

## Editorial

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# Making medical missions your mission

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### **What is a medical mission and why should you do one?**

A medical mission is a medical trip, typically run by a non-governmental organization (NGO) to provide short- or long-term medical care in a developing country. It may be done by one or more individual medical providers or by a whole team with a single mission (e.g., providing surgery for a specific condition). It may involve a variety of medical and non-medical personnel.

### **What a medical mission isn't**

It is not a substitute for locally based services which are always there. Those who come in from the outside (ex-pats) will not “cure” the problems you have come to address. And outsiders will go home after days or weeks or years. Who will be there when the ex-pats leave?

You do not know better than the people in country X what they need and want. Do a “needs and wants” survey and try to help with the items the people you are working with want to be addressed. Be realistic in what can be accomplished in the time you are there.

### **Pediatric rehabilitation missions**

There are very few physiatrists in developing countries (especially in Africa) and even fewer pediatric physiatrists. Most pediatric rehabilitation is done by a combination of neurologists, orthopedists,

pediatricians, and maybe nurses or therapists. And frequently rehabilitation is not done at all.

### **How do you find a medical mission that interests you?**

There are a variety of ways to find a mission that fits with your skills, interests, and timing. Word of mouth from colleagues is a frequent way to find a mission. It may be sponsored by an organization you work for, belong to, or know about. You may start your own program or organization or you may find a mission on the internet that interests you.

Things to consider in deciding on a mission trip: Where do you want to go? What do you want to do? How long do you want to spend on the mission? Do you want to travel or be part of a big or small team? Do you want to organize the trip or have someone do it for you?

Much of the world does not understand what a rehabilitation physician does. You may have to convince an organization that you have something to contribute. And even though you are a pediatric physiatrist, you may end up being a pediatrician, neurologist, or non-operative orthopedist. Or maybe even an engineer, architect for barrier-free design, etc.

### **Other things to consider**

Have you ever been to a developing country (low- to middle-income country [LMIC]) before? If not, there can be a “shock” factor the first time you encounter living conditions you have not previously seen and lack of commonly available resources (think soap, alcohol gel, disposable gloves, running water in clinic, privacy . . . ).

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**Why do a medical mission instead of inviting providers in LMICs to visit you and learn from you?**

Although you may want to show your way of doing rehabilitation (or surgery, etc.), all the equipment and supplies you have are usually not available in LMICs. And it is hard to go back home to a paucity of supplies and equipment and translate what you have learned if you are a professional from a developing country. There are also cultural factors that are different in each country which may change the way you practice. There are too many well-trained professionals from LMIC's who now work in the US or other upper income countries.

**Missions I have done**

I have had the honor of doing medical missions in a variety of countries. These have included information gathering to help our processes, providing

rehabilitation care, setting up programs, and teaching both trainees and practitioners, including orthopedic residents, nurses, and therapists. I have also supported parents as they learn to become advocates for their children in the community. My favorite missions have been in Kenya, where I have been going since 2001. Service has included all of the above. Most exciting is that the hospital I have worked in has gone from being staffed primarily by ex-pats (mostly Americans) to fully staffed by Africans. It is so exciting to see a resident I worked with go from residency to staff to chief of staff. And the nurse I taught has gone on to teach other nurses and run a program for children with spina bifida. And I have seen parents advocate for their children with spina bifida to attend regular schools even though their children might use wheelchairs and be on an intermittent catheterization program. But most exciting is seeing a former patient with spina bifida become a professional advocate and help with programs in Kenya and internationally.