DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 126 Exploring Medical Volunteering Abroad

With guest Dr. Ann Messer

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AM: "We have no idea what poverty is in America. Like true actual people live in mud huts with no bathrooms and no running water, and the children roll around in cow dung and everybody has 11 kids. It's so profoundly different."

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 126. There are a variety of different approaches we have talked about on the podcast for addressing burnout and career dissatisfaction. Most of these approaches have revolved around finding ways to make clinical medicine work better or transitioning to a nonclinical career. Something we have not talked about is doing medical volunteer work to see if it can rekindle your love for medicine.

Today we have a very special guest who not only has done a lot of medical volunteerism, but she also started her own nonprofit, One Good Turn, which helps provide medical education and culturally sensitive medical care to neglected communities worldwide. Our guest is Dr. Ann Messer, founder and director of One Good Turn.

Dr. Messer did a residency which exposed her to internal and family medicine as well as psychiatry. She has been practicing for over 30 years, though you couldn't tell by looking at her and she is still clinically active.

In this episode, Anne is going to discuss with us how to explore different volunteer opportunities and how this type of involvement can potentially be a remedy for burnout and help us reconnect with why we went into medicine in the first place.

And if you are doing non clinical work primarily, medical volunteering can also be a way to still use your hard-earned skills without doing day-to-day patient care. It is my distinct honor and pleasure to welcome my fellow Austinite to the podcast. Hey Ann, how are you?

AM: I'm great Heather. How are you? Thank you so much for having me on this show.

HF: I am so excited. I told you this before about how you and I met when you were doing coaching at the Waterloo Restaurant back in 2015.

AM: Long time ago. Yeah.

HF: Yeah, a long time ago. And every time I drive by there I think of you and would say to myself “I have to have her on the podcast.” So, here you are.

AM: It worked out perfectly. Yes. That's very cool.

HF: You have a very interesting story and we're going to obviously have you help us look into how we can do medical volunteering, but would you like to help the listeners understand how this became an interest and a passion for you that led to you starting your own nonprofit?

AM: Sure. It started back in 2011 for me. We were getting ready to have a typical Christmas and I was buying my kids all their electronics and all the things that you do for Christmas for your kids when you're lucky enough to be able to get bunches of presents for people. And it just was ringing wrong for me. I didn't want to just continue this whole more, more, more thing and the materialism thing. I literally canceled Christmas and signed…

HF: Oh, really?

AM: Well, I had a little pushback for that one, but not from my husband. He's incredibly supportive. And we signed up the family to go on a voluntourism trip to Nicaragua where the original plan was that we were going to help somebody put a clean water facility into way deep in the rural mountains of Nicaragua. Well, we got there and when we were at the orphanage where we were staying, they realized that my husband and I were both doctors and they said, "Oh no, no, no water project for you. You need to go take care of the people."

And they literally handed us a cardboard box full of medications and sent us into the mountains with our family to go take care of people all over this area in rural Nicaragua. We started out literally in the back of a pickup truck with a metal cage. My kids, myself, our niece, my husband. Luckily we both traveled with their stethoscope so we had that. And we went to the end of the road and then we got off and we started to walk and then we got to where we couldn't carry our stuff because it was so rocky and they put it all on a donkey and we crossed a river and got into the mountains of Nicaragua where there's no electricity or cell service.

We slept on the cement floor of a cement public school. And when we woke up in the morning because it was the sun coming up, there were a couple hundred people standing there waiting to see us. And even though there was no plan for us to be there, nobody had any kind of electricity, cell phone usage was minimal. Everywhere we went, there were at least 200 people waiting to see us over the course of the week that we did these waking up and moving to the next clinic and waking up and moving to the next clinic.

We saw hundreds of patients and I was profoundly struck by many things as were my kids. But for the purposes of this, I was so struck by how simple the illnesses were that we were seeing and how easy it would be to care for them in resource-rich America. And that really all these people needed to be told is what to do. What medicine matched, what symptoms, how to respond if you have gastritis or a cough. But there's just nobody there to teach them. And I just woke up at night going, this is ridiculous. I have all this knowledge that's so easy for me that is inaccessible to people out there and I'm willing to make the trip. And so, I just started doing that kind of work.

HF: Since we haven't really seen each other or been in touch since back in 2015, I've never heard that story Ann. That's an amazing story. You canceled Christmas. Have you had Christmas since you went to Nicaragua?

AM: Oh yeah. The kids are totally down for it. I have to tell you as a side thing, although maybe this is good for anybody. Bringing our children on that trip was profound for all of us and them. My daughter now is a physician and I've got another son in medical sales, but they didn't have medical experience and so one of their jobs was to play with the kids. We got a bag of soccer balls. There's a bunch of stuff around giving presents that I want to talk about a little bit later. But we got a bag of soccer balls.

So everywhere we'd go there'd be 300 people waiting to see us and all of their families would be there and the kids would play soccer with them. And then we'd say, “Come in,

we need help." And they'd fold Advils into little pieces of paper and hand them to people. They worked as pharmacists. They worked the triage line. And what was so incredible about it, Heather, was that the kids didn't whine. They didn't ask for food, nobody wanted a Coke, no parents were handing them candy bars to shut them up. There wasn't the "I want something" culture. And that just made a deep impression on all of us, kids in particular, but all of us. So there's something to do if you're worried about being burned out. Just cancel Christmas and bring your kids on a medical trip.

HF: There's so many different levels on which an experience like this can be profoundly life-changing. I think one of the things I think you're going to really help us do is pick out an opportunity or be able to vet an opportunity so it doesn't just feel like you're going and maybe you are putting a Band-Aid on a situation and then leaving and you feel good, but did you really change anything or worse, did you create a problem in some way by coming and doing something that can't really be sustained?

AM: Exactly. There's a remarkable amount of ethical work around providing good global healthcare to resource poor communities. And it's part of our responsibility as guests and visitors in those worlds to really educate ourselves as best we can so we don't slip into making that kind of mistake while we're just all excited about the fact that we're going to help.

It is really important to educate yourself first. The story I just told you, we had no pre-education at all whatsoever, but I certainly over these many years have made it a top priority to be a student of other cultures and of what my impact is when I enter any kind of a work environment so that I really can be sensitive to just the changes that I make by simply being there. There's a lot about that stuff. It's great to have a chance to learn more about that.

HF: Right. And I know you are going to have some books to share that will help us look at the bigger picture and all the nuances of this. But to start with a specific example, let's

imagine we have a physician who is burned out and because they're working so hard and there's so many administrative burdens, they don't know is it that I don't love patient care or that all these other extraneous things are taking away the joy. So, they're thinking "Well, maybe I'll go abroad or do something where I can really focus on caring for patients." How would someone like this even begin to explore what their opportunities are?

AM: Yes, that's a great question. And based on our conversation a while ago I googled it just to see what there is out there. Really happy to find that both the New England Journal of Medicine and JAMA have lists of vetted medical volunteer opportunities. And I like the concept that something would have run through a filter like that so that people who are more aware of the ethics of this sort of situation have already approved it.

A couple of general things that I would say is try to go work with an organization that has long-standing boots on the ground. For example, go work at a clinic that accepts international doctors coming to work at that clinic but the clinic exists whether or not you're there so that you're entering into a system that's going to continue functioning after you leave. I think that's incredibly important.

Another thing that I would just urge people to be aware of is it's really easy to get involved with religious based organizations who do amazing and profound and necessary work all over the world, but be aware that you don't want to put your patient population in the position of having to have an entrance ticket of a prayer or whatever that's the currency to get into that clinic.

And so, if you want to go because you want to share a religious belief, just go and share the religious belief, don't hide it in medicine. But if you want to go as a doctor with a religious organization that you believe in, remember that you are there as a physician and that's your primary job. I think that's something that I've seen a lot of over the

years, again without disparaging religious organizations because they do incredibly great work.

Those two things I think are important. Look to see whether or not the organization that you're working with has a secondary agenda or motivation that they have to fulfill that they're sustaining themselves as an organization so you're paying extra. But the other thing about working with an organization that is standing on the ground long-term as opposed to that you put up a tent outside of a church and just are there for a week and then leave. The long-term organizations, you're going to make a more appropriate impact I think in those situations.

HF: I know some of these organizations seem to charge a lot of money for the physician to "go" and be a volunteer in addition to paying the travel expenses. How do you interpret these kinds of situations?

AM: Well, you have to remember that if you are entering an incredibly resource poor environment and somebody in that environment has been savvy enough to see the business opportunity that's also brings good to their community of setting up everything that goes along with bringing strange people into your hometown, that's drivers to pick somebody up at the airport. It's the food that you need to eat. It's the women who are going to wash the sheets that you're sleeping on. It's the people who are going to sweep the clinic and make sure it's really clean before you get there. It's the people who are going to make sure that lines of people who are waiting for you are there for the right reason. There's a whole economy around it.

And at first I thought that was kind of unethical, but then I realized that if you're actually providing good to the community, there is no way that you also don't end up providing some sort of economic impact to that community as well. And if that money stays in the community and doesn't just go in the pockets of the people who are organizing the tour

back here in America, then congratulations to that community for coming up with the way to support their people.

HF: Right. Could you mention all those different things? Because we may not think of all the preparation that goes into having volunteers come and participate. When you think about physicians that may have volunteered with you or ones that you've seen when you've been on these different volunteer programs, what are some of the experiences that you've seen them have or changes that you think this type of work has had and the effect on them?

AM: I think probably the overwhelming one is that we have no idea what poverty is in America. True actual people live in mud huts with no bathrooms and no running water and the children roll around in cow dung and everybody has 11 kids. It's so profoundly different.

But the reason that we can have any kind of impact on that as physicians is that the illnesses that people face are still the same. We all have human bodies so we all get gastritis. It doesn't really matter if you're poor or if you're rich. And so, I think having your eye open shows that we have so many more similarities and that how incredibly lucky we are just by dent of geography that America, that we are rich and safe and stable and have fertile soil. It's really kind of a mind blow to be in other parts of the world.

HF: Yeah. I don't think we even know what we're going to experience until we go. When I was in medical school I read about this Kamuzu skin clinic in a journal. This is way before Google. And I wrote them to see if I could come and stay as a student. And long story short, it ended up working out and I was there for about six weeks. I don't think I've had a more profound experience just being in this country and seeing a whole different way of life and getting to participate in the simple care.

As you mentioned, when we would go to these outlying villages and see dermatology patients, they would come with paper and we would put ointments in a paper cone and that was how we dispense them. And most of the things we could treat with really basic ointments and paste, there was no cortisone. There were very few antibiotics.

And the good thing about this clinic was that they had a Danish dermatologist who was teaching the local medical officers dermatology. So, when she left, they could take over. And the whole experience being in Malawi was magical.

AM: It's amazing.

HF: It's hard to even really describe what it was like.

AM: You're right. You just almost have to go and be wholly aware that you're really basically doing it for yourself. I think with a one shot deal like that, although honestly my nonprofit, I do it for them too, but I am so fulfilled by what I do. I'm so lucky for that. But it is an experience that helps us open our eyes to the larger world while also learning that we have an information and skillset that's very widely applicable.

The other thing that we have to realize when we go do this work is that we are not the experts. That whole Doctor as God thing really doesn't apply in global health. That we are the students and that those people are very smart. Just because they don't have a formal education doesn't mean they're not really smart. They oftentimes know what's wrong and what to do about it.

There's so much guidance that we can learn from ingenuity and resourcefulness and just the fact that people are making it through a life like that. It's just an honor to be able to help simplify treatments and make accessible information that is going to really help them a lot, change things.

Skin illnesses, I treat those all the time. People just don't understand what an infection is, what it looks like, because they've been told otherwise. They don't know that granulation tissue is healthy. They sometimes think that's unhealthy because it's red, it looks like it's bleeding. There's so many things that people just don't understand. Wrap up that cut, let's tape it all up with a white paper tape and it's plastic tape on top of that, leave it for three weeks. And they don't know that when you take the bandage off and the skin's all white and plasticy and underneath there that that's to be avoided.

So you teach them and they go, "Oh wow, that's awesome." And then the first little kid that gets better from best practices that you've just taught, then you've got the buy-in and you can start to change the way the culture addresses that issue.

HF: Yeah, there's so many different roles that we could potentially have when we're working abroad. Sometimes they hear of physicians going, especially if they're surgeons on these trips and they're doing surgeries from early in the morning to late at night, they're working very hard and then they get on a plane and they leave.

Can you talk a little bit about how someone might even think about, what do I really want to do if I go and volunteer and how do I know if this setup is really going to be me just in the OR all the time? Or am I even going to be participating in my surroundings and learning a little bit about the culture?

AM: Well, a couple things on that thing. Thing one is I do think that one and done surgical interventions, what did we call them? Anatomical corrections are miracles in the flesh and it's fantastic for people to be able to do that. I'm a strong advocate of that kind of community.

Number two is that you can't be like, "I don't want to do this" when you get there. It's just going to get handed to you. We don't have the power. And so, maybe you don't get

to go sightseeing on the day that you wanted to because there are 300 patients who need to be seen and you're the person to do that.

The flip side of that is that you don't have to provide beyond your ability to do it. If it's time to call time, I'm done, I've done enough cataracts, I need to stop and sleep, you're allowed to say that and protect yourself and that's totally fine. But I wouldn't expect a medical trip that's short to also be a broad cultural experience because people are going to desperately want you to do the one thing.

We always go on a needs assessment before we go and do our actual project. And I rarely tell people I'm a doctor. I don't wear scrubs because if that came out that I was a doctor, the next door I walk through, there'd be 10 people waiting to see me. I work very hard to sort of camouflage that so I can see what the culture is like a little bit more without my presence affecting the culture.

HF: What sounds like makes sense is if you do want to have some sightseeing and see the country some more is just schedule some extra time either before or after the trip and not expect to have a lot of time while you are boots on the ground.

AM: Absolutely. And also that's a pro tip. Do it after the trip. Don't do it before the trip. Go have your mind blowing experience and work your tail off and make sure you keep your feet clean. I've got a little list of things you should do to keep yourself safe and then afterwards you're going to need to rest anyway. And so, it's a great chance. Everywhere I'm in Africa, the safaris, they are unbelievably fantastic, but Cambodia has got the incredible temples. Every place that we go, there's something there that just makes you humbled and in awe.

One of the people that I work with, the first time I went there I was working in a horrible slum called Mathura just outside of Africa. And it was awful. And there were so many people that needed to be seen in about the fifth day of the trip, the guy I was working

with said, “Hey listen, we need to go on a safari.” And I'm like, what are you talking about? There's so many people here, I got to keep seeing patients. He's like, “There are always going to be so many people, let's go do this. I want you to know why it's worth it.”

And we went on this trip up, my oldest son was with me. And it was incredible to see Maasai and all the species of animals coexisting so beautifully and the nature. That's much more accessible to people with vehicles in remote poor countries. I don't want to call them third world, we're not allowed to do that anymore. But the terminology always changes.

HF: Right, right. And we often are having this feeling that we have to be productive and I think we can shortchange ourselves sometimes on just having vacation. So, this doesn't have to count as your vacation.

AM: No, it won't.

HF: It doesn't have to.

AM: It's not a vacation. Whenever anybody comes with me, they are just astonished at how hard the work is. But that's because I view this as work. My mission is to teach people as much medicine as I possibly can wherever I go. So when I wake up in the morning, I'm ready to go. That's what I want to do.

Also, it's such a universal topic. That's something else that's cool about it. It doesn't even matter who we're talking to. It can be the taxi driver or the school teacher or a nurse or your interpreter, whatever. You can teach so much medicine to everybody. And that's cool.

I think that's another thing about the place that you go is to make sure that you create or that it already is a teaching opportunity and find the person who's not necessarily going to be a doctor. It probably actually won't be a doctor. It's very difficult for physicians to exchange information with other physicians because of the cultural ethics around admitting any kind of ignorance when you're in a position of authority in a lot of other places in the world.

But people like nurses and community health workers who are used to being told what to do, they are much better recipients of information. So find your person that you're going to teach. Find your nurse or your student or your interpreter and just teach them as much as you possibly can while you're working.

HF: That is such a great point. I wouldn't necessarily have thought of that. Now if there's someone listening who's transitioned into a nonclinical role and they still have their active license, but maybe they've been out of clinical care for a year or two, could they still go on one of these trips?

AM: Absolutely. I often get told by people they don't think they have the right skillset and they get there and they find out that they do. However, it's really important to not practice beyond your clinical abilities. For example, if I was forced to deliver a baby, if I was truly the only one there, I would do it. But I am not the best person to do it. If there's a midwife there who does deliver babies all the time, she should be doing it. So, you don't want to offer your services in an area where you really don't have good experience. That's very important. A lot of times people say, “Oh, a medical student can go to Thailand and practice delivering babies.” And that's awful. Are you kidding me? People in Thailand deserve excellent healthcare. They don't deserve medical students practicing. So, that's the kind of ethical thing that you can slip into on accident.

HF: Do you need to have some type of malpractice insurance?

AM: You actually don't in the rest of the world. Suing is almost uniquely American thing and people don't sue each other in areas where they don't have enough money to get dinner. So, you don't see that. And you do have to have malpractice if you're going to practice someplace in the state for a volunteer position. In the states, in the United States.

But overseas the Good Samaritan laws are pretty broad. A lot of times, that's another thing I guess in checking out the clinic. Depending on where you're going, for example, in Uganda, I have to work under the auspices of an actual physician, but in Kenya I don't. It's okay for me to be in Kenya as a standalone doctor, but it's not okay in Uganda. Just by coincidence.

So I make sure that I've got that connection. I always make sure I have a connection. You want to do this above board as possible. It's very important to make sure that everything's legitimate, which I think if you go to a clinic that's used to hosting physicians, then you're in pretty good stead there.

HF: Now you read a couple of books that you wanted to recommend. Would you like to mention those?

AM: Absolutely. One of my very favorite books, this is kind of a list I give my interns and students is called When Healthcare Hurts. And it talks a lot about the ethics of American providers coming in and assuming that we know all the answers and that we are making sure that we don't give people things that they can't continue to do themselves. It's really important. There's a lot of stuff there around. Don't give away your own medicines because they typically can't get that. In another podcast I'll tell you some stories about having seen that in action. That's a great book that sort of awakens you to some of the ethical dilemmas.

There's another one called Half the Sky, which talks about women's roles in low resource communities and countries around the world. A very, very important book to get a sense of some of those cultural things.

In terms of references for a physician, my two absolute must-haves are Where There Is No Doctor, which is written by Hesperian Health. And the Oxford Handbook of Tropical Medicine, which is literally all of medicine in a tiny little book. And you can look up everything from malaria treatments, to dengue analysis, to how to deliver a baby, to what different kinds of edema mean. Is it a malnutrition or hypertension problem? So it's a great resource to have with you wherever you go.

HF: Excellent. And some of those sound familiar to me. I will make sure to link to those in the show notes. It's getting close to wrapping up time, but I want to share some resources, so we're going to take a quick break, then I'll be right back and I have a question for you, Ann.

My dear listeners, I wanted to tell you about another freebie that I have on my website. If you go to the freebies tab at the top of the page for doctorscrossing.com and scroll down, there is a guide on telemedicine companies. If you're interested in doing some telemedicine, maybe on this side or as a part-time or full-time employee, there's a long list here and you can check them out and see what might be a good fit for you. There are new telemedicine companies coming online all the time for many different interesting specialties and niches. So check them out. That's under the freebies tab at doctorscrossing.com. Now back with our lovely guest Dr. Ann Messer.

Ann, something that I've been thinking about as you've been talking is we've been discussing, "Ah, this is one way you might be able to remedy your burnout and see why you went into medicine in the first place." Well, have you seen it happen where someone goes abroad and you have this great experience and you feel like you're really a doctor and people are really grateful and it can almost make it worse to come back

here and have a different patient population and make those feelings even more amplified?

AM: Oh, interesting good question. I think for me, the process of teaching internationally to people with basically no health literacy, I find that a fascinating intellectual puzzle. And so, it has so improved my ability to look at somebody sitting across from me in America and suss out a way to describe a health condition and their role in its treatment or lack of treatment. That puzzle has continued to intrigue me, even with a person with a different cultural milieu that I'm now figuring out.

For me personally, that hasn't happened, but I would think that in some ways it could certainly make our silly requirements and administrative ridiculousness and EMRs and all those things seem even more crushing. But I do think that it raises the patient physician interaction in priority because that's all there is in low income countries. I think you would have to search for ways to draw the bridge from one experience to the next to make it a positive thing for you.

HF: That is a fascinating answer, Ann. It makes me think about how so many physicians tell me they love to teach and many of us have an inner teacher. And that can go with you wherever you are and you can find, like you said, what the essence is in that relationship for that person. So, that is a fascinating answer. Thank you for that.

AM: Oh, absolutely. The essence of medicine, of teaching medicine is what is the illness or condition? Why do we care about that illness or condition and how can we do something to protect ourselves from the effects of that illness or condition? And if you teach people those three things, then you're empowering them because if they really understand that, then the decisions that they're making for their healthcare are not just following a long laundry list of prescription bottles that they have to open at the right time. They know why they're taking the diuretic and they understand how the H2

blocker works on an empty stomach instead of after dinner. And that's empowerment and that's what we all need to make better choices in our life.

HF: That is so true. That's kind of the word of the year, I think is empowerment. It's such a good one because they are no longer victims, whether we feel a victim of the healthcare system or a victim of our childhood or whatever it is, no one needs to be a victim.

AM: And that's a cool thing that we can share with our patients because a lot of times they are victimized and how nice it is that we can give them one little way to not be so victimized by this whole crazy health situation that they're in. They're stuck in it just as much as we are.

HF: Yeah, absolutely. Absolutely. Well, Ann, this has been lovely and we'll have to meet at the Waterloo sometime.

AM: I'd love to meet you.

HF: Thank you so much for coming on the podcast.

AM: Oh, thank you Heather. It was really, really fun and I really wish you success in everything you're doing. It's fantastic that you're out there doing this great work.

HF: You too, Anne. Maybe some folks will reach out to you to come and volunteer with One Good Turn.

AM: That sounds great. onegoodturn.org. That's us.

HF: Okay. We'll link to that for sure. Great. Thank you so much for listening. I love having you here. Please send me ideas for future podcasts. I'd love to hear them. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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