

LETTERS TO THE MJM

Impressions on an elective abroad

Dear editors,

"In the past, desperate conditions on another continent might cynically be written out of one's memory. The process of globalization has already made such an option impossible... There are no health sanctuaries... The separation between domestic and international health problems is no longer useful."

-Gro Harlem Brundtland

Director General of WHO 1998-2003 (1)

This is the second summer of my medical school years that I spent abroad to learn medicine (first one in Africa, second one in South America). These two very rich experiences pushed me to write and encourage medical students to go abroad and live a different experience in medicine, particularly in developing countries. Although most medical schools in Canada have a highly structured medical course that fits in four short years, I definitely believe that, with enthusiasm, dedication, and perseverance, it is possible for Canadian medical students to arrange and participate in highly rewarding programs abroad. So why should one be promoting that? To expose Canadian medical students to some global health issues, to strengthen their sense of awareness toward health inequalities present in our world, and to reinforce cooperation among international medical students through interaction (2, 3).

What are the benefits of going abroad to learn medicine? Well, first, you will discover a new country, a new population, a new culture, a new weather, a new cuisine, and a new language. You will gain experience in many clinical specialties and broaden your horizons through contact with other medical students and health care staff from this country and probably from all over the world. You will also interact with new professional organizations. You will be in touch with a complete new population, new pathologies, a new spectrum of diseases, and new treatment modalities. You learn to respect new ways of approaching medicine, even if you may disagree. You participate in a system that makes you think differently; where your ideas about everything from patient's approach to treatment modalities are being challenged every day. Through this experience, students see, listen, learn, experience, remember and finally grow tremendously, understanding some global health issues.

There is one important point that needs to be thought about when planning an elective: one needs to make

sure that the institution he is going to is well supervised. One of the pros of doing an elective in developing country is students may have more patients and procedure exposure than back home. But, I stress that students should know their limitations.

The problem that sometimes arises during electives in developing countries, with poor supervision, is when the international student is assuming the role of a resident or a doctor when patient load is unbearable for the local medical center (4). It is wrong, in both ethical and legal aspects, and should not happen even if students are encouraged to do so by the local staff. We may all feel this kind of pressure in these types of electives; that is why the definition of one's role should be clear for your supervisor and yourself. Of course, I am sure that many competent students have the skills to take care of a history, physical examination, investigations, impressions, and plan for a patient with a medical problem that is familiar. However, the medical problem is part of a complex structure where unfamiliar culture and other unfamiliar factors are present. A simple unfamiliarity can result in drastic differences in the management of a patient. And here come the principles of beneficence and non-maleficence. Students need to make sure to not hurt the patient; and students cannot offer this if they are not aware of co-existing problems.

On another hand, I also did electives in Canada. The programs are more structured. The role of the student is defined early in the elective, as well as the expectations of the supervisors. There is no pressure about what one can do or not. The spectrum of diseases is similar to the one we see in our local health care system. Basically, the student is more comfortable with a system he already knows.

To conclude, I definitely think it is a good idea to discover other health care systems in developing countries, as long as the student's role and expectations are defined early in the elective. Students should know their strengths and limitations in order to offer the best care to patients. By discovering new populations, new cultures, different diseases the students will have a more global look at health care issues in developing countries.

Sincerely,

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REFERENCES

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