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The Reality of Parachuting Doctors and Voluntourism

The term “parachuting doctors” originates from the practice of doctors and medical students “flocking to programs where they spend a couple of weeks to months volunteering in 'low resource' countries [where] medical expertise and technology may lag behind of richer nations” (Silver, 2018). Sounds selfless right? Deeper analysis of this phenomena coupled with the emerging trend of voluntourism, “an alternative form of tourism in which tourists spend time volunteering as part of their vacation in a developing country,” shows unintended negative consequences (Pastran 2014). The harsh reality of these practices illuminates preventable malpractice by doctors due to a lack of an established code of conduct that evaluates the ethical responsibilities of those who should be helping people in “low-resource” countries. This actuality should urge us to question whether the negligence towards enforcing a code of conduct is creating a power differential between doctors from affluent nations and patients from low-resource nations, and if this is an example of a neocolonial relationship.

The lack of an ethical code of conduct leaves a large gap in the quality of medical treatment for people who belong to different socioeconomic statuses. An example in this divide of care is the prescription of expired medicine by doctors to patients who live in "low-resource" countries, where there is limited access to Western medicine. According to Dr. Bernard Olayo, a specialist in public health who practices in Kenya, a doctor from Boston who "parachuted" into Kenya, joked "the molecules in the medicine don't just decide on the expiration date saying - now we're expiring!" (Silver, 2018). The medical profession’s purpose is to help human beings who are mentally and physically unsound regardless of their background. Joking about treating people, who do not have medical care readily available to them, with castaway medicine defeats the ethical responsibilities of the medical profession. The fact that use of expired medicine would not be acceptable in a first world country should establish the fact that it is unethical to prescribe expired medicine to people

who lack the resources to identify that they aren't receiving adequate medical treatment. Olayo even argues that the people receiving expired medicine can perceive this act of indecency as a lack of attentiveness. This foreshadows a regressive power dynamic between doctors from highly developed countries in the Northern hemisphere and patients from low resource countries in the Southern hemisphere. In addition to receiving expired medicine, often times patients in third world countries receive treatment from non-professionals (medical students and volunteers), who would not be permitted to be practice medicine in an affluent country (Silver, 2018). According to a survey conducted by the Association of Medical Colleges, "about a quarter of medical students participate in 'global health experience"' (Silver, 2018). How is it ethical to utilize the sick and poor for the sole purpose of providing doctors practice for treating people of more affluent nations? In addition, parachuting doctors can actually cause more harm when performing complicated surgeries and leaving before treating patients who suffer from post-operation complications. Often times, when patients do contract post-operation complications, there is not a high availability of medical professionals in the patients' native countries who can adequately treat complications from surgeries primarily performed in 'high resource countries'. This low availability of care puts patients in a worse position that can reduce their quality of life (Silver, 2018).

A lack of a code of conduct for doctors is concerning, as it implies that society has no care for the interests of citizens of low socioeconomic status in third world countries. The legal standard of doctors in Britain during the 1950s depicts the overreaching power doctors can have when appropriate checks and balances are not present that consider the viewpoint of the patient. José Miola examines the Bolam test, a highly regarded standard of care in Britain in the 1950s, which stated that "as long as the defendant medical practitioner could find some other doctors who would testify that they might have done as [the] [doctor in question] did then it was not open to the court to find that defendant guilty of negligence" (Brazier, 412). Sally Sheldon, a critic of the Bolam test, analyzed that "doctors, rather than patients, received empathy from other doctors [which] led to the almost inevitable prioritisation of medical privilege" (Brazier, 415). We can utilize the Bolam test to analyze the lack of oversight in patient care in poorer countries; when there is no framework holding doctors accountable for malpractice, patients lose power in relation to their medical

professional (Guttentag, 2009). This comparison to the Bolam test emphasizes that doctors have unavoidable privilege due to their background from affluent nations. The analysis of the quality of medical care and the negative consequences of assigning doctors overreaching power sheds light on the postcolonial theory which examines the power struggle of patients in third world countries who are considered to be below doctors from first world nations.

Using postcolonial theory as a lens to analyze the injustice patients in low resource countries suffer, it is evident that these patients are forced to accept subpar treatment due to their socioeconomic status. “Postcolonial theory posits that the historically proximate experience of colonialism has significant and continuing impacts on the political, economic, and social development of both the former colonizer and colonized” (Pastran, 2014). In the case of voluntourism and parachuting doctors, we are examining the effects of treatment by people in a position of power (volunteering doctors) from former colonizer countries on patients from formerly colonized countries. One of the impacts is the lack of respect for cultural customs. Often times, medical students and volunteers are “oblivious to local customs — say, that women dress modestly or a physician should not touch a patient of the opposite sex” (Silver, 2018) (Guttentag, 2009). In addition to the ignorance of cultural importances, a lack of an ethical code of conduct can lead to a breach in the privacy of these patients. Dr. Rabin, the assistant director of the Office of Global Health, analyzed that Western volunteering doctors often “post things online that should not be there without the permission of patients”, including that “a patient in a low-income country may agree to be photographed because of the "power differential" between [a] local person and visiting physician” (Silver, 2018). Volunteers can inadvertently utilize this power differential to be seen in a positive light, which defeats the purpose of aiming to help those in need. These examples of a lack of respect for customs and the patients’ right to privacy emphasizes the power struggle of patients who belong to a low socioeconomic status, as they do not have the resources to fight for right to equality in healthcare. Parachuting doctors are placed in a position of power similar to that of a "saviour". The lack of an ethical code of conduct inevitably leads to an abuse of power that reinforces colonial power structures between doctors of affluent Western countries and patients of Eastern low-resource countries.

Although the act of volunteering to help those in low resource countries is considered selfless, the examination of malpractice, which occurs due to a lack of respect for cultural beliefs and the right to privacy for patients, indicates that a strict guideline to ensure equality in healthcare for all patients is necessary. The actuality of the treatment of parachuting doctors in low resource countries reinforces the postcolonial theory of the continuing impact on the social development of low-resource countries by doctors from affluent Western nations on patients from formerly colonized third world countries. This continuing form of unethical oppression illuminates the need for an ethical code of conduct that can hold doctors accountable and avoid instilling them with an overreaching sense of power over those who can not fight for equality.

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