

Humanitarian Best Practices — ICOPLAST

Best Practices and Standards for Humanitarian Initiatives

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The International Confederation of Plastic Surgery Societies (ICOPLAST) in its effort to set standards, and promote the work of plastic surgeons and related charitable care organizations providing volunteer services to areas of need proposes the following best practices.

1. Humanitarian aid should be provided in a demand driven rather than a supply driven manner. In other words, there should be a need for this aid. Preferably, a local host has extended an invitation to the humanitarian team, and the consent of the local health authorities has been obtained.
2. The local plastic surgery society should be informed of the plans of the humanitarian team. Good communication between the local plastic surgeons and the humanitarian team allows for teaching opportunities and empowerment of the local health professionals to provide care to their communities.

3. The humanitarian aid should contribute to sustainable development of reconstructive plastic surgery in the receiving countries. Having sustainable programs, run by local medical personnel, is the ultimate long-term solution to providing quality safe reconstructive surgical care in developing countries. Training and education of the local medical and health staff is imperative. The emphasis should be on building long-term relationships with hosting hospitals and countries, instead of limiting the intervention to a short visit.

4. Preparation: Full access to information about political stability or common diseases in a certain area, are needed to prevent security and health risks to members of the humanitarian team.

5. Facilities: A hospital or a similar facility with the staff and equipment required to provide safe care to patients is needed for elective reconstructive surgery. A site visit is recommended prior to starting the humanitarian initiative in a new location. Field work in less than optimal facilities should only be used in emergency disaster relief situations.

6. Logistical support: Food, water, housing and transportation should be available for the humanitarian team, the patients and their families. The humanitarian team should not put a strain on the food or water supply of the local community, particularly in disaster relief situations.

7. Professional support: Identify members of the local professional community to assist in the care of the patients and provide follow-up after the team departs.

8. Quality of humanitarian work: Only trained licensed plastic surgeons should be performing plastic surgery. A resident may

assist his professor during the surgery, but should not be the principal surgeon. Treatment by unqualified personnel is unethical, clearly endangers patients and is a situation that cannot be tolerated.

9. Informed Consent: Consent in a language understood by the patient/parents should be obtained. Relevant information should be provided regarding surgical risks and realistic expected outcomes under the circumstances in their country.

10. Patient safety: Clear communication between the surgical team should establish prior to surgery the correct identification of the patient, surgical site, and procedure. Instructions in the proper language for postoperative care and follow-up should be provided. In the event of an emergency, such as postoperative bleeding, infection, wound separation, etc. the patient/parents would be informed who to contact, and how this will be managed. In the event of any late problems a means of contact with someone in the team should be available by a free cross-platform mobile messaging application such as *WhatsApp* or any similar application.

11. Cultural differences: The team should be sensitive to cultural differences and act accordingly.

12. Outcomes evaluation: Aftercare should always be appropriately organized by the humanitarian team. Evaluation of the complications and adverse outcomes resulting from the surgery will be needed. If the complications resulted from deficient facilities, professional support or quality of humanitarian work, this should be identified and corrected.

13. We recommend following the guidelines published by the

Plastic Surgery Educational Foundation “Guidelines for the care of children in the less developed world” available at, <https://www.thepsf.org/documents/Programs/Volunteers/vips-guidelines-for-providing-surgical-care-for-children-in-the-less-developed-world.pdf>

14. As a general rule, the humanitarian team is encouraged to use the “Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations” available at <https://media.ifrc.org/ifrc/who-we-are/the.../code-of-conduct/>

The code of conduct is based on the following ten principles:

1. The humanitarian imperative comes first.
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
3. Aid will not be used to further a particular political or religious standpoint.
4. We shall endeavor not to act as instruments of government foreign policy.
5. We shall respect culture and custom.
6. We shall attempt to build disaster response on local capacities.
7. Ways shall be found to involve program beneficiaries in the management of relief aid.
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
9. We hold ourselves accountable to both those we seek to assist

and those from whom we accept resources.

10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.

Additional information regarding the optimal organization of groups providing volunteer plastic surgery services in low and middle income countries have been published by Schneider¹⁻² and Operation Smile³.

ICOPLAST does not limit its humanitarian activities to the nations of member societies and does not consider membership status in deciding whom to help.

References:

1. Schneider WJ, Politis GD, Gosain AK, et al. Volunteers in Plastic Surgery Guidelines for Providing Surgical Care for Children in the Less Developed World. *Plast Reconstr Surg*. 2011;127:2477-2486.
2. Schneider WJ, Migliori MR, Gosain AK, Gregory G, Flick R. Volunteers in Plastic Surgery Guidelines for Providing Surgical Care for Children in the Less Developed World: Part II. Ethical Considerations. *Plast Reconstr Surg*. 2011;128:216e-222e.
3. Global Standards of Care- Operation Smile. Available at: <https://www.operationsmile.org/sites/default/files/Operation%20Smile%20Global%20Standards%20of%20Care.pdf> (accessed on June 11, 2017).