Commentary

Degrees of engagement

Family physicians and global health

Kevin Pottie MD MClSc CCFP FCFP
Lynda Redwood-Campbell MD FCFP DTM&M MPH
Katherine Rouleau MD CM CCFP MHSc
Véronic Ouellette MD MSc CCFP FRCP
Francine Lemire MD CM CCFP FCFP

From the International Health Committee, College of Family Physicians of Canada

The injustice of health disparities and the suffering and death from preventable and treatable illnesses in much of the world prompts many physicians to question not whether to intervene but rather how, with whom, and to what degree. Ethically engaging in an inequitable world (Figure 1) is difficult, and we propose that any engagement should be guided by knowledge, conviction, capacity for action, and humility.

Family physicians are trained to make judgments in situations in which problems are not yet clearly defined, in which community and family values play a significant role in decision making, and in which long-term relationships are frequently the most powerful tools with which to relieve suffering and distress. This is also relevant and important in the complex subject of global health. As noted in our previous article on international health and family medicine, global health offers us an opportunity to revitalize family medicine, putting our training and diverse skills to use in building a healthier global community.

So how do family physicians effectively engage in the arena of global health? As many have discovered, engaging to make a difference is easier said than done. The world of international and humanitarian assistance is littered with stories of well-intentioned but failed interventions. Few guidelines exist for family physicians who choose to work in resource-poor settings, or with marginalized or traumatized populations. In

Figure 1. Gross domestic product: Wealth (2002)

Territory size shows the proportion of worldwide wealth found there when gross domestic product is adjusted for local purchasing power.

©2006 SASI Group (University of Sheffield) and Mark Newman (University of Michigan).

Cet article se trouve aussi en français à la page 1866.
Commentary

this commentary we will propose some guiding principles (Table 1) and then provide examples of degrees of engagement to help family physicians focus their energies and have a positive effect on global health.

<table>
<thead>
<tr>
<th>Table 1. Guiding principles for global health engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engage patients and communities.</td>
</tr>
<tr>
<td>2. Ensure reciprocal relationships; share responsibility to create partnerships.</td>
</tr>
<tr>
<td>3. Use leadership and accountability to create sustained change.</td>
</tr>
<tr>
<td>4. Build on strengths—know the community and build on what works.</td>
</tr>
</tbody>
</table>

Adapted from Australian Government, National Health and Medical Research Council 2006.

The following examples are presented in order of increasing time commitment, though not necessarily increasing value to the physician or the community. The characteristics of categories can overlap with one another. The value of identifying such categories of engagement is twofold. First, it offers a conceptual progression to guide physicians into global health involvement, offsetting the thrust to “do it all at once.” Second, it offers a concrete starting point for reflection about one’s motivation, expectations, and what a realistic potential contribution to any global health endeavour would be.

First steps
Frequently, the initial stage of engagement involves financial donations to a specific international or global health project or program. Financial assistance continues to play a key role in reducing health disparities in the world. A recent systematic review conducted by the Globalisation Knowledge Network of the World Health Organization Commission on Social Determinants of Health provides good evidence that international aid does reduce health disparities. Financial assistance that allows countries to develop their own capacity or that involves committed organizations tend to be most effective. Other forms of assistance, such as donations of medical equipment and drugs, are more complicated and out of the scope of this article.

Potential pitfalls. While many complex factors enter into the choice of a recipient for financial donations, inadequate research of the recipient organization can lead to funding of largely ineffective efforts or, worse, lead to adverse unintended consequences.

Strategies to optimize contributions. Consideration might be given to the provision of consistent support to a limited number of well-researched organizations or projects. This is likely to enhance a sense of personal commitment to these organizations and can improve efficacy by providing stable funding to them. This allows organizations to better plan programs and resource allocation. Potential recipients include international and local non-governmental organizations (NGOs), which provide a large proportion of the humanitarian and development assistance taking place today, and which are well placed to build on leadership, sustained change, and local strengths. In this form of engagement, the individual primarily commits financial resources; the physician can also contribute valuable advocacy support to the project or organization, potentially raising its profile and providing it with legitimacy.

Working holidays (1 day to 2 months)
The next degree of intervention is characterized by personal involvement and direct interaction with patients and international colleagues. Involvement is typically brief. These engagements might involve teaching or working alongside local health providers either in direct patient care or public health programs and interventions. These can include, for example, a 1-day working visit to an emergency department, workshops at a university, a brief working holiday helping out in a basic health clinic, or a visit to a public health program. In the early stages of such engagement, physicians are likely to gain more in the form of learning than they contribute. Given the complexity of intervening outside our own culture or context, starting slow and looking toward the local community for guidance can be a good rule of thumb to avoid doing more harm than good.

Potential pitfalls. Such short-term endeavours, if undertaken with limited background knowledge of the local context, can lead to limited community engagement, poor relationships, and marginal sustainability. Limited engagement with local health providers might not facilitate building on existing strengths of the community. A well-intentioned desire to “get the work done” and “make a difference” can actually hinder an opportunity to listen and learn from the local partners or hosts. A strongly proactive approach can also disrupt confidence in local health providers and local health service structures.

Strategies to optimize contributions. Here again, some background research and preparation are key to handling both medical and cultural differences. It is important to take time to learn about the organization with which you are considering working. Are their values, vision, and mission similar to yours? Consideration might be given to returning to the same place on a regular basis to build on relationships and experience. Reflection on the needs as well as the experiences encountered is likely to contribute to richer subsequent experiences. Determining which type of service
Global health sabbaticals (2 to 12 months)
Some family physicians might choose to commit a longer period of time to working in a global health setting. Again, this can take the form of delivering basic health services, working alongside local primary care or public health providers, or teaching in the context of medical training programs. This can occur in the context of working with established NGOs in complex humanitarian emergencies, where the imperative to act in the face of injustice is strong and ensuring the security of local staff and maintaining relationships are essential; it can occur in the context of a more development-oriented situation where poverty and poor living conditions lead to more insidious suffering; or it can occur in the context of work with universities and research programs. Choosing an organization and work context will depend on knowledge, personal comfort and security levels, linguistic skills, and personal preferences between humanitarian and development interventions. This degree of engagement differs from the one previously described in the depth and intensity of the involvement, the extent of the preparation, the length of the time commitment, and the nature of relationships in which participants move beyond being guests and become committed partners. It will often entail substantial additional learning related not only to endemic diseases, but also to local history, culture, and languages.

Potential pitfalls. Preparation is key and potentially involves a much wider range of areas than the previous shorter-term engagement. These areas would include efforts to get acquainted with the culture, language, and politics of the country or region. Inadequate preparation can lead to limited community engagement and difficulty in building effective reciprocal relationships. For example, the area of disaster relief and humanitarian work is often very complex. It is difficult to research best practices in these settings. Some would argue that humanitarian interventions are often ineffective; however, others would challenge this based on how effectiveness is defined in such circumstances. In any case, particular diligence in preparatory research is required in cases of humanitarian intervention.

Strategies to optimize contribution. Clearly identifying roles and expectations before departure, insofar as this is possible, can avoid counterproductive efforts and creates the foundation for effective relationships. Working alongside local providers is important to ensure culturally relevant care, to acquire more local knowledge, and to leave useful knowledge behind. Greater attention to planning improves the likelihood of a mutually beneficial and rewarding partnership.

Global health practice (>1 year to lifetime)
Some family physicians can choose a long-term engagement in global health issues. This degree of engagement is likely to evolve over time and can take the form of a mixture of financial, short-term, and longer-term forays into field work. At this stage, family physicians might seek enhanced knowledge and skills. This can take the form of a Master of Public Health degree or shorter-term tropical medicine courses, such as those provided by the Gorgas Course in Clinical Tropical Medicine and the London School of Hygiene and Tropical Medicine. Some can move to integrate global health into their career plans, working in resource-poor settings in Canada, or internationally with NGOs or church-sponsored missions, or with local refugee or indigenous health initiatives. Others can choose annual field visits or involvement with advisory boards of international or local NGOs, or act as mentors for students and residents interested in global health. Such engagement might extend over several years and even to a lifetime, and become a continuous thread in the individual's

Useful resources when engaging in global health

Peace through health:

Relief and disaster:
- Slim H. Doing the right thing: relief agencies, moral dilemmas and moral responsibility in political emergencies and war. *Disasters* 1997;21(3):244-57.

Medical student training:
career and life. Figure 2 displays both traditional and less traditional ways in which family physicians can be involved.

**Potential pitfalls.** Reconciling long-term global health work with personal and family life can be challenging. Notwithstanding the rich experiences, it entails real costs financially, emotionally, and physically. Ideally, these need to be identified, recognized, and explicitly accepted early in the process of engagement.

**Strategies for success.** Mentorship, continued learning, humility, and renewed commitment based on regular reflection are important tools with which to navigate a long-term engagement in the global arena. Seeking and forming communities, real or virtual, of individuals with common interests or goals can also provide invaluable support.

**Conclusion**

Reflective engagement in the global health arena is necessary in order to build awareness of health needs, maintain humility, and appreciate the local culture and language. Early on, more questions might arise than are answered. There might be moments when the challenges seem too big or too complex and it is at these moments that mentorship and plans for additional education and training will be crucial. In our experience, a common sentiment among family physicians committed to long-term engagement is a clear and present moral imperative to act over time. But careful research, reflection, and planning are also imperative and, combined with developing a trust in one’s “gut” feelings, the choices of how, with whom, when, and to what degree to intervene will become clearer.

**Dr Pottie** is a Scientist at the C.T. Lamont Primary Health Care Research Centre in the Élisabeth Bruyère Research Institute and the Institute of Population Health, and an Associate Professor in the Department of Family Medicine at the University of Ottawa in Ontario. **Dr Redwood-Campbell** is Chair of the International Health Committee of the College of Family Physicians of Canada (CFPC) and an Associate Professor in the Department of Family Medicine at McMaster University in Hamilton, Ont. **Dr Rouleau** is an Assistant Professor in the Department of Family and Community Medicine at St Michael’s Hospital for the University of Toronto in Ontario. **Dr Ouellette** is Curriculum Advisor for the Division of International Health in the Department of

---

**Figure 2. How family physicians can engage in global health**

Traditional physician roles

- Traditional medical roles
- Policy work and good governance support
- Economic and trade
- Human rights and gender equity
- Social structures—cultural, spiritual
- Individual and community behavioral change
- Environmental health
- Peace through health
- International organization public
- Long-term development—NGO, university
- Relief and disaster humanitarian work
- Short-term abroad—NGO, mission
- Travel medicine, refugee health
- Financial donations

Traditional physician roles

- Locally—poor and vulnerable at home
- Economic and trade
- Human rights and gender equity
- Social structures—cultural, spiritual
- Individual and community behavioral change
- Environmental health
- Peace through health
- International organization public
- Long-term development—NGO, university
- Relief and disaster humanitarian work
- Short-term abroad—NGO, mission
- Travel medicine, refugee health
- Financial donations

NGO—non-governmental organization.
Family Medicine at the University of British Columbia in Vancouver. Dr Lemire is Associate Executive Director of Professional Affairs at the CFPC. All the authors are members of the CFPC’s International Health Committee.

Acknowledgment
Special thanks to Lynn Dunikowski for her assistance in the literature review and Dr Ron Labonté for his helpful comments.

Competing interests
None declared

Correspondence to: Dr Kevin Pottie, University of Ottawa, 75 Bruyère St, Ottawa, ON K1N 5C8; e-mail kpottie@uottawa.ca

The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

References