

WHY PATIENTS ARE AT MUCH GREATER RISK OF SERIOUS HARM FROM DRUGS IN THE SHORT-TERM MISSIONS (STM) SETTING

1. Lack of knowledge of the patient (Every Patient is a New Patient). This risk factor, alone, significantly limits the kinds of drugs even the very best physician, under ideal conditions, can prescribe safely.
2. Lack of adequate medical record, medication list, allergy record, list of diagnoses, etc to determine whether a drug may be contraindicated.
3. Lack of adequate time for obtaining accurate and complete history.
4. Lack of adequate time /facilities for obtaining accurate and complete physical exam.
5. Lack of availability of reliable laboratory testing.
6. Lack of adequate provider training and knowledge of WHO international standards and evidence-based practice guidelines for developing countries. This is true even when the provider is practicing within his/her specialty.
7. Lack of emergency medical systems and intensive care units for timely and appropriate treatment of adverse effects. Using one of STM's most frequently prescribed drugs, NSAIDs, as an example: NSAIDs cause 16,500 deaths/year in arthritis patients alone, due to GI complications alone, in the USA alone--Wolfe, M. M. et al. N Engl J Med 1999;340:1888-1899 (CV, renal, etc deaths were not included). This number would be much higher in countries without emergency systems & surgical ICUs; and arthritis was previously a non-lethal condition.
8. Confusion due to language and cultural differences. This risk factor, alone, significantly limits the number of patients/hour even the very best physician, under ideal conditions, can evaluate and treat safely. The WHO reports that "50% of patients fail to take medicines correctly." And there are numerous unnecessary deaths on the missions field due to this risk factor alone. This is especially tragic when the medicine has only symptomatic benefit, at best, and no therapeutic benefit (e.g. NSAIDs, Cold and Cough Medicines, Diarrhea Medicines, etc).
9. Lack of patient's familiarity with our medicine's adverse effects. Lack of package inserts, patient medication guides, black box warnings or other informed consent information legally required in our country.
10. Lack of adequate time for counseling by either the physician or the pharmacist
11. Increased risk of drug interactions and drug overdose: Because our medicines are free or low cost, patients often deny they are taking any medicines or have medicines at home in order to be certain they will receive ours. The frequent use of traditional medicines also increases the risk of adverse drug interactions.
12. Disrupts continuity of care for chronic conditions such as hypertension. The patient may, in fact, be well cared for by a local primary care physician who is using the best drugs available in the community for the patient's condition. Our treatment may adversely affect the physician-patient relationship and result in serious patient harm.
13. Increased risk of accidental ingestion: Lack of knowledge of child safety requirements by patients. Lack of safe storage area in home. Lack of child-safe containers (Again legally required in our country).
14. Increased mortality due to lack of poison control centers, emergency medical systems and intensive care units for timely and appropriate treatment of accidental ingestions or overdose.
15. Lack of availability of follow up if patient develops adverse side effects. Neither the prescribing provider nor the dispensing pharmacist will be available if there are any adverse effects to the treatment.
16. Local in-country health care providers and pharmacy personnel usually have little knowledge of our drugs and their adverse effects, and/or lack the resources to treat our patient's drug related complications.

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See [Harm from Drugs in Short-Term Missions-Review of the Medical Literature](#) for additional causes of harm and references.