

The rewards and risks of surgical missions

A 19-lb breast tumor, giant scrotal hernia, a grapefruit-size goiter, and the surgeon donating his own blood is all in a day's work.

Death from appendicitis, strangulated hernia, or obstetrical complications is common. A goiter the size of a grapefruit appears in the clinic everyday. A typical day in surgery might include an emergency C-section, total thyroidectomy, ruptured ectopic pregnancy, pediatric hernia, bowel resection, giant scrotal hernia—and a trip to the lab between cases to donate blood.

At the end of each day, I call home on my rented satellite phone (rental fee \$400 plus \$2/min). My wife is exhausted, my older son is struggling with his homework, my daughter has a science project due, and my baby boy is having an exacerbation of his asthma. I'm 9000 miles from home and I can't help out. I'm in Nigeria on a 3-week humanitarian trip.

Almost everyone does it

Throughout the world, innumerable physicians have volunteered in medically underserved areas of the world. Among surgeons, almost all volunteer in some way; 10% do so outside their local area.¹ Eighty-six percent said they planned to volunteer in the next five years.

While we usually hear about Doctors Without Borders in any discussion of vol-

unteerism in medicine, thousands of physicians volunteer every year with other organizations. For example, Henry Farrar, MD, my mentor and a general surgeon in Tennessee, has spent a month in Nigeria every year for the past 40 years. I have taken 19 volunteer surgical trips to Nigeria, Guatemala, and Bolivia.

Every year I take this journey with a

FIGURE 1 Volunteer's break time



Between operations, the author visits the laboratory to donate blood.

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FAST TRACK

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FIGURE 2 For lack of treatment



This young woman's enormous cystosarcoma phyllodes breast tumor is a graphic example of the lack of access to care in remote parts of the world. At right, the patient's left side after resection of the tumor (top), and the author holding the 19-lb phyllodes tumor (bottom).

small team. I leave my family for 3 weeks, incur the wrath of my wife, lose income, use vacation time, expose myself to malaria, dysentery, hepatitis, and HIV—and have a great time.

Why do it?

People ask why. Why leave the comforts of home? Why travel to a relatively dangerous place? Why expose yourself to potentially lethal infections?

The answer is simple: These people need help and I can provide it. Throughout the world, millions, if not billions, of people have no access to medical care. As surgeons and humanitarians, we have the responsibility to serve.

The opportunity to use my surgical skills to the maximum, combined with helping patients with no recourse, is irresistible. A simple hernia is no longer a 30-minute case. It is an opportunity to correct a problem that prevents a patient from earning a livelihood.

A unique educational opportunity

Another crucial aspect of volunteer trips is education. On my trips, I teach the local nurses, medical students, residents and surgeons. This exponentially increases my impact. I am very proud, for example, that I helped train Mike Enyinnah, MD, a



surgeon in Nigeria. He is a good friend and a great surgeon and is active in teaching as well.

Every year, nurses, medical students, and residents accompany me on these trips. They have appreciated these educational opportunities.

For many surgeons, religious beliefs and evangelism are important, if not the central, reasons for volunteering. In fact, many volunteer opportunities are faith-based. The missionary surgeon seeks to heal both the body and the soul. As the Gospel of Mark 8:36 states, "For what shall it profit a man, if he shall gain the whole world, and lose his own soul?"

It's an adventure

Of course, besides the altruistic aspects of these trips, the adventure is an important motivating factor. It is quite exciting to operate in new areas of the world and treat unusual diseases. Similarly, it is an enlightening experience to meet people from a new culture.

People often ask if we need a vacation

after one of these “vacations”. Operating 10–12 hours a day, six days a week for three weeks, you might think we would return to the US exhausted and needing a break. To the contrary, we are turbocharged by the experience. Usually, we’re planning our next trip before the current one is over.

What it costs

Altruism is not cheap. Vaccinations (for yellow fever, hepatitis A and B, MMR, polio, meningococcus, typhoid, and tetanus) and antimalarials cost hundreds of dollars. While an airline flight to South America is not too exorbitant, a flight to Africa, for example, can cost almost \$2000.

There is a cost at home, too. While you are away, someone has to cover your patients. Some practices are more conducive to volunteerism than others. I used to work at the Veteran’s Administration. There, I got 30 days vacation a year, so getting time off was never a problem. However, the VA was rarely supportive of my overseas work. My current employer supports this humanitarian work and

FIGURE 3 Carcinoma demands radical surgery



This young man came to the clinic for treatment of a mucoepidermoid carcinoma of the parotid gland (left). We resected the tumor and performed radical neck dissection using the pectoralis myocutaneous flap (right).

provides protected time for my overseas endeavors.

In other settings, partners or locums will have to assist. It’s worth noting my patients have always been proud and supportive of my volunteer work. They’ve usually been willing to wait for my return if possible.

When you are away, you also lose referrals. This can have a detrimental effect on your income. Clearly, if you

10 SUGGESTIONS FOR A SUCCESSFUL MISSION

1. Don’t take the attitude that you are doing the locals a favor. Treat the mission as an honor and privilege to serve.
2. Teach the local medical personnel but don’t be condescending.
3. Learn about the local medical and surgical problems. Bring unusual pathology specimens home for our pathology colleagues.
4. In surgery, be flexible about your needs and goals. For example, it’s better to leave a wound open than have it become infected after you are gone.
5. Bring plenty of gifts for local physicians and patients. Throwaway gifts from drug reps, such as stethoscopes, pens and tote bags, are greatly appreciated in the
6. Bring business cards and give them out freely. Patients and local doctors will want to communicate with you in the future.
7. Bring a digital camera and take lots of pictures. Prepare a presentation when you get back and show your colleagues what you’ve done. Write an article about your journey.
8. Write to me after you return from your trip.
9. Be prepared to become addicted to humanitarian work. Once volunteerism is in your blood you are hooked forever.
10. Bring a gift home to your spouse. —BC

FAST TRACK

People ask if we need a vacation after one of these ‘vacations’. To the contrary, we are turbocharged.

FIGURE 4 Brothers in surgery



The author (right) with his brother Scott Camazine, MD, PhD (left), and local surgeon Mike Enyinnah, MD.

WEBSITES FOR VOLUNTEER OPPORTUNITIES

- Child Health International
<http://www.cfhi.org/>
- Diversion directory of volunteer opportunities
www.diversionmag.com/volunteerlist.asp
- Doctors Without Borders
www.doctorswithoutborders.org
- Esperanca
<http://www.esperanca.org>
- Healing Hands International
<http://www.hhi.org/about-us.php>
- Health Talents International, Inc
<http://www.healthtalents.org>
- International Health Care Foundation
<http://www.ihcf.net>
- American College of Surgeons Operation Giving Back
<http://www.operationgivingback.facs.org>
- Samaritan's Purse World Medical Mission
<http://www.samaritanspurse.org/>
- United Planet
<http://www.unitedplanet.org/>

FAST TRACK

The best way to go on a humanitarian trip is with a fellow surgeon who has already gone.

want to be a volunteer, you have to establish priorities, and money may not be the highest.

How to do it

The best way to go on a humanitarian trip is with a fellow surgeon who has already gone. The experienced traveler

can help you clear the various hurdles one encounters on any trip to the third world.

You will need a visa, of course, and vaccinations, depending on where you go. With supplies, you must not only determine what you'll need to bring but also how to get them into the host country. Two other questions you should get answered before your departure: What surgical cases should you expect? And, what are the room-and-board arrangements?

A six-month jump-start

Once you've decided to go, you will need to start making plans. I suggest starting six months in advance, especially with vaccinations and airline tickets. Tickets can be expensive, but are cheaper if you get a missionary rate.

Accumulating supplies can also take some time. Your home hospital and operating room may be willing to collect supplies for your trip. Lap sponges, drains, and suture are always good items. Sales representatives can also be generous in providing supplies for these trips. Inexpensive storage containers are handy for transporting supplies, and you can leave them behind as a gift.

Last, but not least, remember the following: a multi-tool, flashlight, books for reading, antifungal cream or tablets, clogs, index cards, diary, and personal wipes. ■

DISCLOSURE

Dr Camazine is a founder of Earthwide Surgical Foundation, a non-profit organization, that supports his humanitarian work. He can be reached at bcamazine@hmhtx.org.

REFERENCE

1. Survey of 455 members of the American College of Surgeons. Institute for Health Policy of Massachusetts General Hospital. 2003.

Send us your Feedback

What is your most memorable volunteer case? Send us your Feedback at www.contemporarysurgery.com
Details on p 395.