The Center for Medical Missions' *e-Pistle* June 2008

Welcome to June's *e-Pistle*. You have undoubtedly noticed that it is later than usual. There is a good reason – we've been at CMDA's National Convention. I wish every one of you had been able to attend. The staff and most participants unanimously agree it was the best ever. While the workshops were good, it was the plenary sessions that moved us. The week just kept getting better. At Saturday's banquet, Baroness Cox stirred our hearts as she shared her HART ministry. This ministry, at great risk, serves people around the globe who have no voice. I found myself thinking of each of you who are serving some of those people, often sacrificially. Thank you for all you are doing to make a difference in the lives of people whose needs are so great.

Sunday morning's message by Dr. Stevens was inspiring. Unfortunately, I missed it as I had to catch a plane. I'm told though, it might have been his best ever. Keep your eyes and ears open as his message might be making its way to you.

The next CMDA National Convention will be September 2009 in Ashville, NC. It will be held at Lifeway's Ridgecrest Conference Center. This will be a lower cost and family friendly venue with excellent speakers, so we hope if you are in the States on home assignment at that time, you will plan to participate.

I've included several good articles in this *e-Pistle*. As promised, Dr. Stevens reports on the findings of the Malpractice Survey that several of you completed. I think you will find it interesting.

Cura Animarum reflects on E. Stanley Jones' life and challenges us to go deeper.

I think many of you will be familiar with the name Ken Hekman. He has taken over as leader of Health Development International. He's written a short introduction to that organization and then tells about a consultation service that is available.

Another name you may recognize is one from CMDE courses. Ed Boss has written an article about detecting TB using Microscopic Observation of Drug Susceptibility (MODS).

Finally, the *e-Pistle* closes with some short notes on 1) Kenya's Abortion Fight; 2) ICMDA's World Congress; and 3) A new medical/dental supply organization, Globus Relief.

I hope you find this newsletter helpful. I'd love to hear some comments if you care to take a moment to write. susan.carter@cmda.org

The Missionary Doctor and Medical Malpractice

By David Stevens, MD

As a CMDA member and missionary, you provide a unique opportunity to gather data that can affect the future of missionary medicine. I know of no other organization that has over 600 doctors who serve the Lord around the world. That is why I especially appreciated your help when we sent out a short survey to assess the malpractice risk to missionary doctors. I want to report the results of that survey to you.

Fifty-six doctors responded from 29 countries. Though the overall response was not large, we got a glimpse of the situation in many places.

Americas - Peru, Guatemala, Ecuador, Honduras, Trinidad-Tobago, Dominican Republic, Bolivia, USA, Canada, Nicaragua, Belize

Africa - Kenya, Ethiopia, Zambia, Tanzania, Ghana, Sudan, Chad, Zimbabwe

Europe - Ukraine, Turkey, Romania, Albania

Asia/Oceania - Papua New Guinea, India, Philippines, Thailand, Macau, Taiwan, Pakistan, Cambodia

One out of five missionary doctors reporting had malpractice coverage. A doctor working in Turkey was still covered from his home country carrier in Australia but the policy was soon to be discontinued by that company. One sending organization was committed to covering any claims made against its missionaries. In Papua New Guinea, all claims were settled through traditional compensation methods so the missionaries had discontinued their policies as they are a waste of money. Other companies being used for coverage were:

The Medical Protection Society out of the UK – Kenya, Taiwan and Cambodia
IMA PP Scheme – India
UAP – Kenya

Twenty percent of those responding had experienced a suit. All of these were against long-term staff. Those reporting suits were:

Country	Malpractice Insurance?
Ecuador	No
Honduras	No
Kenya	Yes
Pakistan	No
Papua New Guinea	No
Taiwan	Yes
Turkey	Yes

Some countries reported multiple suits. Suit amounts and results were:

Country	Amount	Result

Ecuador	$3,000	Settled
Honduras	$10,000	Settled
Kenya	$15,000 - $25,000	Settled
Kenya	$500,000	Pending
Pakistan	?	Dropped
Papua New Guinea	$100 - $10,000	Settled $50 - $5,000
Taiwan	$100 - $200,000	Settled
Turkey	$5,000	Doctor Won

How common are suits?

Unheard of	24%
Uncommon	67%
Common	9%
Very Common	0%

How likely is a suit in the next five years? (1 very unlikely; 10 very likely)

Fifty two percent of those responding thought CMDA should facilitate a malpractice insurance program for missionary doctors/hospitals.

We received over 30 comments including the following:

- *This is an area of increasing interest. Malpractice suits are not frequent but are becoming more common.*
- *One issue is the desire on the part of many volunteers for malpractice coverage for trips overseas as well as the requirements by many medical schools and residency programs for this coverage.*
- *Currently very low risk and malpractice is more likely to be taken up with the Medical Board than as a civil suit.*
- *Malpractice is becoming more common and it is a concern of both missionary and local physicians. We are told we have support from the college of medicine, but it is not reality.*

Conclusions and Recommendations:

The problem of malpractice litigation is growing for mission facilities though in most countries, the rewards/settlements are still small. Taiwan would be an exception to this and we are trying to find if there is really a $500,000 suit in Kenya or whether that is a mistype.

There were two reasons for conducting this survey:

1. Should CMDA obtain coverage for participants on its 50 GHO teams each year? Working through a subsidiary of Lloyds of London and also a US carrier we obtained quotes for coverage with premiums in the $30,000 - $40,000/year range. We also obtained a legal opinion, conducted this survey and held Board discussion on this issue. The conclusion was that our risk was minimal though growing, that the insurance companies had no experience to base their quotes on so they had given us very high rates, so it was more reasonable for CMDA to put a small amount of money from each participant into a fund for compensation. In most instances, admitting fault, asking for forgiveness, doing what is possible to remedy the harm incurred and offering compensation if merited can prevent a suit. The situation will be reassessed periodically.

2. Does CMDA need to facilitate malpractice coverage for mission hospitals/doctors? Based on our limited responses, I think the answer is that there is a growing need and desire for such coverage. The Medical Protection Society (MPS) of the UK provides coverage in a few countries – Kenya, South Africa, Hong Kong, Caribbean, Hong Kong, Malaysia, Gibraltar and New Zealand – and seems to have the most experience. It has 250,000 participants but is not traditional malpractice insurance. They decide whether to participate in each case but also will work to protect a doctor's reputation as well as provide compensation.

CMDA is approaching MPS to obtain more information and assess their interest in providing a policy for missionary doctors/hospitals at reasonable rates. We will keep you informed of our progress.

I'm more convinced than ever that CMDA has a unique role in completing the Great Commission through medical missions. We have unique access to motivate and challenge students, residents and graduates to respond to your needs for co-labors. We can even get you on campuses to speak to them. Over 750 people have already self-identified themselves as called to a career in medical/dental missions and are being mentored though the Center for Medical Missions' "Your Call" program during their educational years.

We have the unique ability to train new and experienced medical missionaries, whether it is new medical missionary orientation (April 17-19, 2009), the *e-Pistle* or through the Continuing Medical & Dental Education conference in Thailand and Kenya each year.

We have a unique capacity to equip medical missionaries to better carry out their task by letting them know of available funding, advocating for them with federal organizations, getting 150 exhibitors to the annual Global Missions Health Conference to share their resources, facilitating cross pollination and sharing best practices among missionary members, networking mission executives and much more.

Thank you to those who took time to participate in the survey and for being part of this ministry. If you have friends or colleagues that are not CMDA members, remedy that! As we come together, we can finish the Great Commission in our lifetime!

If you are interested and have access to the Internet, there is a PowerPoint presentation of the survey findings on the Center for Medical Missions' website at www.cmda.org/cmm.

(Direct link to PowerPoint: http://www.cmda.org/AM/Template.cfm?Section=Center_for_Medical_Missions&Template=/CM/ContentDisplay.cfm&ContentID=15771)

Cura Animarum

By Rev. Stan Key

E. Stanley Jones was one of the great missionary-evangelists and devotional writers of the 20th century. In his book, *The Way to Power and Poise* (1949), he tells of a crisis moment in his life when he began to discover that there was more to the Christian faith than he had yet experienced.

> I found myself about a year after my conversion a very divided person. The conscious mind had been converted – radically and gloriously. But the subconscious mind had not been. There the driving instincts of self, sex, and the herd still reigned, driving for their own completion and satisfaction… I was a house divided against myself…. I was like the ship on which Paul was shipwrecked – it was caught at the place "where two seas met" and was battered by the conflicting currents (Acts 27:41). I was puzzled; was this the best that Christianity could do – leave you divided against yourself?

In agony of soul and through searching the Scriptures, he finally came to a place of full surrender and deeper faith, where he began to discover the victorious life that is the birthright of every child of God.

> … I dropped upon my knees and said, "Now Lord, what shall I do?" Very quietly the Voice said: "Will you give me your all? All you know, and all you don't know?" I replied, as simply as a child: "Yes, Lord, I do." Then the Voice: "Then take my ALL." I rose from my knees saying, "I do." The pact was verbally sealed on both sides: my all, His all. It was sealed by faith. I walked around the room asserting that faith; and after about ten minutes in which I was literally pushing away doubt, the faith turned to fact and the fact to feeling. I was filled – filled to my depths, and to my fingertips, and to the roots of my hair; I was filled with the Spirit. It was all very quiet – just the silent tears of joy rolling down my cheeks. But waves of refining Fire seemed to sweep my being, cleansing, uniting. The Holy Spirit had moved into the center of my being… (Pp. 323-324).

Many of us today, like E. Stanley Jones, need a deeper work of grace. We need to come to a place of full surrender, full faith, full salvation. We need to be filled with the Spirit. Lord, may it happen today.

Health Development International

By Ken Hekman

Health Development International (HDI) was founded in 1990 by Dr. Rufino L. Macagba to provide leadership training for hospitals in developing nations. Building on his experience as a physician and hospital executive at Lorma Hospital in San Fernando, Philippines, Dr. Macagba created a one-week management course relevant for health organizations in resource-challenged environments. He presented the course to healthcare leaders in Guatemala and South Africa as well as the Philippines, with support from the International Hospital Federation and Foundation for Professional Development.

Ken Hekman became the second President of HDI in 2007, bringing with him a portfolio of both domestic and international health management successes. He is a seasoned health care executive and consultant, having served more than 400 organizations on five continents for over three decades. His strategic leadership for the Dr. Luca Medical Center in Romania contributed to its recognition as a model of both compassionate integrity and economic stability in a challenging post-communist culture.

HDI now includes two dozen volunteer health care managers and consultants trained to teach and mentor managers in emerging countries. The organization is based in Holland, Michigan. For more information, visit www.healthdevelopment.org.

Health Development International (HDI) Brings Management Training to the Field

Health Development International is happy to announce the expansion of its training and consulting services for medical missions. The Effective Health Care Management Workshop from HDI is a four-day event designed to improve the performance of health care managers in emerging countries. Participants learn basic skills required to plan, organize, lead and check the efforts of people as they work toward the achievement of common social and economic goals. Experienced trainers bring timeless principles and practical examples in interactive sessions, but participants discern how to make them relevant in their own culture through group exercises.

The material presented includes:

Tasks	**Skills and Activities**
Planning	Needs Assessment Mission, Vision and Values Planning Goals and Priorities Sustainability
Organizing	Defining Relationships Delegating Developing Teams
Leading	Understanding Leadership Styles Motivating People Resolving Conflicts
Checking	Tracking Performance Continuous Improvement

The HDI Effective Health Care Management Workshop can be brought to emerging countries through co-sponsoring organizations such as medical missionaries, healthcare associations, and non-governmental organizations.

Qualified co-sponsors will:

- >Organize the conference in an appropriate setting
- Attract 25 to 100 participants
- Arrange for translation of course materials and presentations if necessary
- Coordinate travel and accommodation details with HDI staff
- Participate in developing support for workshop fees, materials and expenses

Support for HDI workshops comes from a combination of participant fees, host agency support, volunteer efforts, grants and donations. HDI will be happy to work with host agencies to find the best combination for each situation. **Qualified organizations are encouraged to begin a dialogue about co-sponsoring a workshop by emailing Kenh@healthdevelopment.org.**

Tracking Results

At HDI, we know that a little management training applied in the right places can go a long way toward improving health conditions for large groups of people. We also know that by creating successful examples, we can ignite a wave of positive change for a whole nation, but it has to start by achieving results at the level of individual hospitals and clinics. Here are some of the ways we measure our impact:

- We look for **improvement in profit margins**, both in real currency and as a percent of improvement from the prior year. Sustainability requires positive cash flow.
- We monitor improvements in **patient satisfaction** as measured by internal surveys as well as stories from patients and community members.
- When **new jobs** are created at a health care organization because of capacity and profitability improvements, they have a rippling effect throughout the community.
- We track **reductions in the ratio of income that depends on donors**. When hospitals are able to pay their bills from service revenues, they expand their long-term impact in the community and free up donor support for other ventures.

A Perspective on Microscopic Observation of Drug Susceptibility (MODS) Testing

By Ed Boss

Microscopic Observation of Drug Susceptibility (MODS) is a relativity new assay initially developed by David Moore, M.D. and his colleagues and evaluated in Lima, Peru for the detection of TB. The prevalence of multi-drug resistant TB is a legitimate concern. MODS relatively low cost and time-to-detection is considerably less than conventional testing.

With both the Lowenstein-Jensen (LJ) and MODS methods, the sputum specimen is processed in the same way.

The standard confirmation test method is using LJ culture media. It is the reference method and effective but time-to-detection typically takes a minimum of 21 days and quite possibly longer. Then one adds an additional 21 days to perform the drug susceptibility testing on the pure TB isolates.

The general range of time-to-detection with MODS is as short as 5 days and up to 29 days, with a mean of 9 days. This includes the drug sensitivity testing. It is no surprise that there is much interest in the method.

The cost per test is promoted as being around $2.00 USD per sample as compared to $6.00 USD for LJ method. The labor cost may be higher with MODS due to the preparation of the 24-well plates of the special culture media, preparation and storage of the stock antibiotic dilutions, and the frequency that the plates must be read.

One thing to note is that the cost per test difference does not include all of the up front costs for equipment and supplies depending on what your lab already has. Any lab that would be considering MODS must already have the ability to do standard TB decontamination procedures. The most important need is that you must have an experienced microscopist who would be able to readily learn how to interpret the observations of growth in the 24-well plates. It will take much longer if the lab staff is not experienced. Also you will have to find someone to come and train at your facility for a minimum of 1-2 months.

Below is a list of most of the equipment required:

1. Class II biological safety hood
2. Inverted microscope
3. Freezer (-20^{o}C) for storage of the antibiotic stock and working solutions for Isoniagoid and Rifampicin
4. Autoclave
5. Auramine or Ziehl-Neelson staining reagents
6. A large 37 degree incubator to hold the volume of cultures for up to 29 days
7. Vortex mixer
8. Centrifuges
9. Refrigeration
10. Stable electricity
11. Various special disposal supplies

Additional consideration if you are interested in implementing MODS: 1) there are only a few people who understand and can perform the method; 2) the assay has a relatively poor ability to discriminate M.tuberculosis from N.T.M.

Though there is a large need for a rapid accurate identification and sensitivity testing for TB, MODS at its present stage has significant limits. I personally still believe that the biggest

problem in TB identification is obtaining a **sputum** specimen rather than **saliva** to perform a basic TB stain. Teaching staff how to instruct a patient how to collect a sputum specimen is lacking in most places I have visited.

For further discussion, contact Ed Bos at Worldwide Lab Improvement:
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Skype: ed-wwlab
Phone: 269.323.2030
www.wwlab.org

There are numerous journal articles on MODS available for review. A few are listed here.

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Pray for Kenya's Abortion Fight

Dr. Jean Kagia, an OB/Gyn physician from Kenya who is a regional director for Christian Medical Dental Association in Africa is requesting prayers for Kenya to fight the well-funded (international) push to legalize abortion in Kenya.

As we reported after the pro-abortion Women Deliver conference in London, Kenya was one of those African nations targeted for action. The strategy mentioned there was to discredit pro-life voices by whatever means possible, and then piggyback the pro-abortion message (which does not have popular support) onto another message that does have popular support.

Recall too that pro-abortion ideologues at the London Conference have identified three things which stand in the way of making abortion available worldwide:

1. The presence of Christians in the medical system, specifically mission hospitals.
2. The right of conscientious objection on the part of health care workers.
3. The fact that the people themselves do not want abortion, so it has to be couched in other terms.

We need to specifically pray for all the Christians in Kenya, who will undoubtedly be targeted, but especially for the mission hospitals, and for Jean, who plays a vital role as spokesperson for the pro-life movement in Kenya. We need to pray that God would foil any schemes to discredit them personally, and that God would hinder the efforts of the pro-abortion forces there to hide behind other issues. Please pray for them, because Kenya is a key nation, and one of the few that still strongly stands for the pro-life worldview in Africa.

Announcing the XIV World Congress ICMDA 2010

International Christian Medical and Dental Association

Punta del Este - Uruguay
South America
Hotel Conrad Resort
July 4-11, 2010
Students & Junior Graduates World Conference: July 4-7, 2010

Mental Health Pre-Congress for Christian Psychiatrists and Psychologists: July 5, 2010

ICMDA World Congress: July 7-11, 2010

Theme: Priorities in Professional Practice: Who Are You Working For?

For more information go to www.icmda2010.org.

Resource for Medical Equipment and Supplies

By Susan Carter

The International Partnership Manager of Globus Relief contacted CMM to let us know they are interested in serving our members who are serving around the globe. They are currently working with over 250 charity organizations such as World Vision, International Relief and Development, etc. About 90% of what they donate is medical and dental supplies. The other 10% includes educational supplies and nutritional supplements. Last year, Globus Relief kept their administrative expenses, which included fundraising and development, to under 3%. They received in-kind donations totaling over $22 million.

Globus Relief makes it easy and convenient to pick and order products through its online inventory at www.globusrelief.org. The products are donated (free), but there is a small fee to cover the cost of handling the goods. The Globus Relief staff inspect, inventory and re-pack (when needed) all products. For a container worth a wholesale value of $100,000, the fee averages around $3,000 - $5,000. For smaller orders the charge is generally 10-15% of the wholesale value.

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