

Case Scenario 1

You are working in a clinic in South-East Asia which serves a refugee population and which has very limited funds. There is a list of medications and services available at the clinic, which has an adult and child outpatient department, and adult and child inpatient department, a reproductive health outpatient department, low-risk obstetrical services, and basic surgical services (spinal anesthetic is available, but only very basic surgeries are performed). There is a fund available for sending patients who require more investigation or services to the local hospital, which is monitored but often left somewhat to the discretion of the head of the department. The head of the children's department is a competent medic, however all medics at this clinic have been trained only to deal with basic medical care.

A woman comes to the clinic with her 6 month old son who is suffering from hydrocephalus. He was delivered by a traditional birth attendant in her village, developed hydrocephalus, had a first shunt placed in a hospital several days journey from home, and she has now come to the clinic because her son is becoming increasingly unwell. On examination, the child has a significant hydrocephalus. His eyes are rolling around in his head, and his tone is poor. The mother tells you that the shunt he had put in several months ago initially resolved a similar situation. They returned to their village, which is about 2 days away, and the situation has recurred. There is no running water in the village, nor any electricity.

You suspect this child has a blocked shunt. The local hospital has the capability to place a shunt. Without this shunt, this child will die. The cost of a shunt and concurrent hospitalization will be about 1000\$. By comparison, 200\$ would provide vitamin A and deworming for 6000 refugee children for a year, and 430\$ would provide all the essential medicines used in the clinic in a day. The family has no money, having spent everything they had to get to the clinic.

What will you do, and how will you decide?

Factors to consider:

Need for ongoing shunt care at cost to family or clinic?

Likelihood of success, likelihood of need for repeat procedure

Life-saving nature of the treatment

Who gets to make this decision? You? Clinic staff? How open are your lines of communication with local clinic staff?

How do you discuss the decision-making process with the mom? What do you discuss with her if you decide to treat? If you decide not to treat?

If you decide not to treat, how do you personally deal with the decision to allow a child with a treatable condition to die? Do you offer this child palliative services?

Etc.

Case Scenario 2

You have recently arrived at the site of your placement in a middle-sized African town in a sub-Saharan country. The town is very poor. There are few restaurants, and very few vehicles with the exception of local “buses”, white mini-vans often with no windows with people hanging out the sides. A few local merchants have their own vehicles, but other than that, the only vehicles on the streets are the 4-wheel drives of the many NGOs in town with logos emblazoned on the sides. Most of the NGOs travel to provide medical services in nearby villages, and during the rainy season many of the roads turn to mud. When you arrive at the intercity bus terminal, you are picked up by one such vehicle by one of the NGO drivers who has been assigned to take you to where you will be staying.

You drive past the colourful market, through a ramshackle neighbourhood, and then up the mountain past increasingly bigger gated houses. This country was colonized by the British, and the city you are in was the colonial capital. You have read in your travel book that at the top of the mountain is a fancy hotel which used to be the colonial governor’s house, and you suspect that these houses you are passing now would have been the houses of former colonial officers. Now they have signs on the front indicating that they belong to various international NGOs.

Your driver drops you off at a gated house where you are received by a physician working for the NGO with which you have been placed. The physician welcomes you warmly—he is a westerner as well—and, closing the gate behind you he introduces you to the security guard, the gardener, and the cook. You express surprise at the need for a security guard. The physician informs you that “everyone” has a guard, and that after all, this is needed employment for the local population.

You later learn that the security guard used to be a teacher at a rural primary school. The IMF instituted structural adjustment policies in the country several years ago in the context of deep debt, and the government has had to cut salaries for its teachers dramatically since then. Teachers can no longer support their families, and for this reason, this man has become a security guard. He travels back to his village to see his wife and kids once a week. There are now only 2 teachers at his kids’ school, for 50 kids from grades 1 through 8.

Discuss some of the issues raised in this case:

Discuss the issue of foreign NGO workers hiring local staff as cooks, gardeners, and guards

Discuss the issue of NGO workers living in gated communities

Discuss the issue of logos on the cars—is this necessary for security? For identification?

Discuss the issue of brain drain to local NGOs—how should governments and communities maintain skilled professionals in schools, hospitals, and government positions when they can pay so much less than foreign NGOs?

Discuss the issue of pay—how much should local staff be paid compared with international NGO staff?

Case scenario 3

You are a woman working in a medium-sized South-East Asian town with a large ex-pat community. This town is “NGO-central”, as it is at the border between two countries, one of which is at war, and there are large numbers of refugees crossing the border into your country. The international NGOs have settled here, in proximity to the refugee camps, to provide services to camp inhabitants and migrants who live in town.

This is a Buddhist country. While it is “westernising” rapidly, smaller towns like the one you are in still maintain a traditional flavour. Likewise, the migrants coming from across the border are often villagers. They dress in traditional outfits, and maintain traditional codes of modesty. Women are relatively free, but both sexes are expected to dress modestly—no short shorts for anyone, and no sleeveless tops for women. “Good” women do not drink in either of these countries, and men and women are never seen touching in public. Women are also virtually never out alone late at night without a male partner. That said, there are no official laws against any of these practices, and women, especially westerners, will be served in local bars with no questions asked.

It is April, which is the hot season, and the temperature is usually 40 or above. You are living in a house with 3 other expats from different western countries, and all of you are working at the same clinic for the same length of time. They are good people who like to work hard and play hard. The local expat community, some of whom have been here for years, often congregate on Friday nights at a local bar. This is a bar run by locals, but frequented almost exclusively by expats.

This is a particularly warm night. You are planning to go to the expat bar and have a nice cold beer with some expats you have met here. You know that you can bike down to the bar and back on your own, safely, without being bothered by anyone except for the odd stray dog. You are sorely tempted to throw on the only sleeveless dress you brought with you, which would feel so good tonight, despite the mosquitos. The local clinic staff you work with are having a bit of a party, and you have been invited to this as well. You have been to such parties before, and know that there will be karaoke and snacks. Tonight, though, you really just want to hang out with other people “like you”, speak English, and understand what is going on.

Discuss the issues involved:

How do you manage dress codes and codes of behaviour in other cultures that may or may not make sense to you?

Can you think of codes of behaviour or dress codes which you would not be willing to follow? Do you think it is reasonable to overlook or misrepresent some of your own values (on gender equity, etc) when in another culture?

What do you know about expat culture in general? Have you thought about who you would spend time with abroad? Are you aware of the different pressures that you may feel to interact with different groups, and how dramatically this can change your experience?

Think about what you want your experience to be, and what challenges you may face to meeting this goal.

Case scenario 4:

A. You are working in a clinic in sub-Saharan Africa. There are high rates of TB and HIV in the community, and you are, in fact, working for an NGO that is rolling out an anti-retroviral program. In the course of your duties, however, you are occasionally on the TB ward, since any patients with signs of TB are treated for that before being started on anti-retrovirals.

There is a huge shortage of resources in the hospital. Masks are used by people collecting sputum samples, but there are not enough masks to use when simply rounding on patients on the ward. You brought a box of masks with you, however your blonde hair and blue eyes already make you a bit strange looking, and you are concerned that the mask will add to the separation between you and local staff. Likewise, you don't have enough masks to share with staff, and in fact, you probably don't really have enough for your own stay. Clearly, none of the other staff expect you to wear a mask, and you are concerned that they would think you were a bit eccentric, and that the patients would think you found them somehow unclean.

You are very likely to encounter a scenario like this one? What will you do? What supplies will you bring with you, and with whom will you share them?

B. You are working in a clinic in South-East Asia which does low-risk deliveries. You have done 2 months of obstetrics in Canada, have done about 48 deliveries and have used a vacuum twice, once by yourself. This clinic has a vacuum and forceps which one or two of the medics can use (neither of whom are on today). You have been assisting with a normal delivery. The patient is fully dilated and has been pushing for 2 hours, but is not progressing. The head is mid-station, and the medic who is assisting you brings you the forceps. You have never used forceps. The fetal heart rate is ok by intermittent auscultation. There is a referring hospital about an hour away. To send the patient there would cost money which she does not have, and the clinic is somewhat strapped for cash.

What do you do? What would you do if asked to perform any other medical or surgical task which you did not feel comfortable to perform? Would you act differently if the FHR was poor?

Case scenario 5:

You are working in a clinic which is staffed by local clinical officers. You will be there for 6 weeks, and after the first 2 weeks, you are taken under the wing of a clinical officer of the opposite sex who offers to show you around town, invites you to dinner with his/her family, and generally shows you a good time. You are happy about this, since one of the things you hoped for was to get a “real” experience and get to know some of the local inhabitants.

It becomes clear to you that this person is interested in a romantic engagement. You are interested too. If you were at home, you would have no trouble engaging in such activity with someone for a few weeks—after all, this is a bit of camp-like intense experience.

Discuss the issues that could be involved when in such a situation.

What role does race play in such a situation?

What role might money play in such a situation?

What role does culture play in such a situation?

What role does your position as a professional play in such a situation?

How would you respond if the other person was another westerner?

Case scenario 6:

- A. You are back in that African town—the one that was the old colonial capital. You are desperate to get out of town and see some of the surrounding countryside. You would also like to visit a town about an hour away. The local buses, as previously mentioned, have a history of breaking down, and are known by all expats to be dangerous modes of transportation. There is really no other way, however, for you to get out and see the countryside.

How do you decide what to do?

- B. You are back in your South-East Asian town. Your roommates are going to rent “motorbike”—little scooters really—to bike around the countryside and explore. This is a common pastime among westerners. None of you have ever ridden a motorbike before. You have recently heard about 2 Germans who were killed while in Thailand on vacation when their scooter ran off the road. That said, the rental office is willing to rent you a helmet (which is not usual here) and you know the traffic moves slowly and you can ride on the shoulder with your scooter.

How do you decide what to do?

- C. In this same Asian town, a very good friend you have made has invited you to cross the border to a “festival”. This is a very exciting time for him, and he really really wants you to go. You also are very excited at the possibility of this intercultural experience. The neighbouring country has a military dictatorship. Westerners are not allowed to cross by land for more than the day, and they are not allowed to leave the city on the other side of the border, which is guarded. Your friend, being a refugee, is not able to cross back into his country by official border crossings at all, however he commonly travels back and forth by “unofficial” border crossings. Many westerners have done this too, and this is what he is proposing to you. Both he and your expat friends ensure you that this is completely safe. You will be there overnight, and travel back the next day.

How do you decide what to do?

- D. Last but not least, back in your African city, you have found a rental car. You and your expat friend have decided to go driving, this being safer than the bus. The country you are in is very very poor, but politically stable. As you drive through the countryside, you notice a tree has fallen across the road. You are far from any visible settlements. As you approach the tree, 4 young men come up to the car and ask you to roll down the window. They suggest to you that they are going to need money to enable them to move the tree out of the road. Their air is slightly menacing.

How to you decide what to do?

Case scenario 7:

You have been working at a clinic in South East Asia for several weeks. Over this time, you have observed that the culture of the local medics is one of non-confrontation. People do not raise their voices when they disagree, but tend rather to engage in a sort of passive resistance in order to avoid conflict. You are aware of the concept of “losing face” which is detrimental to all parties involved.

- A. You have befriended a British physician in your short stay. He is a man of great integrity, who has a very strong sense of “right” and “wrong” and who feels that all people should have access to equal care, regardless of where in the world they may be. For example, when the medics were trying to set up an asthma protocol, he felt strongly that the protocol should be no different than it would be in North America or Europe, despite the fact that local people cannot afford steroid inhalers and there are none on the clinic formulary. Over the last few weeks, however, you have become aware of tension between him and the local staff. He has started sitting at the exit to the clinic and checking the charts of each patient who comes out, as a kind of quality control practice. You are not sure if this has received approval, or even been discussed with the head medic.

You come in one day to hear that he has gone and will not be back. The clinic is very subdued. When you ask what happened, you are told that he had found a patient whom he felt was being inappropriately treated. He had adjusted the treatment on his own, and this had been discovered by the chief medic. When the chief medic approached him to discuss this issue, a shouting match ensued in the middle of the clinic waiting room. Everyone was shocked, and today the Englishman has been asked to leave.

Discuss the issues at play, including differences in communication patterns between cultures, respect between professionals, etc. How would you manage a situation in which you felt a patient was receiving inappropriate care?

- B. A woman comes to the clinic with a huge goitre. You have just arrived, and you have never seen anything like this. You suggest to the medic with whom you are working that he do a TSH and T4 level. The medic says there is no need, that a TSH is expensive, and that he will do no testing at all. You feel this is highly inappropriate, since this woman obviously has a thyroid problem.

Discuss the issues at play, including the arguments for and against doing thyroid testing, and how you would approach the situation with the medic.