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Psycho-medical aspects on migrants' health of III° world pediatric surgical patients

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ABSTRACT

The constantly expanding world wide mobility and globalization within the pediatric community puts new demands on pediatric surgical health care systems worldwide, forcing carers to pay attention not only on their best surgical and medical performance like in the past. In contrary, they are forced to pay much more attention on psycho-medical aspects like finance, rehabilitation, socialization and integration, culture, management and logistics, health education and language skills. Then, according to our opinion these aspects should be considered as Post Traumatic Stress Disorder (PTSD)-like syndrome and treated accordingly. Then handling this problem successfully, would be essential for the future survival of any health care system.

Keywords: Developing World Children Health Care; Psycho-Medical Aspects; Pediatric Surgery

1. INTRODUCTION

Our constantly expanding world wide mobility and globalization within the pediatric community starts putting new demands on pediatric surgical health care systems. It mainly happens in those in I° World Countries, due to the common assumption that their economy and systems are still powerful and well developed enough to tackle such issues. And, it is because of the never getting silent public voice insisting on the I° World Countries' obligation for humanitarian aid in any case. Forcing us carers to pay future attention not only on our best surgical and medical performance like we did in the past, quite contrary, forcing us even more to pay attention on other important aspects like:

- FINANCE
- REHABILITATION
- SOCIALIZATION & INTEGRATION
- CULTURE
- MANAGEMENT & LOGISTICS
- HEALTH EDUCATION
- LANGUAGE SKILLS

Therefore, this short communication is rather based on large statistics and basic science than on short case stories of strong characters like III° World Country children, who have been treated by or in a I° World Country institution after their severe homeland accidents.

2. PSYCHO-MEDICAL ASPECTS

2.1. Finance

In any health care system of the world financing is of key importance. In general, health care is usually financed by charity, sponsoring and volunteerism or by grants from hospital foundations operating either private or clerical. Or, in the most traditional way by health insurance companies, national or international active, operated by the government or private or even in combination. Western children usually do not have to worry about any health care issue at all, since their parents` health insurance protects them well right from birth until the end of their childhood. Even in complicated cases like in this recently emigrated Kazach boy, suffering a simple forearm fracture while visiting his homeland for the first time. Initial local maltreatment caused conversion of his simple fracture into a complicated one, however, he and his family could stop wor- rying. Then, immediately after being repatriated back to Germany, full insurance cover and specialized medical treatment according to German standards started immediately. Somehow comparable to the case of a little girl and her family, emigrated to Switzerland from Albania years ago. While visiting her homeland, an unattended serious infection caused a brain abscess and blindness. The little girl was repatriated back to Switzerland on her parents' own expenses after local non treatment in a pre- final

condition, where she finally could be resuscitated in an ICU setting. But in the large majority III° World children are too poor to get any access to local health care. Maybe except during I° World Country charity missions, because then, some of them have the chance to be selected by a humanitarian aid organisation with the capability to bring them abroad for their urgently needed specialist treatment. Like an Angolan girl, suffering from multiple dislocated, non-healing fractures, osteomyelitis and discharging fistulas for many years after survival of her terrible accident. If being charged and reimbursed in the German system, her hospital bill alone after a dozen successful surgeries would have reached approximately 150 000 Euros. Others might be lucky enough to rely on a rich grandfather, who can afford to buy them any (specialist) treatment here or there. An Arabian father paid a foreign (expert) surgeon a fortune of money to fix his little daughter's fracture properly. However, the surgeon failed and the father gets advice to have another surgery on her. Standing right in the consultation room, he called her primary surgeon on his mobile and shouted at him, before his daughter finally get her fracture revision according to the standard Swiss health care tariffs with a good final result.

2.2. Rehabilitation

After every treatment rehabilitation should follow in due course. But rehabilitation is always expensive, very time consuming, needs a lot of patience, motivation and a special team of experts in a well prepared setting. And in contrast to their beautiful and relaxing landscape, rehabilitation facilities in the III° World Countries are usually less well equipped and staffed. Handicapped children and their future perspectives are called "less important", and the active support during the rehabilitation process, by classmates or peers, which is seen to be very motivative in our culture, is more or less unknown, less common and sometimes nearly impossible according to their cultural backgrounds. Next to any physical and psychological rehabilitation process, educational rehabilitation is of utmost importance either here or there. But going to school for children in a III° World Country is very expensive, and when going to school, these children are definitely "lost" for the all day work load of their families. And last but not least, there is nothing like a carer work-off leave for parents of sick children like there is in the I° World social systems.

2.3. Socialization and Integration

Integration versus separation is the burning headline in the constantly ongoing socialization and integration process. First of all, you have to consider that you are the "stranger", who have to form and lead your professional team with high intercultural respect. And you are the one who is responsible to build up a "family-like" environment, where both the carers and patients can live in comfortable and survive. From our point of view it is also essential for our little patients to build up a/their "big family" here and there to avoid "home sick feeling" and loneliness as much as possible. And to give the at home waiting parents, worrying all day about their beloved child, a strong support by knowing that there is an "adopted" mother caring for their beloved child overseas, temporarily. In addition, it is essential that the older children learn how to build up new transcultural friendships, either lasting short or long term, and that they learn how get their self-confidence and self-esteem back after years of being "called names" and teased at their homes because of their handicaps.

2.4. Culture

Culture is the most difficult and colourful term to address with the doctor-patient-parent triangle relationship to start. Ranging from the high impact the traditional healer has the different pre- and postoperative counselling mode of the parents to your persistent high recognition as "the doctor". Second, the tasks that had to be done by the relatives for the patient and not by the health care personnel like in our I° World facilities. Sex and gender is rated completely different among the cultures. In Germany for example, everybody is eagerly interested prenatally, if it will be a girl or a boy. It is even standard in every obstetrical department to do sex determination and present colourful 3 D sonograms to the designated parents. While in contrast in India, it is strictly forbidden by national law to do any sex determination before birth at all. A puberty-related case comes out of an interdisciplinary child protection group appointment. A teenage girl originating from India but living in Switzerland since birth accused her father of child abuse on her. Finally, this was not true. She just did it, because her father didn't allow her to get out late in the evening. Nevertheless, this caused major trouble, namely the arrest of her father in prison for several weeks. While staying for training in hotel service abroad two teenagers originating from the Far Eastern World have a love affair. A baby with a huge myomeningocele was born. None have any financial or family back up, neither here nor there. The only thing they got were reproaches of the parents and relatives from overseas, because they were belonging to different casts and their next of kin have been informed only partially by the teenagers to avoid banishing. Surgical performance was more or less easy, compared to the efforts that have to be undertaken by the child protection group. Finally, the teenage parents could accept

their relationship in the European setting and their baby here and now. They were able to think thoroughful about adoption of the child by a specialized Swiss institution to avoid further culture-cast problems and harms between their families and countries. In Nepals, it is tradition to hang up your sick babies over the warming fire to cure them. It is less recognized that the hemp rope burns through and the baby will fall directly into the open fire. A fortnight after their burn injury two severely burned babies were found by accident during a consultant ward round during a surgical mission in a terrible condition covered solely by the pashimas of their mothers. Everything possible was done and everything available invested to save these babies lives, but all failed. Well trained in crisis counselling, feeling very sad ourselves, we have to learn that grieving and mourning is very much different in these families. Father and mother were not trying to support themselves, in contrary they were punishing each other many times after receiving this horrorful message. And they do (have to) differentiate, if the passed away is a girl or a boy. Finally, their tradition says, that the dead body has to be transported home in the rear baggage compartment of a taxi with the relatives walking near by. This taxi ride alone means the financial ruin for the next generations of this family, not even been thinking about payment of the hospital bill.

2.5. Management and Logistics

After receiving a child's emergency call in a I˚ World Country, the management and logistic system is able to respond quickly by sending a rescue team, even an ambulance jet if needed, 24 h/365 d, with highly educated and well trained staff. The situation in the III˚ World Country might engage high motivated people, too, but they will have to deal with different (less high tech) equipment in an uncomfortable set up with only limited resources. But to handle different on scene and disaster scenarios properly a well developed emergency medicine infrastructure like in the I˚ World Countries is essential.

2.6. Health Education

Health education and body knowledge and access to the relevant information is very much different between the I˚ and III˚ World Countries. In the III˚ World most of the knowledge is coming from the grandmothers and their life experience, because there is no basic health education at school, nor any internet nor any second medical opinion easily accessible. And, nearly always the service and professionalism of a translator is needed, who is without doubt interfering extremely into the vulnerable doctor-patient-parent relationship as well. The opinion and advice of the traditional healer about the disease or illness is of utmost importance for the III° World patient and a simple visit to the dentist here, is the mysteriously so called "angle's day" there. Pharmaceutical and blood products or alimentation and nutrition and their fortification are rated differently in the two worlds and are prone to different values.

2.7. Language Skills

Language and language skills are essential for any communication among human beings. Communication usually is based on the mother tongue. Like in the little girl with the brain abscess mentioned above. She has just started to learn her mother tongue, when she and her family were confronted with a life threatening diagnosis, a long term ICU stay while still being in an ongoing social integration process. The care for her sibling and going through an extensive neuro-rehabilitation added to the language barrier for sure as well. Her mother was the only family member able to speak a few words French forming later the base of communication. Another way of communication is "with hands and feet" like in the Angolan girl. All carers expected English to be the language of choice, but she was only fluent in Portuguese or Angolan, which none of her carer was. Finally, not to forget body language communication: While listening to the Western consultant's orders, the Nepalese junior doctor shook his head continuously horizontal like our "no". Until we all have learned the lesson that this means "yes sir" in his culture.

3. DISCUSSION

Starting with a very personal and empathic carer's approach on these psycho-medical aspects, focusing less on the medico-surgical than more on the psychological ones, our suggestion would be the interpretation as a "new" Post Traumatic Stress Disorder (PTSD)-like syndrome. Briefly, PTSD is an emotional illness that usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience to the individual. PTSD was first described in 1980. At the beginning, only life-threatening events, severe comprises of the emotional well being or causes of intensive fear for the individuum fulfilled the definition criteria. However, today clinicians have recognized that even patients with an uneventful medical course of their injury could ex- perience a PTSD syndrome. Currently, 3 groups of symptoms are required to assign the diagnosis: 1) nightmares, 2) phobias and 3) signs of hyper arousal like sleeping problems. Treatment options and management include psychological and medical interventions, mainly child-adapted psychotherapy.

To give a common example: A little Swiss girl suffered a severe squeezing injury of her middle finger. Her surgery was successful and everything healed well. She has a reliable and trustful relationship to her parents and to her doctor. Not to forget a stable family support with her both parent being professional child carer as nannies. Everything was based in a well developed health care system. However, this girl developed a "classical" PTSD for approximately 3 months.

If such a diagnosis has to be established in the so called safe environment of a I° World Country, how much more frequent and striking this diagnosis might be among III° World Country children and their families. Victims, who are first injured and traumatized in a much more unsafe environment, before they second have to seek for help in a foreign and unfamiliar environment of the I° World. Especially, if all the different cultural backgrounds, health education and language skills are taken into consideration. However, to solve this (global) problem would be essential for survival of any (global) health care system in the future.

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