

The Review

What can GPs in the UK offer to global health?

Improving primary care services in rural Nepal

'You are so lucky ...' is a sigh I often hear: Twice a year I abandon my partners in our practice in South Yorkshire and go to Nepal for a month. Although it is not all trekking around the Himalayas and saving lives (there is quite a lot of office work and meetings, too ...), I do feel very fortunate, especially as being involved in global health was why I studied medicine in the first place. As a founder trustee of PHASE (Practical Help Achieving Self Empowerment) I have been involved in setting up and running primary care services in incredibly remote communities that would otherwise have no health care at all. We work very hard to support and strengthen the existing system and develop true partnerships with communities and local authorities.¹

Although sometimes frustrating and occasionally very upsetting (when we can't give the help that is needed), this work is also hugely fulfilling. I have been able to support Nepalese health workers in delivering essential services which undoubtedly save or improve many lives.

Not everyone can commit 3 full years of their lives as I did years ago, or even 2 months every year, but I do meet many colleagues who genuinely want to take part in something similar. It can be argued that the best way to improve global health is to support professional development organisations financially and otherwise, but a lot of doctors also want first hand involvement.

There are varied reasons for this, but I feel they can broadly be categorised into:

- an altruistic wish to contribute our professional skills to something worthwhile and reach the most disadvantaged people in the world; and
- a certain disillusionment with medical

PHASE volunteer GP and health worker at a postnatal visit.



practice or life in general in the 'West' and a need to re-connect with what medicine is all about, combined with a wish to experience life in a different culture.

The idea of involving NHS professionals in improving the still appalling health of poor nations is strongly supported by a number of health organisations,^{2,3} but it is balanced by the constraints most working GPs face: they cannot usually leave their practice and families for more than 2–3 weeks, and often can't really commit to an ongoing involvement away from their practice.

But a short-term, one-off visit on its own is unlikely to achieve any real benefit for the host country.

Moreover there is a genuine risk that the visitor may struggle with the unfamiliar lifestyle, health system, and social context. Relatively inexperienced clinicians may face clinical scenarios beyond their skills or make serious mistakes if they lack professional support. 'Voluntourism', if badly managed, can create dependency and at worst destabilise the host institution and demoralise rather than motivate local staff.⁴

Therefore, any international volunteering programme needs to be carefully and critically thought through and well managed.

In PHASE we have tried to address these issues: we give short-term volunteers an opportunity to experience and enjoy work in Nepal and genuinely help to improve the primary care service in some of the poorest communities in the world.⁵ Experienced British GPs visit remote rural health centres for 2–4 weeks, spending time with the local health workers who work in professional isolation. GPs are carefully briefed before their visit and given as much information about what to expect, and what is expected of them, as possible. The focus of the GP placement is not on treating patients but on teaching generic primary care skills.⁶ Although often word goes around that a doctor is present in the health post, and some patients come for this reason, it is a priority to reinforce good practice and not to undermine the patients' confidence in the local health worker. To promote consistency and continuity, volunteers follow

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PHASE clinical guidelines and teaching guidance.

The health workers are mostly young women with less than 2 years formal training, but they are highly motivated and enthusiastic. The challenge of sharing their struggle to provide good primary care in very basic conditions, in the stunningly beautiful setting of rural Nepal, is hard to beat for re-kindling professional enthusiasm. As one volunteer puts it:

'I had a great time working alongside Pushpa, Kalpana, and Nisha but feel I only scratched the surface of what could be achieved. [...] When can I go back?'

Our experience suggests that well organised 'medical voluntourism' can be highly satisfactory for both sides of the partnership.

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