

# A Helping Hand: The Case for Volunteerism

Kaitlyn Reasoner, BA,\* Mihir J. Desai, MD, MS,† Donald H. Lee, MD†

Medical professionals are often regarded as influential community figures, yet their actual civic engagement may not match these expectations. Physicians certainly have a commitment to their own patients, but principles of medical ethics and professionalism suggest that physicians are also responsible for treating patients who lack access to care. Physician volunteerism is beneficial for entire communities, but can be particularly transformative for uninsured, underinsured, or geographically isolated patients. Volunteerism also yields countless benefits for physicians themselves, including professional development, skill building, and reduction of burnout. Despite evidence for the positive results of volunteerism, some physicians are discouraged by the time commitments, working conditions, and ethical controversies. Yet for interested physicians, diverse opportunities exist in medical and nonmedical activities and domestic and international areas. (*J Hand Surg Am. 2018;43(10):941–944. Copyright © 2018 by the American Society for Surgery of the Hand. All rights reserved.*)

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ON AUGUST 5, 2017, OVER 40 VANDERBILT University Medical Center staff members volunteered to provide free hand surgeries for 9 uninsured patients. The inaugural Vanderbilt Orthopaedic Outreach Day was part of the American Society for Surgery of the Hand's Touching Hands Project. The patients were screened and referred by Shade Tree Clinic, Vanderbilt's student-run free clinic. This outreach day, other Touching Hand Project initiatives, free clinics, and international medical outreaches exemplify the widespread benefits of physician volunteerism.

## VOLUNTEERISM AND MEDICAL PROFESSIONALISM

Although medical professionals are widely expected to be civically engaged, a mismatch may exist with physicians' actual levels of participation. Although almost 95% of physicians rate community participation (defined as providing health-related expertise to community organizations) as "important," only 54.2% actually provided this service to their community over the last 3 years.<sup>1</sup> To explore this discrepancy, it is important to consider the ideals of medical professionalism.

Defined as the "basis of medicine's contract with society," professionalism emphasizes placing patient interests first, practicing with integrity and compassion, and providing medical advice to society.<sup>2</sup> Principles of professionalism translate into physicians' tangible responsibilities and commitments. For example, a principle of social justice is implemented by improving access to care regardless of socioeconomic, geographic, or educational barriers.<sup>2</sup> Physicians' social responsibilities can be broadly sorted into 2 mindsets. First, many endorse a responsibility to community health with an emphasis on the common good. As in public health and social medicine, the community itself

From the \*Vanderbilt University School of Medicine; and the †Vanderbilt Orthopaedic Institute and the Department of Orthopaedic Surgery, Vanderbilt University Medical Center, Nashville, TN.

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**Corresponding author:** Donald H. Lee, MD, Vanderbilt Orthopaedic Institute and the Department of Orthopaedic Surgery, Hand and Upper Extremity Center, Vanderbilt University Medical Center, Medical Center East, South Tower Suite 3200, 1215 21st Avenue South, Nashville, TN; e-mail: [donald.h.lee@vanderbilt.edu](mailto:donald.h.lee@vanderbilt.edu).

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is the “patient,” with lower priority placed on individuals’ health.<sup>3</sup> The alternate view focuses on a professional obligation to individual patients. Although all physicians are undoubtedly obligated to treat their own patients, this viewpoint maintains that physicians are also responsible to care for those who have no physician.<sup>3</sup> The American Medical Association’s Code of Ethics echoes these responsibilities by stating that physicians should “promote access to care for individual patients ... providing pro bono care in their office or through freestanding facilities or government programs ... waiving insurance copayments in individual cases of hardship.”<sup>4</sup> These ethical standards guide a professional obligation of social responsibility demonstrated by free medical care, public health measures, and political advocacy.<sup>3</sup>

### DEMOGRAPHICS OF VOLUNTEERISM

Despite this solid foundation for physician volunteerism, statistics remain very poorly defined. Volunteer activity is self-reported and interpretations vary widely. Some research separates pro bono care from volunteerism, with pro bono care occurring in the normal medical practice, whereas volunteer care occurring outside of the regular practice.<sup>5</sup> It is unclear what percentage of physicians make this distinction when reporting their volunteer activities. Although a number of surveys analyze physician volunteerism or charity care, it is difficult to compare physician and nonphysician volunteer activity because of the ambiguities noted above. Considerable discrepancies exist in reported rates of volunteerism. An analysis of the 2003 Current Population Survey found that 38.8% of physicians report volunteer activity within the last year.<sup>6</sup> However, the American College of Surgeons’ analysis of Current Population Survey data between 1996 and 2005 found that 82.4% of surgeons and 70.4% of nonsurgeons participated in charity care, defined as the provision of free or reduced cost medical care to financially needy patients.<sup>7</sup> The discrepancies and inconsistencies of these data indicate the need for more robust research on physician volunteerism.

A few interesting patterns emerge regardless of volunteerism definitions. Surgeons rank highly in charity care participation, perhaps because they often provide emergency care for uninsured patients.<sup>5,7,8</sup> Physician volunteerism is positively correlated with income; physicians with annual incomes over \$250,000 engage in the highest rates of volunteerism.<sup>8</sup> Charity care is most often performed by physicians in solo practice or practice groups.<sup>8,9</sup> Physicians

in health maintenance organizations (HMOs) and institutional practices have the lowest rates of charity care, suggesting that institutional policies may deter charity care within the larger bureaucratic setting.<sup>8,9</sup>

Unfortunately, physician involvement in charity care appears to be decreasing.<sup>9</sup> Volunteering physicians devote an average of 9.5 hours per month or 4.3% of total practice time to charity care.<sup>8</sup> This suggests that a minority of physicians are providing the bulk of charity care.<sup>5</sup> The decreasing rates of physician participation are concerning because of the positive impact that physician volunteerism can have on patients, trainees, and physicians themselves.

### BENEFITS FOR COMMUNITIES AND PATIENTS

Despite the Affordable Care Act, millions of Americans remain uninsured. In addition to insurance difficulties, many patients experience geographical barriers. A 2006 American College of Surgeons’ geographical analysis found that 30% of U.S. counties lack a surgeon.<sup>10</sup> Nine million people inhabit these 925 “surgical desert” counties.<sup>10</sup> Physicians are uniquely positioned to care for these uninsured, underinsured, and geographically isolated individuals. Medical volunteerism can also have positive economic impacts. Statistics from free clinics consistently report a decrease in patient nonurgent emergency department visits and costs after their enrollment in a free clinic, yielding economic benefits for patients, hospitals, and communities.<sup>11</sup>

### BENEFITS FOR THE HEALTH CARE TEAM AND TRAINEES

Physician volunteerism also offers a distinctive opportunity for training and mentoring. Despite formal instruction in bioethics, concerns abound over the implicit values of medical training that may discourage the goals of medical professionalism and civic engagement.<sup>3</sup> By initiating and participating in volunteer opportunities, senior physicians can encourage civic involvement in their trainees. Although institutional policies may deter charity care in some large hospitals, physicians at academic hospitals are more likely to participate in broadly defined community involvement as compared with their nonacademic colleagues.<sup>1</sup> Physicians who serve as preceptors of physicians-in-training are similarly more likely to participate in civic involvement, perhaps because they recognize the importance of their mentoring role.<sup>1</sup> Trainee mentorship can be an integral volunteer activity itself and yields an extra impact if

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