Eat, Pray, Ultrasound:
The Ethical Challenges of Radiology Mission Work
No financial disclosures.

Like all of us, I am morally flawed and ethically challenged.
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Objectives
1. To present a basic understanding of medical ethics
2. To illustrate how ethical frameworks are applied to radiology mission work ethical dilemmas
3. To present examples of radiology mission work-related ethical challenges
The desire to help is universal

It is difficult to image a pursuit more closely aligned with the professional values and visceral instincts of doctors than the quest to improve global health.

Shaywitz Am J Med 2002
The need to help is global

Physician/capita vs. TB cases/capita

worldmapper.org
Radiology Mission Work:

• The choice of radiology as a specialty seems to preclude mission work because of the inability to bring technology to under-resourced areas.
• Remote reading and Portable US has had a dramatic impact on radiology mission work creating numerous opportunities.
• RAD-AID.org: founded 2008 by Daniel Mollura
RAD-AID: 20 Countries Served in 2016
RAD-AID: Pediatric Radiology

Laos
Malawi
Haiti
Nicaragua
Cape Verde
Bhutan
Nepal
Ghana
Vietnam
Ethiopia
Medical Ethics for Radiology Mission Workers

There can be the sense that since the need is great, motives of the mission workers are right, then their actions are right.

Such thinking is narrow-minded and one-sided and can lead to interventions that are unnecessary, unsustainable or even harmful.
Ethics 101: Churches, Cows and Dentists

Moravian Mission
Waxma Honduras
Ethics: Churches

For many, medical ethics is understood to be a set of rules, based on post-enlightenment religiously-informed moral principles, that can be used to determine the correct course of action in a complicated medical situation.

A Rule Book
Ethics: Cows

Ethics used to mean something different.

Aristotle, right, used the term ethos to mean moral character.

Earlier, Homer used ethos to mean a stall or animal dwelling. The implication was that ethics serve to provide a safe place of dwelling and a place from which we come out.
Ethical Frameworks

Liberalism-Maximizing Individual Rights and Choices

Utilitarianism-Maximizing Group Health Outcomes

Communitarianism-Maximizing a Good Society

Roberts Lancet 2002
Evaluating Ethical Frameworks: Universal Moral Principles:

Non-maleficence—“Do No Harm”
Beneficence—“Do Good”
Autonomy—Self-determination
Privacy—Confidentiality
Integrity—Professionalism
Transparency—Openness
Trustworthy
Distributive Justice—Equitable societal burden

Childress J Law Medicine Ethics 2002
Commonly Accepted Norms:

**Autonomy** - Self-determination, informed consent

**Beneficence** - Actions focused on the patients interests

“The patient’s interest is the only interest to be considered”

Charles Mayo

**Justice** - Benefits and burdens of medical care fairly distributed among community

**Non-Maleficence** - Primum Non Nocere
Conflicts among Norms

Can result from limited medical resources, insufficient interpretation services, differences in relative weight put on certain values, individual vs community well-being, different understanding of what medical facts are, etc.
Ethics is a basis of medical decision-making rather than a set of rules

Resolving Conflicts among Moral Principles:

When evaluating mission work programs or physician actions that may infringe upon universal values, they should be assessed in terms of:

**Effectiveness** - Is the course of action likely to achieve the stated positive effect?

**Proportionality** - Net benefit weighed against degree of infringement on moral principles

**Necessity** - Can the goals of the intervention be achieved in ways that do not violate the moral principles?

**Least Infringements** - Can the goals be achieved in a way that minimizes infringement?

**Public Justification** - To local community

Childress 2002
Ethics is a basis of medical decision-making rather than a set of rules

Balancing Competing Norms

Stakeholders - Patient, family, community, local medical workers, mission workers, etc.

Medical Facts - Can an agreement of the medical facts be found?

Goals and Values - Do these differ among the stakeholders?

Norms - Autonomy, Beneficence, Justice, Non-Maleficence

Limitations - Time, Resources
Radiology Ethical Challenges

Do they actually exist? We are simply performing/reading studies requested by the clinicians who see the patients.

I believe they do. I believe it is important for radiology mission workers to think about ethical challenges before and while they are on mission.

We all likely work at institutions that don’t (frequently) put us in ethically compromising positions. However, in resource poor environments, often with language, cultural and other barriers, ethical challenges arise.
Language Barriers
Common Ethical Challenges Encountered by Radiology Mission Workers

Moravian Hospital
Ahuas, Gracias a Dios, Honduras
Ethical Challenge 1)

Are you a dentist?
Ethics: Are you a dentist where there are no dentists?
What is your scope of practice on mission work? OB US?

Are you an OB sonographer where Zika is endemic, you have the only US machine and dozens of women show up for a screening US after being advised to do so by the their minister during the sermon at church the day you arrive?
Ethical Challenge 2) Who is a Patient?
When advanced medical care becomes available for a limited period of time in a resource poor area, human nature dictates that nearly everyone will want to put themselves in a position to benefit from that care.
In radiology terms, who needs an US?
Who needs an US?

Is the answer different than who wants an US or who gets an US? Should it be?

Beneficence- “Do Good”
Non-maleficence- “Do No Harm”
Autonomy-Self-determination
Privacy-Confidentiality
Integrity-Professionalism
Transparency-Openness
Trustworthy
Distributive Justice-Equitable societal burden
Everyone
Ethical Challenge 3) Who is a Doctor?

Mission work may bring together medical workers of various backgrounds and training. The clinic or hospital being served should require documentation to ensure that all workers are actual professionals.
Who is a Doctor?

However, local training requirements may be less stringent or not enforced and non-licensed individuals may be viewed or pass as physicians.
Are there ethical considerations in working with local “doctors”?

- **Stakeholders** - Patient, family, community, local medical workers, mission workers, etc

- **(Medical) Facts** - Can an agreement of the medical facts be found?

- **Goals and Values** - Do these differ among the stakeholders?

- **Norms** - Autonomy, Beneficence, Justice, Non-Maleficence

- **Limitations** - Time, Resources
Ethical Challenge 4) Who is your Boss?

Who are you responsible to while on mission?

Yourself?
The director of the clinic/hospital/mission?
The organization that sent you?
The patients?
Paternalism has been classically defined by medical ethicists as actions imposed upon a patient or population against their expressed wishes or without their informed consent.

More broadly conceived, paternalism are actions by outside agents that foster dependency by reducing the effectiveness of local health care workers or reducing the local medical infrastructure.
Paternalism can result from the implied greater expertise of mission workers compared to local providers. This is especially likely in remote resource poor areas with minimal health care infrastructure.

We are outsiders who:
- arrive on planes.
- arrive in groups
- bring advanced technologies.
- bring medical resources unavailable to local health care workers
- think we know what the community needs
But all true helping begins with a humbling. The helper must first humble himself under the person he wants to help and thereby understand that to help is not to dominate but to serve, ... that to help is a willingness for the time being to put up with being in the wrong and not understanding what the other understands.

Soren Kierkegaard 1813-1855
Paternalism

It is difficult to document the negative impact of mission work; to know how missionary presence decreases medical care delivery or access after the missionary leaves.

The good vastly outweighs potential bad
Poor follow up
Non-existent metrics
Fear of jeopardizing future missions
Minimizing Paternalism: Local Solutions to Local Problems

Guatemalan Wheelchair Project
Minimizing Paternalism: Local Solutions to Local Problems

Work with locals to identify problems, local resources, potential solutions, and potential difficulties (cultural, societal or governmental) for implementation of mission projects.

Be aware of previous attempts to address similar problems and reasons for initial successes or failures.

Involve local health care workers from the start to plan for long-term sustainability of mission work and its impact on local programs and health care workers.

Be humble.
Ethical Challenge 6) Voluntourism—Mission Work or Vacation

Roatan, Honduras

Lake Atitlan, Guatemala
Rio Patuca Honduras
Radiology Mission Work: Why are we there?

We travel to remote areas, often at great expense. The desire to see more of the region served is natural.

Knowledge of the broader region may help inform the goals of the mission work and its implementation.

How do we balance mission work with tourism?

Self-reflection
- Why am I going?
  - Why not just send cash?
  - What does my presence add?
  - How do I minimize any negative impact?
  - Can I build relationships that last beyond the mission?
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Summary

• Awareness of potential ethical conflicts should inform radiology mission workers during the planning of mission work and while on mission.
• Knowledge of the kinds of ethical frameworks and the values behind them can help mission workers when ethical issues arise.
• Ultimately, awareness and application of ethical frameworks help health workers act with integrity while on mission.
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Thank you for your interest.

Please feel free to contact me with any questions or suggestions regarding radiology mission work at

binkovitz.larry@mayo.edu

Be sure to visit www.rad-aid.org