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When Medical Volunteerism Reinvents Your Career: A Physician's Experiences in Ghana

INVOLVEMENT WITH PROJECT HOPE AND US NAVY

Change and Challenges in the wind as 2008 comes to an end. The same is true when examining this month's ReachMD XM 160 special series - Focus on Global Medicine. We take a look at both the changes and the challenges impacting global medicine.

A call to help the world suffering, but who is listening. Welcome to the Clinician's Roundtable. I am your host, Dr. Maurice Pickard and joining me today is Dr. Michael Polifka. Dr. Polifka is an internist and an emergency room specialist, who does practice in New England and he now has just returned from Ghana where he was the Chief Medical Officer of Project HOPE Mission there.

DR. MAURICE PICKARD:

Thank you very much for joining us.

DR. MICHAEL POLIFKA:

I am very glad to be back.

DR. MAURICE PICKARD:

Could you tell me how did you get involved with Project HOPE?

DR. MICHAEL POLIFKA:

About 3 years ago, I had decided to segway out of primary care internal medicine and to take a much more, perhaps global view about our patient base and was interested in looking for Third World's volunteer opportunities, and quite circumstantially the Tsunami occurred, the world's worst natural disaster. I looked around for various opportunities to participate and was fortunate to be chosen by Project HOPE to be one of its members of the medical team to run a joint project with the United States Navy.

DR. MAURICE PICKARD:

When you were in private practice and you began to think about volunteerism, how did you begin to balance these what appeared to be 2 careers?

DR. MICHAEL POLIFKA:

I have been interested in volunteerism actually for quite sometime, probably 15 years ago I heard Leland Kaiser of the Estes Park medical futurist, as he calls himself suggest that we physicians shouldn't necessarily wait around for someone else to fix healthcare, but in fact that we should start locally and soon thereafter I actually initiated a school-based health clinic here in a local high school and was staffed completely by the volunteerism of physicians of my primary practice. That's what I could do at that time. I had a family, I had a practice, and that was the extent of one that I could do. Once my family was grown, my children were out of the house, I was then able to look beyond.

DR. MAURICE PICKARD:

When you began to think about Project HOPE or going to Third World countries, did you think about your own personal health that you will be exposed to illnesses and might not have the kind of medical support that you are used to in New England.

DR. MICHAEL POLIFKA:

I certainly kept it in mind, and I am well aware of the need to be careful in such areas, but I don't travel to those areas for the food, which very often you eat it at the local restaurant or on the street you might get sick, but I also carry a small little armamentarium of things to take care of myself and take care of other health providers that might be with me.

DR. MAURICE PICKARD:

Now that you have been in this career for a while, can you step back and say or tell me some of the rewards that you have received personally that you wouldn't have had otherwise?

DR. MICHAEL POLIFKA:

Well, I suspect many people who practice now in the United States become increasingly frustrated with how far we get separated from our patients from the real reasons why all of us went into medicine in the first place by the red tape, by the medical legal things that continue to separate us again more and more from those one-on-one patient interactions, and I can say quite enthusiastically that all of those reasons why we went into medicine in the first place they are there when I left my practice here and started practicing elsewhere in the Third World. It really is true, virtually 100% of patients are just incredibly grateful for what you can do for them whether you can cure them or not and many times you can't. The resources that one can bring may be better than what they have, but they are certainly not what we have here. There are no doubt of frustration that I feel when I can't treat someone as well as I would have if that same patient was here, but still there is a personal feeling that I have that these are patients, who probably would not have been cared for at all if I didn't show up.

DR. MAURICE PICKARD:

You know, there are 45 million people at least in the United States, who don't get healthcare or they are ineligible for healthcare, although our President thinks we can all get healthcare in the emergency room and has said so and you wonder why we haven't directed some of our own volunteerism here to take care of this increasing number of people who don't have healthcare, and certainly with our economy turning downwards, the number is probably going to become even greater. Do you have any kind of answer to that, not wanting to be contrary?

DR. MICHAEL POLIFKA:

Well, I don't know why. I do think that more of us can given a way that is appropriate for our particular circumstance in life that may be you can't get often go on leave for months at a time as I do, but I think that physicians really ought to be looking at ways that they can give up their time.

DR. MAURICE PICKARD:

What would you say to American doctors, who might be considering becoming volunteer, or becoming involved in following a career course similar to yours. Should they be frightened by it, can they get up the speed, will they be overwhelmed by the kind of problems that they will face, and to be honest, that most of us have so much backup here in the United States.

DR. MICHAEL POLIFKA:

I think that first of all one needs to take on such a new position with as limited prior expectations as you possibly can. If you go with lots of ideas about what you think you are going to accomplish in a brand new area, brand new place that you have not been before. I think very often it's a way that one will be easily disappointed. Going with an open mind is certainly much easier to be open to the kind of things that one will face when one is there both personally as well as professionally. Certainly one needs to be flexible about working in a resource-poor area whether it's here in the United States or whether it's abroad and understanding that probably we all have the ability to do lots more than we think by taking small steps into patient's areas, patient's problems that we may not be familiar with keeping in mind that very often in these resource-poor areas when we show up there is enormous amount of satisfaction that will occur both professionally as well as from the patients that we see just by the fact that we from the richest country in the world have taken on people, who are much poor and established that one-on-one contact.

DR. MAURICE PICKARD:

You know, I like the word we, because it's Project HOPE and it's the US Navy. Could you tell me something about this unique relationship or partnership that's come about?

DR. MICHAEL POLIFKA:

It has been a very interesting partnership. In fact, after the Tsunami the partnership that melted together between Project HOPE and the Navy it was really the first time the US Navy and a non-governmental organization have worked together literally shoulder to shoulder. The United States Navy, which has these 2 very large hospital ships, which were really not being used at all, but unfortunately did not have medical professionals available because they were all being used in conflict areas around the world not able to staff these and so

this joint relationship started when Project HOPE was able to provide the medical volunteers to staff the physical facility, which in the physical form of the hospital ship that we were first on. This turned out to be just a win-win situation for both organizations and no doubt for the people professionally, who were participating myself included being able to come away from that joint project, being able to say that I was in fact proud to be an American, the first time that I can remember it that I was able to say that since the Kennedy space years.

DR. MAURICE PICKARD:

You know, it's interesting that you know how proud you are and how proud we are of our military. Many people don't realize that the marines rely on the US Navy for their healthcare. Corman that served in Iraq, who supported the marines are Navy Corman, so you can see why the Navy might be short of medical personnel. I know that in your recent stay in Ghana you went there mainly as an educator and the phrase that I have seen written is "train the trainer," could you tell me what you did in the way of education when you were in Ghana?

DR. MICHAEL POLIFKA:

There were actually 3 portions to Project HOPE participation in this. We had a group of nurse midwives, who were teaching classes to their counterparts both midwives as well as health promoters, who were doing infant delivery in the rural countryside, they were in fact teaching them. They were teaching them in classes on things that would be appropriate for them to know based upon the knowledge base that we have that they perhaps don't. We also had with us 3 nurses, who were teaching their counterparts likewise in nursing topics that were appropriate to them. It was then our hope that those people that were being trained would in fact then train others, who are in the country after we left.

DR. MAURICE PICKARD:

This medical staff that went back into the countryside, did they have difficulty dealing with conflicts between the background or culture that most of the patients were coming from and what one would call western medicine?

DR. MICHAEL POLIFKA:

I think that in general that was not an issue. Certainly, we need to keep in mind that the patients that are being seen first of all are very poor and often desperately ill. We that is we go to these areas we certainly need to be as educated and as sensitive as we can to local customs, but in general, patients are incredibly impressed that we from the richest nation in the world show up to care for them amongst the poorest in the world.

DR. MAURICE PICKARD:

Was it a problem as far as the local government, I know there is an elected President; they have a constitution since 1992. They have had certainly lots of problems through the years. This country was known, I think as the Gold Coast for a long time and certainly England had a presence as I believe so did Denmark, but now they have a Parliament, they have a system of justice. Did you get a lot of support from the local government in your mission?

DR. MICHAEL POLIFKA:

We certainly did. There was nothing, but warm support from everyone that we met, and it is certainly our, that is, Project HOPE's desire that we will be asked to return. We heard very often from the staff that we worked with when are we going to return. We heard from local governmental leaders again. They hope that we would be returning.

DR. MAURICE PICKARD:

Where did your classrooms take place. Did they take place in the clinic? I know you came with the US Navy, did you use the ship?

DR. MICHAEL POLIFKA:

We did not. This was an entirely land-based operation, so we came with the navy and we stayed half of the team were navy personnel, they were dental, public health, and veterinary team and so they were all doing things very different than we were. We were entirely land based. The classes that we were giving were given at the local clinic, they were given very often in rudimentary places, really what we needed is some electricity to run a simple projector and we needed an audience that was there.

DR. MAURICE PICKARD:

I am sure your patients will always remember Project HOPE. I think they will always remember the US Navy more than anything else. For doctors, who are thinking of career change, certainly one has to be impressed by what you have found as you continue this new career in volunteerism. I like to thank you very much for joining us Dr. Polifka today.

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