Médecins sans Frontières seeks for more Canadian physicians

Medical relief projects are facing a "human resources crisis," as Canadian doctors become increasingly difficult to recruit to humanitarian work, says Leslie Shanks, medical director for Médecins Sans Frontières (MSF).

Whether it's the time commitment, "disaster fatigue" or a lack of infrastructure to support doctors leaving the country for relief work stints, Shanks says it's becoming tougher to attract Canadian doctors to humanitarian projects in far-flung parts of the world. "It's always been a challenge and we've always worked hard to find Canadian doctors that meet our criteria, but this last year has been particularly difficult and it's absolutely clear that our major limitation in terms of being able to respond to disasters is our shortage in human resources."

While many doctors are willing to contribute a week or two of time to key initiatives, MSF's requirement that first-timers commit to a minimum of six months in the field is "a real barrier," Shanks says. "A lot of people find that it's too much. But you need to be there longer than a few weeks if you're going to adjust to the culture, provide decent follow up to your patients, get the training we require and be a support for our national teams."

Six months of training becomes essential when a fast response is needed to a disaster, she says. "In the early days of an emergency, we need people who can hit the ground running and can train others."

MSF has already cut the commitment for first time volunteers from nine to six months. But the change "hasn't made a massive difference by any means" to recruitment, Shanks says.

Faced with increased debt loads and longer residencies coming out of medical school, young doctors — once ready recruits — now are putting travel plans on hold. "In the meantime, they develop more ties in Canada. They get mortgages, they get married and they start families. The longer you wait, the harder it is to leave," says Shanks.

Reuters/Jacky Naegelen

Doctors from Médecins sans Frontières perform surgery on a young boy in a field hospital in the Democratic Republic of Congo.

On the other hand, experienced physicians are working later in life and thus have fewer retirement years to donate.

MSF exceeded its recruitment goals in 2010, sending 39 Canadian doctors to the field by August. But that success belies the fact that demands at the field level were much higher than expected, in part because of ongoing emergencies in Haiti, says Simona Powell, director of human resources. With MSF's existing physician pool spread thin, she says the organization needs 45 new applications from Canadian doctors in order to meet operational needs for 2011.

Adding to recruitment difficulties is the changing nature of the work itself. Medical relief is becoming more complex and demanding, requiring a higher level of training, coordination and specialization from volunteers, says Shanks. "It used to be very simple. You had a handful of diseases and a handful of drugs. You didn't have to think about antibiotic resistance, for example. You didn't have to do complicated labs. There's a demand for medical coordinators that's not being met because it goes beyond being a good doctor and enters into the strategic planning arena. People aren't interested in those kinds of jobs, and it's tough to tear away physicians in Canada who are already in those leadership roles."

Leadership is particularly necessary following major disasters, such as the earthquake in Haiti, when organizations are overwhelmed with micromanaging unskilled volunteers.

In those cases, it's best to "politely" turn away volunteers when there's no one to coordinate, so as to avoid wasting time and resources, Dr. John Yates, international director of International Child Care, told delegates to the Canadian Conference on Global Health 2010 on Nov. 3 in Ottawa, Ontario. "We don't have the time to find something to keep them busy."

Yates also said that North American individualism is eroding teamwork in the field.

Shanks concurs, saying "we're seeing more and more tourists, people who are interested in cross-cultural experiences, in doing a couple missions for

their resume. But their primary motivations are not the humanitarian objectives of our organization."

Volunteers who come with caveats limit how organizations can respond to crises, she says. "You have people saying 'I will go here but not here,' when really the attitude should be to go where you're needed."

That shift in attitude has led some to question whether people are no longer as motivated by altruism, she says, adding that even when doctors are well intentioned, they may not get proper support from the institutions where they now work. Few workplaces are able to accommodate the extended leave and short notice required by relief organizations, particularly when hospitals and practices are facing their own personnel shortages.

Some countries, such as the Netherlands, have also imposed licensing restrictions that prevent physicians from leaving the country for extended stretches.

"I had a couple of my colleagues who had to quit and go home, or else lose their license," Shanks says. "Thankfully, there's nothing like that in Canada yet, but that's why we depend on Canadian doctors so much: they have mobility others do not."

While hospitals and practices were more supportive of doctors taking leave to help following the earthquake in Haiti, the disaster drained MSF's volunteer pool, says Shanks. "We wanted our good people there but it took a huge number of our resources away from other projects. We're still feeling the gaps."

As a result of human resources shortages, MSF has been unable to respond to less publicized disasters, she says. "In central Africa, we wanted to work with populations affected by the conflict with the Lord's Resistance Army. We needed to send in people who are experienced with security, who speak French, but we just didn't have enough people to send. So we couldn't start that project. We know their needs aren't being met by other actors. We know we have the other resources to respond. But we just don't have the bodies."

Relief work often walks a "fine line" between working with a limited number of personnel and higher risk levels, Shanks says. But MSF will never start a project that's too dangerous or that can't provide quality care.

The organization has turned its focus to creative recruitment strategies, she says. Among those efforts is an appeal to the self-interest of physicians. "Some people may not realize that working internationally can really improve, I don't like to say their career, but skills that can be transferrable to many different specialties in Canada."

MSF is also emphasizing research opportunities that are available to physicians in the field, Shanks adds. "We work with a lot of doctors doing their Masters of Public Health. They can capitalize on our experience in a way they can continue in their work afterward. There are a lot more opportunities that intersect with professional life in Canada than people are aware of."

Getting hospitals involved in providing better support and incentives for doctors who participate in relief work has also worked well in other countries, Shanks says. "We really have to get creative here in Canada in terms of making arrangements with hospitals. In Amsterdam, we're now working with hospitals that are using the partnership to attract their own staff. They are supporting nurses, and we're trying to get support for doctors, to go and do six months of training. The hospitals keep the nurses' jobs open and they retain their benefits. It's a real perk for nurses to work at that hospital rather than the one down the street." — Lauren Vogel, *CMAJ*

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