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Re-learning medicine for another world

OHSU class teaches docs to provide the basics that Third World needs

BY PETER KORN

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The 3-inch skin ulcer on the ankle of the woman before her was like nothing Jenny MacNichol had ever seen before.

Alameda resident MacNichol had practiced internal medicine in Portland for a number of years before retiring a decade ago to spend more time with her children. But now the children were mostly grown, and MacNichol had decided to ease her way back into medicine by volunteering with a group of doctors from Providence Portland Medical Center who were providing free health care to agricultural workers in Central Guatemala.

The elderly Guatemalan woman explained that her wound had first appeared five years ago, and had never healed. And MacNichol knew almost immediately what it was – something called cutaneous leishmaniasis. “A very rare disease that you would not see in Portland,” MacNichol says. A tropical disease that, up until a few months ago, if she’d seen it, MacNichol would not have recognized.

But not this time. “It looked just like it had been described in class,” MacNichol says.

That class is one of Oregon Health & Science University’s latest, and a unique one at that, according to officials at the medical school there. Its focus is retraining physicians looking to become volunteers overseas through organizations such as Doctors Without Borders.

The class, which is really more of a 10-week program, was the brainchild of 66-year-old Salem ophthalmologist Andy Harris. Harris is semi-retired and had been thinking that he’d like to get involved with overseas volunteer work. But as an eye doctor decades out of medical school, he figured the skills he had been honing all these years were not the ones that would be most needed in some little village in Africa, Central America or South America.

Harris says he knows other doctors who are retired or close to retiring who also were interested in volunteer work, but uncertain if their training was adequate. Many were specialists like him, who knew that in Third World countries they would likely be practicing primary care.

Harris approached OHSU officials, who wanted evidence that there were enough Oregon doctors interested in the program.

So Harris sent a letter to every physician in Oregon between the ages of 46 and 69. More than 400 said they would like the training.

Six doctors attended the initial offering of the class this past winter, including MacNichol and Harris. Four have since gone overseas on volunteer missions. Harris went to Ethiopia in February. Ten more doctors and one nurse have signed up for the next session of the class, which begins this fall.

While there are other medical school courses around the country that retrain physicians for overseas work, what makes OHSU’s program different is its hands-on approach, according to Don Girard, OHSU dean of continuing medical education.

The program included weekly lectures by both OHSU medical school staff and other experts in Third World health from around the city. In addition, the doctors/students shadowed OHSU physicians around the hospital, just like medical students. And in the evenings, they worked shifts at the nonprofit Wallace Medical Concern’s community health clinics in downtown Portland and Gresham. That sharpened their primary care skills on patients who, like those they would likely see overseas, had been receiving



Dr. Amy Marr, right, an assistant professor of Emergency Medicine at OHSU, demonstrates intubating technique to Dr. Mal McAninch, who is taking an OHSU class on practicing international medicine.

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inadequate or no medical care.

Paul Bollinger, emergency medical services senior advisor with Tigard's Medical Teams International, helped develop the curriculum for the course and taught sessions at OHSU. He knew what he wanted to impart to the doctors – training in tropical medicine and security issues, for instance. But foremost, Bollinger says, he wanted to remind the students of why many of them became doctors in the first place.

“I think what they're missing is the true passion of medicine,” Bollinger says. “Of being able to care for people in the truest sense of medicine, without the bureaucracy that plagues our medical system in the U.S.”

Tropical medicine subjects included treating malaria and river blindness, two of the most prevalent diseases in Africa, but rarely seen in the U.S.

Security issues, Bollinger says, included learning from local residents when a situation was becoming dangerous, and then how to leave.

In addition, students in the class were taught about treating injuries they've never seen before, including patients who have stepped on land mines.

Another component of the class is learning how to treat people without all the accoutrements of Western medical care. The latest drugs are rarely available in overseas situations, Bollinger says, so physicians need to improvise with older, or local versions. Another example, Bollinger says, is dealing with leg fractures. A state of the art splint from a U.S. hospital can cost as much as \$500. Health care workers in the field need to be able to make inexpensive splints from materials on hand.

“We can't replicate the Western-based system throughout the world,” Bollinger says. “You do the best you can. It's kind of like going back to old-school medicine.”