

THE REST OF YOUR LIFE

Physicians Share the Rewards of Volunteering

The first time Mark D. Dressner, M.D., joined a group of medical colleagues on a mission trip to Honduras in the early 1990s, he made house calls an hour and a half away from the group's base camp on horseback.

"I had never ridden a horse before, so that was an experience," recalled Dr. Dressner, who is the inpatient director of the family medicine residency program at Memorial Hospital in Long Beach, Calif.

"We saw one patient with ascites and one with congestive heart failure. We had enough Lasix for only one and had to make an ethical choice. We also provided seizure medications to a mom who would seize and drop her baby in the process," he said.

On another trip, Dr. Dressner and his medical teammates encountered a Honduran man who traveled 4 hours through the mountains to ask for their help. His wife had just given birth and was seizing. The medical team agreed to help, and the man traveled 4 hours home to get his wife.

"Then he and her brothers traveled back, carrying the woman in a hammock hanging from bamboo poles," he said. "We were able to give her antibiotics—her temperature was off the thermometer—and we were able to semicontrol the seizures with Valium pills per rectum, which is the only possible medication we had. We were then able to find a truck to send her off to the big city for better care."

Since 1992, Dr. Dressner has participated in 11 volunteer medical missions to Honduras and Brazil through a program out of the University of Cincinnati College of Medicine called Hombro a Hombro, or Shoulder to Shoulder.

His interest in helping disadvantaged people in other countries dates back to his childhood when a Peace Corps worker paid a visit to his fourth-grade class to share her experiences.

"She did Corps work in Micronesia, and I always had these fantasies about doing that," Dr. Dressner said.

He returns to Honduras this fall with a medical team that will include his mother, who is a retired nurse and has kept her nursing license active just for the trip.

"If every doctor in the United States volunteered 2 weeks of their time anywhere in the world, the world would be a really good place," he said. "When you do volunteer work, it reminds you why you became a doctor to begin with."

Of course, you don't have to set foot out of the country to use your physician skills to make a difference in other people's lives. Volunteering your medical skills in any capacity "enhances the satisfaction of having the privilege of being a physician, if you develop a mind-set that the community is your patient, and you get involved with your community," noted Wayne C. Spiggle, M.D., an internist who lives with his wife on a farm in Short Gap, W.Va.

Dr. Spiggle practiced internal medicine full time for 33 years but 6 years ago transitioned to part-time volunteer practice. He now spends the equivalent of 2 days per week working for a community health center in Cumberland, Md., as well as for



Inspired by a Peace Corps worker, Dr. Mark D. Dressner has taken part in 11 medical missions to Honduras and Brazil.

a network of five community health centers in rural West Virginia. He also employs his knowledge and influence as a member of the West Virginia Pharmaceutical Cost Management Council and as a council member of the West Virginia State Medical Association.

"Access to care for everyone has been a core issue for me for my entire medical career," Dr. Spiggle said. "I think it's a national disgrace that we stand alone among industrialized countries, and we have the haves and the have-nots as far as our health care delivery is concerned."

You might not think of Beaufort County, S.C., as a place of hardship. After all, it contains the popular retirement community of Hilton Head. But more than half the children who attend public schools in the county are in the subsidized school lunch program, "which means that they are in the lower economic groups," said James Cerilli, M.D., a transplant surgeon who retired from the University of Rochester (N.Y.) in 1994 and moved to Hilton Head.

In 2003, he founded a not-for-profit organization called A Community Caring for Children, whose primary goal is to meet the dental needs of schoolchildren in the area. During various times throughout

the year, a staff of dental professionals drives out to schools in a van equipped with dental gear. In 2004, they performed more than 11,000 procedures on 2,200 children.

"We do cleanings, x-rays, fluoride applications, sealants, and a lot of education," said Dr. Cerilli, whose chief role is raising money to keep the charity running.

"The overwhelming majority of the kids we see have never seen a dentist," he added. "Some of them have never even used a toothbrush. In this group, preventive dentistry is not high on the list of family priorities. They don't have \$100 to have their kids' teeth cleaned. As a result, their oral health is terrible."

The charity employs four full-time workers: two dental hygienists, a nurse-practitioner/administrator, and a bus driver/data analyst. Annual operation costs run about \$325,000. Raising that kind of money after the initial enthusiasm about our program has not been easy, Dr. Cerilli acknowledged. "The population in Hilton Head is only 37,000. Unlike other communities where this type of program has been initiated, we don't have a big hospital that we can become an appendage of or a large corporation that takes it on under its wing. It's a wonderful, generous community, but it probably has 250 philanthropic organizations all looking for money."

Still, he hopes the charity's efforts translate into not only better oral health for needy schoolchildren but also improved self-esteem and success for them in later life. "You don't hire many receptionists or people in professional schools who don't

have teeth," he noted. "We think [our efforts] are going to increase employability."

For most of his 33-year career as an internist, Tom Connally, M.D., cared for high-ranking, well-to-do patients inside the Washington Beltway, including Supreme Court justices, Cabinet members, and billionaires. Soon after he retired in the fall of 2000, he started seeing patients one or two evenings per month at a free clinic in Arlington, Va., on a volunteer basis.

"I enjoyed it and found that I could contribute," he said. "To qualify for our clinic, you have to be below 150% of poverty. About 90% of the people we see were not born in this country, and they're struggling. They're grateful [for our help]. You have a feeling that you're doing something that needs to be done. Most of the people in the free clinic movement wish that free clinics weren't necessary, but we know they are."

Dr. Connally became the clinic's medical director in January 2005. He helps coordinate care provided by about 140 physicians who volunteer their skills in some way. "Half come over to the clinic at one time or another for an evening or afternoon clinic," he said. "The other half are specialists and subspecialists who see patients in their office."

He is also leading an effort to computerize the clinic's medical records. "I'm enjoying the quality control, partly because we do such a good job," he said.

For instance, he recently reviewed 40 randomly pulled charts of patients with diabetes. "Many had hemoglobin A_{1c} levels that weren't so good, but that was due to the nature of the patient, not the nature of the practice," he said. "But not a single one had a blood pressure [reading] in an unacceptable range and not a single one had a bad LDL cholesterol level. We've almost taken large-vessel disease off the table." ■

By Doug Brunk, San Diego Bureau

Overseas Volunteer Medical Missions: What's in It for You?

So, you decide to carve out a week of your time to join a medical mission trip overseas. But what can you expect from the experience besides the intangible sense of helping others?

For Steve Stabile, M.D., joining medical volunteer missions one to three times a year to countries in Latin America helps him improve his patient communication skills as division chief for ambulatory and community medicine in the department of family medicine at John J. Stroger Jr. Hospital of Cook County, Chicago.

The experiences abroad "remind me that when I walk into a room to see a patient, that this person's perspective, priorities, and philosophies may be something not only different from mine, but something that I've never encountered before," he explained, noting

that many of his patients in Chicago are from Hispanic backgrounds. "I feel like that's something I always need to be aware of. What I do in these trips impacts what I do every day when I interact with patients [back home]."

He was quick to add that even if you volunteer for a medical mission abroad just once in your life, "you will always have that perspective with you. I think it will change how you interact with patients."

He recalled the time that he and a team of colleagues visited a family in a remote area of Mexico. All three boys—who ranged in age from 10 to 18 years—had multiple sclerosis.

"The 10-year-old was just starting to show signs of the disease," Dr. Stabile said. "The courage that these boys had and their philosophy on life were in-

spiring. The oldest boy, who could only move his neck muscles and eyes, said to me, 'I know there are people in this world who have it worse than I do, so I spend my time being grateful for the things I have in my life.' He didn't survive much more than a year after that. That made me think about the resources we have here [in the United States] for people with very serious illnesses."

An additional benefit of helping people in another country is the ability to practice without restrictions and paperwork from health insurance companies and managed care organizations, added Dr. Dressner.

"Also, one doesn't need to [worry about] malpractice suits around every corner," he said. "This is pure and simple medicine."