

## Reflections on medical volunteerism:

free medical days for refugees

### THE HISTORY

The Lebanese Medical Students' International Committee organised a free medical day under the slogan of 'Your Health, Your Right'. This activity was sponsored by the Ministry of Public Health and involved several partners. Classes in a public school in Beirut were turned into clinics for the purpose of this day. Medical encounters and blood tests were offered free of charge.

A young woman presented complaining of body and headaches. She reported an old fracture in her skull, which she attributed to a fall from a roof. An initial exam revealed a poorly groomed woman with an obvious nystagmus suggestive of central nervous system pathology. As the examining doctor discussed with her the need for brain imaging, she broke into tears explaining her financial difficulties.

Money was not the only problem; her husband has been physically abusing her for years. This was the cause of the skull fracture and consequent nystagmus. A referral to an ophthalmologist was arranged and the patient encouraged to consult a non-governmental organisation (NGO) that deals with domestic violence and another to cover the expenses of her brain imaging. By the time she had her scan arranged, the patient found herself alternating between unyielding medical visits. Her hopes were fading away; eventually she was lost to follow-up.

### THE REFUGEE CRISIS IN LEBANON

Lebanon has accommodated around 1 million refugees since the start of the Syrian crisis.<sup>1,2</sup> This has taxed the infrastructure, strained already compromised sectors, and incurred losses of almost US\$ 13.1 billion as estimated by the World Bank.<sup>3</sup> Providing care to the refugees has been an exceptional challenge to the Lebanese government.

Refugees have access to the primary care sector at subsidised fees in clinics run by the United Nations, NGOs, and the Ministry of Social Affairs.<sup>4</sup> The poor coordination between partners, the multitude of donors, and the scarcity of international aid were major impediments to the provision of health services for refugees.

Hence a 'free at point of service' type of care delivery was necessary to respond to the increasingly unmet needs.

*"FMDs' greatest challenge is ensuring continuity and sustainability of services ... All efforts employed during FMDs risk being futile in the absence of a proper strategy ..."*

### FREE MEDICAL DAYS

Free medical days (FMDs) represent a platform for young physicians to show their enthusiasm and commitment to community work. They foster the humanitarian dimension among volunteers and create a momentum to challenge an unpleasant reality. Similar to students practising during conflict, volunteers learn to develop 'sympathy, compassion and professional pride'.<sup>5</sup> Such initiatives are also an exciting opportunity to exercise leadership skills, as they require extensive planning and organisation.

Seen from the perspective of patients, FMDs serve as a 'quick fix' for acute illnesses, especially when patients are offered free medications and laboratory tests. They represent a catchment point for people with chronic conditions who can be identified and referred to clinics for further care. Most importantly, they create a sense of empathy towards beneficiaries and an affirmation of health as a right.

FMDs' greatest challenge is ensuring continuity and sustainability of services. The potential inadequacy of follow-up can jeopardise their potential benefits. Patients diagnosed with chronic diseases such as diabetes or hypertension during FMDs are unlikely to adhere to treatment and follow-up. In many cases, they feel frustrated as they realise they have been labelled with a lifelong illness, the treatment of which they cannot afford. Similarly, it is difficult to offer patients with psychological distress, commonly encountered during FMDs, with the help they need on a single short-lived encounter. In all of these instances, detecting the problem is not enough; it may even be harmful as it exposes problems without necessarily offering solutions.

### WHAT CAN BE ACHIEVED ON FMDs AND BEYOND?

All efforts employed during FMDs risk being futile in the absence of a proper strategy that ensures continuity of care. Having referral

mechanisms in place is crucial to avoid up-streaming beneficiaries, particularly refugees, within a paying system and overburdening them with medical expenses. Organisers should coordinate with different stakeholders involved in provision of health care to refugees or other vulnerable communities. This ensures free and timely access to health services and prevents duplication of efforts. It entails extensive planning and networking, engaging key players and orchestrating care. For young doctors and medical students, it may seem overwhelming. Yet, if successful, it is a real exercise in medical leadership.

### FMDs AND MEDICAL VOLUNTEERISM

FMDs are an example of medical volunteerism and an expression of good intentions in response to urgent needs within vulnerable communities. Such initiatives are spontaneous in many cases. Occasionally, however, the intentions of organisers and volunteers may go off track. This drift has been described among volunteers in community health programmes and medical service trips.<sup>6,7</sup> International volunteering has been associated with 'exploitation and neo colonialism', the latter as a cause and a consequence.<sup>8</sup> Medical volunteerism including FMDs, therefore, needs to be structured within a clear, ethical framework that prioritises the benefit of the community served and protects it from potential harm.

FMDs are the culmination of good intentions, hard work, and genuine interest in serving the community. However, measures need to be taken to ensure continuity of services beyond FMDs and preserve their moral essence. The zealous spirit of young doctors who deeply believe in health as a right remains pivotal for such initiatives to survive and blossom in times of crisis.

#### Basem Saab,

Professor and Program Director, Department of Family Medicine, American University of Beirut Medical Center, Beirut, Lebanon.

### ADDRESS FOR CORRESPONDENCE

#### Reina Alameddine

Department of Family Medicine, American University of Beirut Medical Center, Riad El Solh, Beirut 11072020, Beirut, Lebanon.

Email: [ra245@aub.edu.lb](mailto:ra245@aub.edu.lb)

#### Reina Alameddine,

Fourth Year Resident, Dept of Family Medicine, American University of Beirut Medical Center, Beirut, Lebanon.

### Acknowledgements

We wish to acknowledge Dr Iona Heath for her valuable comments and for reviewing the manuscript, and also Dr Nicholas Batley for proofreading the manuscript.

DOI: <https://doi.org/10.3399/bjgp18X696413>

### REFERENCES

1. UNHCR. *Syria regional refugee response*. 2018. <http://data.unhcr.org/syrianrefugees/regional.php> (accessed 29 Mar 2018).
2. Ammar Z. *Health response strategy. Maintaining health security, preserving population health & saving children and women lives. A new approach 2016 & beyond*. Lebanon: Ministry of Public Health, 2016. <http://www.moph.gov.lb/userfiles/files/HRS%20-%20final%20updated%20Oct%202016.pdf> [accessed 28 Mar 2018].
3. Robalion D, Sayed H. *Lebanon — good jobs needed: the role of macro, investment, education, labor and social protection policies (MILES) — a multi-year technical cooperation program*. Washington, DC: World Bank, 2012. <http://documents.worldbank.org/curated/en/230521468089355499/Lebanon-Good-jobs-needed-the-role-of-macro-investment-education-labor-and-social-protection-policies-MILES-a-multi-year-technical-cooperation-program> (accessed 28 Mar 2018).
4. Blanchet K, Fouad FM, Pherali T. Syrian refugees in Lebanon: the search for universal health coverage. *Confl Health* 2016; **10**: 12.
5. Batley NJ, Makhoul J, Latif SA. War as a positive medical educational experience. *Med Educ* 2008; **42**(12): 1166–1171.
6. Topp SM, Price JE, Nanyangwe-Moyo T, et al. Motivations for entering and remaining in volunteer service: findings from a mixed-method survey among HIV caregivers in Zambia. *Hum Resour Health* 2015; **13**: 72.
7. Rovers J, Japs K, Truong E, Shah Y. Motivations, barriers and ethical understandings of healthcare student volunteers on a medical service trip: a mixed methods study. *BMC Med Educ* 2016; **16**: 94.
8. Bauer I. More harm than good? The questionable ethics of medical volunteering and international student placements. *Trop Dis Travel Med Vaccines* 2017; **3**: 5.

### NOW IS THE TIME TO WORK ON YOUR BUCKET LIST

We all regret doing things in both our professional and personal lives. I certainly do. But, apparently, we needn't waste our time regretting the things we've done.

Over the last 6 months I've asked countless older patients a big question — 'Is there anything you regret doing in your life?' And guess what? Astoundingly, they all reply with 'No'. None of them regret doing anything! They do, however, regret *not* doing things.

So there appears to be a difference: although younger people (who hopefully have many years left to live) regret the things they've done, older people (who are approaching the end of their lives) regret the things they haven't done. As a 29-year-old, there are many things that I regret doing in my own life, whereas my older patients regret the countless things they never got around to doing in their younger years.

So why this difference? I think it's down to how young people approach their future. When we forecast our lives, we see a career spanning over 40 years. During that time, we might marry and have kids, we might get divorced and remarry, our kids will move out and we'll care for our ageing parents. For young people, doing the things we always wanted to do — ticking off our bucket list — has to wait until retirement. There are simply far too many 'serious' things to be done first. This is certainly the case in our profession. We're committed to our patients, to providing care, to the NHS. We see consultants and senior partners retiring to the golf course, to travelling the world, to setting up businesses. But only after decades of serving on the frontline. Even Hollywood agrees with this, through Jack Nicholson and Morgan Freeman's 2007 blockbuster *The Bucket List*! Although the terrible script only pulled 40% on Rotten Tomatoes, the message is clear — life begins at retirement.

However, we all know that life can suddenly and unexpectedly be cut short. Motor neurone disease, a road traffic collision, or a rare malignancy could end our lives abruptly and prematurely. We may never reach our retirement. And, even if we do, retirement is accompanied by failing health, dwindling energy, and declining mobility. So, the period of our lives reserved

### ADDRESS FOR CORRESPONDENCE

#### Richard Armitage,

Moir Medical Centre, Regent St, Long Eaton, Nottingham NG10 1QQ, UK.

Email: [richard.armitage@nhs.net](mailto:richard.armitage@nhs.net)

for our bucket list is, in fact, when we're least able to complete it.

This explains the difference between young and older people. The young regret what we've done: a wrong decision is embarrassing, a dead-end project is frustrating, a backfired risk is infuriating. In contrast, the old regret what they haven't done: not playing tennis before arthritis became bad, not travelling the world before tiredness set in, not learning a language before dementia took hold.

So, I've listened to my patients. To avoid regretting the things I haven't done in my own life, I've started to do them now. I've ticked off my own personal dreams: becoming a personal trainer, presenting a radio show, DJing at music events. I'm travelling more often, doing charity work I'm passionate about, writing the articles I always wanted to write. My bucket list is long and varied, and I've started to work on it while I'm still able to.

Working on your own bucket list is especially important in this time of relentless pressure on our profession: the contract rows, the inflating workloads, the endless media scrutiny. They all necessitate putting our own wellbeing in the spotlight. For me, the best 'resilience training' is honouring my passions, finding my 'flow', and engaging my interests.

Make sure you don't regret not doing something in your life. Whatever that something may be, start doing it today.

#### Richard Armitage,

GP, Nottingham.

DOI: <https://doi.org/10.3399/bjgp18X696401>

### REFERENCE

1. IMDb. *The Bucket List*. <http://www.imdb.com/title/tt0825232/> (accessed 2 May 2018).