INTERNATIONAL HEALTH CARE: AN APPROACH

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INTRODUCTION

Efforts to train health care professionals from developing countries as part of an international health care approach are often hampered by low return rate. The impact of such a program on the delivery of health care upon their return to their native countries is also unknown.

METHOD

A teaching program based on reciprocal on-site training was established between the Anesthesia Department at McMaster University and three universities from Haiti and Uganda. Following the signing of an education agreement between the universities and a selection process, a number of postgraduate trainees were admitted to a structured training program at McMaster University for a period of 2 to 4 months wherewith they were exposed to the host approach of medical care delivery with the intent to have their behaviour strengthened or modified in their respective medical specialty. The agreement to participate in this program included the expectation that these physicians upon returning to their native land will apply and share with their colleagues the knowledge acquired. Basic infrastructure was present upon return to facilitate initiation of service.

RESULTS

To date 25 physicians (15 anesthesiologists and 10 obstetricians-gynecologists) have successfully gone through this program. There was a 100% return rate to the country of origin. 88% are in active practice. 32% are teaching and practicing in university teaching centres. There is evidence of improved health care delivery as measured by:

- i. A reduction in morbidity and mortality rate.
- ii. A change in attitude of care delivery due to behaviour modification.
- iii. A successful practice according to the improved care provided in the public hospitals and a healthy competition in the private sector.
- iv. A health care delivery that is comparable and similar, though not the same as that in the developed world.

DISCUSSION

This programme is proving to be successful partly because of a bilateral educational approach involving native physicians. Its high rate of retention in their native land can be a model to bring permanence in health care change. The active involvement of trainees upon their return is to bring equity, similarity and comparability of medical practice in the emerging world.