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<tr>
<th>From</th>
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<tr>
<td>VSOC Travel</td>
<td>FW: FYI Medical clearance Lisette ...</td>
<td>Thu 10/29, 9:19 AM</td>
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<tr>
<td>International Nurse</td>
<td>RE: RE: Your health</td>
<td>Thu 10/29, 8:52 AM</td>
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<tr>
<td>Shirley Lord</td>
<td>Re: medical for Shirley Lord</td>
<td>Wed 10/28, 4:44 PM</td>
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<tr>
<td>Nadia Islam</td>
<td>Re: Antimalarial prophylaxis</td>
<td>Tue 10/27, 11:59 AM</td>
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<tr>
<td>charlton jones</td>
<td>Vaccinations Schedule</td>
<td>Tue 10/27, 8:28 AM</td>
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<tr>
<td>Nadia Islam</td>
<td>Re: Antimalarial prophylaxis</td>
<td>Mon 10/26, 7:07 PM</td>
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<tr>
<td>Nadia Islam</td>
<td>Antimalarial prophylaxis</td>
<td>Mon 10/26, 6:48 PM</td>
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<td>Reintegration</td>
<td>Stephanie De Chassy</td>
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<td>Lindsay Winters</td>
<td>VSO</td>
<td>Thu 10/22, 9:14 AM</td>
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<td>josiane fontaine</td>
<td>some pills VSO</td>
<td>Tue 10/20, 6:04 PM</td>
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<tr>
<td>George Harris</td>
<td>RE: Medical for Next Short Term A...</td>
<td>Fri 10/16, 9:55 AM</td>
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<tr>
<td>Gina Grone</td>
<td>Medication Update</td>
<td>Wed 10/14, 9:58 PM</td>
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<tr>
<td>jonathan coolidge</td>
<td>Medication Update er primaquin worked</td>
<td>Mon 10/12, 4:10 AM</td>
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<td>Greg Spira</td>
<td></td>
<td>Sat 10/10, 10:06 AM</td>
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<tr>
<td>Taryn Barker</td>
<td>Re: CUSO-VSO Volunteer: Replacing ...</td>
<td>Fri 10/9, 7:00 AM</td>
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<tr>
<td>Taryn Barker</td>
<td>CUSO-VSO Volunteer: Replacing ...</td>
<td>Thu 10/8, 6:54 AM</td>
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<tr>
<td>Josie Gordon</td>
<td>Quick question</td>
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<td>Alexis Yameogo</td>
<td>visite medicales</td>
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<td>mark hyslop</td>
<td>TB testing</td>
<td>Wed 10/7, 12:45 PM</td>
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<tr>
<td>Marian Dodds</td>
<td>Re: vso doc</td>
<td>Tue 10/6, 12:20 PM</td>
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I have no conflicts of interest to declare.
“Dr. Livingstone I presume” 1871
• what are some of the realities of overseas medical care

• do we owe or can we provide our patients some support if they request help abroad

• how can we provide this efficiently and economically

• what are the risks and rewards of providing remote medical care and advice
Warning:

What follows is NOT evidence-based. Rather, it is based on anecdotes, sweeping generalizations, worst case scenarios, lots of Emails and phone calls, and 30 years’ experience!
1. How many of you provide **PRE-TRAVEL** advice?

2. How many of you provide **POST-TRAVEL** advice?

3. How many of you provide **INTRA-TRAVEL** advice?
Volunteering: The Face of Development.

At CUSO-VSO, we believe we are changing the world, one volunteer at a time. That's because volunteering can be transformative for both the overseas communities and the volunteers themselves.

Each year, we send hundreds of North Americans to work on collaborative development projects in more than 40 countries around the world.

Are you ready to make the journey?
Find out more

In this podcast, Derek Evans, the executive director of CUSO-VSO, discusses the changing face of international volunteering. Evans looks at the link between international development and human rights, and how we're on the cusp of a new global volunteering movement.

CUSO-VSO is one of North America's largest international development organizations that works through volunteers.

We gratefully acknowledge the financial support of our donors, partners, and the government of Canada through the Canadian International Development Agency (CIDA).

Visit our library

Podcasts & Publications

Check out our resource library for audio & video podcasts, publications on development issues & the volunteers making a world of difference, and info on volunteer alumni books.
Trail of Medical Missteps in a Peace Corps Death

By SHERYL GAY STOLBERG   JULY 25, 2014

Try a Times digital subscription for 99¢
When you’re sick in a strange country ....

- you don’t know what’s the matter
- you don’t speak the local language
- it’s 100° in the shade
- you’re not too sure about the local medical care
- your mother is not there!
Local medical care

- unavailable or of poor quality
- diagnostic facilities unavailable or unreliable
- multiple diagnoses
- polypharmacy
- tendency towards injections
- favourite diagnoses = malaria, typhoid or both
- homeopathy
Lamu, Kenya
CIWEC Clinic
Travel Medicine Center
โรงพยาบาลกรุงเทพ
อ.เฉลิม จ.กรุงเทพ

รับประทานครั้งละ 1เม็ด CAP/TAB

วันที่: A01/14
ชื่อยา: Propranolol
ชื่อ: Mr. Romy

Take daily 1 เม็ด 1 วันละ 3 ครั้ง ต่างๆ ตามตาราง

เช้า MORNING กลางวัน LUNCH
เย็น DINNER ก่อนนอน BEDTIME

(หากท่านได้ทุกช่วง ช่วงโมง)
TAKE EVERY 4 HOURS
90% of medicine is in the history

Sir William Osler

Dr. Eric Topol
E-mail: The Benefits

• it’s cheap

• it’s not all diagnosis and treatment .... rather advice

• it can be quick, almost immediate at times

• 90% of the diagnosis is in the history

• you can see pictures ... even videos! (Google hangouts, Skype, Facetime)
E-mail : The Concerns

• the privacy and security of e-mail communication cannot be guaranteed

• e-mail is indelible – use your words carefully

• e-mail communication is not a substitute for clinical exams

• it’s not the same as being there

• woops … I didn’t check my e-mail
Edward Snowden says Canadian spying has weakest oversight in Western world

NSA whistleblower compares pending Canadian anti-terror Bill C-51 to U.S. Patriot Act


Edward Snowden comments on Bill C-51 and Canadian liberties

Edward Snowden comments on Bill C-51 and Canadian liberties  2:12
Hillary Clinton: 'I have said repeatedly I want those emails out'

By Dan Merica and Eric Bradner, CNN

Updated 12:24 PM ET, Thu May 21, 2015
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<tr>
<th>Name</th>
<th>Subject</th>
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<tbody>
<tr>
<td>Mary Ellen Porrata</td>
<td>TravelMed: Altitude medication for Lhasa trip (3)</td>
<td>May 19</td>
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<tr>
<td>Nadine Hammoud</td>
<td>TravelMed: accelerated schedule for Ixiaro (3)</td>
<td>May 6</td>
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<tr>
<td>David Mayfield</td>
<td>RE: TravelMed: HRIG Mali and Burkina Faso (4)</td>
<td>Apr 30</td>
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<tr>
<td>Michael Jones</td>
<td>RE: TravelMed: Schistosomiasis in Lake Eyasi Tanzania</td>
<td>Apr 22</td>
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<tr>
<td>David Freedman</td>
<td>RE: TravelMed: High altitude and history of stroke (2)</td>
<td>Apr 22</td>
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<tr>
<td>Frank James</td>
<td>RE: TravelMed: Hereditary Spherocytosis and altitude</td>
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<tr>
<td>Jean-Francois Desrosie</td>
<td>RE: TravelMed: calculating YF vaccine risk (2)</td>
<td>Apr 10</td>
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<tr>
<td>promed-request@pror</td>
<td>ProMED Digest, Vol 34, Issue 2</td>
<td>Apr 1</td>
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<tr>
<td>David Casafranca</td>
<td>RE: TravelMed: MMR second dose</td>
<td>Mar 31</td>
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<tr>
<td>Ron Behrens</td>
<td>RE: TravelMed: ? Malaria risk Huai Hin Lad Nai village in northern</td>
<td>Mar 28</td>
</tr>
<tr>
<td>Patricia Donahue Leitc</td>
<td>TravelMed: Risk of Yellow Fever (6)</td>
<td>Mar 24</td>
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<tr>
<td>promed-request@pror</td>
<td>ProMED Digest, Vol 33, Issue 52</td>
<td>Mar 23</td>
</tr>
<tr>
<td>Michael Libman</td>
<td>RE: TravelMed: MMR second dose</td>
<td>Mar 21</td>
</tr>
<tr>
<td>Trish Batchelor</td>
<td>RE: TravelMed: Rabies vaccination and mongolia (4)</td>
<td>Mar 19</td>
</tr>
<tr>
<td>David R. Shlim</td>
<td>RE: TravelMed: Delayed Rabies treatment?</td>
<td>Mar 9</td>
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</tbody>
</table>
“I really enjoyed being with you in Maastricht. I hope we can spend some quality time together in Quebec City. Fondly ..... “
Electronic Etiquette

- always act in the patient’s best interest
- demonstrate professional competence
- maintain patients’ privacy and confidentiality
- adhere to your own country’s policies
• electronic advice should become part of the medical record

• consider an “e-mail” contract

• choose your words carefully

• use your common sense
The CMPA

You will generally be eligible for the Association’s assistance in the case of medico-legal issues that might arise from:

- Providing medical advice or information prior to departure abroad to volunteers who are Canadian residents
- Providing advice regarding health matters via e-mail or phone to volunteers overseas who are Canadian residents
- Arranging medical care abroad and repatriation for volunteers overseas who are Canadian residents

The CMPA would not offer assistance for treatment, advice, etc. given to volunteers who are from the United States or other volunteers who are non-Canadian residents. You should obtain appropriate commercial liability protection for your medical work with non-residents.
Physician-Patient E-Mail Communication: Legal Risks *

By Dr. Patrick Ceresia, Managing Director of Corporate Services;
Domenic A. Crolla, General Counsel

Physicians who choose to communicate with patients by e-mail should be aware of the legal risks and consider precautionary measures to help mitigate those risks. Patients should also understand the risks and be prepared to assume those risks. A template consent form, with suggested content that physicians can adapt to their own specific needs, is included. Physicians should also consider reviewing any applicable statutory (e.g., privacy legislation) or provincial licensing body requirements that may impact the use of e-mail to transmit patient health information.

Legal risks

There are three potential areas for liability in e-mail communication: confidentiality and privacy, timeliness of responses, and clarity of information.

CONFIDENTIALITY AND PRIVACY

Since physicians cannot guarantee e-mail privacy and confidentiality, they should consider the following precautions:

- Be clear about when and to whom a patient's e-mail can be shown for consultation purposes.
The CPSO

Telemedicine

SHARE >

Policy Number #:3-14
Policy Category: Administrative
Under Review: No
Approved by Council: April 2007
Reviewed and Updated: December 2014
Publication Date: Dialogue, Issue 4, 2014
To be Reviewed by: December 2019
College Contact: Physician Advisory Service

Downloadable Version(s): Telemedicine | Patient Information Sheet and FAQs

Introduction
## Email Consultations in Healthcare

**On this page**

- Current regulatory framework
- Potential benefits
- Potential disadvantages
- Attitudes to email consultation
- Safety and security
- References

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PatientPlus articles are written by UK doctors and are based on research evidence, UK and European Guidelines. They are designed for health professionals to use so...
A picture is worth a thousand words ...

or 144 characters!
Hi Dr Wise,

I was in the International Project Management program at Humber this year when you came in to speak to the class. I have a health issue in Bamenda, Cameroon where I am working for a disabilities organization. I went to see a private health care doctor today and was told that I have Cellulitis on the upper thigh. He gave me Cloxacillan (500mg) 2 in the morning and night. I believe it led from a large bug bite almost 2 weeks ago. I am in extreme pain (for the past week) entire body is aching and I have chills.
figure 1

Discover images by anatomy or specialty

Available on the iPhone App Store

GET IT ON Google play

Choose a username

Enter your email

Choose a password

or Sign in here

Create Account
my headache (2)

markwise@rogers.com  I am currently in Zambia do you think I might have trypanosomiasis

markwise@rogers.com

To  Mark Wise

I am currently in Zambia  do you think I might have trypanosomiasis?

Reply, Reply All or Forward | More
My headache

Mark Wise  I am currently a zombie and I might have tripe in my eyes

Mark Wise

To  Mark Wise

I am currently a zombie and I might have tripe in my eyes

Sent from my iPhone

Reply, Reply All or Forward | More
Hi Dr.

I want to thank you so very much for the certs. At the departure gate after security they did ask to see them in Uganda... Seemed redundant at that point, but having them certainly saved us any worry.

We owe you one...

The Pereiras

Sent from my iPad

On Apr 25, 2015, at 4:13 PM, Mark Wise <markwise@rogers.com> wrote:
Last week I had a cold with a sore throat and a bit of pain in my right ear. I assumed it was an ear infection. I wear ear plugs at night and that seemed to irritate it (or simply make me more aware of the ear ache). I also had headaches when I woke up several days last week, but I figured it was teeth grinding or sinus pain related to my cold. I still have the tail end of the cold.

I have been doing some research on the web and it sounds a great deal like bells palsy although the headaches (which are not uncommon for me) throw it off a bit. I don't have a headache this morning.

I have included two pictures taken last night. Below is a link that I found.

http://www.entnet.org/healthinfo/topics/bells.cfm

I am stationed in a hinterland location that is 12 hours from Georgetown by bus but we receive daily flights to and from Georgetown. I am two hours from the Brazilian border. The closest "international standard" medical facilities are in Manaus, Brazil a couple hours flight (about 18 by bus). The next closest would be Barbados.

While it is undeniable that this paralysis needs to be investigated and I would like to do so ASAP, I would like to quickly rule out more serious possibilities in a nearby location (Georgetown or Manaus) rather than spending several days in transit to someplace else. The
Sri Lanka: ‘I found myself being swept out to sea with startling speed’

Disaster struck out of the blue
Dear Mark,

I am fine and travelling in India. Feeling very sad and helpless over here, and fortunate that I am...otherwise I know I would have been on the beach in Sri Lanka.

We were in Kannur and the sea was pretty wild. Flat and low tide one minute and then very high where we were sitting the next...quite literally.

And this was in the afternoon, the after effects.

Thank you for asking.

Take care.

Michele
Rabid responses
Rabid issues by e-mail

• was it really a “bite”
• he didn’t look rabid
• the doctor said I don’t need HRIG
• there is no HRIG
• I was planning a week at the beach
• am I going to die
• try the ISTM website
Hi Mark,

I hope all is well with you and that the summer is going well. We are all doing well too and enjoying the nice weather. Andrea is currently in Ghana (she left in June and is there until April).

While in Sandema, a group of Operation Groundswell volunteers arrived and they have been traveling through Ghana for a couple of weeks. A couple of participants seem to have picked up something and have some kind of infection. I only know what Andrea has written below in that they have been to several doctors, but nobody has looked at their feet. I'm not sure if it appears anywhere else as well. They are wondering if it might be hookworm?
Connect with friends and the world around you on Facebook.

See photos and updates from friends in News Feed.

Share what’s new in your life on your Timeline.

Find more of what you’re looking for with Graph Search.
Wireless woes

• it’s cheap
• usually reliable
• more “personal” than Email
• secure and confidential
• time zones!
A 60 year old couple developed severe motion sickness after flying over the Nazca Lines in Peru. Mrs. W. also experienced some pain in her back and neck. She was checked out at the local hospital and was told she was fine.

They call you for advice...
A week after her return, she again experienced back and neck pain. She went to Sunnybrook, was told everything was negative, but at the last minute, they kept her for a stress ECG.

She is now 6 years post CABG.
A 24 year old male EWB volunteer in Malawi had previously suffered bouts of malaria which he self treated with artemesinin. One day while hiking at a higher altitude he developed jerking and weakness of his right arm and difficulty with his speech. This persisted for about 8 hours.

He did not have a fever.
He was taken to the local hospital where he was diagnosed with malaria (negative smear / normal platelet count) and treated with quinine.

His supervisor called for my advice...
16th November 2007

TO WHOM IT MAY CONCERN


DATE OF BIRTH 7 FEBRUARY 1982

This is to certify that the above was admitted here on the 12th of November 2007. The diagnosis is malaria. He is reported to have had a minor seizure as well. The CT scan of the brain has shown a left parietal area infarct.

He has done very well and he is due for discharge tomorrow the 16th of November 2007.

Yours sincerely,
On return another CT showed a slow growing glioma. He is now doing well on anticonvulsants.
A frantic Toronto mother called to tell me that her 22 year old daughter in Malawi was scheduled for a gastroscopy the next day. She had been experiencing chest pain and her cardiac workup had been normal.

I phoned the daughter ....
She had been taking her doxycycline late at night after returning from her parties.

She got better with Zantac and lots of antacids.

She managed without the gastroscopy.

Mom and daughter were delighted!
Hi Mark,

Hope you are doing well. First off, I must say both Adam and I so grateful to you for all the help you have provided us with. Rose and Musarite are just wonderful and have been so helpful and welcoming. We also got in touch with Christine and she will take us to her office on Monday.

I also have a question regarding malaria. I am having awful side effects from Larium and it's starting to interfere with my trip. I have trouble sleeping, I'm extremely emotional and the dreams are really bizzare. I don't know what my options are right now but I am considering getting off Larium. Could you please give me some advice.

Thank you very much for all the help!
Best regards,
The general feeling among a majority of respondents appears to be that it is "nice" to be available by e-mail and telephone, but that such communications "do not resolve serious medical situations and rarely, if ever, save lives."
Some travel health practitioners also see telemedicine as a legal minefield:

"Horrendous potential medico-legal pitfalls. Even with electronically transmitted data, ECGs, etc., there is no substitute to having a real patient in your consulting room. The traveler should attend a doctor or hospital in the country visited, even if that means helicopter evacuation. The only role I see myself playing would be to provide information on the patient's medical history to a doctor abroad but not to take responsibility for my patient's care in a foreign country."
“We do have patients occasionally email and we do try to help. We do not charge but patients are so appreciative that they tell all their friends and we get a lot of referrals.”

PS I really like your website!
Eileen Klecka, R.N.
• I would suggest that it is more than “nice” to provide long-distance medical support.

• It should not be fraught with medico-legal pitfalls, but care must be taken.

• It may occasionally save lives, provide peace of mind, and help to avoid unnecessary or even dangerous treatments.
• It takes some knowledge of tropical medicine, general medicine and common sense.

• While you probably won’t get paid, it is rewarding to you and tremendously appreciated by the traveller and his/her family.