

## Briefly

**Medical tourism:** With US health insurance providers and employers now urging people to seek cheaper medical care abroad, the American Medical Association has adopted guidelines for medical tourism. At their core lie the propositions that care should be voluntary and sought solely from internationally accredited providers ([www.ama-assn.org/ama/pub/category/18678.html](http://www.ama-assn.org/ama/pub/category/18678.html)). An estimated 150 000 Americans sought care overseas in 2006, with nearly half of procedures categorized as medically necessary.

**Checklist:** Mark the surgical site. Count the implements and sponges. The basics are in a 1-page “Surgical

Safety Checklist” ([www.who.int](http://www.who.int)) unveiled by the World Health Organization in a bid to prevent complications and deaths during surgery. The WHO estimated at least half of 7 million surgical procedures that lead to complications annually are entirely avoidable.

**Online auctions:** American hospitals have begun using online auctions to sell their patients’ debts or accept guaranteed payments for access to unpaid accounts by collection agencies. Thus far, the online auctions (run by ARxChange.com and medipent.com) have typically garnered mere fractions of pennies on dollars owed as hospitals have confined the auctions to older debt. The American Hospital Association estimated in 2006 that

some 5000 community hospitals now carry about \$31.2 billion in debt from unpaid patient bills or as a result of charity care.

**Obstetric trends:** With 26.3% of children now being born in Canada by cesarean section, the Society of Obstetricians and Gynaecologists of Canada is urging physicians to scale back recommending the operation out of convenience, instead of medical necessity, because it puts more women at greater risk of complications such as infections, obstetrical wounds and cardiac arrest, while financially burdening the health care system. — Wayne Kondro, *CMAJ*

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## DISPATCH FROM THE MEDICAL FRONT

## Darfur: Christmas

It is 4 weeks into my mission with Médecins Sans Frontières (MSF) and I am in the rebel-held village of Feina in the mountains of South Darfur. But there is little fighting here and it is a relatively safe place to work.

I arrived by helicopter — my first such trip — and was fascinated with everything I could see from the air: dry empty areas with a few goats or camels, an occasional solitary person, torched villages and abandoned, empty huts. As the mountains became higher, there were fewer and fewer people and huts. The village looked makeshift: tents and plastic sheeting. The helicopter landed just 20 metres from the town and I walked right out into it. I thought for a moment that we had reached the end of the world. When it flew off, for a moment, I wondered what would happen if it never returned.

The MSF project is a small area holding a few tents where we offer care to sick and pregnant women. The largest tent is used for the feeding programme. Mothers and children peek around the tent and stare at me curiously.

One of the most beautiful African traditions is the way that women bind children onto their backs and carry them all day. I ask one of my Sudanese



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Midwife Maaïke van Rijn thought she’d lit a candle at the end of the world during a 6-month stint with Médecins Sans Frontières in the Sudan.

midwives if she can show me how they do this. A child is found somewhere and tied onto my back using a piece of cloth. The tent mothers laugh. ... Less than 2 minutes later, I feel something warm run down my back. The tent mothers laugh harder.

The midwives’ tent has 5 beds, including 1 for deliveries. The tools of the midwifery trade are carefully placed under a blanket. A jerry can full of water stands next to the tent. Farther along is a box filled with medicines and bandages.

I only get heart palpitations when I think about a delivery that might call for something a bit more complicated.

Once a week, after market day, a truck leaves for the closest hospital, hours away in the district capital of Nyala. I imagine telling a woman in my home country, the Netherlands, that she cannot be taken to hospital for a week.

My sleeping quarters are basic: the shower is a bucket of water and an empty paracetamol (acetaminophen) pot that you can use to throw water over yourself. The toilet is a hole in the ground. The hut where I am to sleep is made of mud and stones. A straw roof. No electricity. That night, I light a red Christmas tree candle which I have brought with me to celebrate the holidays. It flickers in the wind that sweeps through the gaps in the hut’s walls. — Maaïke van Rijn, Feina, Sudan

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*CMAJ* invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: [wayne.kondro@cma.ca](mailto:wayne.kondro@cma.ca)