



Wylie Essay Prize winner 2018

# Medical student electives in developing countries: medical tourism or formative work experience?

Medical students are expressing a greater interest than ever before in overseas medical electives in resource-poor settings [1]. This may be a potential way to tackle the current health workforce crisis, where there is a shortage of four million healthcare workers globally due to migration, unpleasant working conditions and insufficient salary [2, 3]. However, pursuing an overseas elective has considerable implications, not least because of the lack of clear frameworks and educational objectives. As such, we are faced with the ethical conundrum of whether students from the West can justify electives in developing countries.

Evidence from many studies suggests that electives are overall very beneficial for medical students [4, 5]. Students' exposure to rare diseases and opportunities to partake in procedures specific to the country in question allows for unique professional and personal growth, and challenges their current perspectives. Moreover, it may well increase cultural competency as students provide care through diverse means in an unfamiliar society, with different customs, illnesses and clinical practices [6]. Ramsey et al. [7] found that electives in developing countries can also influence future career choices, with students undertaking international electives more likely to participate in humanitarian aid and serve underserved populations. Additionally, as students will be more culturally competent, there is increased likelihood of them working responsibly in these settings [8, 9]. Nevertheless, the positive impacts of overseas electives have been refuted by many, with consequences arising from both individual and systemic factors.

Huish [1] and Bauer [4] have suggested that students' motivation behind electives should be reassessed as, increasingly, the competitive advantage provided by overseas electives to medical CVs overrides a genuine interest in assisting the disadvantaged.

This is problematic as it means that students do not have altruistic motives, and instead use electives to perform unnecessary and risky procedures for their own 'learning experience', without adequate preparation and little supervision [5]. Providing care beyond one's competency poses a threat to both patient and student safety, and breaches medical ethics. Some may justify adopting these lower ethical standards with the view that some patient care is better than none; this adds a burden on the already strained local healthcare system as the repercussions from harmed patients may last for years.

## Lack of cultural sensitivity

The lack of cultural sensitivity and cultural competency demonstrated by students is another area of concern. Students risk adopting a paternalistic approach, wherein they disregard local practices and customs, and impose their own Western assessments and priorities. This concept of superiority creates a negative impression on local staff as it undervalues their knowledge and practices. To avoid this, students should learn about and immerse themselves into the local culture and societal traditions to really grasp the realities faced by local communities. They should study the social, political and economic conditions of the society, as well as current healthcare needs. A contributing factor to this cultural insensitivity is the students' overwhelmingly UK-centred knowledge of disease diagnosis and management, which may differ significantly from the host country [5, 6]. This is where medical schools have a pivotal role to play in providing comprehensive pre-departure training (PDT).

PDT should include advice on aspects such as travel and safety, dealing with various hazards, and perhaps most fundamentally, cultural awareness. Different societies have assumptions and

stigmas of certain diseases, hence they should be approached with sensitivity and respect. Students should be aware of both the short and long-term consequences their actions will have on local populations and health services, and be prepared to make decisions without seniors. This requires awareness of their own competencies, as well as in-depth ethical discussions [10].

Medical schools must provide clear educational objectives for students, as they would for a UK elective. Objectives may include: language training, understanding different healthcare systems and reviewing procedure logs [11]. Students should be presented with ways to offer care in line with local strategies and goals, rather than solely using Western practices, which may compete with local health policies [6]. Medical schools should develop elective programmes in collaboration with local institutions, communities, legal organisations and healthcare workers in developing countries. This would ensure that students have clear ethical and clinical guidelines and their contributions will respond to and meet the local standard of care. Moreover, it will reduce misconceptions about students' capabilities, and increase accountability, two factors which perpetuate the inefficacy of current elective programmes [12]. Structured partnerships are critical, as otherwise medical electives serve only a band-aid function at best: local healthcare problems are not addressed, and health disparities will continue to exist [13].

The transient nature of electives is another systemic problem through which medical electives can harm host communities: although students provide interventions to locals, they are unable to provide the fundamental continuity of care. Local health workers become increasingly reliant on medical students, and young children form attachments, only for the student to depart after a short period,

leaving the aftermath of any complications to be dealt with by local services [12]. As electives take place throughout the year during medical school, a possible solution may be to develop programmes where students are present in the host community year-round. This would allow for a more sustainable programme whereby student interventions and efforts are maintained, and there is long-term benefit to local services, rather than draining resources [5].

## Understanding of local inequities and poverty

The question of whether medical electives can be ethically justified continues to exist. Electives in developing countries provide unparalleled opportunities for students and can be the beginning of a career in global health for many; however, the benefits for host communities need to be scrutinised. Students should have an understanding of local inequities and poverty, as well as the humility to realise their elective will not have a life-changing impact on host populations, so as to avoid adopting the 'white saviour complex' [5]. Moreover, medical schools have a duty to forge strong partnerships with host communities, and develop comprehensive PDT with stringent ethical guidelines to ensure that electives are reciprocal and both parties benefit [9]. It is time to shift away from a system where the needs of the medical student prevail.

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