

INTERNATIONAL STANDARDS AND PRACTICE GUIDELINES FOR MEDICAL MISSIONS	
Question: Should Short-term healthcare mission team members obtain licenses to practice within a host country?	
Primary Author	Background (perspective)
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Why is this important? This is an issue of trust, safety and perceptions.	

Consensus Statement

BEST Obtain appropriate licensing in the host country for each team member. Although time consuming, it places the team on a firm footing within the country.

BETTER Obtain approval through local authorities who are in a position to approve team practice.

GOOD Proceed with caution in countries where there is no stable government or health ministry/licensing organ.

Biblical Basis for obtaining licensing in the host country

Fairness and reciprocity:

Matthew 7:12 So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets.

Following the laws set down by the government:

Matthew 22:21 "Caesar's," they replied. Then he said to them, "Give to Caesar what is Caesar's, and to God what is God's."

Romans 13:3 For rulers hold no terror for those who do right, but for those who do wrong. Do you want to be free from fear of the one in authority? Then do what is right and he will commend you.

Titus 3:1 Remind the people to be subject to rulers and authorities, to be obedient, to be ready to do whatever is good,

1 Peter 2:13 Submit yourselves for the Lord's sake to every authority instituted among men: whether to the king, as the supreme authority,

Could this happen to your team?

A local doctor arrested this month in Zimbabwe on charges of practicing without a license during a mission trip was released this week, say officials. Dr.

Ed Montgomery and his wife, Sara Jane, a nurse, have both been given back their passports, confirmed Senator Mitch McConnell's office Tuesday. The pair had been relieved of their passports approximately two weeks ago while on a medical mission trip in the African country. According to his friends, Dr. Montgomery had been looking forward to the trip with friends. A retired urologist, Dr. Montgomery and his wife had participated in several other medical missions around the world. According to Dr. Montgomery's former partner, Dr. Scott Scutchfield, after Dr. Montgomery's charges were dropped he headed with his wife to South Africa. Julie Adams, deputy press secretary for McConnell's office, said the doctor had worked with the embassy and Zimbabwe officials to obtain a license to practice in that country and hence the charges were dropped. It was definitely a happy ending, said Adams. For the friends and family waiting at home for the Montgomerys, the couple's release comes after days of prayer and concern. "I'm thankful to God," said Scutchfield, after many prayers and well wishes were sent their way from the medical community. "Everyone will be relieved. "Family friend Dr. Chris Jackson also applauded the good news, and those who had helped to bring it about. "We're very pleased for all the efforts made for us," said Jackson, including the help of the newspapers and politicians. The recent news was "wonderful," said Jackson. "I can't wait to get him home." ¹

Health Professional Regulatory Agencies

A Christian physician would never think about practicing medicine in the United States without a license due to the potential consequences including a felony conviction. So why do medical mission teams routinely expect to practice medicine in a developing country without any governmental approval or licensing?

Would we be accepting of the following hypothetical example? A group of doctors from Myanmar came to the United States and started holding medical clinics at a local church. How would we respond?

One of the central tenants held by the patient in the healer-patient relationship is that the healer is skilled and trustworthy. In developed countries there is an increased emphasis on licensing and competency assessment so that the patient can be assured that a healer has at least the basic knowledge needed to successfully manage health-related problems.

End of training examinations, board and sub-board examinations have long been a standard to assess competency. Boards act to screen-out individuals who need to study more or may be poorly suited for medicine. In a study by Hechel and Bowles concluded that "Failure rates on American boards generally varied between 8 and 61 percent".²

Nursing, Psychology, Dental and Medical Boards regulate professional licenses. In some countries, like the United States, the regulatory bodies function at the state/province level making it such that a healthcare professional's license is only valid in the state in which it was issued.^{3 4} Professional boards not only

provide the initial license, but ensure that a practitioner participates in continuing education on a yearly basis. Demonstrating one's current license to an employer is the only means by which one will be allowed access to provide care in a hospital or clinic setting. Without the license the individual cannot be employed in the United States. Some physicians wait for more than 3 months to obtain a license. It takes 90 days for the Board of Medical Examiners in California to review the documents submitted by a physician.

In the United States there are now recertification tests for almost all health professionals. Some insurance companies now insist on only board certified/recertified physicians to provide care for their patients.

In developed countries, it is illegal to practice healthcare history-taking, diagnosis and management without a license. In the developing world, the distinction between trained physicians and traditional healers is blurred. A recent study of medical quackery in Nigeria by Ndububa concluded that:

“Medical quackery is rampant in Nigeria; Culprits cut across the whole strata of medical and health practitioners. The so called alternative/natural health practice has particularly assumed great popularity lately and the Federal Government seems to turn the other way in spite of their unsubstantiated, largely placebo 'Cures'. Homeopathy, in particular, is a medical quackery par excellence and should be banned.”⁵

Some of the developing countries are working harder to crack-down on fraudulent healthcare providers. There have been rare situations where healthcare mission team members have been expelled from countries due to the lack of host country licenses (see story, paragraph one).

The primary ways that teams practice legally in country are to obtain a temporary license in-country or to practice under another physician's license (as in Mexico). In most countries, the Ministry of Health is responsible for providing temporary licenses.

Country/State Specific Requirements for Practice

Care provided by medical missions must meet the legal requirements and medical standards and practice guidelines of the host country. Until relatively recently, very few standards and guidelines were available, and those were rarely enforced. Over the past several years, numerous standards and guidelines have been established for the care of patients in developing countries. And just as in the U.S.A., harsh penalties now exist in many states for practicing medicine without proper permission issued by the appropriate governmental authorities.

So we are increasingly asked: **“How and where do I apply for a license or legal permission to practice in _____?”**

Until relatively recently this question was very difficult to answer, as just as in the U.S.A., the contact information and licensing requirements are often different for different states or regions within the same country.

Fortunately, this information is now provided by the following organization and its website:

International Association of Medical Regulatory Authorities (IAMRA)
www.iamra.com This site provides very important contact information for obtaining licensing/legal permission to practice medicine in host countries. The site includes an "[International Directory of Medical Regulatory Authorities](#)" to assist medical regulatory authorities in the exchange of important physician information. The directory provides core information for all known medical regulatory authorities, such as addresses and communication sites/portals, as well a brief description of the legal authority by which the organization received its regulatory powers and the regulatory services provided by the organization.

MISTM GRID

Sender Before

Churches and sending organizations may want to proactively discuss in-country licensing expectations with the short-term healthcare mission team leaders to make sure that expectations are clearly agreed upon. It is the church/sending organization's advantage if the team obtains licenses; however, this requirement imposes a greater amount of work. Is it possible that church/sending organization staff can be assigned the responsibility of obtaining licensing rather than the team leader?

During

Should a team decide to go without proper licensing, and have problems related to licensing in-country, the church/sending organization will need to take responsibility for the problem.

After

Should there be problems with a team over the issue of in-country licensing the mission partner and local churches can be profoundly impacted.

Goer Before

Obtaining in-country licenses can be time consuming due to document submission and review times, so early planning is necessary. Team members may need to be selected 3-6 months before the team plans to leave so that there is time for early document acquisition and transmission.

The primary arguments against obtaining in-country licenses are:

1. It takes too much time
2. The in-country partner should take responsibility
3. Some partners suggest that obtaining licenses are too difficult and make their activities to "high profile"
4. Better to ask for forgiveness if there are problems, than go through all of the work

Given the coordination requirements, it would be best if the team leader(s) and the Church/sending organization both took responsibility for this task. Sometimes in-country partners can be responsible for making sure that licensing issues are handled (**BETTER** Consensus statement); however, it is inappropriate to assume that in-country partner automatically takes responsibility for licensing. It is important to discuss this issue with the in-country partner early.

Some partners, particularly in creative access countries, may indicate that obtaining licenses brings greater scrutiny to their work/organization than they would like. They may have local governmental contacts that provide coverage should there be any questions or problems. In these cases, the Goer must assess the risk-benefit ratio. It is important to factor into the equation relationships between the sender and receiving countries. Governments may express their displeasure by expelling missionaries, even medical mission teams to make a political point.

Some team leaders would rather go without licenses, thinking that should there be a problem, they can plead ignorance and ask for forgiveness. This strategy can still lead to problems.

During

Should there be a problem with in-country licensing it is important for the team leader to take responsibility for the problem and determine if there is potential solution with the appropriate governing authorities. Determine if your in-country partner has any leverage in the situation. As a short-term healthcare mission team, we never want to place our in-country partners in danger. Remember in-country partners can be persecuted or even imprisoned in some countries, therefore, be sensitive as to how helpful they should be. Early contact with the church/sending organization is likely to be beneficial.

After

If short-term healthcare team leaders have unilaterally decided not to obtain in-country licensing and had problems related to this issue, there will be significant discussion of this issue in the church/sending organization.

Recipeint

Before

It is wise for churches, participating local doctors, partners and governmental officials in-country to make sure that the short-term healthcare missions team has in-country licenses prior to visiting.

During

Should there be problems over the lack of licenses for a short-term healthcare mission team, there can be significant amount of fall out for the people served, churches, participating local doctors, partners and governmental officials in-country.

For the people served, the exposure of the team's lack of licensing may lead to concerns about the adequacy of their care. They may even wonder if their participation in such a situation may negatively impact them.

Churches can be negatively impacted by the perception of wrong-doing by short-term healthcare mission team.

For the participating local doctors, the disclosure that their short-term mission team partners have not followed the law, can create a perception of loss of reputation within the community. Additionally trust in the mission partner can be negatively impacted.

For partners, the disclosure that their short-term mission team partners have not followed the law, can cause profound problems. From the government's perspective, the partner is primarily responsible for the short-term mission team. Licensing for the partnership organization may be lost or even missionaries may be imprisoned or deported.

For the governmental officials, the disclosure that their short-term mission team has not followed the law, creates a question of who is responsible. If a mission partner is responsible, then prosecution of the mission partner is a possible route. If a governmental official is thought to be responsible, then they are at risk of losing credibility or even their position. For this reason, local governmental officials may be skittish about approving mission team visits. There can be a perception that there is more to lose than to gain unless the mission partner has a very strong relationship with the governmental official.

After

The major impact of problems related to no in-country licensing is a lack of trust that can destroy relationships.

References

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