

Why Patients are at Much Greater Risk of Serious Harm from Drugs in the Short-term Missions (STM) Setting—33 Systems Problems

Please see [*Harm from Drugs in Short-Term Missions--A Review of the Medical Literature*](#) for the corresponding international standards and guidelines and references.

1. Lack of understanding of the critical importance of the STM *setting itself* on the increased risk of serious patient harm.
2. Lack of knowledge of the patient (Every patient is a new patient).
3. Lack of adequate medical record, medication list, allergy record, list of diagnoses, etc. to determine whether a drug may be contraindicated.
4. Lack of adequate time for obtaining accurate and complete history.
5. Lack of adequate time/facilities for obtaining accurate and complete physical exam.
6. Lack of availability of reliable laboratory testing.
7. Misdiagnosis and inappropriate treatment of psychosomatic symptoms.
8. Lack of adequate provider training and knowledge of WHO evidence-based international standards and practice guidelines for patients of developing countries.
9. Confusion due to language and cultural differences.
10. Increased mortality due to lack of emergency medical systems and intensive care units for timely and appropriate treatment of adverse effects.
11. Lack of patient awareness of medicine's adverse effects.
12. Lack of package inserts, patient medication guides, black box warnings or other informed consent information *legally required* in the US.
13. Lack of adequate time for counseling concerning adverse effects by either the physician or the pharmacist.
14. Increased risk of drug interactions and drug overdose.
15. Disrupts the patient/physician relationship and continuity of care for chronic conditions such as hypertension.
16. Significant increased risk of accidental poisoning by STM children.
17. Increased mortality due to lack of poison control centers, emergency medical systems and intensive care units for timely and appropriate treatment of accidental poisoning or overdose.
18. Failure to comply with International Standards and Guidelines that require "There should be *no double standards* in quality," *regardless* of culture or economic status.
19. Neither the prescribing provider nor the dispensing pharmacist will be available when there are adverse effects from the treatment.
20. Local in-country health care providers and pharmacy personnel usually have little knowledge of our drugs and their adverse effects, and/or lack the resources to treat our patient's drug related complications.
21. Medications used by STMs are often donated and lack compliance with WHO international standards and practice guidelines for donated medicines.
22. Increased patient harm due to STM use of drugs which the CDC, AAP, WHO and other evidence-based guidelines report are of no therapeutic value and *increase* morbidity and mortality, especially in children.
23. STM use of drugs leads our patients to over-value them, resulting in additional increased patient morbidity and mortality, especially for children, *long after we are gone*.
24. Lack of compliance with International Standards and Practice Guidelines for the 70% of our patient's problems requiring health education and other preventative care.
25. STM use of drugs impairs and often delays local community health worker's efforts to resolve true causes of illness, resulting in increased morbidity and mortality.

26. STM use of drugs impairs local health worker's efforts to promote self-reliance, independence and personal dignity.

27. Because our patients are poor and drugs are expensive, medicines are often sold on the "black market" in developing countries.

28. STM use of drugs supports and increases the effectiveness of pervasive worldwide drug advertising.

29. In spite of our best intentions, the previously listed problems inherent in the typical STM setting magnify our drug-based system's harmful effects.

30. For the above reasons, the typical STM primary care setting provides a very poor teaching example for medical students and local health care providers and results in perpetuation of irrational use of medicines and resulting poor quality care

31. STM use of drugs inappropriately utilizes the placebo (belief or self-healing) effect, resulting in drug dependency.

32. Drugs as used in the typical STM setting do *not* support Jesus' teaching and holistic (Mind, Body, Spirit) approach to healing, but rather support a belief in drugs and magic.

33. Drugs as used in the typical STM setting also impairs the efforts of the WHO and our Christian physician missionary mentors to promote an evidence-based holistic (mind, body, spirit or Christ-centered) approach to healing.

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