MGUH Equity Forward Faculty Workshop:
Equitable Global Health Engagement (IEM)
Activity Information

Original Release Date   October 1, 2025
Termination Date   April 30, 2028

Target Audience   Physicians, Nurses

Speaker Names:
Kathy Stolarz, DO, FAAFP | Oliver Johnson, MBBS, PhD

Speaker Disclosure Information: No relevant financial relationships to report.

Learning Objectives
• Define global health and its evolution through history
• Describe the potential harms of engaging in global health
• Discuss strategies to engage in global health ethically and equitably

No commercial support has been provided.

The following Planning Committee members have reported no relevant financial relationships:
Mun Chun Chan, PhD | Sneha Daya, MD | Vicki Girard, JD | Aniket Kini, MBBS, MPH | Sarah Kureshi, MD, MPH | Michelle A. Roett, MD, MPH | Lois Wessel, DNP, FNP-BC

Accreditation

In support of improving patient care, MedStar Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation

This activity was planned by and for the healthcare team, and learners will receive **0.75** Interprofessional Continuing Education (IPCE) credits for learning and change.

Evaluation Information
You must complete an online evaluation at the end of this course to receive continuing education credit.

After completing the evaluation, your CE credits will be available on your MedStar Health CE transcript on CloudCME™ **on the next business day**.

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Credits Available for this Activity

Nurses: This activity is approved for **0.75** ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

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Bibliographic Resources

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MGUH Equity Forward Faculty Workshop:
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It's how we treat people.

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Objectives

- After this session, participants will be able to:
  - Define global health and its evolution through history
  - Describe the potential harms of engaging in global health
  - Discuss strategies to engage in global health ethically and equitably

International Clinical Ethics

- A medical student approaches you as an attending physician to invite you to accompany them on a medical mission trip.

Global Health Practitioner Ethics

- You are faculty advisor to a resident physician who is planning to conduct research in Peru for their senior scholarly project.

Definition

- What is Global Health?
  - 2009 – Lancet:
    - Definition created by a multidisciplinary and international panel brought together by the Consortium of Universities for Global Health (CUGH):
      - **Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.**
      - Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.

Definition

- What is Global Health?
  - 2021- BMJ Global Health:
    - A systematic review generated four theoretical categories delineating key aspects of global health:
      - Global health is a multiplex approach to worldwide health improvement taught and pursued at research institutions
      - Global health is an ethically oriented initiative that is guided by justice principles
      - Global health is a mode of governance that yields influence through problem identification, political decision-making, as well as the allocation and exchange of resources across borders
      - Global health is a vague yet versatile concept with multiple meanings, historical antecedents and an emergent future

History of Global Health

- Global Health 1.0: Tropical Medicine
  - Keeping travelers & military safe
- Global Health 2.0: International Health
  - High-income countries "helping" low- and middle-income countries
- Global Health 3.0: International Research
  - High income countries leading research in low- and middle-income countries
- **Global Health 4.0: Decolonizing Global Health**
  - Low- and middle-income countries leading initiatives
- Global Health 5.0: Interdependency
  - Globalization has led to shared challenges and goals
    - Ex: Pandemics, Planetary Health

One Health

- One Health is a collaborative, multisectoral, and trans-disciplinary approach - working at local, regional, national, and global levels - to achieve optimal health (and well-being) outcomes recognizing the interconnections between people, animals, plants and their shared environment.

Terminology

- Evolution of terminology:
  - Developed vs developing countries
    - Incredible variation in development and outcomes
  - Global North vs Global South
    - Not entirely geographically descriptive
- World Bank current preferred terminology
  - Classify by specific regions when possible
  - If needed, use low-income, lower-middle-income, upper-middle-income, and high-income countries

Case #1

- A medical student approaches you as an attending physician to invite you to accompany them on a medical mission.

  – After asking some questions, you agree to accompany this MS3 to a remote mountainous region in Honduras to provide medical care for 2 weeks through a well-known NGO

Fair Trade Matrix

	Volunteer/ Volunteer Organization	Host Family / Host Community / NGO
G I V E		
G A I N		

Fair Trade Matrix

	Volunteer/ Volunteer Organization	Host Family / Host Community / NGO
G I V E	Money Time and Labor Relationship Knowledge Experitise False Hope	Housing Time and Labor Limited resource Expertise/training Intepretation Staff time Context for cross cultural experience Privacy Emergency care Lost income
G A I N	Educational experience Academic credit Resume item Cross-cultural experience Recreation Sense of accomplishment Global perspective Educational context Prestige Marketing Money	25% of Money Project Global Perspective Future Support

Case #2

- You are faculty advisor to a resident physician who is planning to conduct research in Peru for their senior scholarly project.

  – You consider the four principles of medical ethics.

Medical Ethics

Beneficence

- What are some benefits of engaging in global health?
  - Clinical engagement?
  - Research?
  - Other?

BENEFICENCE

One ought to prevent and remove evil or harm; One ought to do and promote good

Beneficence

- What are some benefits of engaging in global health?
  - Shared resources/education/research can advance health locally and globally
  - Creating healthcare workers with cultural humility

Nonmaleficence

- What are some of the ways in which engaging in global health can cause harm?
  - Clinical engagement?
  - Research?
  - Other?

NONMALEFICENCE

"One ought not to inflict evil or harm," where harm is understood as "thwarting, defeating, or setting back some party's interests"

Nonmaleficence

- What are some of the ways in which engaging in global health can cause harm?
  - Unequal power dynamics serve the needs of visitors over those in the community of focus
    - Parachute science
    - Burden to educate/interpret/transport/keep safe visiting learners/workers
  - Unqualified healthcare workers can harm patients
    - Lack of experience in medicine/regional disease/language
  - Cultural stereotypes can be reinforced

Autonomy

- How does the principle of autonomy play into global health engagement?

Autonomy

- How does the principle of autonomy play into global health engagement?
  - Who determined the need for international engagement?
  - Who determined the scope of the global health initiative?
  - Can local community members opt out of visiting health care worker care/research?

Justice

- How does the concept of justice relate to global health?

JUSTICE

Treat others equally and fairly.
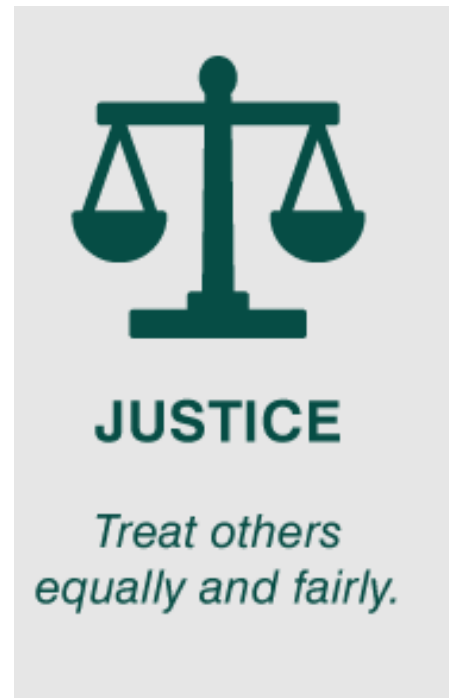
Justice

- How does the concept of justice relate to global health?
  - Distributive justice: equitable allocation of resources
  - Lack of reciprocity in opportunities
  - The moral dilemma
    - Deontological approach: "Do no harm"
      - vs
    - Utilitarian approach: "Do some good"
  - End goal of Global Health Equity

How to Engage

- How can we approach Global Health engagement equitably and ethically?

How to Engage

- How can we approach Global Health engagement equitably and ethically?
  - Focus on **longitudinal** global health engagements **led by local** healthcare workers who understand their communities needs
  - **Reciprocity** in learner exchanges and research benefits
  - **Pre-departure training** for all traveling health care workers
  - Only practice medicine with **local government approval**
  - Be **prepared to disengage** in unethical or inequitable engagements

Resources

Guidelines for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad

- Considerations:
  - Harm done to the patient
  - Physical harm to yourself
  - Legal issues with local authorities
  - Putting acceptance to medical school and residency training programs at risk
  - The potential of being involved in a fraudulent company

Resources

- Journal of Graduate Medical Education, February 2023: *Avoiding Unethical Altruism in Global Health: Revisiting Ethics Guidelines for International Rotations for Medical Residents*

Guideline	Description
1. Minimize burden	Prepare and learn beforehand to decrease the adverse effects that one's presence and rotation may have on a local community.
2. Aim to learn	Approach the rotation as a learner, avoiding secondary aims such as research or attempting to help.
3. Acknowledge limitations	Know one's limits and do not provide any level of medical care or procedures without supervision that one would not feel comfortable doing at their home institution.
4. Respect privacy and dignity	Treat patients and local individuals with the same level of respect and privacy that one should show their patients and colleagues back home.
5. Practice cultural humility	Be open to learning about other perspectives, beliefs, and practices regarding the approach and delivery of health care.

Resources

- https://www.choosinganelective.org/: Helps learners choose an equitable international rotation site using a fair trade learning principled algorithm

- http://ethicsandglobalhealth.org/: Free course on Ethical Challenges in Short-Term Global Health Training by Hopkins & Stanford

- https://sugarprep.org/s-pack/: SUGAR PACK (SUGAR's Prep-departure Activities Curricular Kit; S-PACK) is a comprehensive, modular, modifiable pre-departure curriculum for medical providers planning to work in resource-limited settings
    - Reviews healthy & safety, ethics mini-cases, culture shock, procedural modifications, & wellness

Resources

- Consortium of Universities for Global Health Education Competencies Toolkit:

https://www.cugh.org/online-tools/competencies-toolkit/

- 12 Domains
  - Global Burden of Disease
  - Globalization of health & healthcare
  - Social & Environmental Determinants of Health
  - Capacity Strengthening
  - Collaboration, Partnering & Communication
  - Ethics
  - Professional Practice
  - Health Equity & Social Justice
  - Program Management
  - Sociocultural and Political Awareness
  - Strategic Analysis
  - Institutionalization & Sustainable Development
  - Planetary Health
  - Decolonizing Global Health

Resources

- Community Based Global Learning Collaborative:
  - https://www.cbglcollab.org/
  - Advances community-based global learning and research for more just, inclusive, and sustainable communities
    - Fair Trade Learning guidance
    - Interdependence: Global Solidarity and Local Actions Toolkit
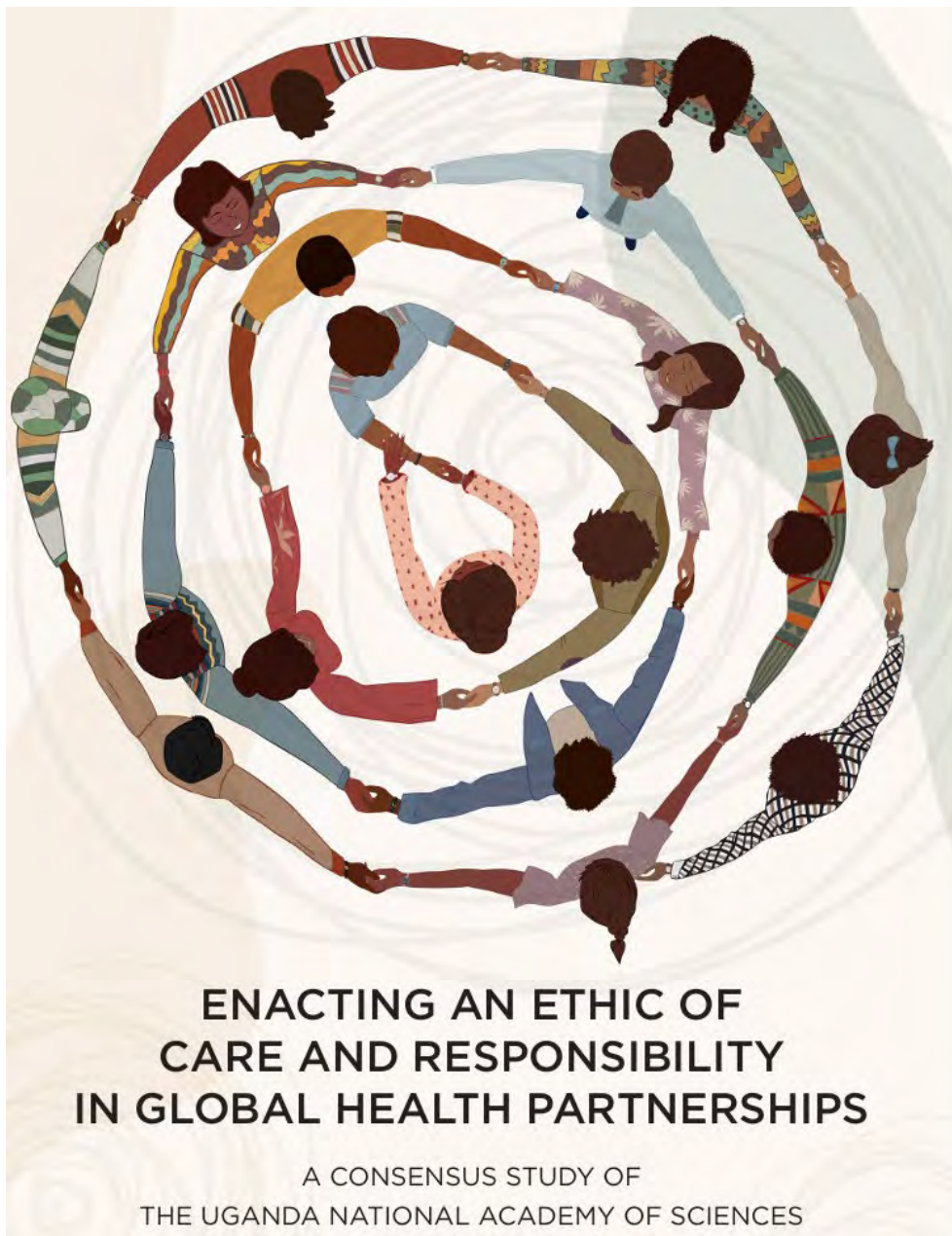   - Global Engagement Survey

Take Home Points

- Common International Clinical Ethics Concerns
  - Representation
  - Going beyond competency (emergencies?)
  - Local vs US ethical norms (e.g. consent)
  - Registration, insurance, liability
  - Patient follow up
  - Replacing vs supporting national staff

Take Home Points:

Global Health Partnership Ethics

ENACTING AN ETHIC OF
CARE AND RESPONSIBILITY
IN GLOBAL HEALTH PARTNERSHIPS

A CONSENSUS STUDY OF
THE UGANDA NATIONAL ACADEMY OF SCIENCES

1. Promote **transparency about financial incentives** and constraints, and address funder dependence.

1. Embrace **contextual understanding** and flexibility, foster collaboration and shared ownership.

1. Shift from capacity building to **capacity strengthening**, prioritize local ownership and knowledge exchange.

1. Cultivate mutual understanding, trustworthiness, and **shared decision-making**.

1. Establish clear communication channels, cultivate a **culture of openness and humility**, prioritize emotional intelligence and empathy, and embrace power-sharing.

1. Practice **active self reflection** and vulnerability, cultivate a learning and growth mindset, and embrace decolonial perspectives and practices.

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Questions/Discussion

- Thank you!