

WHY PATIENTS ARE AT MUCH GREATER RISK OF SERIOUS HARM FROM DRUGS IN THE SHORT-TERM MISSIONS 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 history, contraindications, etc.
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.
7. 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.
8. Lack of patient's familiarity with our medicines and their adverse effects. Lack of package inserts, patient medication guides, black box warnings or other informed consent information that is legally required in our country.
9. Lack of adequate time for counseling by either the physician or the pharmacist
10. Increased risk of drug interactions and drug overdose: Because our medicines are donated, 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.
11. 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).
12. Lack of poison control centers, emergency medical systems and intensive care units for timely and appropriate treatment of accidental ingestions.
13. 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.
14. Lack emergency medical systems and intensive care units for timely and appropriate treatment of adverse effects. For example, the NSAID deaths/year for previously non-lethal conditions (16,500 deaths/year due to GI complications alone, in arthritis patients alone, in the USA--Wolfe, M. M. et al. N Engl J Med 1999;340:1888-1899) would be much higher in countries without emergency medical systems and surgical ICUs.
15. Local in-country health care providers and pharmacy personnel usually have little knowledge of our drugs and their adverse effects and lack the resources to help our patients.