with professionalism if addressing the immediate need requires someone to act beyond his or her level of training. In the table below we list and define key ethical principles that might be included in the development of short-term international service activities' ethical frameworks. Programmatic ethics governs clinical care selection, design, implementation, and follow-up, ensuring that activities are ethically sound before, during, and after the trip, while individual (participant) ethics govern thought, communication, and behavior before, during, and after the short-term activity. Relationship ethics governs the partnerships that are an ideal component of any international effort between high-income country entities and those in low and middle income countries.

Similarly, an ethical framework is useful in program evaluation. Programs and individual participants alike should consider the ethical guidelines upon trip completion, critically assessing the principles that were upheld and those that were challenging to accomplish.

Open conversations about potential improvements should be a part of the discussion. Where possible, the host community or institutions therein should be included in reflection and evaluation process.

Avoiding Harms of Band-Aids: Compulsory Ethical Principles for Short-Term International Activities

In order to avoid the pitfalls often associated with short-term international medical and dental service activities, we suggest that six ethical principles be compulsory for any framework applied to short-term international activities. These are sustainability, transparency, humility, professionalism, collaboration, and nonmaleficence. By embracing these tenets, projects will have to be thoughtful to collaborate with local health systems, as well as other short-term visiting teams (Vaduganathan, 2014). Ensuring professionalism and not doing harm, either on individual patient or community-levels, will require projects to contemplate potential harms and distractions from health systems strengthening. Prioritizing transparency requires a degree of humility that translates into efforts being clear with regard to their reach, capacity, and limitations both with patients and with community-based stakeholders. Finally, by emphasizing sustainability over tempting transient quick-fix efforts, projects can begin to integrate long-term impacts into short-term programmatic operations.

Discussion

Developing an ethical framework is essential for any short-term medical or dental activity abroad. The use of such frameworks allows participants,

Foundational bioethical principles alone are insufficient to provide a comprehensive ethical evaluation of the potential pitfalls of short-term international activities.

program leaders, and institutions to determine if the nature of the activities, their impact, and their sustainability are optimal. A realization that this is not the case may dissuade further participation short-term activities or encourage pursuit of alternative models of engagement in the global health arena.

We have presented ethical principles that can be incorporated into a framework for the selection of, preparation for, and implementation of international short-term medical and dental activities. We believe that by examining ethical considerations repeatedly from project conception to execution and evaluation, all stakeholders are more likely to benefit. In addition, viewing the short-term activity through a variety of perspectives, including those of locally-based native health providers, host community members who are pulled from their usual duties to support visitors, as well as that of the visiting volunteer can, lead to valuable insights (White & Evert, 2012).

Due to the diverse nature of short-term medical and dental international activities, the application of ethical principles to develop a framework will not result in a uniform framework for all projects. The universality lies in the need and responsibility to develop a framework. Effective implementation of ethically sound short-term international activities will increase the likelihood of critical assessment of impacts. It may also lead to a decision to not take part in short-term international volunteer efforts in favor of other activities that contribute to global health, such as advocacy, fundraising, and research, to name a few. Using ethical frameworks, with a prioritization of transparency, humility, sustainability, professionalism, collaboration, and nonmaleficence will be a crucial piece of the next generation of short-term medical and dental international activities.

While the imposition of an ethical framework may make it more difficult for ad hoc, organic, short-term global health experiences to develop, it is important to note that many of the tenets described here call for greater involvement of local stakeholders and critical examination of the work being conducted. Indeed, applying any ethical framework to a stand-alone, “one-off” trips will likely result in a clear message that participation in such experiences may not necessarily be impactful, nor in line with accepted ethical tenets. Greater advocacy work, arising from this framework and in line with the guidance of other organizations, will encourage a generation of interested young health-care professionals and trainees to critically assess any short-term volunteer work they might take on abroad. ■

REFERENCES

- Ashley, B. & O'Rourke, K. (1997). *Healthcare ethics: A theological analysis*, (4th ed.). Washington, DC: Georgetown University Press.
- AAMC (1978). *1978 Medical School Graduation Questionnaire Summary Report for all Schools*. Washington, DC: Association of American Medical Colleges.
- AAMC (2013). *2013 Medical School Graduation Questionnaire Summary Report for all Schools*. Washington, DC: Association of American Medical Colleges.
- American Dental Association (2011). *ADA House Resolution 31H-2010 for international dental volunteer programs*. Chicago, IL: The Association.
- Cohen, L. K., & Valachovic, R. W. (2012). Students passionate for global health: Dental schools beginning to respond. *Compendium of Continuing Education in Dentistry*, 33 (7), 470-471.
- Coulehan, J. (2011). A gentle and humane temper: Humility in medicine. *Perspectives in Biology and Medicine*, 54 (2), 206-216.
- Crump, J. A., & Sugarman, J. (2008). Ethical considerations for short-term experiences by trainees in global health. *Journal of the American Medical Association*, 300, 1456-1458.

ETHICAL TENETS FOR DEVELOPING AN ETHICAL FRAMEWORK IN SHORT-TERM INTERNATIONAL DENTAL AND MEDICAL ACTIVITIES

	<i>Principle Definition</i>	<i>Guiding Questions</i>
Solidarity	Alignment of goals and values of yourself with the community you are working in and with (Pinto & Upshur, 2009)	How are my goals and values aligned with the goals and values of the community I am working with?
Humility	Unpretentious openness, honest self disclosure, avoidance of arrogance, and modulations of self-interest (Coulehan, 2011)	What are my limitations to impacting the host community? How can I delegate or turn over power to those traditionally less powerful?
Introspection	Looking inward, honest self-reflection (Pinto & Upshur, 2009)	What contributions have I made? What potential harms/costs has my activities had?
Authenticity	The degree to which one is true to one's self	How transparent are my motivations? How authentic am I being in what I am claiming to do and what I am actually doing? How do my actions abroad compare to how I act at home?
Veracity	The duty to tell the truth	How honest have I been with those around me?
Openness	Being open to people, ideas, and criticism (Gill, 1999)	How open am I to people who are different from me? How am I listening to my hosts? How am I accepting divergent views from my own?
Social Justice	View that everyone deserves equal economic, political, and social rights and opportunities. Recognizing the historically deep and geographically broad understanding of gross inequities, power imbalances, and other underlying causes of ill health	What broad determinants of health exist? How is disempowerment bred and sustained? How is my project contributing to equity?
Principle of Double Effect	An action that is good in itself has two effects: an intended and otherwise not reasonably attainable good effect, and an unintended yet foreseen evil effect (Ashley & O'Rourke, 1997)	What problem does this program hope to address? What other unintended effects might it have?
Distributive Justice	Basic good should be distributed so that the least advantaged members of society are benefited	How can our program ensure resources reach those in most need of them?
Principle of Need	Each person is guaranteed the primary social goods that are necessary to meet the basic needs in the society in which one lives, assuming there are sufficient social and economic resources in the society to maintain the guaranteed minimums	What basic needs can this population not meet because of lack of resources, how can we address these? How is the guaranteed minimums in the community abroad different than your reference community?
Equality	Regardless of their inputs, all group members should be given an equal share of a societal benefit	How are the benefits of the project distributed among the population? How is this project tied to addressing inequalities?
Sustainability	Behaving in a way that can be continued or sustained. The ability to continue a project or effort long-term is valued over other efforts that may have a more immediate, but finite, impact	How will the impacts of this project be maintained? What lasting effect is the project having after short-term visitors and volunteers left?

ETHICAL TENETS FOR DEVELOPING AN ETHICAL FRAMEWORK IN SHORT-TERM INTERNATIONAL DENTAL AND MEDICAL ACTIVITIES CONT.

	<i>Principle Definition</i>	<i>Guiding Questions</i>
Respect for Persons	The duty to honor others, their rights and their responsibilities. Showing respect for persons implies we do not treat them as a mere means to our ends	How are people in this project treated: as means or ends? How are local health practitioners, professional standards being respected?
Liberty	Each person has an equal right to the most extensive scheme of equal basic liberties compatible with a similar scheme of liberties for all	What basic rights are absent for this group and how can our project work to resolve this?
Common Good	Having the social systems, institutions, and environments on which we all depend work in a manner that benefits all people (Velasquez et al, 1992)	How does this project contribute to the community and systems created to serve the entire community?
Beneficence	All forms of activities intended to promote the good of others	How are the welfare of the host community and patients prioritized?
Nonmaleficence	Avoiding harm to others	What are the potential harms caused by our project? Do we have the proper skills to carry it out? How will we recognize and mitigate harms?
Informed Consent	The right and responsibility of every competent individual to advance his or her own welfare. The right and responsibility are exercised by freely and voluntarily consenting or refusing after being given the most information available from which to base a decision	How can people related to this work be fully aware of what their participation means? How can patients consent to care in an informed fashion in the context of short-term activities?
Human Dignity	The intrinsic worth inherent to every human	How can this work respect the worth being of every individual? How about the dignity of native healthcare workers? Community leaders?
Stewardship	The responsible planning and management of resources	How can this work best be planned and organized? How can resources be maximized?
Subsidiarity	Requires that those in positions of authority recognize that individuals have a right to participate in decisions that affect them	How can the voice of the people this work involves best be accounted for? How can the power be decentralized to those at the most fundamental levels of the community?
Conflict of Interest	When an individual or organization is involved in multiple interests, one of which could possibly corrupt the motivation for an act in another	What prior connections could affect his work? How could my [the project's] allegiance to one entity or goal corrupt another of my [the project's] interests?
Transparency	Acting in such a way that it is easy for others to see what your actions are and the motivations for your actions	How am I ensuring my motivations and activities are transparent to the host community?
Altruism	Living for the sake of others actions are right if they are more favorable for others rather than for the agent (Comte, 1852)	Are my actions beneficial only to the host community at my own expense?

	Principle Definition	Guiding Questions
Mutual Altruism	Altruistic activities are bilaterally beneficial and represent enlightened self-interest (Mendonca, 2001)	Are my actions beneficial to both the host community and myself? If so, how are we both benefiting? How am I acknowledging this self-interest?
Professional Ethics Professionalism	A group of ethical tenets laid out by professional bodies; generally includes acting consistent with professional ideals and stature required by a professional skills set	Are the tasks assigned to volunteers commiserate with their professional level and formal training? Am I providing a standard of care that is similar to that I would expect for myself or provide in my home context?
Collaboration	A cooperative approach to working together and problem-solving; common values include joint decision-making, open communication, respect among group members (Stevens and Bhardwaj, unpublished)	Are all the important stakeholders acting in partnership and able to provide their input into joint activities for the betterment of the receiving community? Are these partnerships fair and equal, free of coercion?

Crump, J. A., Sugarman, J., & Working Group on Ethics Guidelines for Global Health Training (WEIGHT). (2010). Ethics and best practice guidelines for training experiences in global health. *The American Journal of Tropical Medicine and Hygiene*, 83(6), 1178.

Comte, A. (1852). *Catéchisme positiviste (Catechism of positivism)*, (trans. R. Congreve). London: Kegan Paul.

Dowell, J. & Merrylees, N. (2009). Electives: Isn't it time for a change? *Medical Education*, 43(2), 121-126.

Drain, P. K., Primack, A., Hunt, D. D., Fawzi, W. W., Holmes, K. K., & Gardner, P. (2007). Global health in medical education: A call for more training and opportunities. *Academic Medicine*, 82(3), 226-230.

Evert, J., Drain, P., Hall, T. (Eds.) (2014). *Developing global health programming: a guidebook for medical and professional schools*, (2nd ed.). San Francisco: Global Health Collaborations Press.

Labonte, R., & Spiegel, J. (2003). Setting global health research priorities: Burden of disease and inherently global health issues should both be considered. *British Medical Journal*, 326(7392), 722.

Loh, L., Lin, E., Lin, H., Heckman, J., & Rhee, D. (2013). Collaboration: Another global health rule of engagement? *American Journal of Medicine*, 126(3) e-pub.

Machin, J. (2008). *The impact of returned international volunteers on the UK: A scoping review*. London: Institute for Volunteering Research.

Maki, J., Qualls, M., White, B., Kleefield, S., & Crone, R. (2008). Health impact assessment and short-term medical missions: A methods study to evaluate quality of care. *BMC Health Services Research*, 8(1), 121.

McBride, A. M., Lough, B. J., & Sherraden, M. S. (2010). *Perceived impacts of international service on volunteers: Interim results from a quasi-experimental study*. Washington, DC: The Brookings Institution.

Mendonca, M. (2001). Preparing for ethical leadership in organizations. *Canadian Journal of Administrative Sciences*, 18, 266-276.

Mouradian, W. E. (2006). Band-aid solutions to the dental access crisis: Conceptually flawed—A response to Dr. David H. Smith. *Journal of Dental Education*, 70(11), 1174-1179.

Östlin, P., Sen, G., & George, A. (2004). Paying attention to gender and poverty in health research: content and process issues. *Bulletin of the World Health Organization*, 82(10), 740-745.

Pinto, A. D., & Upshur, R. E. (2009). Global health ethics for students. *Developing World Bioethics*, 9(1), 1-10.

Pinto A, & Upshur R. (Eds). (2013). *Introduction to Global Health Ethics*. New York: Routledge, 2013.

Porter, R. (2004). *A typology of ethics education in healthcare*. Denton, TX: University of North Texas.

Provenzano, A. M., Graber, L. K., Elansary, M., Khoshnood, K., Rastegar, A., & Barry, M. (2010). Short-term global health research projects by US medical students:

Ethical challenges for partnerships. *The American Journal of Tropical Medicine and Hygiene*, 83(2), 211.

Seymour, B., Benzon, H., & Kalenderian, E. (2012). Voluntourism and global health: Preparing dental students for responsible engagement in international programs. *Journal of Dental Education*, 77(10), 1252-1257.

Sherraden, M. S., Lough, B., & McBride, A. M. (2008). Effects of international volunteering and service: Individual and institutional predictors. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 19(4), 395-421.

Snyder, J., Dharamsi, S., Crooks, V. A. (2011). Fly-by medical care: Conceptualizing the global and local responsibilities of medical tourists and physician volunteers. *Globalization Health*, 7(6), 1-14.

Stevens, J.B., & Bhardwaj, K. (unpublished). *Ethics of collaboration: Three lenses for theory-building*. Chapel Hill, NC: University of North Carolina, Chapel Hill.

Vaduganathan, M., Rassiwalla, J., & Evert, J. (in press). *In reply*. Academic Medicine.

White, M. & Evert, J. (2012). Developing ethical awareness in global health: Four cases for medical educators. *Developing World Bioethics*, e-pub.

Wilson, J., Merry, S., & Franz, W. (2012). Rules of engagement: The principles of underserved global health volunteerism. *American Journal of Medicine*, 125, 612-617.