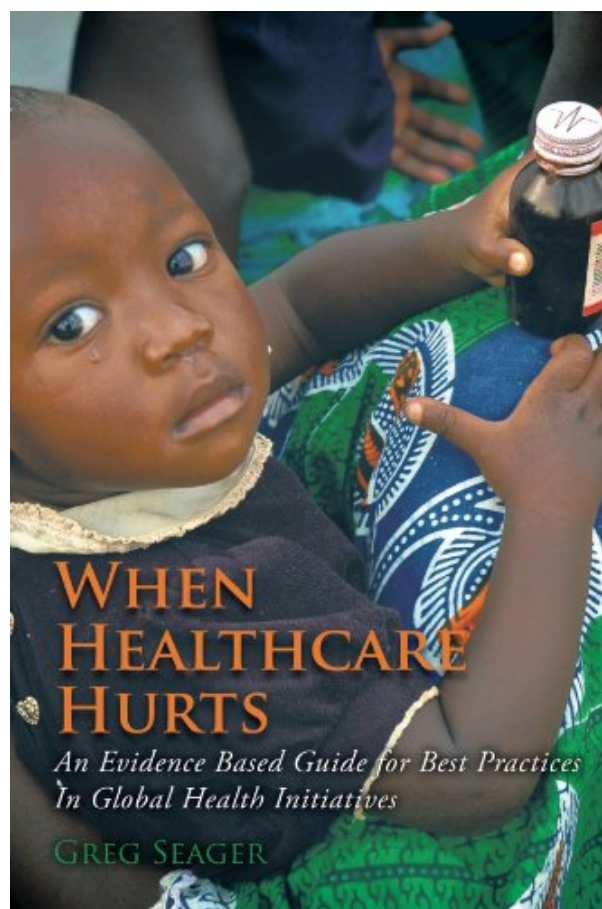
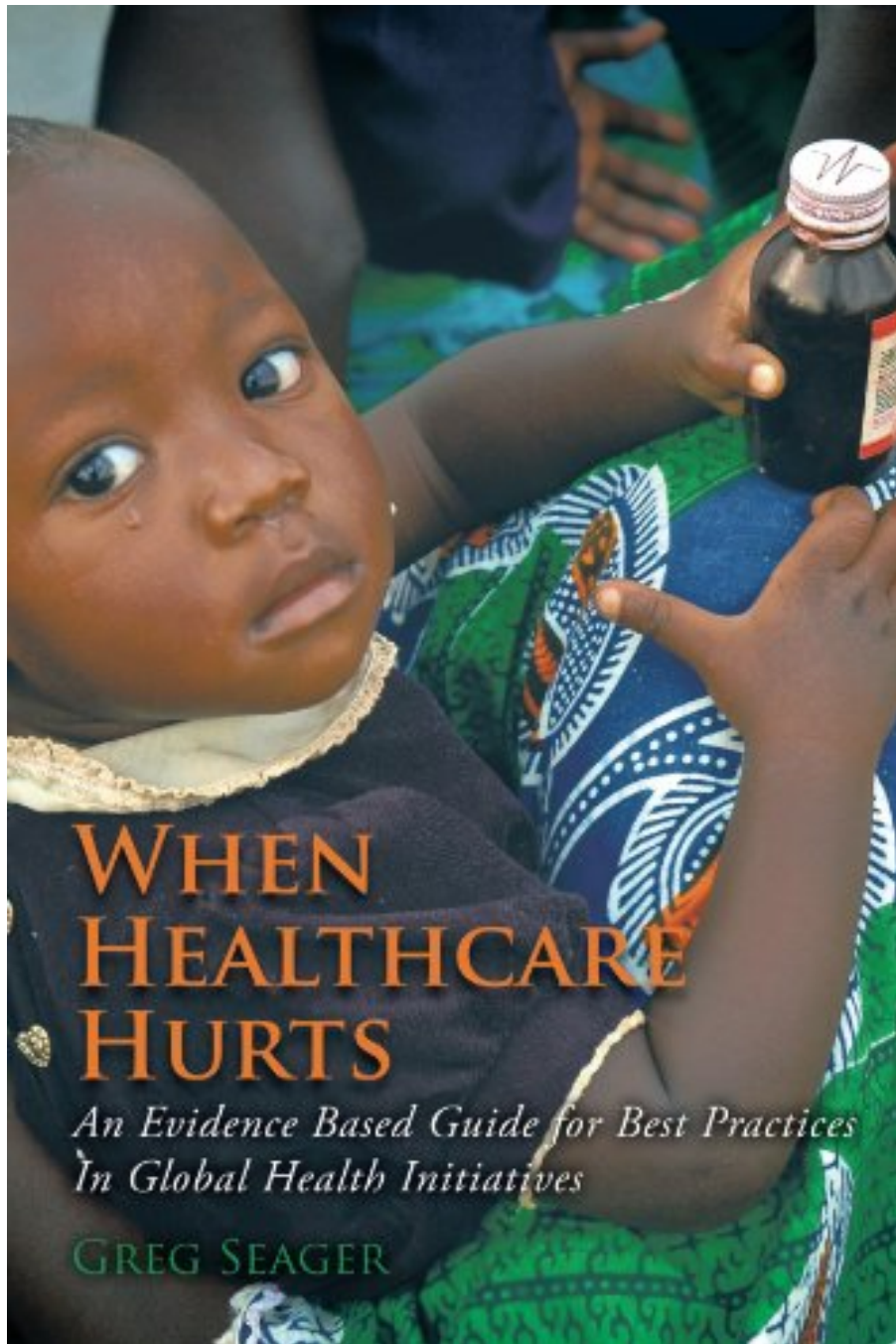


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Greg Seager is the Chief Executive Officer for the Christian Health Service Corps, an interdenominational, exclusively medical, long-term missionary sending organization. He also serves as a founding board member for the Center for the Study of Health in Missions. Greg did his undergraduate nursing work at the University of New York Suny and Florida Atlantic University. He did his Graduate work in nursing and healthcare leadership at The George Washington University School of Medicine and Health Sciences. Greg and his wife Candi both have extensive backgrounds in global health programming. From 2004 to 2006 they served as co-director of Mercy Ships Strategic Health Initiatives, the department that designed, monitored, and evaluated Mercy Ships long and short-term global health initiatives. Greg and Candi have worked for more than a decade personally and professionally to develop patient safety programs for global health, and program models that would facilitate long-term development programs. Prior to serving with Mercy Ships Greg and Candi worked with a Miami based relief and development organization overseeing their global

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Any and all proceeds from this book are used to support the work of Christian Health Service Corps missionaries serving in hospitals and health programs around the world.

- Sales Rank: #588822 in Books
- Brand: Brand: AuthorHouse
- Published on: 2012-06-18
- Original language: English
- Number of items: 1
- Dimensions: 9.00" h x .74" w x 6.00" l, .96 pounds
- Binding: Paperback
- 296 pages

Features

- Used Book in Good Condition

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9 of 9 people found the following review helpful.

Excellent book about medical missions in underdeveloped countries

By Paul Wills

This is an excellent book, and I think it should be read by every healthcare worker who participates in medical missions in underdeveloped countries. It is beneficial for anyone working with medical missions, either religiously affiliated or a mission that has no religious affiliation.

I have participated in many medical missions in the Dominican Republic and Haiti. Primum non nocere (first, do no harm) is something that is often ignored. With an altruistic desire to alleviate suffering in

underdeveloped countries, physicians and nurses sometime ignore that there are many ways that people can be harmed by delivering healthcare in a country without being fully aware of potential negative ramifications. I have seen physicians who have with the best of intentions practiced medicine in developing countries and done things that are beyond their area of expertise, sometimes with disastrous results. In many cases, medical mission teams wrongly assume that there are no healthcare options for patients in areas where the medical mission is delivering healthcare; whereas, there actually is healthcare available. North American physicians and nurses are also often unfamiliar with prevalent healthcare problems in the area where they are practicing on a short-term mission.

Here are some of the things that the book talks about that I found particularly helpful:

- * Medical missions should not emphasize the number of patients seen rather than the quality of care given. Defining success by quantity of patients seen, not the quality of the care given, will not produce lasting beneficial results.
- * It is absolutely essential to work with the healthcare delivery system in place in the country.
- * Don't be patronizing to patients that you are delivering care to.
- * It is essential to understand how cultural beliefs and practices affect how healthcare is delivered.
- * Resource-poor area medical practice is very different than practicing in a high-resource area. It is important to take this into consideration. Physicians and nurses often fail to take this into consideration, and this limits their effectiveness.
- * It is difficult providing healthcare in a different language and in a different culture. If you don't speak the language or know the culture, this can be a tremendous source of miscommunication and harm. At the least, excellent translation is essential.
- * There can be a false belief that no healthcare exists in the area where medical missions are planning to work.
- * It is absolutely essential to work with the healthcare delivery system in place in the country
- * "No one wants to go to a local doctor when they can go to a gringo doctor. Everyone thinks gringo doctors are better." This is a sentiment that I have encountered before. It is essential to work with, not in competition with local healthcare providers. Short-term health programs can adversely affect local healthcare providers by hurting them financially and subverting their authority in the community. People don't want to pay for healthcare when they can get free healthcare. Short-term medical missions should work to support, not to harm, local healthcare system. There are excellent ideas in the book as to how to work with local healthcare providers rather than against them. If you don't have a good relationship with local healthcare providers, there is little hope of your project being beneficial.
- * Providing relief in situations that call for development impedes development and in that way can cause harm.
- * It is important to determine who the stakeholders in the community are and to work with them. He stresses the importance of local ownership and bottom up planning.
- * A good way for short-term missions to be effective is to launch or assist health program that will be continued by local community or local healthcare workers.
- * Provide a copy of medical records to local healthcare workers if at all possible.
- * Practice only within ones scope of practice - don't do things you don't do at home.
- * Pay close attention to medications given to patients. Don't give meds that are not available in the area. Know the country's pharmacy dispensary laws and respect them. If at all possible, use a local pharmacist.
- * Patients who get medication from medical missions frequently share medication, sometimes resulting in unintended consequences.

I read this book on my iPad, and this had advantages and disadvantages. The advantages include being able to quickly look at links that hyperlinked; I loved that. There are a remarkable number of great resources. The

disadvantage is that I found myself forgetting abbreviations and having to go back and look them up. My only complaint with the book is that there were too many acronyms. The acronyms times can be confusing.

The bottom line: This is an excellent and thoughtful book. If you are going on a medical mission, read this book before you go. And be sure to write down the acronyms as you encounter them.

2 of 2 people found the following review helpful.

Absolute must-read for any doctor doing short-term missions, secular or otherwise

By Carolyn Klaus

I got hooked in the first chapter, when the author recited a one-page story of an infant that died of a Tylenol overdose a week after the team went home. The portion of this book on patient safety is alone worth far more than the price of the book. I've led medical mission teams, and been vaguely uncomfortable with a lot of the loose strings we left hanging. How I wish I'd had this book first. And there is a lot more of value, particularly the parts about relationships with local providers. I'm buying a bunch of these books and giving them out to all my internationally minded colleagues.

Carolyn Klaus, M.D.

1 of 1 people found the following review helpful.

A Necessary Read for Medical Mission Work

By Cheryl Dalton

This is one of the best books I have read to prepare for any short term medical missions. I downloaded to kindle which actually had a great advantage. The book is thoroughly referenced and all the references can be hyperlinked to the original references. I plan to continue to study the references and the book prior to making any future short term medical missions. I give this resource my highest recommendations. It should be required reading for anyone planning on short tee missions!

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