

Christian Short-term Healthcare Missions Best Practices

Participatory Healthcare Done God's Way

INTEGRATION WITH UNITED STATES SHORT-TERM MISSIONS STANDARDS OF EXCELLENCE (<http://stmstandards.org>)



1. **God-Centeredness**—an excellent short-term mission seeks first God’s glory and his kingdom. It is centered on God’s redemptive purposes and love for all nations and modeled after Christ’s mission to the world. Those involved are people of godliness in actions, words, and thoughts who function out of doctrinally-sound, prayer-dependent methods which are wise, biblical, and culturally-appropriate.
 - a. Loving God needs to precede and accompany loving our neighbor (Mat 22:37-39)
 - b. A balanced ethic of beneficence, non-maleficence, and autonomy honors God.
 - c. To “do no harm” is to practice love toward one’s neighbor (Romans 13:10).
 - d. A God-centered approach is a holistic approach, addressing physical, spiritual, cognitive, emotional, and social elements to promote *shalom*.
 - e. Self-examine all parties for ethnocentrism and prideful motives.

2. **Empowering Partnerships**—an excellent short-term mission establishes healthy, interdependent relationships between sending and receiving partners sustained by a willingness to learn and grow together in obedience to God while serving Him. These relationships are characterized by a primary focus on the needs of the receiving partners, open communication, humility, mutual trust, and accountability resulting in plans which benefit all participants and the kingdom of God.
 - a. Hosts, both expatriate missionaries and indigenous leaders, must be guides on needs culture, method.
 - b. Broad cooperation needed with host church and all local health services.
 - c. Recognize healthcare practices are often culturally defined and address this – understanding local “alternative” health care practices (ie. herbs, etc), judiciously recommending their use (which may be more accessible in the long run).
 - d. Strive for long-term partnerships and return trips, if fruitful, to build relationships.
 - e. Strengthen the local church by involving them in the medical project as coordinators, spiritual counselors, and drawing health care professionals from the local church in active service to community.

3. **Mutual Design**—in an excellent short-term mission sending and receiving partners collaboratively plan each outreach to include specific service activities which both partners believe to be aligned with their long-term strategies. They seek to involve short-termers in ministry activities that do not create unhealthy dependency and are within the capabilities of participants to accomplish. Those who go are screened, selected, and trained based on the mutual design so that they will place themselves in humble, servant, teachable positions in submission to the leadership of both partners.
 - a. Common vision and clear, concise, realistic goals set by both parties.
 - b. Champions needed from each party (both short-terminer and host).
 - c. For assets and needs assessments, engage in site-visit by leadership to build vision.
 - d. Culturally sensitive accountability, excellent communication, and prayer to create healthy interdependency.

- e. Match team expertise and specialization to meet health needs as possible.
- f. Emphasize holistic spiritual preparation including team building, cross-cultural training and motive assessment.
- g. Include strategic planning for safety, cost/benefit, health, training, evangelism and discipleship outcomes.
- h. Seek outcome measures, both physical and spiritual.
- i. Strategic missiological design: eg. unreached people-groups, disaster areas, disease outbreak, and chronically impoverished areas.

4. **Comprehensive Administration**—an excellent short-term mission exhibits integrity through reliable set-up and thorough administration for all participants in order to glorify God and be good stewards of time, talents, and funds. Honesty is foremost in all publicity, management of finances, and reporting of results. Appropriate risk management is implemented to remove unnecessary danger and keep risks within a mutually-determined acceptable level in light of our call to minister Christ’s love courageously but wisely. Mutually designed projects are well-organized with proper support logistics while remaining receptive to the Holy Spirit’s direction and changing circumstances.
- a. Obey all laws and submit to host government on professional licensure requirements.
 - b. Ensure appropriate level of culturally-sensitive informed consent with patients for invasive treatments and procedures.
 - c. Avoid procedures/treatment outside of expertise, except in serious emergency or trauma. Do not deviate from current practice standard of care.
 - d. Avoid expired (and experimental) medications even though only a few are proven to break down after exp. date.
 - e. Follow WHO guidelines on essential medications and prescribing practices. Purchase medications locally when possible.
 - f. Do appropriate risk management for team safety and malpractice liability.
 - g. Balance minimizing risk to team through disease prevention, security, sight selection verses maximizing meeting greatest need courageously.

5. **Qualified Leadership**—an excellent short-term mission screens, trains, and develops capable leaders for all participants who possess the character, skills, and values needed for the particular outreach. Leaders are well-prepared, exhibit spiritually mature servant leadership, possess appropriate skills, competency, accountability, and organizational skills. They also value empowering and equipping others and are committed to an interdependent, team approach to ministry.
 - a. Identifying spiritual, cultural and medical leaders, each with different roles
 - b. Qualified leaders needed among senders, goers, and hosts.

6. **Appropriate Training**—an excellent short-term mission prepares and equips all participants to be effective in the mutually designed outreach. Training is biblical, suitable for the planned service and culture, and timely. It is ongoing throughout all phases of the project (pre-field, on-field, post-field) and is performed by qualified trainers. Relevant training benefits all participants, fostering understanding, growth, and spiritual fruit while helping to prevent offense, damage, and poor stewardship.
 - a. Study endemic diseases in areas of service (eg. tropical or disaster medicine), learning from local health care workers whenever possible on-field.
 - b. Study poverty, its causes and consequences, as well as a holistic understanding of health, being sensitive to the disparity in resources across cultures.
 - c. Health Care providers need certification and training in area of service, working within their scope of practice, but open to learning new skills.
 - d. Areas of training for goers include cultural, spiritual, language, mission vision as well as logistics.
 - e. Emphasize training of host as needed, both church leaders, professionals and community health workers, as well as team members.

7. **Thorough Follow-Up**—an excellent short-term mission assures debriefing and appropriate follow-up for all participants as these are crucial aspects of any short-term mission to help participants invest and multiply the STM experience. Debriefing begins with on-field re-entry preparation and includes post field follow-up to apply lessons learned and promote continued growth and commitment to Christ and His world. All participants including hosts are asked to evaluate the experience and those responses are reviewed and used to identify and amend unresolved issues (if any) and improve future STM efforts.
- a. Plan with host for patient follow-up and sustainability within the community (both medical and spiritual)
 - b. Repeat deployments develop relationships and facilitate follow-up, but must avoid unhealthy dependency or interfere with local health care delivery systems.

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