Learning from the Medics: Professionalism and Ethical Implications of 'Practicing on the Poor'

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Introduction

With the burgeoning popularity of embedding 'Live' 'Design & Build' projects within an architect's formal university training, there has been an inadvertent move towards conducting these 'hands-on' modules within the international development context. This subtle but dramatic shift by architectural educators to engage with the heavily potent politics and complexities that come with the international development sector is happening at a time when the profession and its training is in flux (in part thanks to the EU Professional Qualification Directive).

Despite this, there is a growing interest within architecture schools of running international live projects. Evaluation of these studio experiences is strongly positive for the students, but there is little, if any, assessment of the impact on the host community. Most, if not all, have failed to discuss and integrate the ethical considerations of such practices into their programmes. In comparison, our medical peers have simultaneously seen the demand for their students to take part in their equivalent 'International Health Electives' (IHE's or often referred to as GHE's, Global Health Electives) balloon. But unlike us architects, medical schools have begun to highlight the important role and responsibility the education process has in fostering and formalising professional ethical training for students intending to serve patients, in all contexts.

Why Go International?

International Health Electives (IHE's) is a term used by the medical profession and largely understood as a period of health work, where the student travels abroad, primarily to a resource-poor country to gain greater medical experience. Sometimes offhandedly referred to as 'medical tourism' its popularity has grown dramatically in the past decade. Hanson et al (2011) argues that this popularity is in response to student demand for international experiences, and as a result has overlooked critical ethical reflection (Shah & Parmar, 2011). By targeting and promoting projects that 'serve' resource-poor areas of the global South, university departments attract students. These experiences are seen as CV enablers, and although there may be students with altruistic reasons, wanting to offer their services to the under-served, the dominant reasons remain for personal student educational and career benefit, described as a "one-way opportunity" benefiting students from wealthier countries (Mutchnick, Moyer & Stern, 2003).

What you get from IHE's according to the Global Health Education Consortium (GHEC, 2011) is: self-understanding of tolerance levels; new skills and knowledge; academic credit; satisfaction that you can perform in exotic settings; finding direction for future learning. Elansary et al (2011) references previous research showing that international rotations can also foster cultural awareness, elicit a deeper understanding of poverty, and influence students to pursue careers for underserved populations.

Worryingly there seems to be little to no distinction between a 'Live Project' and an 'International Live Project' within architectural education. The major differences between working with a 'live' client locally compared with engaging in development 'poverty reducing' practices at a global scale has somehow been ignored. Architectural educators seem to have not acknowledged or realised that they are providing an 'International Architecture Experience'.

The resulting benefits of going international are thus not specifically articulated. The Architecture 'Live Projects' Pedagogy International Symposium held in Oxford Brookes (2012) summarises the general benefits of conducting student live projects as enabling them to 'gain practice-ready professional experience such as job running, as well as develop a sense of civic social engagement and gain an education that is aimed at nurturing tomorrow's citizens for lives of consequence'. The University of Brighton website, states in regards to their Live Projects 'Our aim is to foster and further develop the skills that will equip our students for the modern professional practice: creative and critical citizenship and professionalism; development of active participation regionally, nationally and internationally; intellectual agility and an openness to developing new kinds of collaborative practice in response to the needs of the changing landscape of clients, communities, developers and policy makers' (University Of Brighton, 2014). Neither, as an example, single out the obvious and fundamental differences in local vs global projects.

So What is the Problem?

Although international research programmes and international aid projects are subject to institutional review, ethical guidelines and strict donor evaluations and impact assessments, western foreign students are able to practice their vocation on scarce-resource,

vulnerable hosts, without little concern or reference to the potential harm they cause. At a practical level, an obvious criticism is that these resource-poor locations can often barely meet their own needs (hence the resource-poor bit), and certainly aren't able to function as hosts to overseas foreign inexperienced students. More importantly, major key criticisms and ethical failures from the current normative practices include:

Misrepresentation

Well-intentioned students and educators show the omnipresent ethical dilemma of practicing beyond ones abilities. This vignette goes to highlight the common mis-perception that people who live in 'poverty' will benefit from any medical or architectural service, irrespective of the experience, or lack thereof, of the provider. Hosts are rarely made aware of a student's educational and skills status, or are unable to demand better services, only going to enforce existing power relations. In a recent British Medical Journal blog (Laying the Ghost of the Empire, 2012) it reiterates: 'The local healthcare professionals sometimes perceived white skin to be synonymous with expertise, placing unprecedented levels of trust in us and allowing us to make decisions and perform procedures that would be unacceptable in the UK'. This very act of misrepresenting the skills being provided may violate the principles of professionalism subordinating ones self-interest to the interest of others.

Hubris

Without proper ethical professional training and mentorship a medical or architectural 'hubris' is likely to be nurtured. The encouragement of the 'I can save the world' mentality, by students in the global North, with grand images that they can save poor and disenfranchised Africans with little more than novice (and questionable) knowledge should be of serious concern to us all. By failing to appreciate the existential fallacy in this pedagogical approach, this saviour attitude is likely to do more to put marginalised communities at risk, and encourage a neocolonial model of dependency on foreign 'professionals' rather than building capacity locally.

Dependence

Further dependence is created by these experiences bringing with them finances (to build schools, or provide medical supplies) that helps to mask failures of the state. 'Such dependences can create feedback cycles of resentment and cross-cultural breakdowns between local partners and programmes in the global North' (Huish, 2012). Ultimately this reinforces the notions of hubris from the North by assuming our peers in the South are not capable of keeping pace with modern progressive medical progress or design technologies. This is a criticism being widely debated within the ethics of global charitable giving and the failures of development aid (Klein, 2008. Polmon, 2010. Moyo, 2011). IHE's or international live architecture projects are not, and should not be immune to the same criticisms.

Equity

International development students and post-graduates dedicate years of scholarship to understanding the socially complex nature of inequity. IHE's and international live student projects however discuss, if anything, a very limited and narrow appreciation of the structures and socio-political flaws, both past and present of the development paradigm. And as such, students who witness the severely strained conditions whilst on their foreign travels, often misunderstand the reasons for the global in-equilibrium and may, in turn, reduce their ability to measure inequalities in the North as worthy of moral attention.

Double standards

It is difficult for first and second year students to assess their own limitations, as such the medical and architecture professions require a certain level of knowledge to be attained prior to having clinical or on-site responsibilities.

Circumventing this path in resource-poor settings creates a double standard of ethical and professional conduct. The Declaration of Helsinki (quoted in Angel, 1988) states 'ethical standards applied should be no less exacting than they would in a case of research carried out in the sponsors country...human subjects in any part of the world should be protected by an irreducible set of ethical standards'. The British Medical Journal (quoted in Radstone, 2005) takes a deontological view saying that students should treat their work in the developing world no differently as they would in their home countries - it being unethical to 'practice' on a community just because it has the misfortune of being poor.

There are reasons why students, be it medical or architectural do not practice certain skills in their own community until they are fully 'qualified', are these concerns just not relevant when in the Global South?

What Have the Medics Done?

Although it may appear to be of benefit to all - simply bringing 'knowledge', resources, free labour and equipment to communities in 'need' - there may be devastating consequences. Because IHE's and the architectural equivalent are primarily learning environments for the benefit of the Northern students, it falls to the educational communities to acknowledge their role and responsibility of the impacts of these international projects.

As is hopefully evident by the reliance on medical references to these concerns, the last decade has seen a wealth of discussion and acknowledgement of the issues faced by medics practicing in an international context. Much more than could be said for us architects. That said, medics have only just begun to address these polemical issues in their training practices and begin to develop practical responses to it.

Student toolkits are now available to download from the British Medical Association entitled 'Ethical questions medical students should consider when doing electives in resource poor countries'. The Association of Faculties of Medicine of Canada released a "global health essential core competencies" guidance for all IHE programmes to follow (AFMC Resource Group, 2010), advocating 'all medical graduates should understand the major factors that influence the health of individuals and populations worldwide'. The Working Group on Ethics Guidelines for Global Health Training (WEIGHT) also developed a set of guidelines for field-based practices (Crump et al., 2010).

But, as Huish (2012) argues, 'if the goal is to have practitioners act as [global] agents of change', then why not consider an entire undergraduate degree, or specialised stream in International Development Studies, Political Economy or Anthropology before engaging in international development practices. 'If global health inequity is to be treated on the same moral standard as other medical specialisations, then programmes should expect students to bear the same level of deep understanding to the discipline'. Cannot the same logical argument be applied to architecture where we constantly reiterate to our students the importance of understanding the context and clients' needs prior to designing a building. Should we not then be providing educational pathways to allow for international development design specialists?

Conclusion

The obvious solution is just not do these international student programmes. But what about the genuine concern for a more socially driven architecture that so many students have good intentions towards. The opportunity to serve an underserved population (the other 90%), the desire to help still remains.

While university led architectural international live projects are beginning to provide students with the knowledge and practical construction experience to put their design ideas into reality, they must remember that they also bear the responsibility of training their students in a framework to approach these experiences in a principled and professional way. It is necessary that the educators running these programmes provide adequate and formalised preparation for both architectural design, the ethical challenges of working in resource-poor settings and acknowledgement of their potential devastating impacts.

If these programmes really must continue regardless of their resulting negative effects, they could do well to explain not just what the problems are perceived to be, but more importantly, how these scenarios came about. Modules could begin by illuminating the complexities and criticisms of international development, engage in moral ethics and then discuss the power inequalities and possible role of architecture as an agent for social justice. Students would gain a better grasp and understanding of the solidarity and respect between people, regardless of the setting. Assumptions would be updated and a much more emancipatory approach to global design challenges could be explored.

Perhaps students and their educators would also begin to realise that their agency may be better placed and served in the communities that 'can tell them to go to hell' (Illich, 1968).

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