Dr. WANDERLUST

Whether it's altruism or a quest for adventure that motivates them, physicians who practice overseas find cultural differences and medical conditions require flexibility and an open mind. Despite poor pay, many say they are richer for the experience.

ILLUSTRATION / SHARON KITAZAWA

By John Zicconi

Dr. Alan Zeller admits he was born with a full-fledged case of wanderlust.

Zeller got his first dose of international travel at a young age as a Merchant Marine during World War II. As much as he liked spanning the globe, the budding general surgeon returned to the United States after the war to study medicine and start a family. But despite a growing practice in his home state of Maine, the young doctor could not settle down.

While leafing through an issue of *JAMA*, he came across an ad looking for surgeons to travel to Afghanistan. He had found his calling.

"I didn't even know where Afghanistan was at the time," Zeller says. "But with five small children, we went there in 1969.

"I was just starting to make some money, so I really can't tell you why I did that exactly — it must have been the wanderlust coming back to me. We were originally only going to spend two years, but we ended up staying four-and-a-half years."

The only reason he left Asia was because two of his children had graduated from high school and wanted to attend college in the U.S. Earning just $300 per month, Zeller had to make more money to afford tuition.

"But my stay did not last very long," Zeller says. "After I came home and was here five months I got a call from Kaiser Aluminum asking if I wanted to go to Africa. They were very persuasive, and this time I was going to get paid."

The trip to Ghana to supply medical care for about 12,000 people who worked for a

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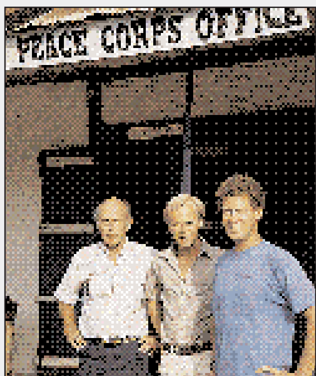
Dr. Alan Zeller spent four and a half years practicing in Afghanistan. Above, a patient is carried into Avicenna Hospital in Kabul. Left, Zeller and a visiting specialist supervise residents in surgery. Below, a tiny Afghan patient.

In the late 1980s, Zeller supervised health-care for Peace Corps volunteers in Sierra Leone, Liberia, and Guinea. At right is Zeller at an "upcountry" office with his son, George, a Peace Corps volunteer, and a friend. Below, Zeller with medical department staff members at the Peace Corps headquarters in Freetown, Sierra Leone.



PHOTOS/ DR. ALAN ZELLER

massive production facility lasted five years. He returned to the U.S. only after his wife became ill with cancer.

After his wife died, Zeller stayed in his native Maine for most of the next six years. But after remarriage to a woman who loved to travel, it was off to join the Peace Corps.

"Late middle aged restlessness settled in," Zeller says with a laugh. "A friend of mine from my (Afghanistan) days had connections at the Peace Corps and I convinced him to inquire for me. He said: 'I'll speak to the director of personnel, but you are getting too old for that. The Peace Cops does not want old doctors.' But when I got there, I found out that was not the case."

Stays in Sierra Leone, Botswana, Lithuania, and Estonia would eventually take place. Some assignments lasted as long as three years, others only three months. But it was not until 1993, when Zeller turned 68, that he returned to the U.S. full time to retire.

Living in Maine once again, he now believes his wanderlust has finally been tamed.

"You have to decide what your values are," Zeller says, reflecting on nearly 25 years of practicing medicine overseas. "We all know the kind of salaries that doctors make these days. The most money I ever made was when I worked for the Peace Corps – about $60,000 per year – and that's about a third of what I would have made if I stayed home and practiced."

"They way I look at it, I had a very enjoyable but expensive life experience. You do have to pay for these things. But I talk to my kids and my wife and I just never would trade it. We got so much out of it that it was well worth it," he says.

Beachside or backcountry?

Medical opportunities overseas come in three basic forms but provide a wide range of experiences. Some pay modest salaries, between $35,000 and $85,000, while others are volunteer. Time commitments range from one week to several years, with risk factors as diverse as the tropical beaches of the South Pacific to the war-torn hillsides of Rwanda and Bosnia.

Physicians who are looking for long-term adven-

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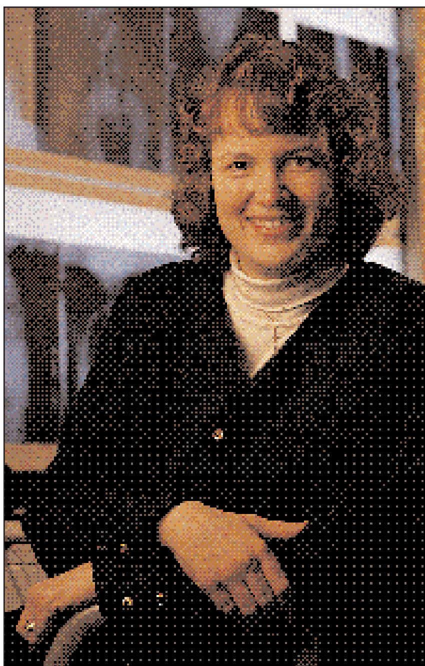
ture— two years or longer— but who don't want to risk their lives or take a huge cut in pay should consider a part of the international market known as locum tenens, which some industry officials joke is Latin for "working vacation."

Many of these opportunities consist of travel to "first world" nations like Australia, New Zealand, and Saudi Arabia. Doctors in these places work as hard as physicians in the United States, but usually have to make do with almost no modern technology and the lack of a referral network because they are often in remote areas. The trade off, however, is usually extended leave - as much as two months per year - and easy access to exotic parts of the world that would otherwise be impractical to visit.

"It was a great jumping-off place for travel," says Dr. Tim Jahraus, an internist and gastroenterologist from the Midwest who worked for the U.S. Public Heath Service on the Pacific Island of Saipan for two years. "When you took vacations it was a direct connection to Tokyo, Nagoya, Honolulu, and all the Pacific Islands. We took a diving trip to Truk, which is a really fabulous diving place, and we made arrangements to go to Bali and on to Singapore and Thailand."

Although assignments with this kind of benefit are available, they also make up a small percentage of foreign opportunities. Because licensing issues pose a major impediment to most of Western Europe, the lion's share of both short and long-term curative or teaching work is generally available in small clinics or hospitals in underdeveloped parts of South America, Asia, and Africa.



PHOTO/ BRUCE ZAKE

Working for a mission hospital in Bangladesh, Lisa Ruohoniemi spent much of her seven-month stay either confined to her living area or visiting other mission medical professionals. "...if I were to walk off the compound and go to the market area...the crowd I attracted as a white, foreign female was uncomfortable."

Many not-for-profit corporations or religious organizations send doctors to these places regularly.

Pay for this kind of work, unless you develop or direct programs, is almost nonexistent, and depending on the length of time involved, everything including travel expenses are often the responsibility of the doctor.

The third kind of overseas medical opportunities are through professional humanitarian relief organizations like the International Medical Corps (IMC) or Doctors Without Borders and are usually funded by local governments. Work includes both developing medical programs and emergency curative relief. Positions are both paid and volunteer, depending on the situation.

The August 7, 1996 issue of *JAMA* contains a list of about 100 organizations that fit all three of these categories. Other key periodicals that list foreign opportunities include *International Employment Opportunities* and the British publication *International Health Exchange*.

"If you are looking for overseas work, there are a lot of opportunities out there," says Pedro

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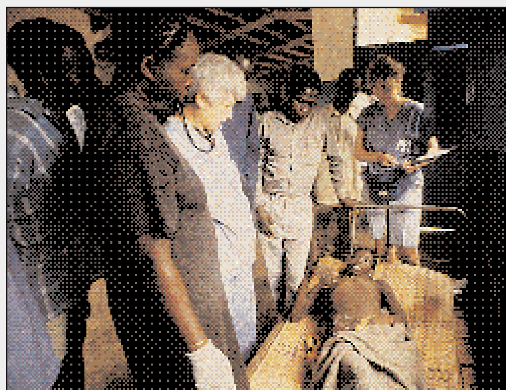
"The biggest draw medicine-wise is getting away from the technology that American medicine is going toward," says Michaleen Richer, a 51-year-old pediatrician from Denver who has spent most of the last decade in Africa. "In Africa, they don't have that technology available, so you are back to the one-on-one."



PHOTO/ INTERNATIONAL MEDICAL CORPS

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DeMacedo, an international recruiter for IMC. "But before you start looking, you should know all the different kinds of opportunities and the different types.

"It's not just decide you want to go overseas, call up an organization and you are gone. You need to match your skills with a particular organization and a country."

Part altruism, part adventure

You must also understand your personal motivation.

Physicians like Dr. Zeller are drawn by an almost unexplainable drive to dedicate their lives to helping the people of underdeveloped countries, while people like New Hampshire surgeon Joe Rosen make it no secret they are significantly motivated by their own spirit of adventure.

Leading annual two-week trips for the California-based organization Interplast Inc. to places like Katmandu, Nepal, and the Amazon to perform reconstructive surgery on cleft lips and palates, Dr. Rosen spends much of his down time abroad partaking in "Teddy Roosevelt type" adventures through parts of the untamed countryside.

"In the Amazon, we head out into the jungle or we get a float plane and head out somewhere," says Rosen, who tells tales of riding elephants, herding rhinos, and taking week-long sailing trips on 185-foot yachts owned by incredibly rich third-world industrialists. "Our world is very structured in America in terms of what you can and can't do. There are rules. The rest of the world is not that way as far as I can tell.

"When you spend a lot of time in the rest of the world you discover that we are relatively odd compared to most of the world," Rosen says. "When I go to South America, I live with my host, share their rooms and kind of share their life. We are very close. And although we help a lot of people, I don't think that is a major part of it. The major part of it is being part of someone else's culture and trying to see the world through their eyes."

But as exciting as foreign soil can be for a 44-year old American male, it can be equally as frustrating for a western female.

Medical women in many African or Asian countries usually are treated with a great deal of respect. But once the white robe comes off and they are not surrounded by their medical peers, female doctors are often just another second-class citizen without many rights.

Working for a mission hospital in Bangladesh, Lisa Ruohoniemi spent much of her seven-month stay either confined to her living area or visiting other mission medical professionals because touring the countryside was next to impossible.

"On the hospital compound I was fine," says the 34-year-old pediatric resident from Cleveland. "I could walk around and I was treated with respect. In the hospital, I could examine male patients. I became sort of neutral when I had a stethoscope around my neck.

"But if I were to walk off the compound and go to the market area, which was about a 10-minute walk, the crowd I attracted as a white, foreign female was uncomfortable. Unfortunately their impression of America is what they see on "Baywatch" and "Dallas." They think all foreign women are very loose. Some of the comments were really quite crude so I did not venture off the compound a lot. I would usually send Bangladeshis out to get the groceries I wanted."

Although women are generally more restricted than men, foreign cultures are not solely gender-biased. In the Middle East, where Muslim fundamentalists control many governments, the opportunities for foreign doctors are lucrative. However, *Unique Opportunities* could not find an American physician willing to talk because they were too afraid the government would take retribution for something they said.

"It's like living in a communist country," says Bryan Bradley, director of the international division of Supplemental Group Services, a private corporation that recruits physicians for 20 hospitals throughout the Middle East. "They cannot be very honest on the phone because sometimes the phones are monitored. Even if you say good things, they could (retract) your visa."

Hands-on medicine

Physicians agree living abroad requires a major adjustment, but they also stress that foreign countries often provide opportunities, both personally and medically, that are not possible here in the U.S.

Most American doctors are slaves to both technology and third-party payers. Abroad, much of the medicine is not only hands-on, but does not involve insurance bureaucrats or lawyers. Some may consider the working conditions crude, but many physicians who spend significant time overseas consider the freedom those primitive conditions create to be a welcomed relief.

"The biggest draw medicine-wise is getting away from the technology that American medicine is going

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Bringing Care to Romania

A typical Romanian general practitioner's office is rather desolate. Aside from a scale, stethoscope and blood-pressure cuff, a doctor may be lucky enough to have a couple of shoe boxes full of medicine. He'd be among the elite if he had a telephone, running water, and simple technology like an otoscope.

Drs. Linda and Milt Hanson, center, talk with Romanian students after Milt gave a talk in Romanian at the University of Bucharest.

Drs. Linda and Milt Hanson, both in their 50s, are working to change this bleak scene. The married couple from Minnesota have dedicated the rest of their professional lives to helping transform Romanian medical society into an industry that actually helps patients.

Medically, Romania is a country that needs alteration.

Because the government only pays physicians between $60 and $90 per month, the Romanian medical establishment has resorted, like many other professions, to extortion. Although simple office visits may only require a bribe of cents on the dollar, some surgeons will not take a case unless they are offered close to $500, a small fortune by Romanian standards.

New mothers even have to pay nurses to see their babies in the hospital.

"So in this country of free medical care for all, most people can't afford to go to the doctor," Linda says.

Continuing medical education is also virtually non-existent. And because Romanian society is one that holds age in high regard, highly sought-after "specialists" and "professors" are often people whose medical education has not been updated in more than 30 years.

"Doctors here have odd theories," Linda said. "Like women who are nearsighted should not give birth vaginally because it could damage their eyes to push."

Sent abroad by the World Mission Prayer League - a religious organization with about 20 full-time doctors in Asia, Africa, and Eastern Europe - the Hansons have worked in Romania for nearly three years. Most of their time is spent teaching primary care at a medical school in Transylvania and attempting to integrate simple concepts like preventative medicine, patient education, and early disease detection into the college's curriculum.

A second aspect of their program is professional outreach: instructing the most respected general practice physicians in their area how to teach medical students in their office.

"It's a good project," Milt says. "It's exactly the kind of thing that can change the country."

Medical missionaries, the Hansons receive virtually no compensation for their work. Aside from room and board, the mission pays the couple about $1,000 per month to live in a four-room apartment in downtown Bucharest.

Despite these close quarters, the couple also runs an informal medical clinic out of their home. But because of Romanian licensing law, they are only allowed to treat foreigners and cannot charge for their services.

"Legally, we don't see patients at all," Linda says. "Informally, we see friends, missionaries, and people who friends and missionaries refer to us. If they are ever Romanian, we only see them on a second-opinion basis."

Under Romanian law, the Hansons will be eligible to receive a medical license after living in the country for five years. Until then, they will likely continue to lecture and design medical-school programs.

"We hope to end up opening a teaching clinic where we see patients with residents in general practice and basically teach them how to do quality medical care." Linda says. ■

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toward - like laboratory, MRI and CT scans," says Michaleen Richer, a 51-year-old pediatrician from Denver who has spent most of the last decade in Africa. "You name it and there is a laboratory procedure to diagnose it. In America, we have gotten away from human contact with patients. In Africa, they don't have that technology available, so you are back to the one-on-one."

The extended human contact not only feels more like true medicine, but provides much greater professional satisfaction, Richer says.

"I love the challenge of figuring things out," she says. "Figuring out what a patient has without a lot of clues to help you is like a murder mystery. You need to figure out what weird strange tropical disease the patient has and how best to treat him to make it better. It's more of a diagnostic skill—a challenge for the mind."

Challenge is often the lure to practicing overseas. In war-torn areas, emergency surgeons, who are often considered "adrenaline junkies" by their clinical peers, enjoy the thrill of saving patients with knife or gunshot wounds who would otherwise bleed to death. But even those who work in relatively peaceful places cite the overwhelming need for their services as the number one reason for being drawn abroad.

"The majority of American doctors engage in trivial care of patients," Zeller says. "The patient is going to live or die whether they see the doctor or not. Very simply, what most Americans need to do is get more exercise, stop eating, get their weight down, and lay off the booze, drugs, and cigarettes. But they don't do any of those things."

Physicians who are looking for long-term adventure but who don't want to risk their lives or take a huge cut in pay should consider a part of the international market known as locum tenens, which some industry officials joke is Latin for "working vacation."

The population of many foreign countries, however, truly needs a doctor's talents.

"It provides a chance professionally to reach the peak of your abilities, especially as a surgeon," Zeller says. "The patients we saw in Afghanistan every day were either going to live or die according to what we did. Our friends think we are crazy because they are raking in the bucks and we are over there not getting anything. They think we are kind of eccentric misfits. But really, from a professional point of view, it was very fulfilling to go there and seek these tremendous challenges."

As much as practicing overseas has its rewards, it also takes a lot of getting used to. Even in the most advanced countries that provide the most modern of environments, the difference in culture can be enough to frustrate an American doctor who is used to a highly-efficient environment.

"Even if you do have the tools, you need a lot of support to carry out your beliefs in how a patient should be cared for," says Bradley, who stresses that foreign support personnel often lack quality training. And even if the staff is competent, they simply may not feel like doing something you need.

"The Saudis have a saying: 'In Shala.' It means if God wills it," Bradley says. "And God wills very little there. He does not will much, and he wills things very slowly."

Both patience and flexibility are a must overseas. In many places, supplies and even tools are hard to come by. Electricity and hot running water in both the hospital and home are not always reliable, and you have to make do with whatever is available.

"There are surgeons who can't do a procedure if they do not have a certain sized scalpel, a particular suture or some exact instrument," says Rosen. "That is tough in many environments. You can't just order it from across town.

"You have to adapt or be flexible with what is available. That does not mean you can't do a good job. You just have to realize there are a lot more ways to do it than the way you might have been trained."

In fact, an open-minded physician will likely learn many procedures and techniques because his peers, most of whom studied in a different country, were not taught the same way.

"Even though I went to teach, in reality it was me doing the learning," says Lyndon Laminack, a Seattle internist who spent five months at a mission hospital in India before finding a full-time position in Singapore. "I'm sure I contributed some, but quite frankly, I think I got more out of the deal than the hospital did be-

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cause it was my first exposure to tropical and third-world medicine."

For all the less-than-qualified support personnel or lack of optimum working conditions that a doctor may face, the hardest part of working in many places overseas is dealing with death. In America, death is the enemy and everything is done to prevent it. In many foreign nations, death is a normal occurrence that happens all the time.

Not only is there no such thing as malpractice in most Third World, Middle Eastern, or Asian nations, but physicians often have to decide who lives or dies by how much time there is in the work day or how many operating rooms are available.

"You have to be a little hard-boiled," Zeller says. "When you have 10 people and can only take one, you have to decide which one you are going to take. You still feel sorry for the other nine, but you can't break down and get all upset because they are not going to make it."

Although no one misses the lawyers, the responsibility that comes with these decisions can be a breaking point.

"It is one of the hardest things about working overseas," Ruohoniemi says. "There are so many times you have to say 'I'm sorry, there is nothing I can do' when you know in this country some of their cases would not be complicated and there would be many things you could do for them."

"But for a lot of these people, they literally have nothing else," Ruohoniemi adds. "So you realize that doing your best is infinitely better than nothing, even if you fall terribly short." ■

John Zicconi is regular contributor to UO.