

Overseas Volunteering: The Antidote to Managed Care

R. Richard Coughlin, MD

On a flight to Johannesburg, South Africa—for my 15th overseas volunteer trip as a physician—I finally connected with a defining image of my childhood. The woman sitting next to me on the airplane, whom I would later discover was a nurse going to Malawi, was reading *Out of My Life and Thought* by Albert Schweitzer.¹ I vividly remembered being in third grade listening to my teacher lecture about this great 20th-century physician. The African pictures spoke of adventure, history, and exotic lands, but I was challenged by the deeper sense of humanitarianism. These elements continue to motivate me in my present passion for overseas volunteerism.

MY FIRST OVERSEAS EXPERIENCE

After completing my training in orthopedic surgery, I joined a private practice in San Francisco, CA. When my senior partner—who was experienced in polio surgery—was asked to travel to China to perform surgery as a volunteer physician, my interest in working overseas was rekindled. The following year, I was asked to go to Guatemala with Operation Rainbow (Stafford, TX), a nonprofit organization committed to overseas plastic and orthopedic reconstruction. I was hesitant because I felt as if I needed to build my own practice and experience. Also, what did I know about exotic diseases like tuberculosis and polio? Thankfully, however, my senior partner encouraged me to pursue the opportunity.

The trip to Guatemala was wonderful. We screened more than 200 patients the first clinic day. We also performed more than 50 surgeries that week, most of which were to repair pediatric orthopedic deformities such as clubfeet and polio sequelae. After having suffered through the reams of paperwork and constraints of an emerging managed care environment, this trip allowed me to experience the joys of truly expressing my skills as a surgeon and physician.

ADDITIONAL VOLUNTEER EXPEDITIONS

That first trip to Guatemala marked the start of many future volunteer expeditions. My work-year soon became punctuated by the “next trip.” I found that I

needed at least two overseas volunteer trips each year to maintain a professional balance with my private practice, which treated a largely privileged population. My friends joked that my motivation to volunteer overseas was actually the Central American beer beckoning me. However, having portable skills and the willingness to unselfishly offer them without compensation allowed me a passport to cultural experiences that would not necessarily happen as a traveler.

To share these volunteer experiences with physicians in training, I began to take a resident and a medical student on my twice-yearly volunteer trips (**Figure 1**). This exposure to so many challenges in an unfamiliar setting provides memorable teaching and life experiences for physicians in training. Without sophisticated diagnostic studies (frequently, not even radiographs) the clinician is forced to rely on instinct and common sense. Treating complex problems with simple tools and solutions is rewarding. Many of my residents have reported that their overseas volunteerism was the “best residency experience.” Some of these residents have since returned to the developing countries, and some of them have even led trips.

With the growing call I felt to provide care to indigent patients, I left private practice 3 years after my first volunteer trip to join the faculty at the University of California (San Francisco, CA) and to work as a physician at San Francisco General Hospital (San Francisco), a county hospital and primary provider of indigent care. Although many of my friends and colleagues have referred to this move as my “local Third World,” I have learned so many valuable lessons that I would have never learned in private practice. Rich with a cultural diversity but also challenged by a disadvantaged urban population, San Francisco General Hospital has provided me with a heightened respect for the vast variety of patients I encounter daily. I continue to take a chief resident with me on my overseas trips, but my academic

Dr. Coughlin is Associate Clinical Professor, Department of Orthopedic Surgery, University of California, San Francisco, CA.



Figure 1. The author (right) in Huehuetenango, Guatemala, accompanied by a former resident who is now a pediatric orthopedist and a former medical student who is now an orthopedic resident.

schedule has not afforded me as many opportunities to volunteer. Although certainly difficult to prove, I have noticed that residents are increasingly aware of and interested in overseas volunteerism.

SOUTH AFRICA

After many 1- to 2-week service trips to Central America, I felt ready to make a longer commitment. Scraping together 9 weeks of vacation time, I decided to go to South Africa. I had been politically aware of the scars of apartheid since my college days in the early 1970s. I was also inspired by the incredible accomplishments of Nelson Mandela, and I was cognizant of the long struggle ahead for the South Africans.

As I began to research the hospitals in Cape Town and Johannesburg, I came across a bulletin from Health Volunteers Overseas (HVO) (Washington, DC). HVO is a private, nonprofit, nonsectarian volunteer organization headquartered in the United States. HVO is dedicated to improving the availability and quality of health care in developing countries through training and education of the health care providers in those countries. The motto of HVO is clear:

If you give a man a fish, he can eat for a day. If you teach a man to fish, he can eat for a lifetime.

One of the Orthopedics Overseas programs offered by HVO was in the Transkei (East Cape Province, South Africa), a former "homeland" under apartheid. As I read about this opportunity, the immediate connection was powerful.

The Transkei has only one major referral hospital and one general hospital for approximately 4 million people. The founder of the Orthopedics Overseas program for the HVO, Dr. Chris McConnachie, is the only board-certified orthopedic surgeon in the Transkei. His program, conducted through Bedford Orthopedic Center, an orthopedic hospital located five kilometers outside of Umtata (Eastern Cape, South Africa), is associated with a medical school, the University of Transkei, which was started in 1988. My 9-week trip to South Africa would provide me with the opportunity not only to provide medical service, but also to teach medical students at the university. This opportunity seemed ideal, and I soon found out that I would not be disappointed.

Arrival

After a disorienting voyage from the West Coast of the United States to the southern tip of Africa, I arrived in the town of Umtata on the eastern cape of South Africa. I was welcomed at the small airport by Barbara Scott, a hospitable South African woman who is the administrator of the local HVO charity. After dropping my bags at Bedford Orthopedic Center, I was taken to Dr. McConnachie's home for a Sunday night ritual—the volunteers' dinner. Although I was jet-lagged and weary, I immediately felt a sense of acceptance and of being part of a special experience. This feeling grew as I became a member of the "extended family." In this regard, volunteering provides a sense of unity that softens any fear of being alone when so far from home.

Day One

Early the following day, I attended the morning "board rounds" at Umtata General Hospital. The on-call house officer presented trauma radiographs from the previous day. The orthopedic surgery attendees represented an extremely diverse multicultural group—a Cuban, a Sri Lankan, an Indian, a Scotsman, and an Xhosa, the local predominant tribe. I am fascinated by and continuously a beneficiary of the fact that the health care profession transcends cultures and locales. Similar to the scene at San Francisco General Hospital, motor vehicle accident and gunshot wound patients were prevalent at Umtata. However, the many cases of pediatric osteomyelitis and tuberculous spines that I saw at Umtata are rare in hospitals of the developed world and provided me with an early indication that I would experience the unusual.

After rounds, surgery began at Bedford Orthopedic Center. Fortunately, the recently constructed operating



Figure 2. The smiles and spontaneous joy of children from a shanty town near Bedford Orthopedic Center (Eastern Cape, South Africa) who shared in the author's daily walks.

room was clean, well lit, and inventoried with basic orthopedic instruments, sponges, and sutures. Although the local Xhosa scrub nurses spoke very little English, they would respond to instrument requests, but only after I made the request three or four times. They were definitely testing the new surgeon. (I have learned that patience is an essential quality to overseas volunteering.) However, after a few days of taking the initiative to move patients to and from the gurneys and the operating room tables, I was accepted into their group.

Typical Workday

The surgical days began around 9:00 AM and never lasted beyond 2:00 PM because most nurses had to catch the only bus from Bedford. Typically, 12 to 15 surgeries were performed each day from Monday through Thursday. Fridays were reserved for long ward rounds to assess the condition of the inpatients and determine discharges. By American standards, my work day was short. My schedule afforded me the luxury of afternoon naps, meditation, and pleasure reading. In the evenings, I would walk along the pastoral countryside while watching the great African sunsets. My walks would take me through several shanty towns that had sprung from the immigration of other Africans into South Africa after the fall of apartheid in 1994. One evening, I was walking with a physical therapy volunteer when we were joined by about a dozen local children. After exchanges of amazed looks and giggles, they began to sing an enchanting song with great harmony. I will remember that pure expression of joy forever (**Figure 2**).



Figure 3. Children from the Transkei (East Cape Province, South Africa) where tribal structure and subsistence living are still common.

Overall, I found the teaching of medical students and house officers through lectures, ward rounds, and the operating room to be remarkably similar to here in the United States. The quest for knowledge and experience in medicine is shared worldwide.

Weekends and Travel

On weekends, when I did not have any medical responsibilities, I explored the Wild Coast, a spectacular underdeveloped coastline of the Indian Ocean. Tribal Africa and subsistence living are still very evident in this region (**Figure 3**). I stayed in nature reserves, slept in rondavels (traditional huts), and hiked on deserted beaches populated by scores of dolphins and old shipwrecks. After completion of my volunteer time, I was able to visit other parts of South Africa, an incredibly diverse and spectacularly beautiful country. I capped my overseas experience with a 2-week safari in the Okavango Delta of Botswana. This trip exceeded my already great expectations.

THE LASTING BENEFITS

In the current climate of health care full of pressures and deadlines, overseas volunteering has afforded me the opportunity to experience and remember the beauty of the basics of life. Traveling enabled me to develop meaningful relationships with people I would otherwise never have met. During my 5 weeks of work in the Transkei, I made lifelong friends. Leaving the demands and rigid routines behind, I find that I can explore and enjoy the simplest things. As a physician, I am again reminded of the meaningfulness



Figure 4. The author and a resident experience the rewards of volunteerism. Early exposure of residents to overseas volunteerism establishes a lifelong interest.

of my profession and that basic health care should be universal.

BEING A SUCCESSFUL OVERSEAS VOLUNTEER

What does it take to be a successful overseas volunteer? My answer first and foremost is the willingness to give oneself unconditionally—the eagerness to not only teach, but to remain open and learn many new things. Essential qualities in an overseas volunteer include flexibility, a sense of humor, and mutual respect and admiration for new cultures and survival

strategies. In addition, practicing medicine without modern gadgets and gizmos forces physicians to rely on basic clinical signs and improved physical examinations.

Based on these experiences with residents overseas, the Department of Orthopedic Surgery at the University of California, San Francisco (San Francisco) under the direction of David S. Bradford, Chairman, has established a senior orthopedic rotation in Umtata. The residents may take 1 month during their fourth year to volunteer overseas. The residents have their usual responsibilities of clinics, teaching, and surgery and are expected to keep a journal of their cases. They are evaluated at the end of the rotation. The early results of this program have been truly outstanding. I am convinced that the earlier in their career that physicians are exposed to this incredible opportunity, the more likely that they will make other overseas trips—or at least be profoundly affected in their future careers (**Figure 4**). Of the residents and medical students who have accompanied me on trips over the last 8 years, approximately half have gone on another trip. We are very privileged as Americans and have a strong obligation to assist the health care needs of the developing world. **HP**

NOTE

For more information about overseas volunteering, see “Deciding to Become an Overseas Volunteer,” by Nancy A. Kelly, MHS, on page 72 in this issue of *Hospital Physician*.

REFERENCE

1. Schweitzer A: *Out of My Life and Thought: An Autobiography*, 2nd ed. Baltimore: Johns Hopkins University Press, 1998.

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