

The Theories surrounding the body of knowledge in International Health Opportunities

1. The Hippocratic Oath:
 - 1) Dissection in depth oath
 - 2) The oath to not charge the brotherhood in the practice of medicine when sharing knowledge or educating them.
 - 3) Students regard teachers as senior family members and teachers regard students in the same way as their own children .
 - 4) Other excerpts from the Hippocratic oath regarding the sacred profession --the brotherhood and sisterhood.
2. These similarities in the size of 5 varieties of medicine:
 - 1) Eastern medicine,
 - 2) Shamanism
 - 3) Western medicine
 - 4) Medicine of the Greek civilization,
 - 5) Herbal medicine
3. The value of nutrition in medical practice in developing countries.
4. The emerging of Socialistic communism medicine for an example in Cuba with capitalistic medicine.
5. The theoretical basis, of what makes the practice of international humanitarian medicine and surgery such an incredibly rewarding experience.
6. What is psychic income? Why psychic income occurs; What is the outcome of repetitive doses of psychic income?
7. The psychological phenomenon of peak experience, the emotional capital occurring when previous teachings and experiences coalesce in a moment, where future career and purpose of life become crystal-clear
8. Abraham Maslow's theory of "Peakers" described in Chip Conley from Stanford's book.
9. This state of compassion in its most pure form. Theories regarding compassion from the philosophical bodies of knowledge of the five great religions, Buddhism, Judaism, Islam, Catholicism, Hindu, as well as teachings on compassion from Native American cultures.
10. The social return on investment
 - 1) Huge personal and social returns for the patients and their community from the treatment of burns, cleft palates, etc.

- 2) How micro credit can produce huge returns on investment by alleviating poverty as part of public health measures. (ref. Muhamed Yunus Nobel Prize for Social Business and the Future of Capitalism, creating a world without poverty and for the book *Banker to the Poor*)
 - 3) How investing in a peak experience for a young student early in life creates a return of investment many orders of magnitude greater over the course of a lifetime career in medicine.
11. The Theory of Flow or Zoning principal described by Mihaly Csikszentmihaly, book *Flow. The psychology Of Optimal Experience* as it applies to internationalism as **group flow**.
 12. When harm is done to the patient, what action is ethically preferable? A path of less exposure to risk *versus* "an opportunity in each crisis for innovation and progress in medicine"
 - 1) Seven incidents, each with two alternate ethical choices, and outcomes.
 - XIV) Death of a nine-year-old girl burn patient: The arrogance of a Stanford chief resident.
 - XV) Lawsuit from my first transsexual sex change patient.
 - XVI) The ethical question the Unruh act as practiced by anesthesiologist Murray Walker of operating on dead patients.
 - XVII) Being kicked out of Mexico
 - XVIII) Forced removal of surgical operation from Ecuador.
 - XIX) Medical ban from Latin America
 - XX) The unscheduled landing of our airplane.
 13. Theories regarding dissatisfaction with 40% of physicians in medical practice.
 - 1) Overregulation by government.
 - 2) Little tangible compensation from the insurance carrier.
 - 3) Over application of theory of justice by malpractice trial lawyers.
 - 4) The value placed on physicians by society.
 - 5) See pharmaceutical companies, and NIH overly control the financial support in the promotion and rank of physician educators
 14. Theory of the medical advancement. How do we maximize medical progress? How do we balance creativity and pushing limits with risk minimization?
 15. What are the limits to the current hospital care systems? How can we expand access beyond our current medical systems?
 - 1) Mobile surgical facilities
 - 2) Methods of training for local community members
 16. Generally perceived obstacles for why a trip cannot be successful and if/how each can be addressed.

17. Liberation Theology: the doctrine of giving priority to the poor. What are the ethical arguments for each side?
 - 1) Dr. Rosen's ethics of practicality: "the Letter to Garcia"
 - 2) Professional guidelines
 - 3) Decisions necessary in war surgery
 - 4) The ethical balance of ideology versus practicality

18. Theory and Practice of 501.C. 3, Nonprofit Corporation
 - 1) The value of the nonprofit sector to society
 - 2) How NGOs differ in options and efficacy from government programs

19. Nature and incidence of the burn injury
 - 1) Economic burden on society. The new challenge of nonprofit organizations and university community programs
 - 2) Theories on prevention versus treatment
 - 3) Pathophysiology.
 - 4) Resuscitation, prevention of contracture, reconstruction and psychological rehabilitation to society
 - 5) The perfect program for entry-level surgeons, for students, and for public support: labor intensive, great psychic income lower monetary income. A great world problem

20. Large-scale ethical issues:
 - 1) Are all people equal?
 - 2) Does the end justify the means?

OBSTACLES AND BARRIERS

The overarching purpose of course Surgery 150 is for the student to embed in their career the principles and make a space for participation in international humanitarian surgery interchange. Specifically, for the student to make trips to a foreign land contributing to a university program or foundation program.

Recognizing the lack of Stanford lecturers with competence in most of the specific areas noted above is a barrier to providing a course from the mouths of professors who are able to back up their book knowledge with facts learned in significant amount of experience.

These obstacles are perceived as barriers to visit a new country, but in reality they become opportunities:

Lack of Personal friendships is actually a huge problem & is perceived as your first **stopping point**. Easily solved, however, with the **power of Facebook**. Twitter is foreplay to facebook.

Geographic separation is an obvious barrier.

Lack of knowledge of the foreign language.

Cultural Divergence.

Lack of personal development in the other culture.

Permission from professional hosts.

Approval of ruling class of the professional Association in the USA (American College of surgeons) or similar professional groups in developed and developing country.

Additional barriers are lack of:

Lack of support

- ✓ host government
- ✓ the community of both countries
- ✓ the backing of the University from both countries .
- ✓ providing help to industry both countries
- ✓ Medical instrumentation.
- ✓ Clearance through customs.
- ✓ Visa.

Dan Laub 12/17/12 12:40 PM

Comment [1]: Social media are very helpful in addressing this concern.

- ✓ Long-term Personal professional friendships
- ✓ Money.
- ✓ Clean freedom from any interest in profit or money
- ✓ Ability to detect unwritten agendas.

Permission

- ✓ NO medical equipment.
- ✓ NO surgery instrument

SOCIAL ABILITIES :

Lack of social abilities naturally produce shyness and hesitation.

The Cure: Always talk to the person sitting next to you on the plane. Ability to smile at every person on the street is another form of magic in the other country.

To form Social affiliations, including marriage.

Expected social competencies in the life skills:

- a. ability to be discuss with the subject of course 150 and its body of knowledge
- b. ability to be conversant with the other person' s job and their life
- c. ability to talk with the host family at for example, Sunday dinner
- d. regarding the role of the mobile surgery effort as it affects and benefits the student and also the world.
- e. discuss the obstacles and barriers to success of that particular interchange.
- f. Discuss significant role of the course on world health,
- g. that job satisfaction of physicians from developed countries is improved radically when working out of their own country -- including statistics and the implication to them.

It is important to be able to talk both to the king and to the janitor, and how to make the **long term professional relationships**. These LTPR's are the foundation for your sustainability of the project.

These are the social skills camouflaging true friendship. True friendship is the foundation for the large scale innovations which have happened in the last several years, which are namely the emergence

of the concept of mobile surgery, defined as the surgeon who brings technology and ability to solve problems to the patient rather than the patient coming to the doctor. Indeed 58 organizations now now mount these programs of mobile surgery. **Not propter hoc but post hoc.** Not because of our primacy but following chronologically.

The how to knowledge about teaching in a developing country should be high in the medical provider's priorities. The teaching of medical students and servicio social interns is what the recipients ask for.

Management of professional jealousy is a political skill that is wanting in most of us. Local surgeons in the same specialty perceive your work will decrease rather than increase their personal income even though our surgery is for free.

Research is important, but difficult to initiate. The problem is that if you do not institute your research program right at the beginning, that is, to write it in the letter of intention, LOI, research is very difficult to happen.

Importance of advocating, writing and lobbying for legislation to be passed in the USA which would finally allow nonresident physicians to come here to acquire clinical knowledge. Need for federal program to sponsor Horton --Jobe interchanges which will foster lifelong professional friendships between individuals from unfriendly countries, and to recognize this technique to be a weapon of foreign policy and a useful political bonus.

Teaching counterpart professionals is as important as teaching the poor students.

Lecturing in the developing countries' hospitals and med schools and especially at their professional society and national meetings is vital for the long term.

Our students from the developed countries are expected to be the instructors in the skills of suturing with plastic surgery technique. Students might take interest in taking one of their country courses.

Cultural competency includes:

Familiarization with the other culture's ideas regarding afterlife, a power greater than themselves, second lives, romance, sex and marriage.

The Chinese definition for crisis is opportunity. There is a need to experience crises with your new friend and to make the solution together.

There exists a need for students are expected to follow with a formula and ritual similar to the following: starting with a formal needs assessment, then proceeding to the collaborative model (the items for which each country or party or institution is responsible). Next step is the task analysis, and both parties should formulate and sign the LOI letter of intention with formal signing and celebration. Finally the implementation date setting, the debriefing after trip, the evaluation, and revision of the plan. Part and parcel of our relationship with a foreign land.

Helpful working contacts: Kellogg, Rockefeller, CIA, the foundation book, the military, the for-profit companies in the country (advantages and his advantages), the pilots Association, the reception of the ship hope, the Peace Corps, formation of a Navy and Air Force, the various patient communities, for example, the gender community the cleft community and the women's action society and the Rotoract students group.

Familiarity with the history of international humanitarian surgery: Jesus, Ignatius Loyola, Albert Schweitzer, Tom Dooley, the USAID/AMA Vietnam program, the Peace Corps and its three incomplete principles.

The contemporaries, Paul Farmer, and SmileTrain, the 58 organizations, who are subsequent entries into the field of *international humanitarian surgery in developing countries with a multidisciplinary team concentrating on a single set of diagnoses.*

Barriers to a Core Value of Business Medicine Synergy and the Core Principle of Student Participation (Doing It)

Interplast Inc. was founded for the unwritten purpose of providing training opportunities for the Stanford residents and students. Surgery, pediatrics, anesthesia departments were involved, and benefitted from the training. The businessmen were top. Vice Presidents of the largest corporations in Silicon Valley and former professors. The axiom of all decisions must be directly related to the benefit of the bottom line, and that Interplast was not an educational institution. Residents and interns were eliminated by a vote of 14-12 at the Board of Directors meeting, creating diaspora between Laub and the Board. I martyred, favoring the teaching aspect.

Solutions became obvious with 30 years of time.