HOW TO WORK AS A SURGEON OVERSEAS
Introduction

Working as a surgeon for an international aid organisation is, for many, the professional and personal challenge of a lifetime. It can be unpredictable, difficult and exhausting, and conditions are usually basic in the extreme. But at the same time, it can be a very rewarding experience and, for many, it is a life-changing one. A volunteer who is well-prepared and properly-trained is a valuable asset to an aid organisation, whereas well-meaning but poorly-prepared volunteers can be a liability, both to themselves and to those they are trying to help. The aim of this booklet is to provide you with guidance on how to prepare for working in the humanitarian sector, and what it is likely to involve.

Many healthcare professionals are inspired to volunteer their skills when they see media coverage of major disasters, such as the recent Haiti earthquake or the floods in Pakistan. At times like these, medical humanitarian organisations, the Department of Health and organisations such as the Royal College of Surgeons receive a large number of enquiries from people wanting to offer their skills to help. But, at the same time, there are numerous other humanitarian emergencies around the world that do not get that level of media coverage, but are just as desperate for skilled surgeons who can bring medical care to people who really need it.

This booklet has been jointly developed by Médecins Sans Frontières (MSF) and the Association of Surgeons of Great Britain and Ireland (ASGBI). We hope it will encourage and help you to prepare for working in the challenging – yet extremely rewarding – field of humanitarian aid.
A brief history of humanitarian aid

The history of modern humanitarian aid began during the Second Italian War of Independence, in 1859, where 40,000 soldiers were wounded in the fighting on the battlefields of Solferino. A young man from Switzerland named Henry Dunant – who was in the area for business – organised volunteers to help him care for the wounded and dying in a nearby church. They treated the wounded impartially, regardless of whose side they had fought on. Henry Dunant went on to push for the creation of an independent organisation that would ensure aid was delivered fairly in war situations, and in 1863 this resulted in the founding of the International Committee of the Red Cross. He also proposed that the principles of such organisations should be agreed upon internationally, an idea which developed eventually into the Geneva Conventions. These were drawn up in 1864 to underline the four humanitarian principles of humanity, impartiality, neutrality and independence.

After the destruction and displacement in Europe caused by the Second World War, humanitarian aid assumed increasing importance. The United Nations was formed in 1945 by 51 countries committed to maintaining international peace and security, developing friendly relations among nations and promoting social progress, better living standards and human rights. The Universal Declaration of Human Rights was signed in 1948. A number of independent non-governmental organisations (NGOs) were formed at this time, including Oxfam, CARE and the International Rescue Committee.

Médecins Sans Frontières (MSF) was founded in 1971, after a group of French doctors joined an international aid mission to help victims of Nigeria’s civil war. They were frustrated by government interference in humanitarian aid and felt they were being silenced when they wanted to tell the world about
the atrocities they had witnessed. They joined a group of French journalists who were committed to the same principles – of speaking out about the plight of victims, and seeking an independent, impartial way to provide care where they saw the greatest need.

Humanitarian aid organisations

Humanitarian aid organisations are often broadly referred to as non-governmental organisations, or NGOs. Some focus on long-term developmental work; others respond to emergencies by providing humanitarian relief and medical care. Before deciding on a particular organisation to work for, it is worth researching its mandate and principles, to make sure you really believe in what it does. For a full list of international medical humanitarian NGOs, go to:

www.msf.org.uk/other_overseas_organisations.
Médecins Sans Frontières (MSF) is an independent, international, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, healthcare exclusion and natural disasters. Every year around 3,000 professionals from around the world, from both medical and non-medical backgrounds, put their ideals into practice, working with MSF in more than 60 countries across the globe. Whether in high-profile emergencies in the glare of the world’s media, or in forgotten crises that never make the news, MSF gives lifesaving humanitarian assistance to those in the greatest need – irrespective of politics, race or religion – and speaks out to raise awareness of people’s suffering.

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Challenges of working in the field

Working as a surgeon for an international aid organisation is not easy, and conditions may well be very different from what you are used to. In some of the more remote locations where MSF works, volunteers must adapt to basic conditions, staff shortages, and the need to take on more than one role. Surgeon Mhairi Collie worked with MSF in Sri Lanka. “I had to be involved in the management of the whole hospital, not just the operating theatre,” she recalls. “This might mean training national staff on hygiene and sterilisation, doing ward management or watching the stocks – literally making sure we had enough sutures to do an operation.”

This versatility extends to the kinds of operations surgeons carry out. “At home, surgery is becoming more and more specialised. But, as a surgeon with MSF, you really need to be able to turn your hand to anything that comes your way – general, orthopaedic, ENT, plastics, obstetrics, even neurology,” Collie says.

Living conditions are often tough. In the early stages of an emergency response, volunteers may live in a tent, shower with buckets of cold water and eat pre-packaged meals. In other instances they may live and work in extremely remote locations where contact with the outside world is limited. They may have to communicate with patients through an interpreter.

Understanding the religious and cultural context is crucial, as is an awareness of the effects of social deprivation, war or famine on the mental state of patients. Surgeon David Nott says: “In cases where an amputation is eventually necessary, the offer of this operation is stubbornly resisted in some parts of the world. Patients may prefer lifelong crippledom – or even death – to the social degradation of being without part of an arm or a leg.”
Despite all of these challenges, working as a surgeon with MSF is, for most, an immensely rewarding experience. “I would unreservedly recommend the ‘MSF experience’ to other surgeons,” says Mhairi Collie. “I just loved it. Not only do you do some real good for the people who desperately need your help, but you also get so much back in return.”

The experience can be very valuable professionally, too. For many, it is an opportunity to hone old skills and develop new ones. Collie explains: “On a professional level, I found the experience I gained very valuable. Here in the UK I’m a colo-rectal surgeon, and the obstetrics and gynaecology I did in Sri Lanka, when the obstetrician on the team went on leave for seven weeks of my six-month mission, has made me much more familiar with gynaecological anatomy, surgery and pathology – to the benefit of my patients I’m sure. In the absence of the diagnostics we rely on in the NHS, you need to become more attuned to the physical examination of your patient, and this must surely hone clinical skills.”
How to get involved

Requirements

Essential requirements:

• Registration with the General Medical Council or Irish Medical Council
• To have FRCS with CCT or equivalent
• Current or recent practical experience
• Ability to provide training and supervise others
• Willingness to work in unstable environments and with limited resources
• MSF generally requires general surgeons who are competent in emergency and trauma surgery and have a willingness to learn basic emergency maternal surgery (i.e. C sections) if required prior to departure
• Alternatively specialist surgeons are required for orthopaedics or plastic surgery

Desirable requirements:

• Experience in paediatric surgery, obstetric surgery and/or plastic surgery may be beneficial
• Languages are an asset, especially French and Arabic

You will also need to be:

• Available for a minimum period of six weeks to six months
• Have a minimum of three months’ travel or work experience in developing countries
• Flexible and able to manage stress
• Adaptable and able to work in a team
• Available at short notice, though this is not always necessary, as MSF plans most placements in advance
Recruitment process

Recruitment processes are different in every organisation. The following section briefly explains how to join MSF’s emergency register.

If you feel you meet the criteria to join MSF, you can apply online at www.msf.org.uk (or www.msf.ie for Ireland). If we think that your skills and experience match our requirements, you will be invited to attend an interview at the MSF UK London office (or MSF Ireland Dublin office for Ireland). Before your interview, you will be asked to complete and return a pre-interview questionnaire and surgical skills assessment form. The interview will last approximately one hour.

MSF’s register is a database of people available for deployment. Following a successful interview, you will be accepted onto the MSF register and asked to provide two satisfactory professional references, one of which will need to be from your current or most recent employer. Please note that all applicants provisionally selected for the MSF UK/Ireland register will be asked to apply for a disclosure through the Criminal Records Bureau. This record will not necessarily be a bar to obtaining a position with MSF.

A human resources officer will provide you with job descriptions and vacancy information and help match you to a position in the field. You will need to be clear about your availability, and will need to inform us of any changes, so as to prevent delays in the process of matching you to a field position. This is a competitive process as many people apply globally for a limited number of positions.

You will be asked to attend an induction day in our London office. Once matched, it is likely you will be sent on a one-week preparation course, although this depends on how urgent
your departure is. You will also have briefings in the UK/Ireland office and, if appropriate, in the operational section prior to your departure to the field, followed by a full briefing on arrival in the field.
How to get time out from employment

Taking time out of your career to do humanitarian work abroad is less difficult than you might think. In the UK for instance the BMA has produced a guide aimed at NHS staff called ‘Broadening your horizons: a guide to taking time out of work and train in developing countries’, available online at:

www.bma.org.uk/international/working_abroad/broadeningyourhorizons.jsp

Further information on working abroad as a surgeon is also available on the Department of Health website at:


For more information, and to inform your employers or educational bodies about the positive benefits of your involvement in humanitarian aid, the following article might be helpful:


Salaries and benefits

MSF offers fixed-term UK employment contracts to surgeons; these can be from six weeks upwards, depending on the assignment.

Volunteers are paid a modest salary per month to help cover their basic costs in the UK/ Ireland whilst they are overseas. For current salaries, please contact MSF’s Human Resources department. Additionally, MSF meets all the costs of living, transport and accommodation in the project country, and
reimburses travel expenses to and from the home country. Travel expenses incurred at the request of MSF for the purpose of briefing and debriefing are also reimbursed. MSF also offers a comprehensive benefits package.

Career opportunities

MSF is committed to the learning and development of field staff. Volunteers meet with a learning and development officer before and after their mission to discuss how MSF can help support their learning and development needs.
Interviews with UK and Irish surgeons

James Smith is an Irish surgeon who has been on four missions with MSF

Why did you decide to volunteer with MSF?
At medical school we had a programme to volunteer abroad, and I went to Zambia for a few months. As a student I felt a bit helpless; I didn’t have the feeling I could do much. So I made a decision to go back when I was better qualified. When the time came, MSF seemed like the best organisation around. A friend of mine had worked with MSF, so I contacted her and she was very enthusiastic about working with MSF.

How did you get the time off work?
I was in the middle of my general surgical training and, when I felt confident I could make a valuable contribution in the field, I took a year’s career break. I had to get the OK from the training committee, but once I talked to them they were very supportive. You just have to talk to people. You’ll be surprised by the positive response.

Where did you go with MSF?
The first mission I went on was in Guinea. I worked in a rural
hospital for four months. It was quite isolated and I was the only surgeon there. It was at the end of the neighbouring conflicts in Liberia, Sierra Leone and Ivory Coast, but it was not too bad where we were. I did an elective in obstetrics before I left, which I was very happy to have done, as nearly a third of the cases consisted of obstetric emergencies. There was also a lot of osteomyelitis.

Then, for my second mission, I went for six weeks to Haiti. It was in 2005, and there was a lot of turmoil at the time. There were ongoing battles in Port-au-Prince between the slum groups, the police and the UN. Because there were regular battles, we dealt a lot with gunshot wounds. As there was little affordable healthcare, MSF rented out a private hospital in Port-au-Prince to help treat victims from the conflict. The workload was very variable: one night you might do three laparotomies and then no major case for three days.

On my third mission I went to Burundi, and stayed there for five weeks. The conditions on this mission were more similar to those in Guinea: no significant conflict going on, just a real need for healthcare.

You also went on an emergency mission to Pakistan, after the earthquake?
Yes, that happened later that year; I got a phone call from MSF asking if I could go out to Pakistan as soon as possible, and I managed to get the time off work. I was in the first group from MSF to go out. The devastation was incredible; it was five or six days after the earthquake and there was chaos everywhere: tents full of people, some of them treated and some of them needing care. We tried to organise them, trying to discharge treated patients and treat patients who needed help. It was a fantastic communal effort: there were Afghans, Iranians, Japanese, Austrians and Cubans, all from different
aid organisations, all working together. There was also a large number of Pakistani surgeons from all over the country who made a huge contribution to the relief effort.

**What were the main challenges you faced as an MSF surgeon?** Operating is different in the field. It wasn’t like having to operate with just a knife and a fork though – there was a certain standard of equipment. In the MSF team there was a logistician, an anaesthetist and an OT nurse. We had clean water, electricity and a clean theatre. Instruments and drapes were sterile; there were intravenous fluids, antibiotics and adequate suture material. But you had no access to diagnostic tests, limited access to blood results and no X-rays, so diagnosis were made by clinical examination alone. This could be sometimes quite difficult, as communication was often through an interpreter. Everyone was extremely helpful wherever I went, both locals and MSF staff.

**Do you have any advice for surgeons who are thinking of going to the field?**
I would recommend it to anyone to go and do voluntary work abroad: it is a life-changing experience. You are looked after well in the field and MSF is very strict on security issues, making you feel very safe. You have to be flexible, and willing to deal with new and unexpected situations, often in situations you may not be comfortable with. Overall, it is a very worthwhile and rewarding experience.
Why did you decide to go and work with MSF?
One day, in 1993, I was sitting in front of the TV and saw a documentary on Sarajevo, Bosnia, called the Sarajevo Diaries. I phoned MSF UK on 23 December and I was in Sarajevo on 2 January. I stayed there for a month. It was really exciting. We were operating under the hospital and we had to do operations with lamps that were connected to car batteries. From that moment I was hooked. It was a real war environment with lots of people wounded from snipers, guns and rocket grenades. I had an enormous feeling I was doing a lot of good for people by bringing my surgical experience there.

It is, of course, hugely different from working in the UK: you have to take into account that there is no back-up support, no critical care support. You have to make most decisions on your own, which means you have to be very aware of the circumstances. There is also very little blood available, sometimes only ketamine as anaesthetics; it can be a very difficult environment. A piece of advice is never to operate in an area where you don’t know what you’re doing.

How do you get time off work?
I take four to six weeks of unpaid leave from the hospital; I don’t take any holidays. My hospital is very supportive and
helpful. They feel that going to the field is beneficial to me, to the people I treat and also to the hospital. The hospital gets credit for letting a surgeon do this kind of work abroad.

In the beginning I had to convince them, and it was quite hard, but nowadays people are more tuned into aid work. NGO-type work is much more accepted.

**What have been your highlights of working in the field?**
Every place I have been has been different. The beauty of working for MSF is that you are really helping people; you offer them the best chance of life they have. You also get to see amazing cultures and environments. When you work for MSF, you are really with the people; you live with them and get an amazing insight into their world.

**What were the main challenges you faced?**
The main challenge is that you don’t know what to expect. But MSF is fairly structured, so after your first mission you know what is available, and that makes it easier. MSF is well-provided for and well-equipped, although it does differ from place to place. In Haiti we had the best equipment you can imagine, while in Congo it was quite basic. The basic stuff is always of a high standard, and the sterility is very good. Theatre teams are very well-structured; a surgeon fits in the team really well.

Another challenge is that, in some projects, you will be operating in a small theatre while you hear gunshots and bomb-blasts around you. That has an effect on your psyche. MSF is very security conscious: there are daily updates on the situation around you and you get a lot of support in the field. If a situation becomes too dangerous you will be evacuated – that happened twice to me, in Yemen and in Congo. The living conditions themselves vary: they can be pretty basic, from
sleeping on a concrete floor with not many toilets and a cold bucket of water for a shower, to a very nice house with a hot shower.

What advice would you give to surgeons going to the field? One needs to be prepared and understand the variety of cases you can see in the field. The problem is that you can’t get this experience unless you go to the field or go on a course. But you will learn more every time you go on a mission.
Conclusion

Working for an international aid organisation means facing up to numerous challenges, both personally and professionally. It won’t make you rich either. But, for most people, the rewards far outweigh any disadvantages. As Steve Mannion, a surgeon who has worked with MSF in Rwanda, Afghanistan and Sri Lanka, puts it: “The overall benefit of the experience far outweighs any perceived deleterious effect on career, love life or bank balance.”
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