

Health Care Voluntourism: Addressing Ethical Concerns of Undergraduate Student Participation in Global Health Volunteer Work

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Abstract The popularity and availability of global health experiences has increased, with organizations helping groups plan service trips and companies specializing in “voluntourism,” health care professionals volunteering their services through different organizations, and medical students participating in global health electives. Much has been written about global health experiences in resource poor settings, but the literature focuses primarily on the work of health care professionals and medical students. This paper focuses on undergraduate student involvement in short term medical volunteer work in resource poor countries, a practice that has become popular among pre-health professions students. We argue that the participation of undergraduate students in global health experiences raises many of the ethical concerns associated with voluntourism and global health experiences for medical students. Some of these may be exacerbated by or emerge in unique ways when undergraduates volunteer. Guidelines and curricula for medical student engagement in global health experiences have been developed. Guidelines specific to undergraduate involvement in such trips and pre-departure curricula to prepare students should be developed and such training should be required of volunteers. We propose a framework for such guidelines and curricula, argue that universities should be the primary point of delivery even when universities are not organizing the trips, and recommend that curricula should be developed in light of additional data.

Keywords Developing world · Global health · Resource poor · Service trip · Students · Volunteer · Voluntourism

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Introduction: Global Health Service Trips

Over the past several decades, the popularity and availability of global health experiences has increased, with organizations helping groups plan service trips and companies specializing in “voluntourism,” health care professionals volunteering their services through different organizations, and medical students participating in global health electives (Wallace 2012; Asgary and Junck 2012; DeCamp 2011). Voluntourism refers to activities in which “tourists ...volunteer in an organized way” and “undertake holidays that might involve aiding or alleviating the material poverty of some groups in society, the restoration of certain environments or research into aspects of society or environment” (Wearing 2001, p. 1). It is used only descriptively here, though sometimes it is used pejoratively. Much has been written about global health experiences in resource poor settings, but the literature focuses primarily on the work of health care professionals and medical students. This paper focuses on undergraduate student involvement in short term medical volunteer work in resource poor countries, a practice that has become popular among pre-health professions students. We argue that the participation of undergraduate students raises many of the ethical concerns associated with global health experiences for medical students, but these may be exacerbated or emerge in unique ways with undergraduate participation. Guidelines and curricula for medical student engagement in global health experiences have been developed (DeCamp et al. 2013; Crump and Sugarman et al. 2010; AFMC 2008; AAMC 2011; Finch et al. 2011; Deonandan et al. 2012). Guidelines specific to undergraduate involvement in such trips should be developed and such training should be required of volunteers. We propose a framework for such guidelines and curricula. We do not offer here a developed curriculum, which should be informed by additional research. Here we demonstrate the need for such curricula, argue that universities should be involved in developing and delivering such curricula, and identify the main issues that such curricula should address.

The discussion of global health volunteer work should be understood in the context of a broader conversation about volunteerism and voluntourism. We have witnessed a growing emphasis on promoting “social responsibility,” including corporate sponsorship for volunteer work, e.g., company volunteer days, and the growth of “alternative tourism” or “responsible tourism” (Sin 2009; Krippendorf 1999). One form of alternative tourism is voluntourism. This practice has become popular in many countries, including the USA, Canada, Singapore, Australia, New Zealand and throughout Western Europe. Voluntourists may arrange their travel through a range of organizations, including private companies, charities, schools, religious organizations, and NGOs (Guttentag 2009). The goals of volunteers and the groups that organize their travel are complex. The stated purpose of volunteer work at home or abroad typically involves altruism aimed at improving the lives of others, and many also note that it offers an opportunity for personal growth and development (Sin 2009; McIntosh and Zahra 2007). With voluntourism activities and service trips, however, additional motives might include the desire to travel, the desire for self-gratification, and for some the desire to build a resumé (Guttentag 2009; Fischer 2013).

Many have hailed the benefits of voluntourism both to local communities and to volunteers (Wearing 2001; Gunderson 2005; Conant 2007). However, others question the benefits or raise concerns about negative consequences associated with such work (Guttentag 2009; Sin 2009; Sin 2010). Guttentag summarizes these concerns: “a neglect of locals’ desires, caused by a lack of local involvement; a hindering of work progress and the completion of unsatisfactory work, caused by volunteers’ lack of skills; a decrease in employment opportunities and a promotion of dependency, caused by the presence of volunteer labour; a reinforcement of conceptualisations of the ‘other’ and rationalisations of poverty, caused by the intercultural experience; and an institution of cultural changes, cause by the demonstration effect and actions of short-term missionaries.” (Guttentag 2009, p. 537). We should expect that health related short-term volunteer work in resource poor settings will involve similar concerns.

A number of suggestions have been made regarding ways to avoid the problems associated with such service work. These include proper planning, collaboration with local communities to determine what services are needed and which will be valuable, and ensuring that volunteers see the experience in the proper light, i.e., as a learning process (Guttentag 2009). We identify specific problems that emerge when undergraduate students participate in health related global health experiences and propose an approach to avoiding these concerns.

Undergraduate Student Engagement In Health-Related Volunteer Work In Resource Poor Settings

Global health has been introduced in medical school curricula over the past several decades, and many medical schools offer global health experiences to their students. The number of medical students and residents expressing an interest in and choosing to participate in a global health elective has increased steadily over the past three decades (DeCamp et al. 2013; Clem and Green 1996; Suchdev et al. 2012; Howard et al. 2011; Anderson et al. 2012; Powell et al. 2007; Anspacher et al. 2011). In 2012, 30.4 % of all graduating medical students in the United States had participated in some form of short term medical work, a number that has remained constant over the past several years (AAMC 2011). Global health experiences can be a rewarding experience for the participants and, many claim, the recipients (Rekart et al. 2003).

A number of undergraduate global health programs exist, and many pre-health professions students are interested in volunteering in resource poor countries (Battat et al. 2010). They are eager to help and to try their hands in the clinical setting. The demand for medical attention in the global south attracts pre-health professions students wanting to (1) make a difference and help others and (2) participate first hand in health care delivery in ways they are not able to do in the U.S. (Wallace 2012; Banatvala and Doyal 1998). Many students also seek to (3) make themselves more attractive medical school candidates, especially when such projects are advertised as resume builders (Projects Abroad Inc. 2013; Frontier 2013; Bishop and Litch 2000; Bezruchka 2000; Van Tilburg 1995; Roberts 2006). Data

documenting how many undergraduate students participate in volunteer experiences and what they do on these trips are unavailable. Anecdotal evidence suggests that a substantial number of undergraduate students participate in a wide range of global health volunteer activities. Despite their good will and their interest in health care, undergraduate students are not health professionals (with a few exceptions, such as students who may be trained as certified emergency medical technicians).

Global health experiences raise many ethical and practical concerns, regardless of whether the volunteers are undergraduates, health professions students, residents, or seasoned health professionals ([Bishop and Litch 2000](#)). These are summarized in [Table 1](#).

- (1) Student volunteers who misunderstand their roles and goals, such as those who think that “doing something” in the face of extreme poverty is better than nothing, or those who are unable to recognize what local health providers do offer, may have difficulty limiting their activities or demonstrating respect for host communities and local health care professionals. Their zeal may be patients’ worst enemy.
- (2) Language and cultural barriers may interfere with respectful engagement ([DeCamp 2007](#); [Pinto and Upshur 2009](#); [White and Cauley 2006](#)). Miscommunication may lead to offense, mistrust, or misdiagnoses, such as a volunteer who recommends the use of birth control or condoms without an understanding of the cultural context ([Pinto and Upshur 2009](#)). Undergraduate volunteers may be at especially high risk for dealing inappropriately in the face of such barriers because they are less likely than medical students or health care professionals to have had an introduction to cultural competence education. Even clinicians who have not been educated formally in cultural competence are more likely than many undergraduates to have had experiences that shaped their understanding of working with other cultures or recognizing the significance of such differences.
- (3) Work in resource poor settings may raise questions and require decisions concerning ethical issues that volunteers/students have never considered and may be unprepared to address, such as what to do when they observe a traditional healer using health practices that seem useless, at best, or dangerous to the westerner ([Wall 2006](#); [Pinto and Upshur 2009](#); [Elansary et al. 2011](#)). Skilled health professionals volunteering in resource poor countries may be unfamiliar with conditions common in an area and may not recognize or know how to treat them, they may be unfamiliar with how to diagnose and treat patients when faced with significant resource limitations, and they may not have the skills needed at a given time ([DeCamp 2007](#); [White and Cauley 2006](#); [Pinto and Upshur 2009](#); [Asgary and Junck 2012](#); [Jesus 2010](#)). For example, Lewis Wall describes the problems faced by skilled surgeons accustomed to repairing fistulas in the developed world when they attempt these important surgeries in resource poor settings ([Wall et al. 2006](#)). Undergraduate students certainly will not be prepared for such diagnosis and treatment scenarios. Moreover, because undergraduates are less likely than health care professionals or even medical students to have faced

Table 1 Ethical issues to address in training undergraduate student global health volunteers

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1. Purpose and underlying motivation for participating in this specific volunteer experience
 2. Language and the importance of communication in relation to cultural differences and attitudes; cultural competence
 3. Evaluating new situations, questions, and decisions on the ground; attitude toward beliefs and values; resource limitations
 4. Burden, waste, and disruption of local services; anticipation of experience and acting beyond qualifications/training; participation in unsustainable medical practices in avoiding harm to patients
 5. Human research
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unusual clinical situations in which they were “stumped” and had to learn to react appropriately and explore options, undergraduates may be more problematic in these cases. The problem of not knowing what one does not know with respect to medical diagnoses is likely to be more pronounced among undergraduates.

- (4) The presence of volunteers can burden communities and even lead to wasted resources ([Ramsey and Weijer 2007](#); [Chu et al. 2011](#)). Consider the situation in Haiti following the 2010 earthquake. So many international volunteers wanted to render aid “on the ground” that basic supplies, such as clean water and fuel, were in very short supply and there were significant delays in providing assistance to those whom they wanted to help. Sometimes other forms of aid, such as money or improved prenatal care and nutrition that would decrease the incidence of congenital malformations, would provide greater overall benefit to a community ([Langowski and Iltis 2011](#); [Montgomery 1993](#)). Short-term “fixes” might be offered and in fact benefit individual recipients, but overall the community would benefit more from other types of assistance, such as education of local health care personnel. Moreover, volunteers can disrupt local health care services and even harm individuals ([Crump and Sugarman 2008](#)). Local providers may be displaced by the free services volunteers offer. Community members may stop seeking treatment from local providers and wait for the next round of free care, harming the local providers and possibly leaving patients worse off because they delay medical attention. The services provided often fail to yield sustainable and tangible benefits to communities ([Montgomery 1993](#)). A community might, for example, become more dependent on outside assistance than it otherwise would be, leaving it unable to meet its own needs. Or, volunteers may be uninterested in providing the services that would truly benefit a community long-term, such as education, because they prefer the thrill of knowing that they “fixed something” or helped an individual ([Montgomery 1993](#)). There is a special risk when undergraduate students are in these circumstances because this volunteer experience may be the first time that they think they can truly participate in health care delivery. Eagerness and good will may be more problematic because of their great desire to “do something.” They may not appreciate the fact that “low tech” contributions such as basic health education may be more important and needed than hands-on patient care.

- (5) Student participation in volunteer efforts raises these concerns as well as others. In some cases, medical students and undergraduates alike might not explain clearly to patients that they are students and not health care professionals (Roberts 2006). Or, when someone else refers to them as “Doctor,” they may not know how to correctly establish their identity or the importance of doing so. Students may find themselves in situations in which they engage in activities beyond their qualifications, such as delivering babies, suturing wounds, or pulling teeth (Ramsey and Weijer 2007; Banatvala and Doyal 1998; Fischer 2013; Shah and Wu 2008; Levi 2009; White and Cauley 2006; Radstone 2005). This can be dangerous for both the volunteers/students and patients. For example, an untrained volunteer is more likely to get a needle stick than a trained professional. Yet many students take the opportunity to participate in procedures that they would not be allowed to do in their home countries given their current level of training or lack thereof (Levi 2009). They may do this for various reasons, but some might believe that offering something is better than nothing. This can lead students to assume excessive risks and expose patients to risks of harm (Wallace 2012; Shah and Wu 2008).

In some cases, volunteers/students could knowingly or unwittingly end up engaging in human research, an activity that carries with it separate ethical obligations (Pinto and Upshur 2009). If they are not prepared for such activity, they could end up violating basic requirements for the ethical conduct of research (Mystakidou et al. 2009). Undergraduates in general are more likely than medical students and health care professionals not to know research when they see it.

Preparing Students For Global Health Experiences In Resource Poor Settings: The Role Of Colleges And Universities

Over the past several years, different curricula have been proposed to address the work of medical school students in global health electives or service trips in the developing world (AFMC 2008; Crump and Sugarman 2010; Lahey 2012; Bateman et al. 2001). While they vary in complexity and manner of implementation, they all address the central issue of preparing often under-qualified individuals for participating in the ethically complex and often ambiguous health systems of resource poor countries (Shah and Wu 2008; Pinto and Upshur 2009; Global Health Training Education Consortium (GHTEC) 2011; Zuckerman 1998; Izadnegahdar et al. 2008). Despite the attention given to medical students participating in global health experiences, little attention has been placed on the ethical issues regarding undergraduate student participation in short-term health related volunteer work in resource poor countries and the preparation such students need (Wallace 2012).

Much like medical schools have assumed responsibility to prepare trainees going abroad to engage in health-related work, universities or other organizations facilitating undergraduate involvement in short-term medical volunteer work ought

to provide pre-departure training to students and work with host organizations to ensure appropriate preparation and participation of students. Training undergraduates in a university setting may be more complicated than training medical students. Often medical students participate in global health electives as part of their medical school curriculum or are involved in programs organized and led by medical school faculty from a single institution. Pre-departure training and coursework can be required as part of the medical school curriculum. Undergraduates, on the other hand, often are involved in programs organized by through a university student group but that are not part of their course or graduation requirements or in programs organized independently of their university. Volunteer groups may consist of students from a single university or multiple universities. Even when all of the students are from the same university and students organize trips through campus networks, they may not be sponsored by the university or under its authority. This makes it difficult for universities to require pre-departure training or other oversight. Nevertheless, insofar as undergraduates (a) engage in health-related volunteer work in resource poor settings identifying themselves as students of a particular university or (b) coordinate, advertise, or raise funds for such activities using university resources, universities have an interest in ensuring that they are participating in appropriate trips, have proper training, and behave ethically.

The idea that universities may establish expectations regarding student participation in activities that are not university-sponsored is not new. There is precedent for universities adopting programs out of concern for students' activities that are both off-campus and not university-sponsored or sanctioned (e.g., off campus parties or housing arrangements). Much like universities attempt to monitor or prepare students for such activities and promote student safety and well-being, universities have a legitimate interest in what their students do when they serve as volunteers, especially when students identify themselves as students of a particular institution.

There are four main reasons for which universities ought to take a lead in attempts to educate all students who participate in global health volunteer trips. First, there are important issues at stake in undergraduate participation in health related volunteer work among the global poor. Universities often take on issues because they are important, such as off-campus alcohol consumption. Second, undergraduate student groups may use campus networks and the university name in organizing, financing, and planning their trip. This means that a university's reputation can be affected by students' activities. There are other examples where reputation or an interest in good public relations motivates universities to address off-campus issues, including mundane things like students parking cars in neighborhoods near a campus. The possibility of its undergraduates endangering themselves or others by attempting to "play doctor" or deliver services they are not trained to deliver merits a university's attention. Third, universities often see themselves as playing a role in educating students to be members of the global community. Responsible participation in short-term health-related volunteer service in resource poor countries is very much in keeping with this commitment. Where possible, universities should require participation in a training program to maximize

the impact of such programs. Fourth, students need such training and there does not seem to be a more plausible entity to help educate students in this regard.

Preparing Students For Global Health Volunteer Work: Areas For Education

We propose a framework for developing pre-departure training for undergraduate students engaged in short-term health-related volunteer work in resource poor countries. Our proposed framework is based on (1) awareness of the ethical issues raised by undergraduate participation in global health volunteer work in the literature and our analysis presented here; (2) discussions with students who have participated in such programs; and (3) the guidelines that have been developed for medical students and health care professionals pursuing global health work. In addition to health and safety concerns pertinent to any student traveling abroad, pre-departure training should address the major areas of ethical concern identified above (see Table 1). Such training should address:

The Purpose of Volunteer Trips

Volunteers' attitude, self-perception, and self-awareness matter (Crump, J.A. and Sugarman, J. and the Working Group on Ethics Guidelines for Global Health Training (WEIGHT) 2010; [Pinto and Upshur 2009](#); [White and Cauley 2006](#)). Students should reflect on the purpose of a proposed volunteer experience, their capacities, and their goals. A major concern associated with health related volunteer work in resource poor countries is the attitude with which volunteers approach the experience. If volunteers believe that (a) offering something always is better than nothing, (b) they or their group are truly going to change a community or be saviors, (c) what they have to offer is better than what local health care professionals or health promoters can provide, (d) volunteering in a different place is a great way to get health care experience, or (e) volunteering is a way to experience a new part of the world, they may not be suitable volunteers. Such attitudes and beliefs may impede respectful interaction in a community and lead to more harm than benefit. Humility and an awareness that volunteers are receivers and learners are important, and pre-departure curricula should foster such attitudes ([Pinto and Upshur 2009](#)).

Language and Culture

Cultural competence is important in providing health care at home and abroad (Beamon et al. 2006). Language and cultural barriers can hinder volunteers' ability to adequately assess their surroundings and behave and communicate appropriately. Failure to communicate effectively with patients not only can lead to misdiagnoses, but also can cause more harm than good in other regards (Wallace 2012). It is common for undergraduate students to have developed a broad familiarity with a specific language in their education. Yet, this kind of understanding fails to address the nuances of language and other forms of expression that can be important, particularly in communicating about health or other personal matters. To develop

this sense, volunteers must become familiar with local culture and understand how to adapt their communication to meet local standards. Improper communication with patients can make it difficult to obtain information and can lead to mistrust, which is essential in health care (Pellegrino 1991; Zaner 1991). For instance, in many developing countries, family plays an important role in the treatment of patients (Pinto and Upshur 2009). In such settings, demonstrating respect for the family will be especially important. Even simple norms such as how one dresses can evoke a sense of respect or disrespect. Someone from the U.S. traveling to a poor setting may think this is an occasion for “dressing down” and wearing old clothing that may be cast off. Yet a volunteer who appears anything other than professional may be seen as disrespectful (See Roberts’ (2006) account for an excellent description of this situation). Volunteers should be trained so that their interactions are productive and respectful. Such training should help them see whether it is inappropriate for them to volunteer in particular settings because they lack the necessary skills and knowledge.

New Circumstances and Resource Limitations

Many undergraduates participating in medical volunteer programs abroad may be traveling to a developing country for the first time. Unprepared for the poverty or other circumstances they find in a local community, student volunteers may face situations and decisions they had not anticipated and they may be unable to respond appropriately. For example, when working in areas with a shortage of health professionals, communities and organizations often resort to using medically untrained personnel to provide aid. Undergraduates entering in such an area may find themselves liberated from responsibilities that restrict their participation in medical work in the United States. In such a case, volunteers could find themselves in an unfamiliar position when asked to provide medical assistance such as in helping deliver a child or pulling teeth. Conversely, the lack of medical professionals can foster expectations of participating in such procedures and can serve as an underlying motive of choosing to volunteer abroad. These situations can be exacerbated when undergraduates have some level of prior medical experience that may make them feel qualified to work in such an environment. Having little or no familiarity of local beliefs, or having little or no respect for such beliefs, students may end up causing harm. A student who does not understand the stigma associated with a specific condition, for example, can render an encounter ineffective or worse (Adams et al. 2012).

It is important for undergraduates to understand that good intentions alone are not sufficient preparation or justification to volunteer. The trial and error involved in adjusting to and understanding new situations may involve a series of missteps that may insult or harm others in the community or burden hosts.

Issues of Burden, Waste, Harm and Sustainability

Improperly prepared medical volunteers can burden host agencies and communities and waste resources (Unite for Site Inc 2013). Student volunteers may think that

they are contributing financially and medically to a community because they often raise money to fund their travel and pay for their own expenses. They may be unaware of hidden costs to communities associated with their visit. In addition to direct costs, volunteers may interrupt community routines and interfere with local practitioners (Roberts 2006). Moreover, when students who are not trained and qualified to provide health care services attempt to do so, they may harm patients and adversely affect the trust a host agency has built in a community. Students should be responsible enough to be aware of and respect their limits, but they must be taught to do so. Eager students who see only poverty and need may not restrain themselves without being taught to do so. Students also should be aware of some of the larger concerns associated with short-term volunteer work and sustainability. For example, providing anti-inflammatory medications to a person with arthritis at best will offer temporary relief, but without sustained access to medications the drugs offer no solution. Worse, a person might have a serious reaction to a drug and be unable to receive further treatment. Roberts demonstrates how something as simple as giving parents vitamins for their children could harm children and communities (Roberts 2006). In some cases, it would be more helpful for students to provide financial resources to communities in the developing world than to use those funds to support their travel.

Providing students with tools to evaluate agencies and companies offering global health volunteer opportunities so that they distinguish good and bad programs is important. Students need guidance on what kind of experiences they should and should not expect, what kinds of supervision they should have, and how to evaluate whether the program is mindful of sustainability issues and engaged with the local community appropriately.

The Possibility of Engaging in Human Research

There is a great deal of human research that takes place in resource poor settings, some of which is aimed at addressing local health needs and some of which involves drugs to be marketed in other parts of the world. Student volunteers may not be aware that research is ongoing in a community and they may not be familiar with the ethical and regulatory obligations associated with research. Students may unwittingly participate in research. They may not understand their obligations or the research process, which could lead to a violation of research participants' rights or interests, harm to the student volunteers or research participants, or harm to the integrity of the research (e.g., protocol violations that might affect the integrity of the data). Inexperienced students are likely to be in no position to know whether or not a study serves the interests of the community or whether informed consent was obtained properly (Pinto and Upshur 2009). Students should be taught to know research when they see it, understand the importance of not participating in research when they are not trained members of the research team, know the basic tenets of research ethics, and have strategies for staying out of inappropriate participation in the conduct of human research. The point here is not that students routinely should be trained so that they can participate in research but rather that they should "know it when they see it" and appreciate the importance of adhering to the requirements

for the ethical conduct of research, which include not engaging in unauthorized research or research which one is not equipped to conduct.

Conclusion

In the face of increasing undergraduate student participation in global health volunteer work, colleges and universities are well-positioned and have a responsibility to educate students who may be involved in such service trips. Global health volunteer work raises a range of ethical concerns even when the volunteers are medical students or health care professionals. These issues can be especially problematic or can manifest in unique ways when undergraduates are involved. We identified the major categories of ethical issues that should be addressed in an educational program and argue that universities are in the best position to deliver such curricula. Although we have offered a framework for such education, we do not offer a fully developed curriculum. The development of curricula for undergraduates engaged in global health volunteer work should be informed by research involving a number of stakeholders, including undergraduate students, faculty and staff at universities (including those who teach bioethics, are involved in student life, and work with pre-health professions students), community stakeholders from representative places where student volunteers typically travel (including local health care professionals), and people with expertise in inter-cultural relationships and global health.

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