

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



***“The Most Excellent Way”*** 1 Corinthians 12:31

## Top Drugs Not To Bring On the Missions Field— A Review of the Evidence in Pharmaceutical Safety.

Because of changes in Evidence-Based International Standards & Guidelines (IS&Gs), we were unable to find a list of drugs that was any different from what we should no longer be using in the US. So a better title, using WHO terminology, would be

**Missions & Pharmacovigilance IS&Gs**  
**(The Evidence-Based Use of drugs)**

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs) Series

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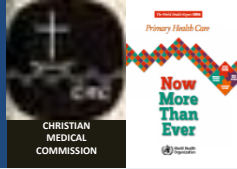
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# The Bible, Christian Missionaries & WHO IS&Gs

## *"The Most Excellent Way"*



## Mistakes Made & Lessons Learned from 50 years of Clinical Practice

including:

### 1. 20 years in the Navy serving as

--Pediatrician incl Tropical Medicine & Vietnam Refugees

--Pediatrics Dept Head.

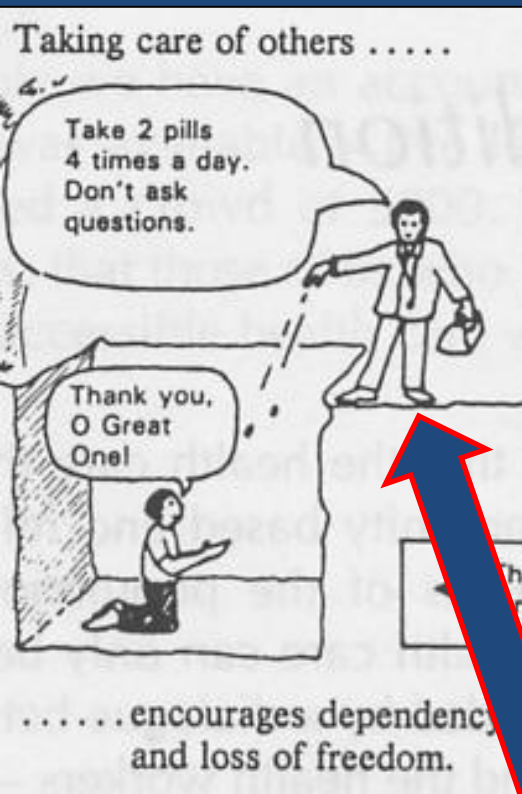
--Pediatric Dept Training Director for Residents, PNPs, PAs & Med Students (Assistant Prof UC Irvine).

--Chair and/or member numerous Medical Staff & QA Committees incl Pharmacy & Therapeutics over 15 years.

--Regional QA Director (Last 5 years of Navy career).

### 2. 30 years in Medical Missions including 15 years of monthly clinics at a Long-term Mission in Baja Mexico.

### 3. Over 50 Medical STMs including over 45 Drug- Based STMs all over the world.



# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*"The Most Excellent Way"* 1 Corinthians 12:31

THE CLOSER HEALTHCARE  
COMES TO BEING EVIDENCE-BASED,  
THE MORE IT CONFIRMS  
**THE TRUTH OF THE BIBLE  
AND ESPECIALLY  
THE TEACHING & EXAMPLE OF JESUS**



# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs (The Evidence-Based Use of drugs)

### WHO Pharmacovigilance:

“The science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problem.”

And one of the Missionary initiated  
**CORE PRINCIPLES** is this...

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs (The Evidence-Based Use of drugs)

### WHO Pharmacovigilance:

*“Missionary-initiated WHO IS&Gs require*

**“THERE SHOULD BE NO DOUBLE STANDARDS IN QUALITY”**

Guidelines for drug use on the mission field  
are *exactly the same* as in the US.

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



***“The Most Excellent Way”*** 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs

1. CHE=Community Health Education/Evangelism—Used in hospitals/clinics & at all levels of care, but best provided by the Church (or Missionary to UPGs).
2. CHE & S=CHE + Health Screening (Usually in the Church-based Setting)
3. CMC=Christian Medical Commission of the World Council of Churches
4. E-B=Evidence-Based
5. HP&P=Health Promotion & Prevention /Health Education
6. IS&Gs=International Standards & Guidelines
7. Pharmacovig=Pharmacovigilance (Evidence-Based Use of Drugs)
8. STMs=Short-Term Medical Missions (Drug-Based or Drug-Free HP&P-Based)
9. UPGs=Unreached People Groups    10. WHO=World Health Organization



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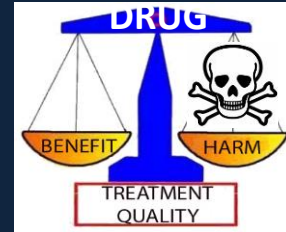
Why is this Important?  
How Do Drugs Rank as a Cause of Death--  
Even in the US with  
All Our Pharmacovigilance Safeguards in Place?



# WHAT DO INTERNATIONAL STANDARDS & GUIDELINES (IS&Gs) SAY?



## DRUG-BASED SYSTEMS PROBLEMS



**“Adverse drug reactions are among the leading causes of death in many countries.”**

*WHO The Safety of Medicines-Oct 2008*

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## DRUG-BASED SYSTEMS PROBLEMS



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**However, the US spends billions each year on its safeguards to prevent and treat adverse effects.**

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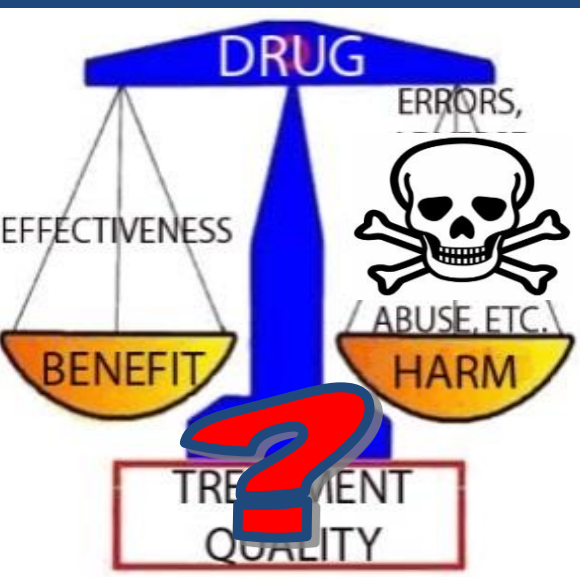


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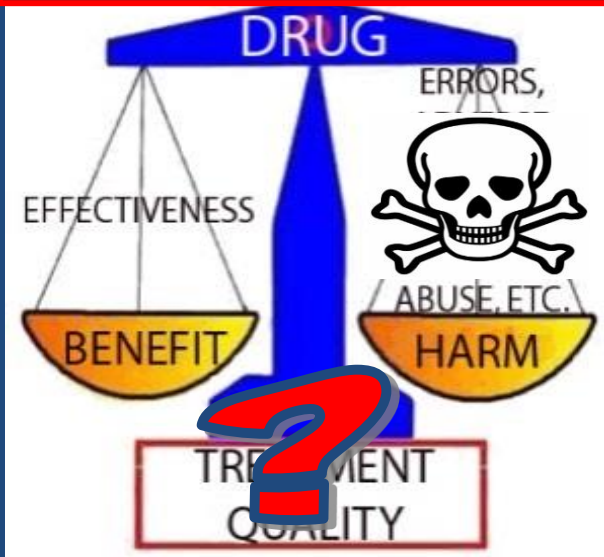


However, the US spends billions each year on its safeguards to prevent and treat adverse effects.

**JUST HOW HARMFUL ARE OUR MEDICINES  
WHEN USED IN THE US  
WITH ALL OUR \*SAFEGUARDS IN PLACE?**



# US DRUG-BASED MORTALITY

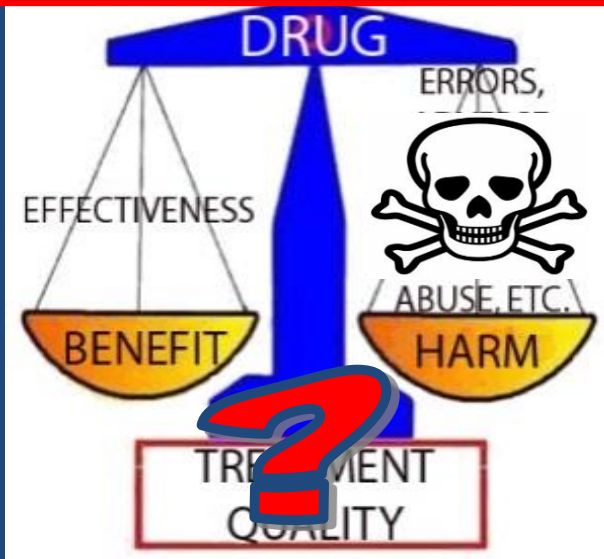


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**JUST HOW HARMFUL ARE OUR MEDICINES  
WHEN USED IN THE U.S.  
WITH ALL OUR \*SAFEGUARDS IN PLACE?**

**\*U.S. Safeguards include:** Literate, educated population. Package inserts in patient's doctor's language. Patient instructions, Black Box Warnings, etc. in patient's language. Patient Medication Lists to ensure no drug duplication or incompatibility. Pharmacy computers. policies and procedures to ensure patient receives right drug, right dose, right time, etc. Emergency Response Systems, ERs and ICUs to care for any adverse effects. Poison Control Centers to manage accidental poisoning. Etc.

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With all our safeguards in place how do our medicines rank as a cause of death in the US, compared with pulmonary disease, diabetes, AIDS, pneumonia, accidents and automobile deaths, etc.?

**1-4?   5-8?   9-12?   13-16?   17-20?   >20?**

# US DRUG-BASED MORTALITY



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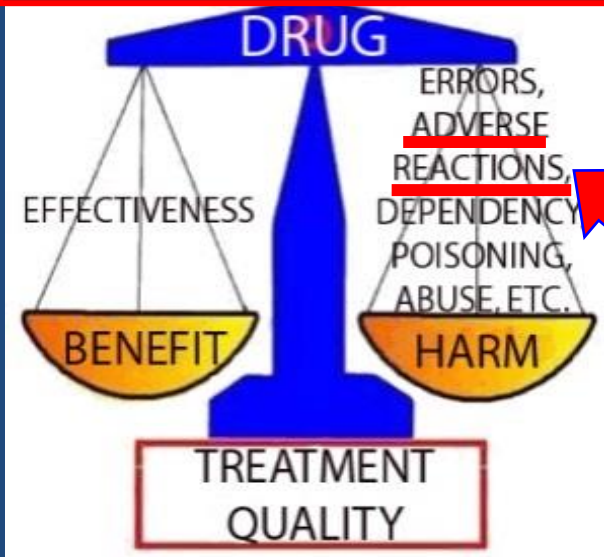
JUST HOW HARMFUL ARE OUR MEDICINES  
WHEN USED IN THE U.S.  
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*At least*  
*4th*  
*leading cause of death*

U.S. Food and Drug Administration. Center for Drug Evaluation and Research. "ADRs: Prevalence and Incidence." Cited 15 April 2009.



# US DRUG-BASED MORTALITY



However, the U.S. spends billions each year on its safeguards to prevent and treat adverse effects.

JUST HOW HARMFUL ARE OUR MEDICINES  
WHEN USED IN THE U.S.  
WITH ALL OUR \*SAFEGUARDS IN PLACE?

The FDA website reports that  
*adverse drug reactions alone,  
in hospitals alone,  
are “the 4th leading cause of death;  
ahead of pulmonary disease, diabetes, AIDS,  
pneumonia, accidents...”*

U.S. Food and Drug Administration. Center for Drug Evaluation and Research. “ADRs: Prevalence and Incidence.” Cited 15 April 2009.



# U.S. Food and Drug Administration

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## Drugs

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### Development & Approval Process (Drugs)

[Development Resources](#)

[Drug Interactions & Labeling](#)

[Drug Development and Drug Interactions](#)

[Drug Development and Drug Interactions: Possible Models for Decision-Making](#)

### Why Learn about Adverse Drug Reactions (ADR)?

Institute of Medicine, National Academy Press, 2000

Lazarou J et al. JAMA 1998;279(15):1200–1205

Gurwitz JH et al. Am J Med 2000;109(2):87–94

- Over 2 MILLION serious ADRs yearly
- 100,000 DEATHS yearly
- ADRs 4th leading cause of death ahead of pulmonary disease, diabetes, AIDS, pneumonia, accidents and automobile deaths
- Ambulatory patients ADR rate—unknown
- Nursing home patients ADR rate— 350,000 yearly

Accessed Apr2009

*These Drug-based DEATH statistics are only for ADRs and only for hospitals. Do NOT include the number of ADR deaths that occur in ambulatory patients.*

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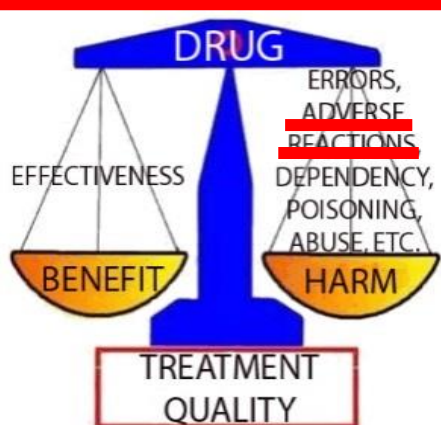
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*Even worse, although ADR's alone are at least our 4<sup>th</sup> leading cause of death, they represent only a fraction of the Drug-Based deaths, suffering and financial costs on the HARM side of the balance (See Part 5)*



# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



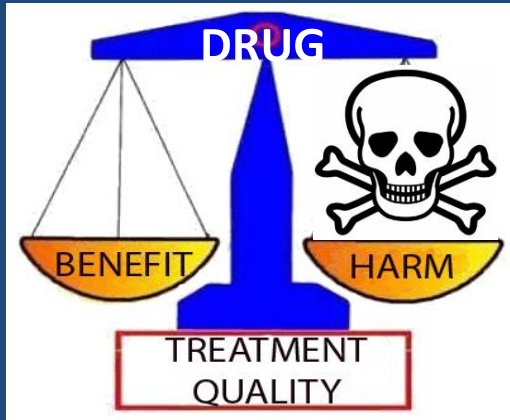
*“The Most Excellent Way”* 1 Corinthians 12:31

Missions & Pharmacovigilance IS&Gs  
(The Evidence-Based Use of drugs)

Drug-Based Short-Term Missions  
How Do STM Drugs Rank as a Cause of Death?

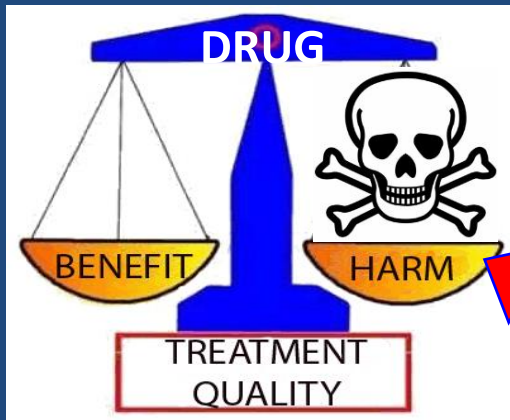
# STM DRUG-BASED MORTALITY

The US spends billions each year on its safeguards\* to prevent adverse effects. Yet the FDA reports ADRs alone are the 4th leading cause of death in the US.



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**JUST HOW HARMFUL  
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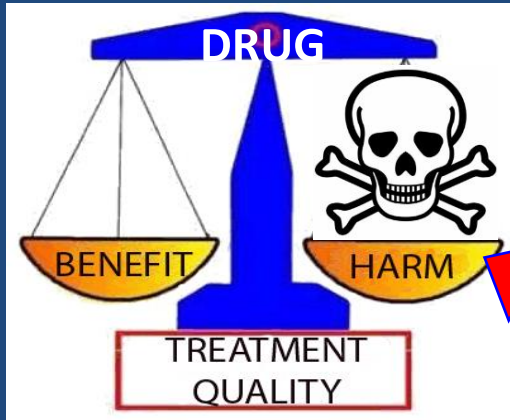
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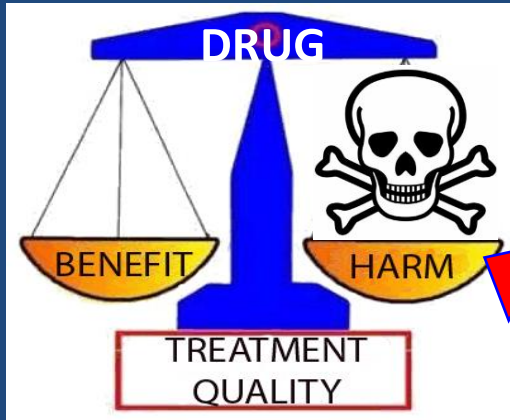
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**Without these safeguards in place,  
how can we even meet our  
Ethical & Legal  
Informed Consent  
Requirements for Patient Safety?**

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**WHO IS&Gs Initiated by  
Christian Missionaries  
REQUIRE...**



# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



## STMs & PHARMACOVIGILANCE

### CORE PRINCIPLES

“THERE SHOULD BE  
NO DOUBLE STANDARDS  
IN QUALITY”

“GUIDELINES FOR DRUG DONATIONS” WHO 1999




# The Bible, Christian Missionaries & WHO IS&Gs “The Most Excellent Way”



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**Churches’ Action for Health of the World Council of Churches  
*was an initiating and collaborating WHO partner  
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# IN ADDITION...



The Bible, Christian Missionaries & WHO IS&Gs  
*“The Most Excellent Way”*



# STMs & PHARMACOVIGILANCE CORE PRINCIPLES

“THERE SHOULD BE  
NO DOUBLE STANDARDS  
IN QUALITY”

Over the Years,  
Evidence-Based Health Promotion & Prevention (HP&P)  
***Has Replaced Drug Therapy***  
*as the First-Line Treatment*  
for Most Conditions we treat in Primary Care  
(URIs, Diarrhea, Back Pain, NCDs, Headache, Fever, Worms, Etc.)

These are HP&P treatments which FBO/WHO IS&Gs report  
***are Best Provided by THE CHURCH***



# The Bible, Christian Missionaries & WHO IS&Gs *“The Most Excellent Way”*



## In the Entire Curative Care (vs HP&P) System, *The Need for Pharmacovigilance* (The Evidence-Based Use of drugs)

1. Is now responsible for *by far*  
*the most deaths & suffering*  
both in the US and on the mission field.



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*Funding desperately needed in other critical areas.*





# In the Entire Curative Care (vs HP&P) System, *The Need for Pharmacovigilance* (The Evidence-Based Use of drugs)

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both in the US and on the mission field.
2. Is also responsible for *the waste of*  
*tens of billions/year of US healthcare funding--*  
*Funding desperately needed in other critical areas.*
3. Second only to the *Need for HP&P by the Church,*  
*It s by far*  
*the Most Important Problem*  
*In ALL of Healthcare.*

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs

In *all of Curative Care*,  
“Pharmacovigilance” is by far *the most common area where*  
**Clinical Practice is Not in Compliance**  
**with Evidence-Based IS&Gs**

We therefore needed a series of *21 presentations and hundreds of slides*  
just to address the misuse of *our most commonly used drugs*.

Although today’s presentation can only be a brief introduction,  
all of the above presentations will be available free on our new website.

But *MOST IMPORTANT...*



# The Bible, Christian Missionaries & WHO IS&Gs “*The Most Excellent Way*”



**All of the Biblical/WHO IS&G evidence & materials you need are already available free for downloading thru the following websites:**



**Best Practices in Global Health Missions (BPGHM)**

[www.BPGHM.org](http://www.BPGHM.org) (To quickly access this website, search our initials bpghm)

**[www.BPGHM.org](http://www.BPGHM.org)**



**Health Education Program  
For Developing Communities**  
*(The Most Important Knowledge)*

**[www.HEPFDC.info](http://www.HEPFDC.info)**

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**Presentation slides will also be available free for downloading from the following website (Still under construction):**



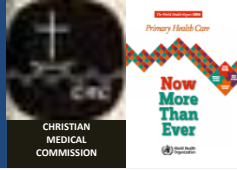
**Standards Of Excellence  
in Healthcare Missions**  
**[www.SOEHM.org](http://www.SOEHM.org)**

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# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



## QA Director's 1st & Most Important Commandment



**Christian Missionaries & the Biblical Basis for Quality of Care**

**Avedis Donabedian**





# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



## QA Director's 1st & Most Important Commandment



## Christian Missionaries & the Biblical Basis for Quality of Care

### Avedis Donabedian

- Perhaps the most renowned founder of the study of quality in health care.
- Worked at the English Mission Hospital in Jerusalem before he became famous in the secular world.
- Recent article in the NEJM, one of the world's most respected secular medical journals, includes one of his more famous quotes...



# The Bible, Christian Missionaries & WHO IS&Gs “The Most Excellent Way”



The NEW ENGLAND  
JOURNAL of MEDICINE

July 21, 2016

N Engl J Med 2016; 375:205-207

DOI: 10.1056/NEJMp1605101

## Perspective

HISTORY OF MEDICINE

### Donabedian's Lasting Framework for Health Care Quality

John Z. Ayanian, M.D., M.P.P., and Howard Markel, M.D., Ph.D.

*“Ultimately the secret of quality is love.*

*You have to love your patient, you have to love your profession,  
you have to love your God. If you have love, you can then work  
backward to monitor and improve the system.”*



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Although WHO IS&Gs are often considered “secular” standards,  
many of our most respected Missionary mentors  
**were often the initiators and provided the studies**  
and other work necessary for their development.

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*“The Most Excellent Way”* 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs

Also in Accordance with the  
M3 2020 Conference Theme: *Can You See It?...*

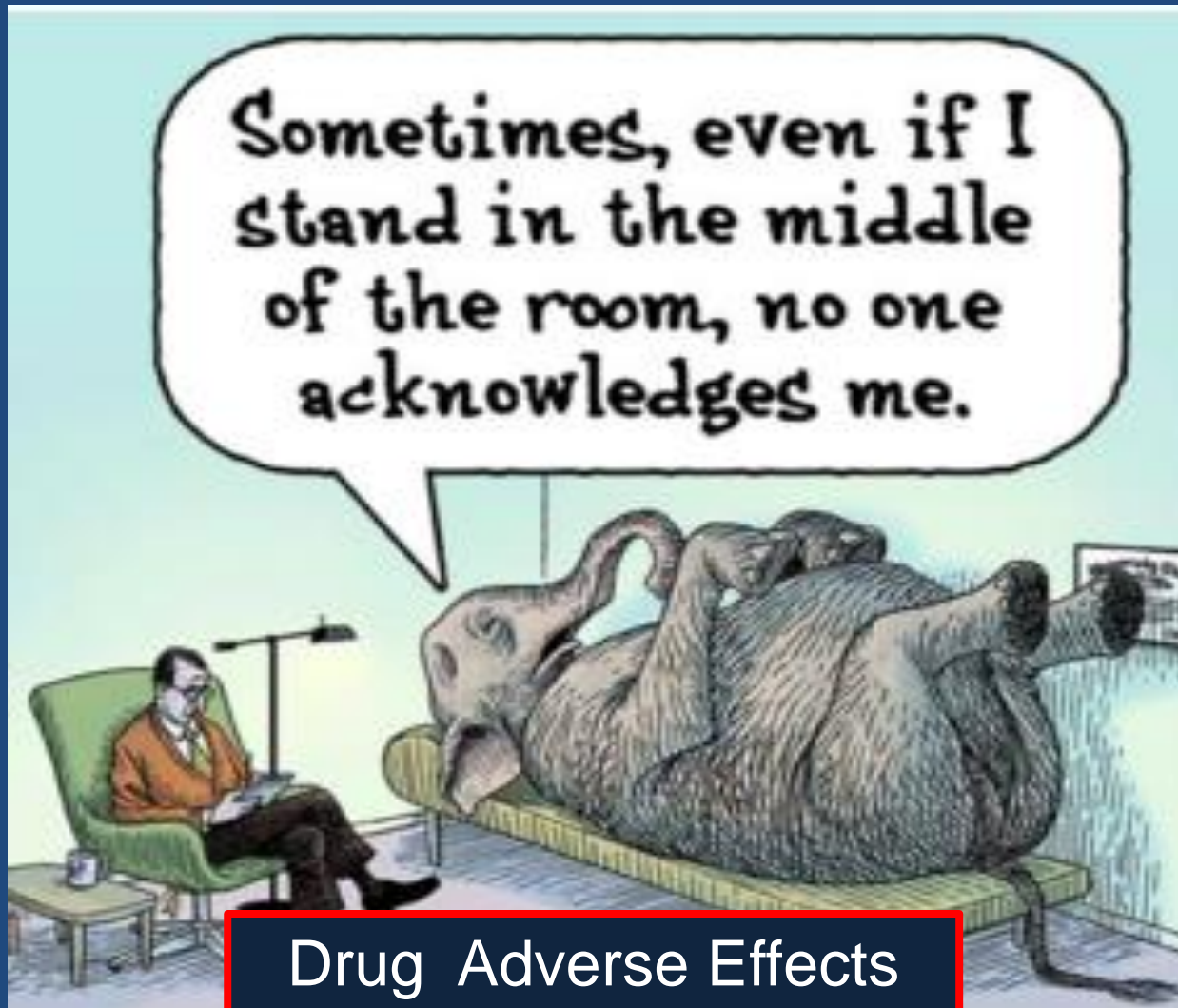


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WHO Pharmacovigilance

Nearly All of the WHO IS&Gs we will address today  
were actually initiated by our  
*Long-Term Missionary Mentors.*



# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”*

1 Corinthians 12:31

Missions & Pharmacovigilance IS&Gs

**Part 1.**

**Where can we find the best available  
Biblical & Evidence-Based IS&Gs  
for Pharmacovigilance?**





# Best Practices in Global Health Missions (BPGHM)

(To quickly access this website, search our initials bpghm)

[www.BPGHM.org](http://www.BPGHM.org)

[Home](#) [Health Topics](#) [Blog](#) [Call for Papers](#) [About BPGHM](#) [Resources](#)



## Welcome to Best Practices in Global Health Missions

We are an international working group of Christian scholars, leaders and practitioners from diverse backgrounds seeking to promote best practices guidelines for the planning, execution, integration and follow-through of cross-cultural health missions.

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[Print](#) [PDF](#)

We endorse the [Accord Network Principles of Excellence in Integral Mission](#) and the [Standards of Excellence in Short-term Mission](#) (SOE)

To find international standards and guidelines related to specific health topics and programs click on the [Health Topics](#) tab. For information concerning the sources of best available international health standards and guidelines see: [International Standards and Practice Guidelines and Health Missions](#)

For information on previous Christian contributions to international standards and guidelines see: [Christian Contributions to International Standards and Guidelines](#) (Also provides WHO, American Journal of Public Health, and other secular documentation that the Biblically-based work of Christian missionaries was the very foundation of the WHO's approach to primary care and community health and development. One of our primary goals is to facilitate the continuation of that work.)



# Best Practices in Global Health Missions (BPGHM)

(To quickly access this website, search our initials bpghm)

[www.BPGHM.org](http://www.BPGHM.org)

[Home](#) [Health Topics](#) [Blog](#) [Call for Papers](#) [About BPGHM](#) [Resources](#)



Health Topics

You are here: [Home](#) / [Health Topics](#)

## Health Topics & Programs

Print PDF

Whenever possible we have adopted the index system from the WHO "Health topics" and "Programmes" pages to facilitate the searches of viewers who may wish a missions and/or Biblical perspective on implementing international standards and guidelines (Please also see [Christian contributions to international standards and guidelines](#)).

JUMP TO TOPICS:

[A](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [L](#) [M](#) [N](#) [O](#) [P](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#)

### A

[Alcohol \(See Substance abuse\)](#)

### C

[Child, Adolescent](#)

[Christian Contributions to International Standards & Guidelines \(IS&Gs\)](#)

[Church & Healthcare](#)

[Community health](#)

### D

[Data \(Includes Countries, Global burden of disease\)](#)

[Dependency \(See Short-term health missions-Quality of care\)](#)

[Disabilities](#)

### E

### M

[Malpractice \(See Patient safety\)](#)

[Medical Donations](#)

[Medical records /Info management \(See eHealth-Info & communications technology \(ICT\)\)](#)

[Medicines-Pharmacovigilance](#)

[Mental health](#)

### N

[Non-communicable diseases \(NCDs\)](#)

[Nursing](#)

[Nutrition](#)

### O

[Oral health](#)



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Medicines-Pharmacovigilance

[View all](#) [Home](#) / [H](#)

## Medicines-Pharmacovigilance

### Medicines-Pharmacovigilance

Numerous additional guidelines apply. See especially: [Ethics](#) / [Human rights](#) / [Patient safety](#) / [Short-term health missions](#)

#### **International Standards & Practice Guidelines (IS&Gs)**

1. [Pharmacovigilance: Ensuring the Safe Use of Medicines- WHO Policy Perspectives on Medicines](#)

—[WHO Launches Global Effort to Halve Medication-Related Errors in 5 Years](#)

2. [WHO Policy Perspectives on Medicines Publications](#)

3. [Promoting Rational Use of Medicines: Core Component](#)

4. [WHO Pharmaceutical Products](#)

5. [Safety of Medicines – A Guide to Detecting and Reporting Adverse Drug Reactions – Why Health Professionals Need to Take Action](#)

6. [The Pursuit of Responsible Use of Medicines](#)

7. [Joint FIP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services](#)

—[International Pharmaceutical Federation \(FIP\) Website: Good Pharmacy Practice](#)

8. [Antimicrobial resistance](#)

—[Antimicrobial resistance programs](#)

#### **Missions Specific Best Practices Documents** (Demonstrate Compliance with International Standards & Guidelines)

I. FAITH-BASED ORGANIZATION (FBO) OPEN-ACCESS DOCUMENTS:

A. Best Practices in Global Health Missions (BPGHM)

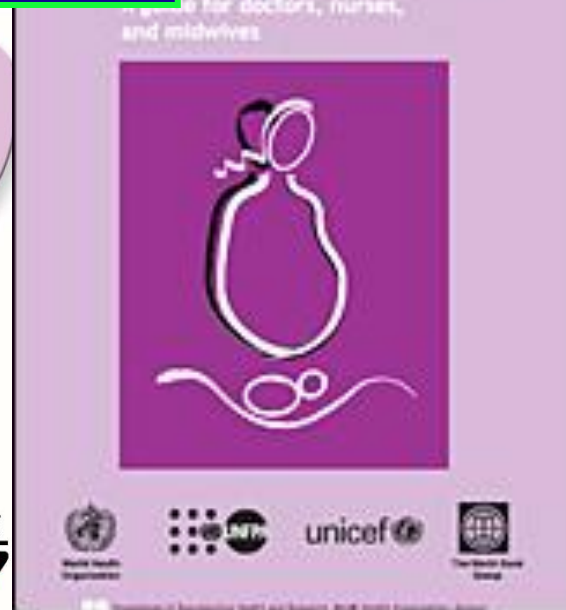
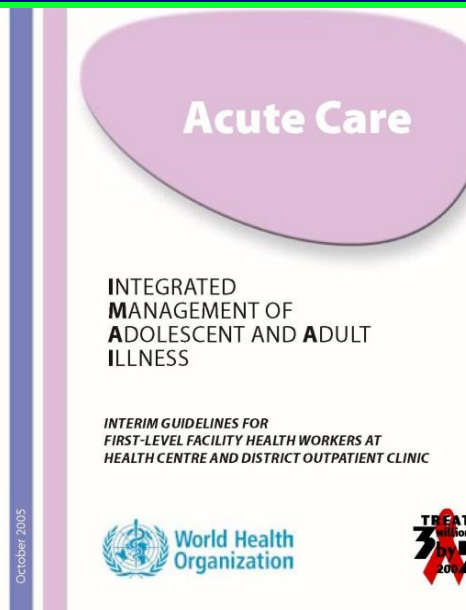
—[Why Patients are at Much Greater Risk of Harm from Drugs in the Short-term Mission Setting](#)

—[Harm from Drugs in Short-term Missions-Review of the Medical Literature](#)

**International Standards & Guidelines (IS&Gs)**  
When you click on these links, this is what you will find...

# WHO Evidence-Based International Standards & Guidelines (IS&Gs).

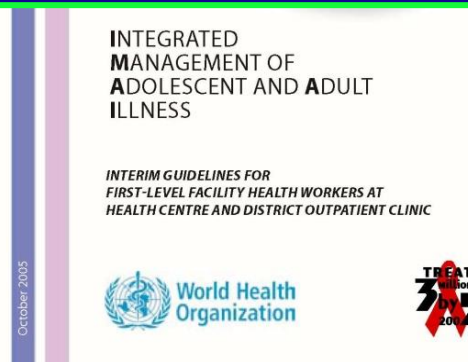
These are the IS&Gs on  
which our Healthcare, especially in  
other countries, should be based.





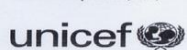
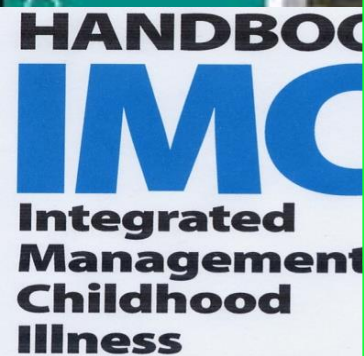


**WHO Evidence-Based International Standards & Guidelines (IS&Gs).**  
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**What we have found is, The closer Medical Practice comes to being Evidence-Based...**



**EFFECTIVE TEACHING**  
A Guide for Educating Healthcare Providers





WHO Evidence-Based International Standards & Guidelines (IS&Gs). These are the IS&Gs on which our Healthcare, especially in other countries, should be based. What we have found is, The closer Medical Practice comes to being Evidence-Based... The more it confirms the TRUTH OF THE BIBLE and especially the TEACHING OF JESUS.

EFFECTIVE TEACHING

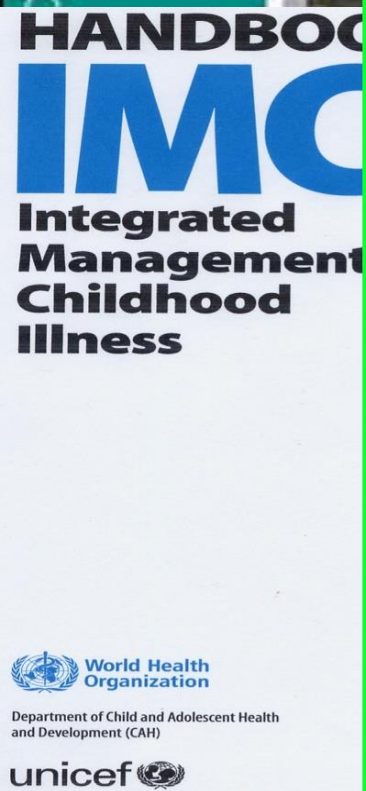
A Guide for Educating Healthcare Providers

Management of Pregnancy and Childbirth

Managing Newborn Problems:

A guide for doctors, nurses, midwives



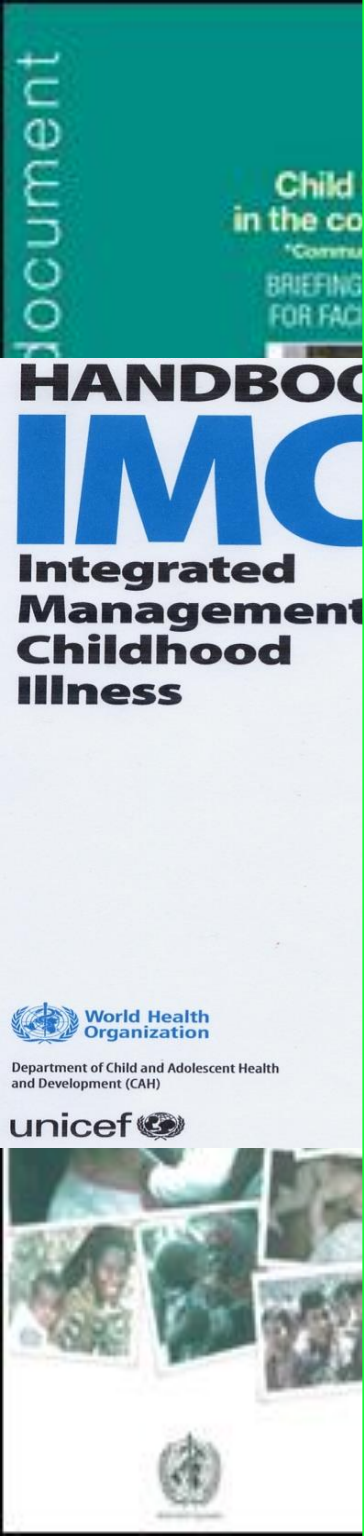


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What you will also find is that the Most Important of all of these WHO IS&Gs...

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*were based on the work of*  
**CHRISTIAN MISSIONARIES**  
For Example...

## EFFECTIVE TEACHING

A Guide for Educating  
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## Best Practices in Global Health Missions (BPGHM)

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[www.BPGHM.org](http://www.BPGHM.org)

### Building From Common Foundations

The World Health Organization and  
Faith-Based Organizations in Primary Healthcare



*The World Health Report 2008*

### *Primary Health Care*



**Now  
More  
Than  
Ever**



World Health  
Organization



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These WHO Primary Healthcare IS&Gs are founded on the **Biblically-Based Work of Christian Missionaries** going back to the 1960s & 70s.



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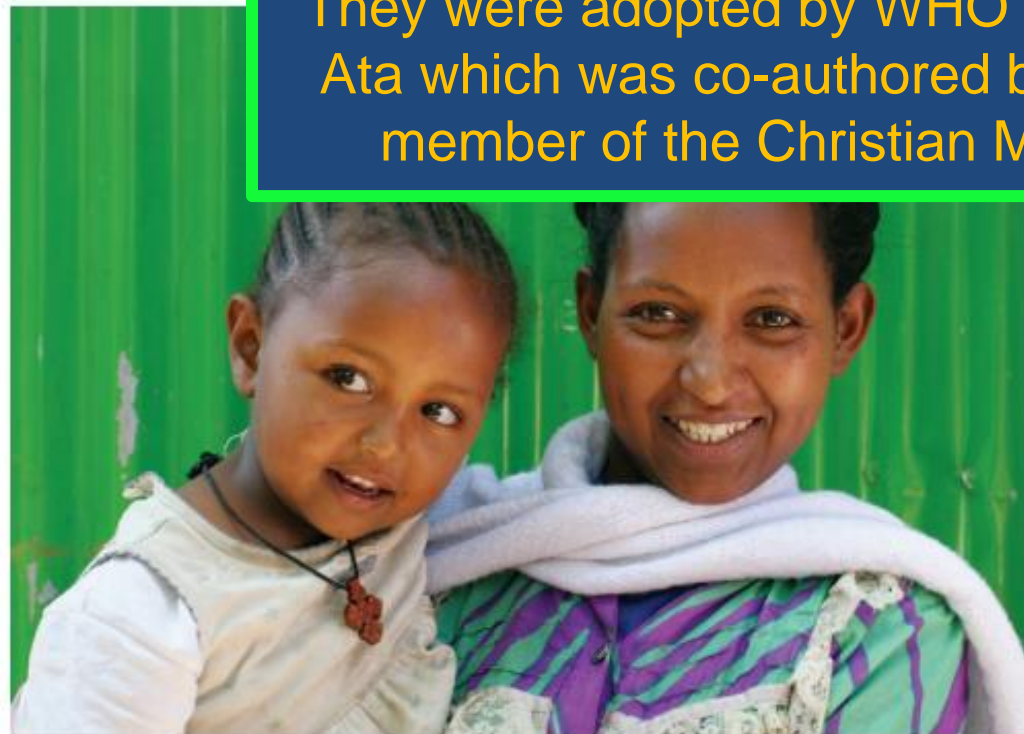
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**Now  
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World Health  
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**COMPLETELY CHANGED MY LIFE AS A MISSIONARY**

They also forced me to acknowledge the **GREATEST FAILURE OF MY 50 YEAR MEDICAL CAREER**

Building  
Comm

The World H  
Faith-Based C



More  
Than  
Ever



World Health  
Organization





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These systems have now been at least partially adopted by most countries throughout the world, benefitting millions of people.

Building  
Comm

The World H  
Faith-Based C



World Health  
Organization







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These systems have now been at least partially adopted by  
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benefitting millions of people.

If our goals are to save the most lives & prevent the most suffering, next to the Bible itself, these IS&Gs are among the most important documents available anywhere.

For example...

Building  
Comm

The World H  
Faith-Based C



# Religious health assets and FBOs: A broad-based primary healthcare system to achieve universal access

## Religious Health Assets

### Theory Matrix ▼

**Prayer**

Religious Health Assets	Intangible	<input type="checkbox"/> Prayer <input type="checkbox"/> Resilience <input type="checkbox"/> Health-Seeking Behavior <input type="checkbox"/> Motivation <input type="checkbox"/> Responsibility <input type="checkbox"/> Commitment/Sense of Duty <input type="checkbox"/> Relationship: Caregiver and Patient <input type="checkbox"/> Advocacy/Prophetic <input type="checkbox"/> Resistance – Physical or Structural/Political	<input type="checkbox"/> Individual (Sense of Meaning) <input type="checkbox"/> Belonging – Human/Divine <input type="checkbox"/> Access to Power/Energy <input type="checkbox"/> Trust/Distrust <input type="checkbox"/> Faith, Hope, Love <input type="checkbox"/> Sacred Space in a Polluted World (AIC) <input type="checkbox"/> Time <input type="checkbox"/> Emplotment (Story)
	Tangible	<input type="checkbox"/> Infrastructure <input type="checkbox"/> Hospitals – Beds, etc. <input type="checkbox"/> Clinics <input type="checkbox"/> Dispensaries <input type="checkbox"/> Training – Paramedical <input type="checkbox"/> Hospices <input type="checkbox"/> Funding/Development Agencies <input type="checkbox"/> Holistic Support <input type="checkbox"/> Hospital Chaplains <input type="checkbox"/> Faith Healers <input type="checkbox"/> Traditional Healers <input type="checkbox"/> Care Groups <input type="checkbox"/> NGO/FBO – Projects	<input type="checkbox"/> Manyano and Other Fellowships <input type="checkbox"/> Choir <input type="checkbox"/> Education <input type="checkbox"/> Sacraments/Rituals <input type="checkbox"/> Rites of Passage (Accompanying) <input type="checkbox"/> Funerals <input type="checkbox"/> Network/Connections <input type="checkbox"/> Leadership Skills <input type="checkbox"/> Presence in the “Bundu” (on the Margins) <input type="checkbox"/> Boundaries (Normative)
		Direct	Indirect
Continuum		Health Outcomes	





WHO  
IS&Gs

# Religious health assets and FBOs: A broad-based primary healthcare system to achieve universal access

## Religious Health Assets Theory Matrix ▼

**Prayer #1**

Religious Health Assets	Intangible	<input type="checkbox"/> Prayer <input type="checkbox"/> Resilience <input type="checkbox"/> Health-Seeking Behavior <input type="checkbox"/> Motivation <input type="checkbox"/> Responsibility <input type="checkbox"/> Commitment/Sense of Duty <input type="checkbox"/> Relationship: Caregiver and Patient <input type="checkbox"/> Advocacy/Prophetic <input type="checkbox"/> Resistance – Physical or Structural/Political	<input type="checkbox"/> Sense of Meaning) <input type="checkbox"/> Belonging – Human/Divine <input type="checkbox"/> Access to Power/Energy <input type="checkbox"/> Trust/Distrust <input type="checkbox"/> Faith, Hope, Love <input type="checkbox"/> Sacred Space in a Polluted World (AIC) <input type="checkbox"/> Time <input type="checkbox"/> Emplotment (Story)
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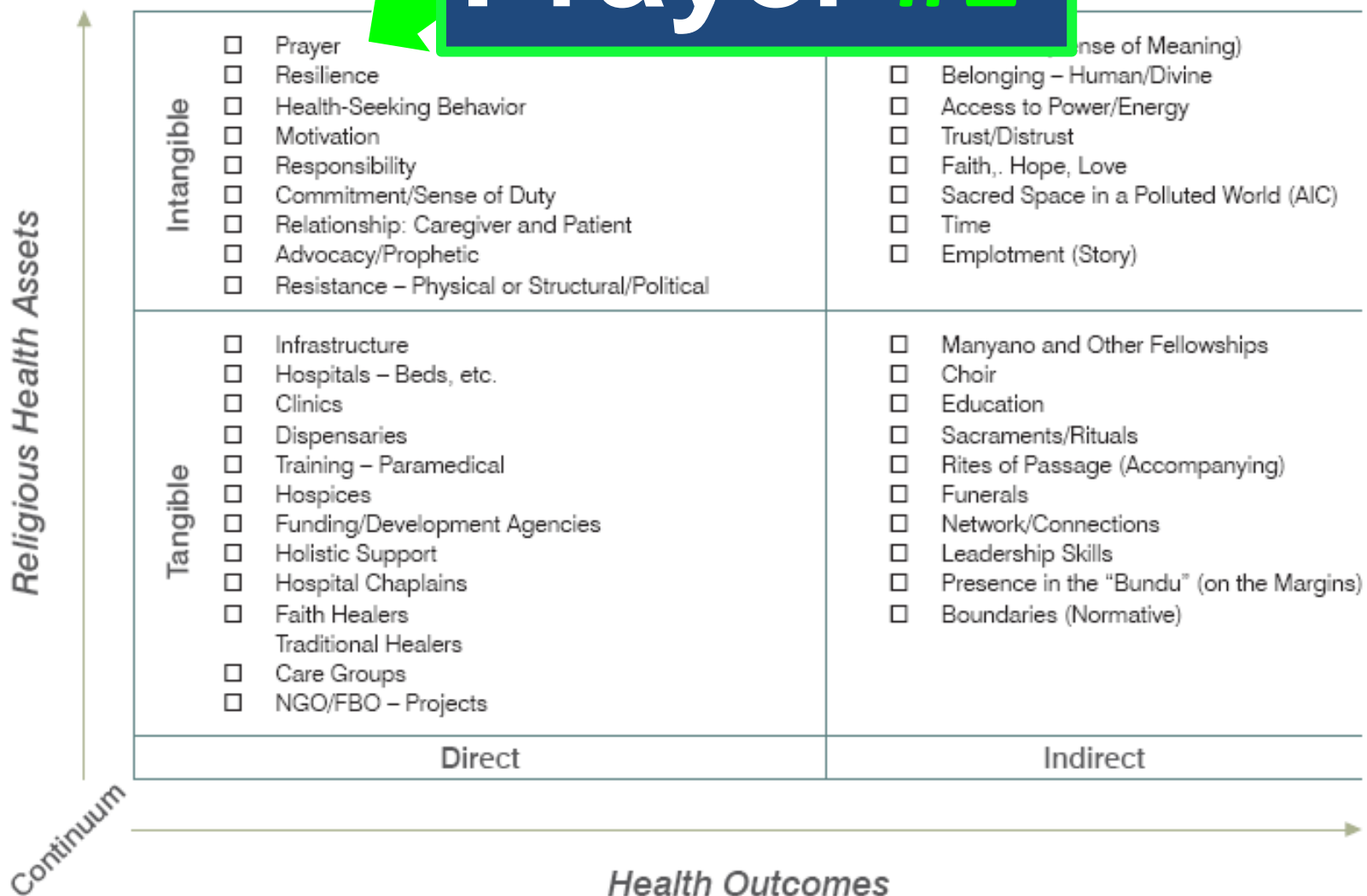


WHO  
IS&Gs

# Religious health assets and FBOs: A broad-based primary healthcare system to achieve universal access

## Religious Health Assets Theory Matrix ▼

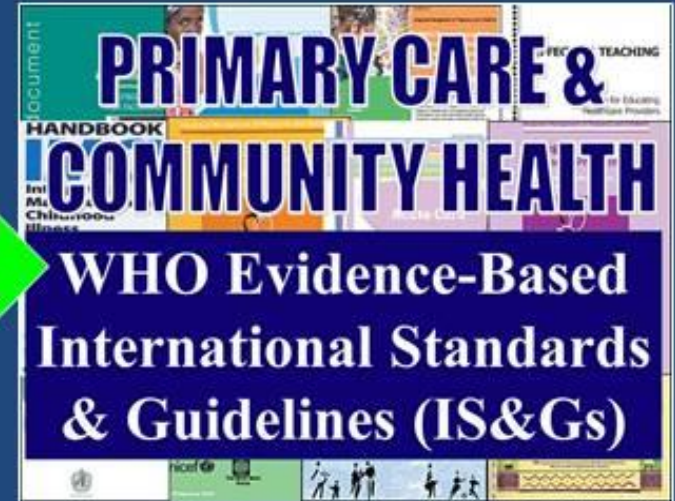
**Prayer #1**



# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



CMC &  
CHRISTIAN  
MISSIONARIES



*“The Most Excellent Way”* 1 Corinthians 12:31

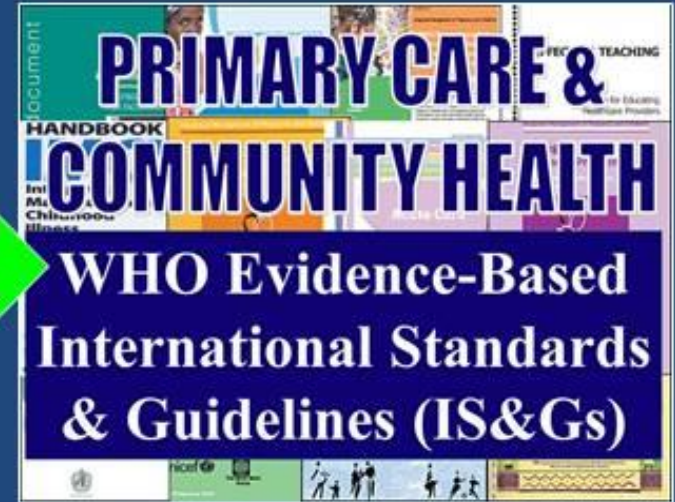
THE CLOSER HEALTHCARE  
COMES TO BEING EVIDENCE-BASED,  
THE MORE IT CONFIRMS  
**THE TRUTH OF THE BIBLE  
AND ESPECIALLY  
THE TEACHING & EXAMPLE OF JESUS**



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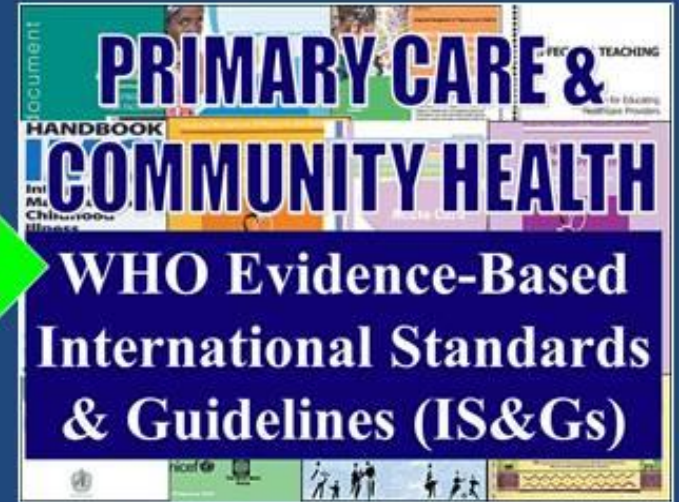
"I am the Way  
and the Truth  
and the Life"  
John 14:6

Evidence-Based  
Healthcare is  
founded on  
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CMC &  
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Which is how a handful of  
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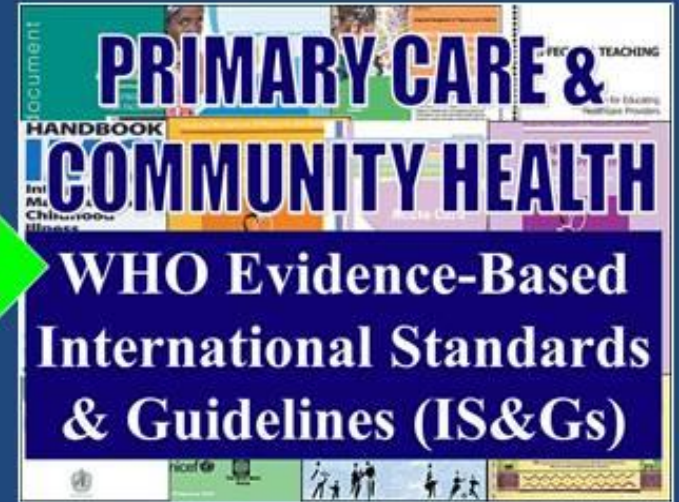
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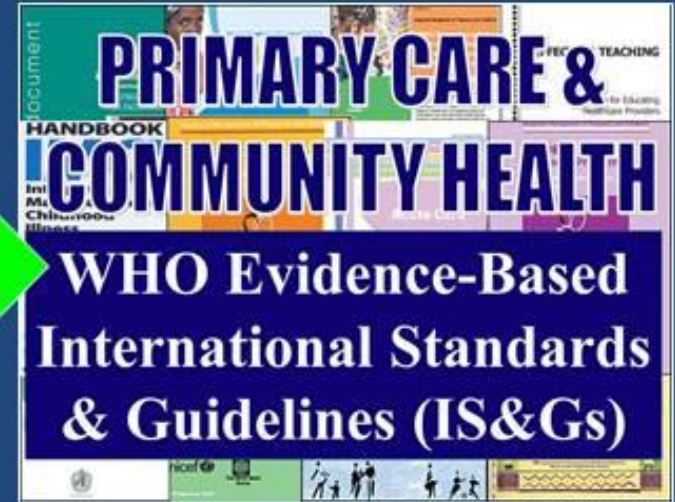
Evidence-Based  
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These Christian missionaries are actually credited with  
*inventing the very term “Primary Care”...*

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CMC &  
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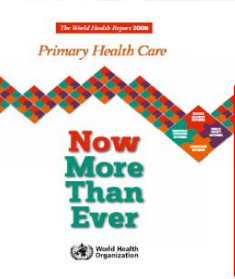
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## THE BEST HEALTHCARE SYSTEM IN THE WORLD



# The Bible, Christian Missionaries & the WHO

## *“The Most Excellent Way”*



## THE BAD NEWS

***Very few US Healthcare Organizations, Churches, or Missions are Using It.***

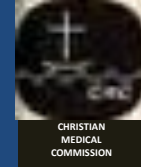
--What we call “Primary Care” in the US is NOT Primary Care.





# The Bible, Christian Missionaries & the WHO

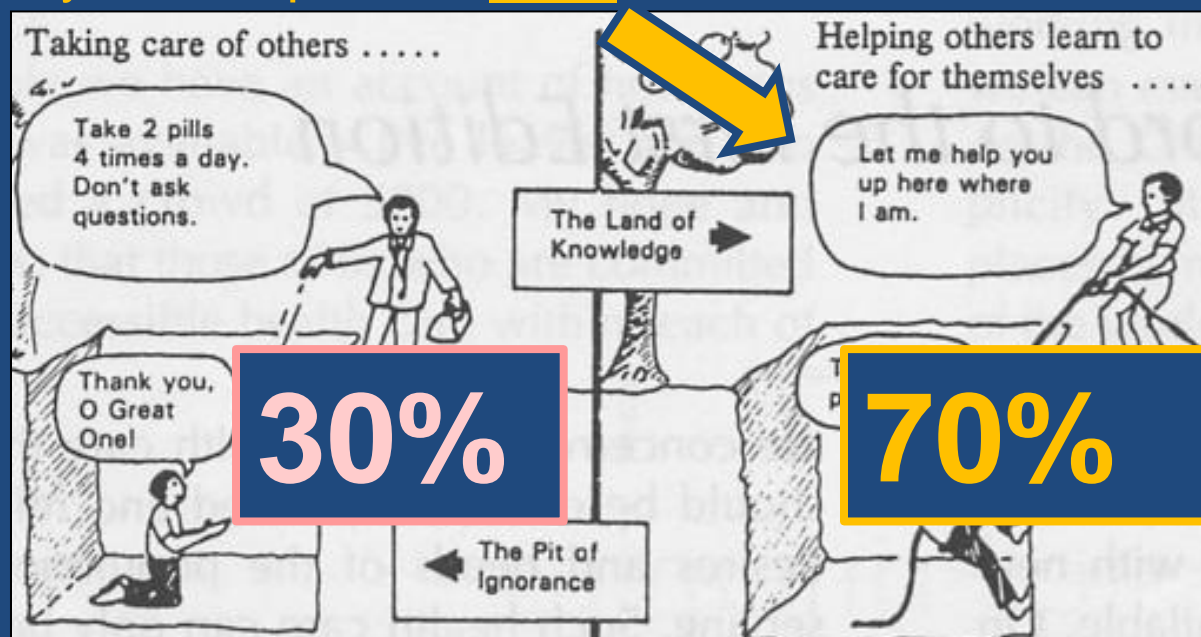
## *“The Most Excellent Way”*



## THE BAD NEWS

**Very few US Healthcare Organizations, Churches or Missions are Using It.**

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- We failed to implement the **Most Important Part**. The Church-based Health Promotion/ Prevention (HP&P) System to prevent **70%** of the Disease Burden.



**1. Hospital/Clinic  
Curative Care  
System**

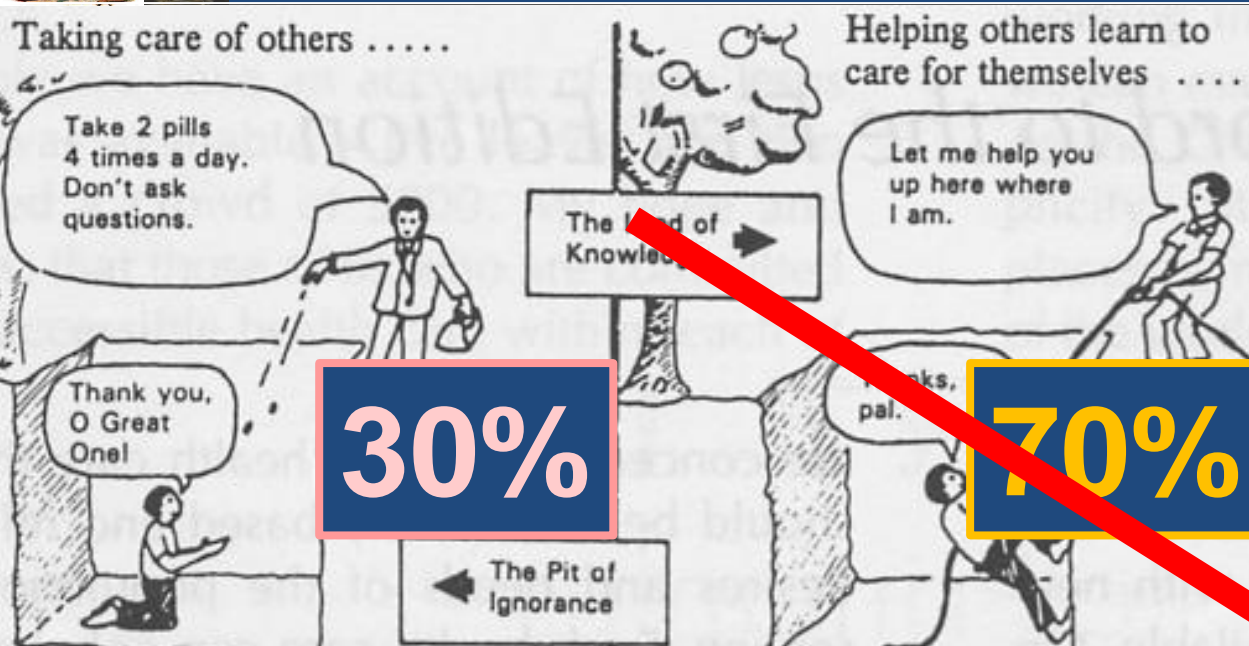
**2. Church/Community  
Health Promotion &  
Prevention System**





# The Bible, Christian Missionaries & WHO IS&Gs

## *"The Most Excellent Way"*



1. Hospital/Clinic  
Curative Care  
System

2. Church/Community  
Health Promotion &  
Prevention System

## The Two Healthcare Systems

What Percent of Health  
Problems are best managed  
with each system?

And  
WHO  
Agrees!!!



The **Missing Link**  
and  
the **KEY** to Primary  
HealthCare

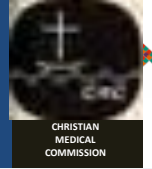
According to Biblically-based CMC/WHO IS&Gs,  
who should be responsible for, and is eminently  
well qualified for providing this system?

**The Church**



# The Bible, Christian Missionaries & the WHO

## *“The Most Excellent Way”*



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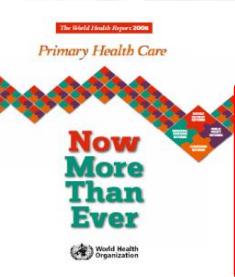
- What we call “Primary Care” in the US is NOT Primary Care.
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- Instead, we not only continue to use the same “curative care” system that the CMC documented was a failure over 50 years ago, but have gone even farther in the exact opposite direction from the CMC & WHO:
- Although most US hospitals used to be run by the Church, over the years the

***US Church has abandoned  
its healthcare responsibilities  
almost entirely.***



# The Bible, Christian Missionaries & the WHO

## *“The Most Excellent Way”*



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- Although most US hospitals used to be run by the Church, over the years the US Church has abandoned its healthcare responsibilities almost entirely.
- And our US Faith-Based Healthcare Culture has now been replaced by the Health & Pharmaceutical industry’s Drug-Based Culture

# How can we best describe our Healthcare Culture in the US?

**Until the last two generations even most US hospitals were run by the Church.**

And it used to be, when the US Church was still involved with healthcare, and before tens of billions/yr were invested in US drug marketing, when we or our loved ones became ill, we followed the evidence-based teaching & healing example of Jesus and prayed and cared for each other.



Jesus taught (and medical science and the NIH have long confirmed):

**“Our bodies were designed to be self healing  
*and to respond to our beliefs.*”**

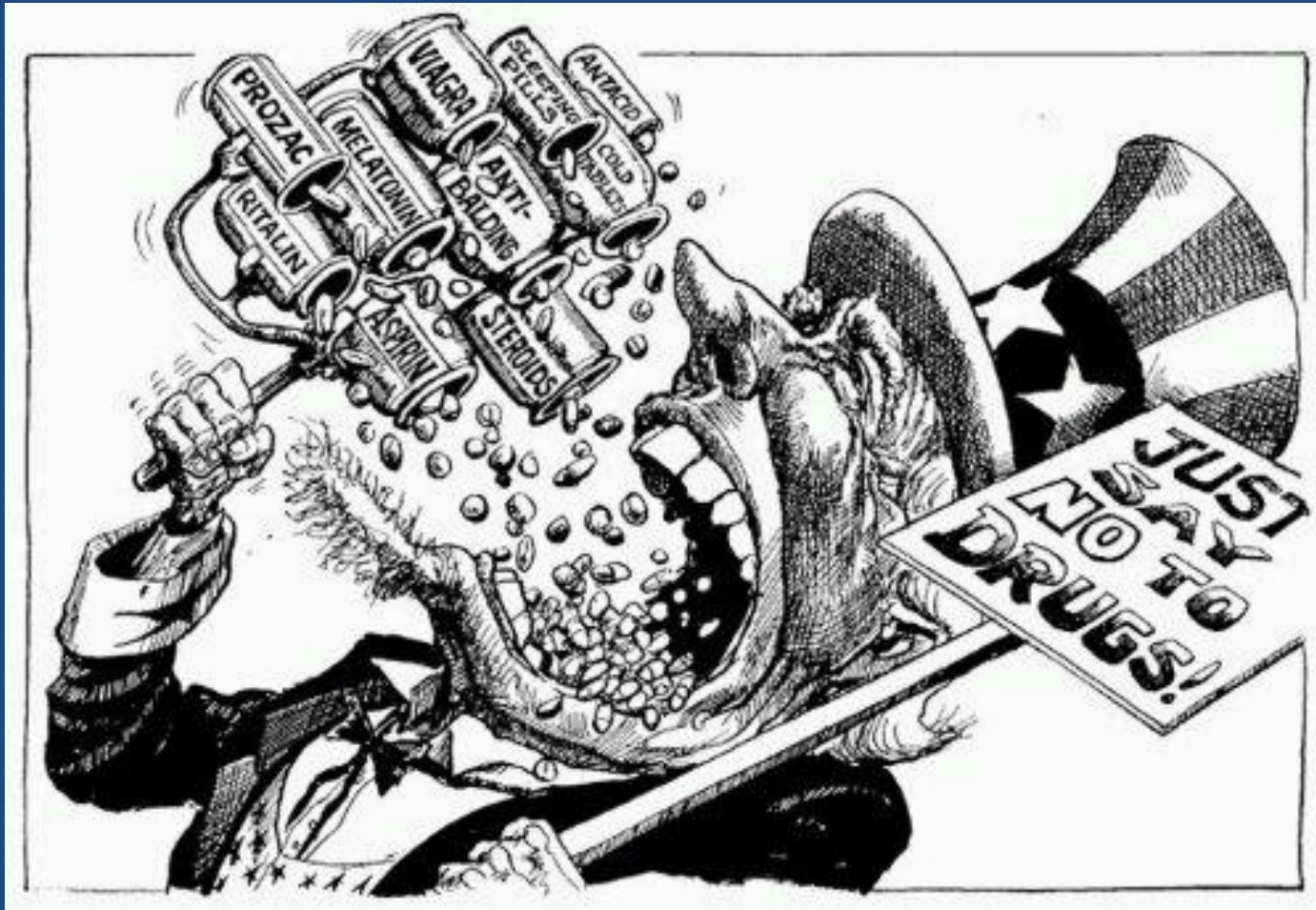


# How can we best describe our Healthcare Culture in the US?

**But today, when our patients develop symptoms of any type,  
(headache, runny nose, cough, heartburn, etc.)  
what is it they think of, first and foremost?**

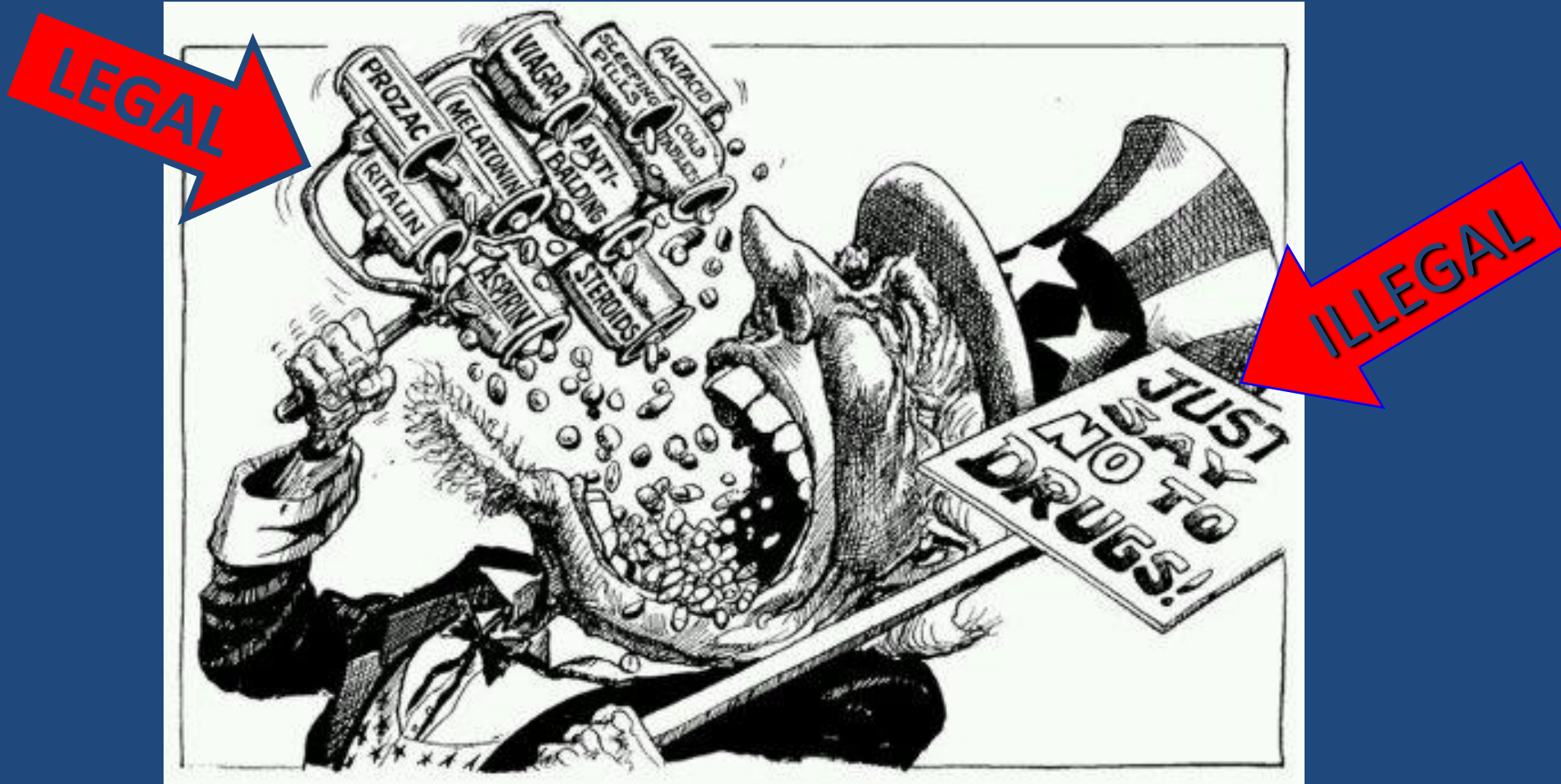
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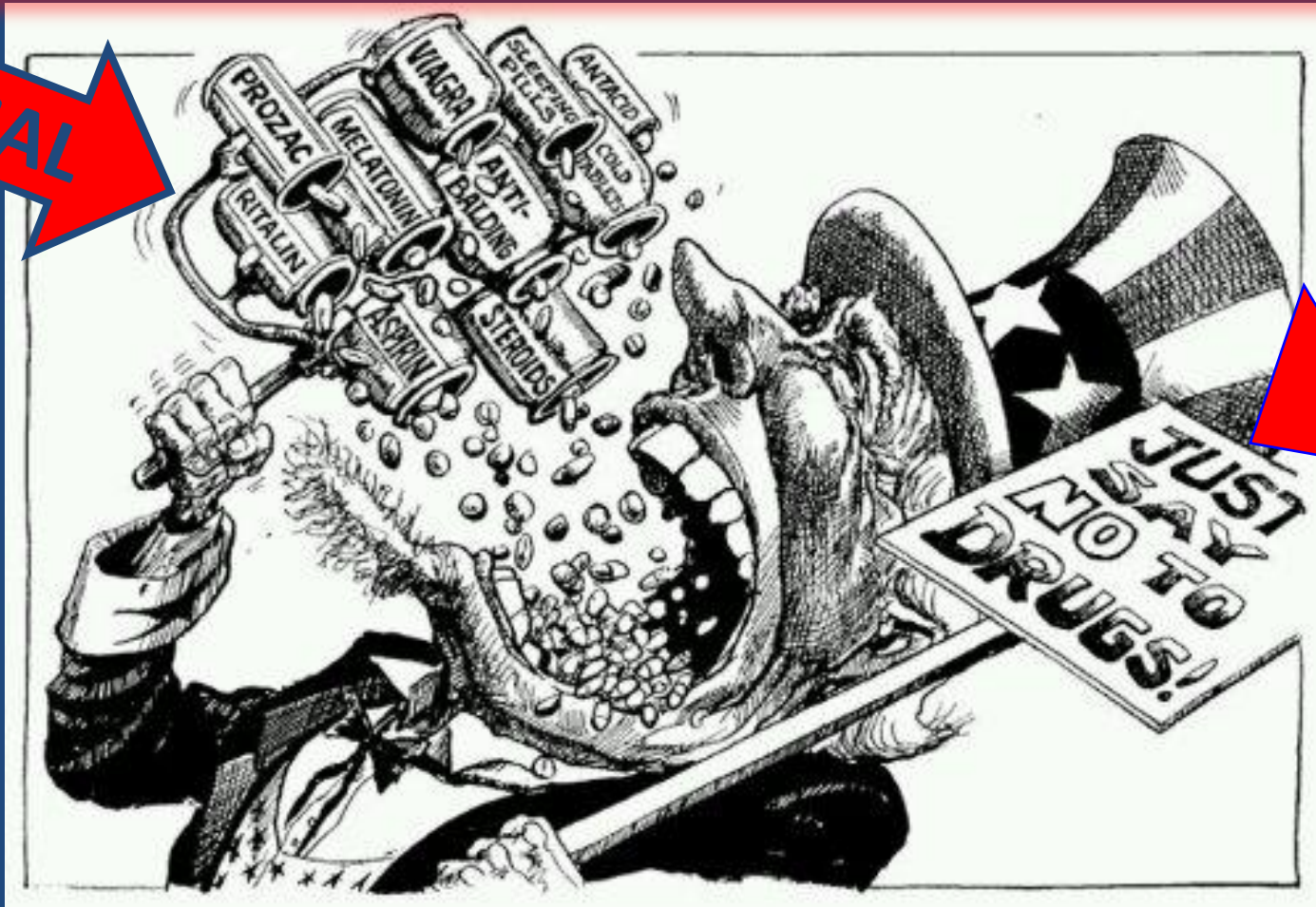
We consume *more drugs per person, both legal and illegal,*  
than *any* other culture in the world (NIH)



How can we best describe our Healthcare Culture in the US?

# A DRUG-BASED CULTURE

LEGAL



ILLEGAL

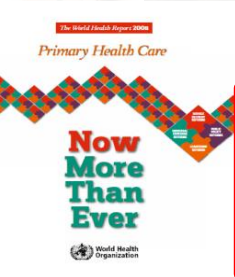
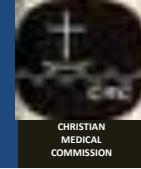
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## *“The Most Excellent Way”*



## THE BAD NEWS

**Very few US Healthcare Organizations, Churches or Missions are Using It.**

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- We failed to implement the CMC/WHO Church-based Health Promotion/Prevention (HP&P) System.
- Instead, we not only continue to use the same “curative care” system that the CMC documented was a failure *over 50 years ago*, but have gone even farther in the exact opposite direction from the CMC & WHO:
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- And our US Faith-Based Healthcare Culture has now been replaced by the Health & Pharmaceutical industry’s Drug-Based Culture

**The Local Church:  
The Missing Link and  
The **KEY** to Primary HealthCare**



# The Bible, Christian Missionaries & WHO IS&Gs *“The Most Excellent Way”*



According to Biblically-based  
CMC/WHO IS&Gs:  
The only systems failure that  
causes more unnecessary  
deaths & suffering in healthcare  
than the  
Need for Pharmacovigilance



# The Bible, Christian Missionaries & WHO IS&Gs “The Most Excellent Way”



According to Biblically-based  
CMC/WHO IS&Gs:  
The only systems failure that  
causes more unnecessary  
deaths & suffering in healthcare  
than the  
Need for Pharmacovigilance  
is the  
Need for  
Health Promotion & Prevention  
by the Church

Or as otherwise stated...



# The Bible, Christian Missionaries & WHO IS&Gs *“The Most Excellent Way”*



According to Biblically-based CMC/WHO IS&Gs  
***The LEADING & PRIMARY CAUSE of***  
***Unnecessary Deaths & Suffering***  
***in the US and Globally***  
**Is this Fundamental**  
**Systems Failure:**





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(NCDs, Tobacco, Etc. are all Secondary Causes)



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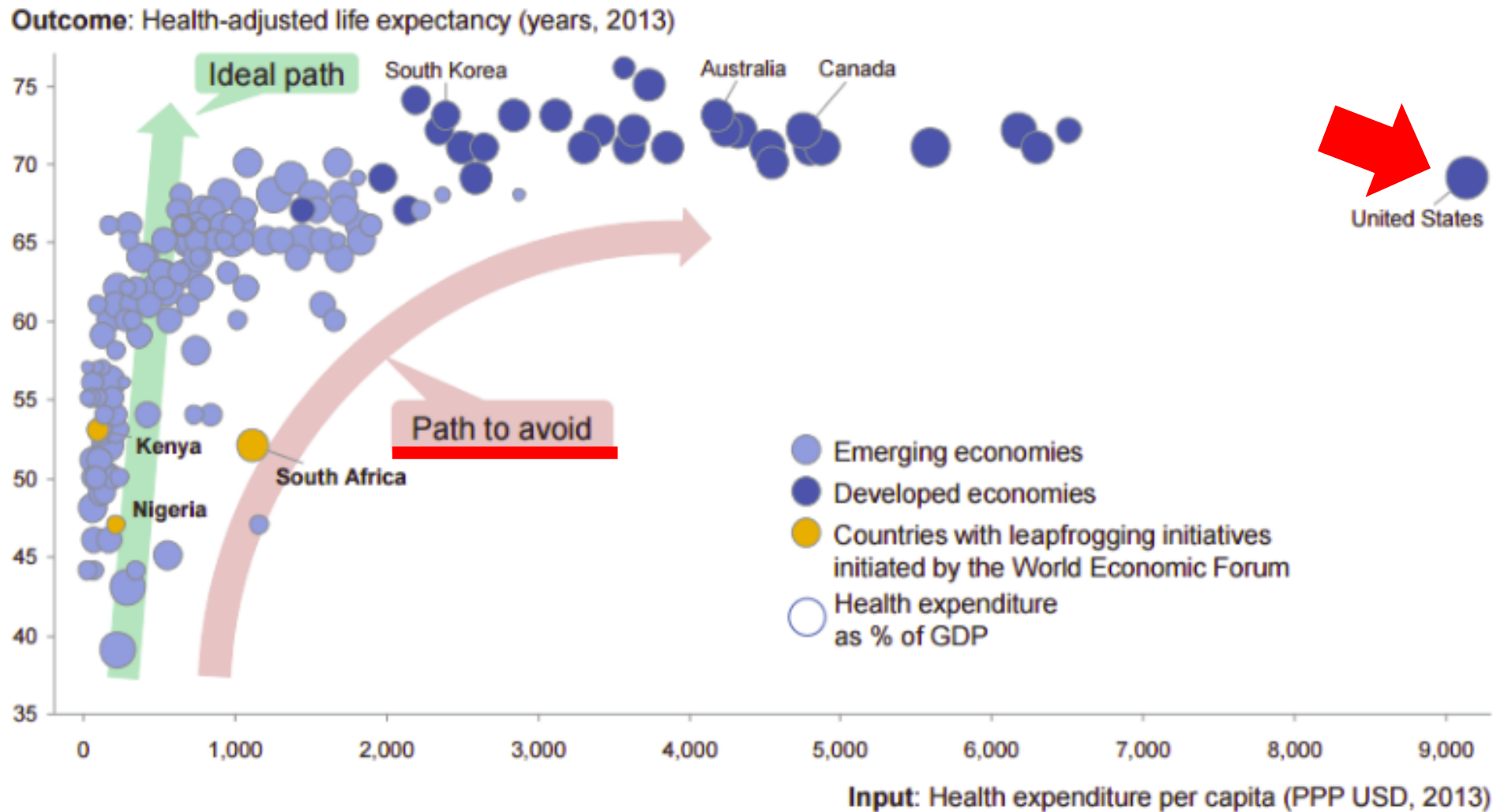
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So in spite of our having the best emergency & subspecialty  
care in the world & spending multiple times more per person  
than other countries, this is the result...

# Costs & Quality--How Does the US Healthcare System Rate?

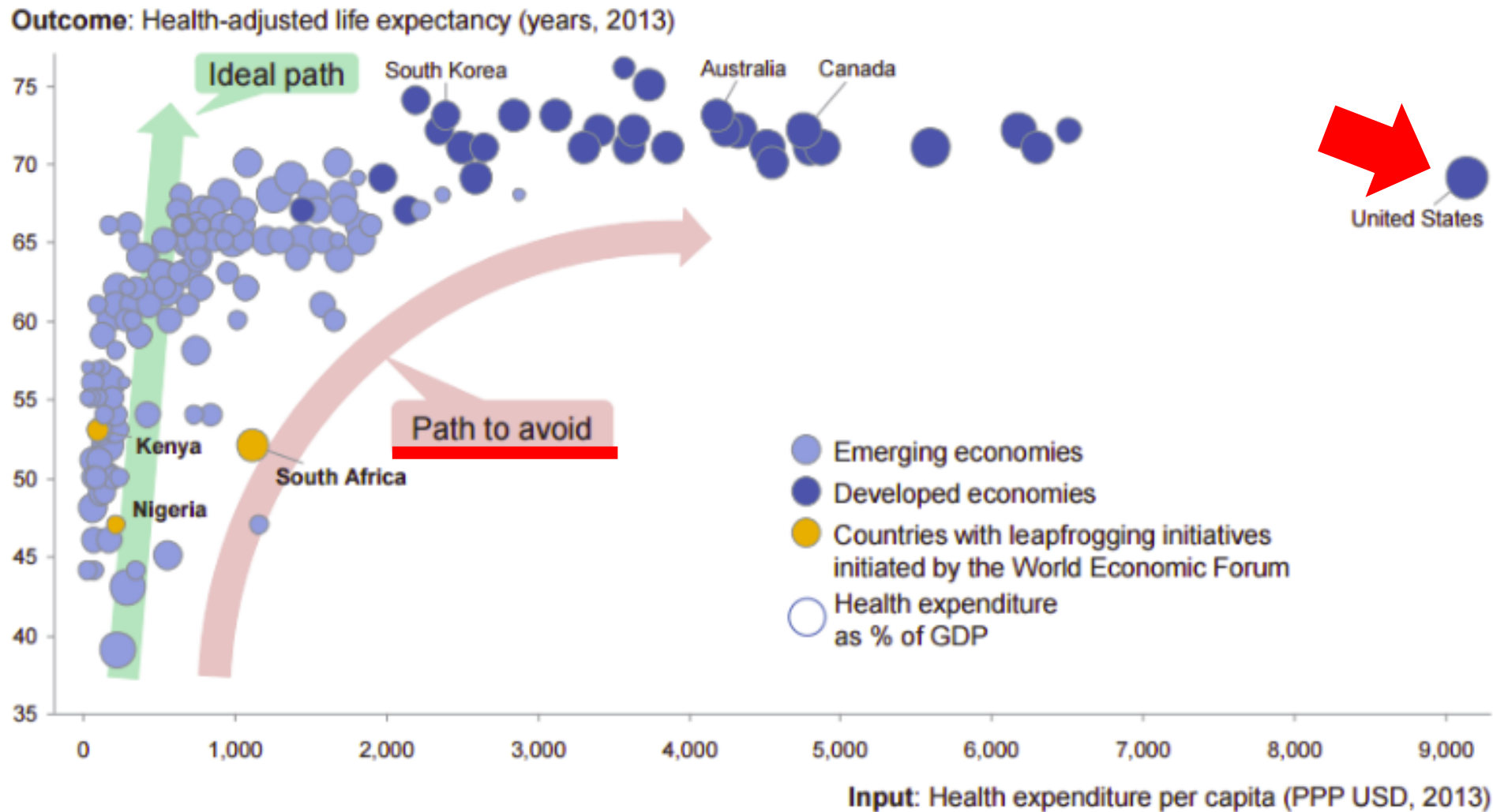


Source: WHO, Word Bank, BCG analysis

Image: World Economic Forum

**43<sup>rd</sup> Below the Best in Outcome. Yet Cost per Capita is now Multiple Times the Rates of Higher Performing Countries**

# Costs & Quality--How Does the US Healthcare System Rate?



Source: WHO, Word Bank, BCG analysis

Image: World Economic Forum

Confirmed by numerous other studies and organizations,  
including our own CIA





# The Bible, CMC & Evidence-Based Primary Care “The Most Excellent Way”



Quality--How Does the US Healthcare System Rate?



## CENTRAL INTELLIGENCE AGENCY THE WORLD FACT BOOK

"prepared by the Central Intelligence Agency  
for the use of US Government officials"

**LIFE-EXPECTANCY AT BIRTH**  
U.S. ranks 43rd below the best

The CIA reports: "Life expectancy at birth is also a measure of overall *quality of life* in a country and summarizes the mortality at all ages."

[Accessed Mar 2018](#)

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

Part 20. The *Critical* Need for STM  
Pharmacists, Physicians (Primary Care & Subspecialists)  
Nurses & Other Healthcare Providers  
to assist the Local Church & Ministry of Health in  
establishing....

**THE BEST HEALTHCARE SYSTEM  
IN THE WORLD**

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



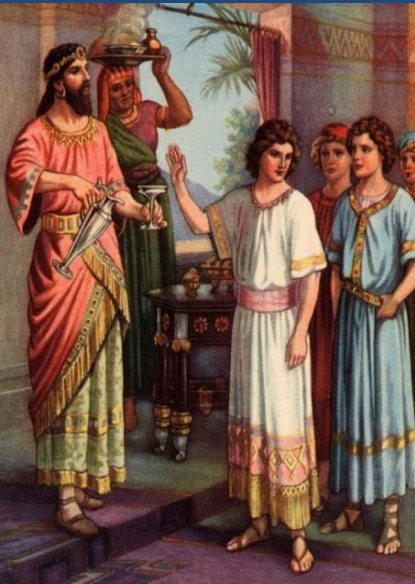
## Part 2.

What does the Bible have to do with  
WHO Evidence-Based IS&Gs?

Where did this Evidence-Based business all start?

# Where did This Evidence-Based (E-B) Business All Start?

## THE VERY FIRST RECORDED CLINICAL TRIAL



DANIEL 1:1-20  
(About 600 BC)

“Daniel refused to defile himself with the royal food and wine...

Please test your servants for ten days. Give us nothing but vegetables to eat and water to drink for 10 days. Then compare our appearance to the young men who eat the royal food, and treat your servants in accordance with what you see...

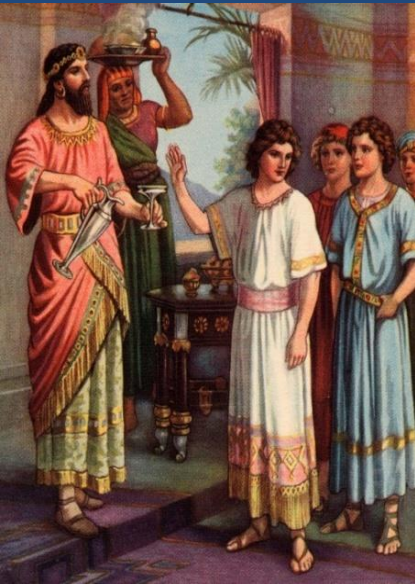
At the end of ten days they looked healthier and better nourished than any of the others. So they took away their choice food and wine and gave them vegetables to eat instead...

And when their training was complete: In every matter of wisdom and understanding about which the king questioned them, he found them ten times better than all”



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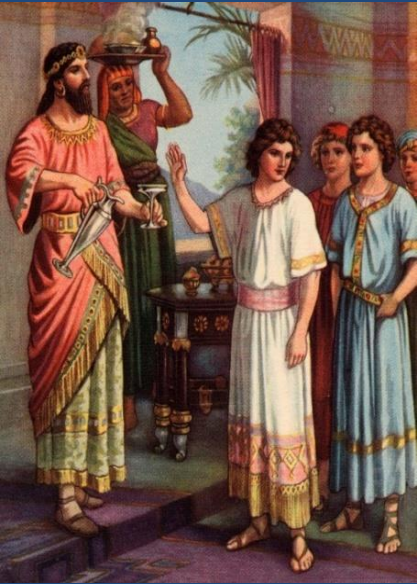
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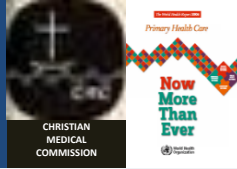
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# The Bible, Christian Missionaries & WHO IS&Gs

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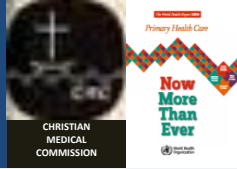
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Remarkably,  
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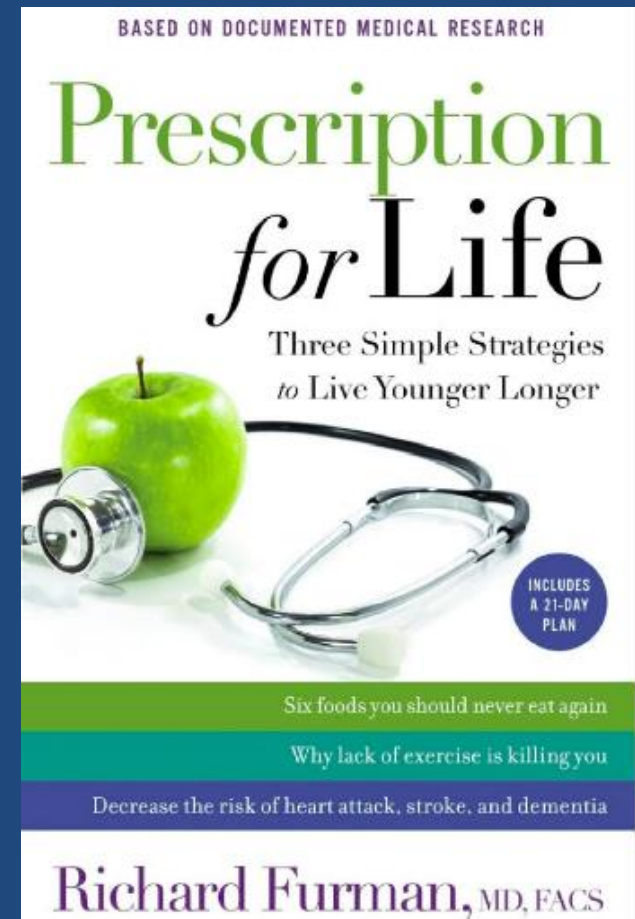
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**Confirmed by *Numerous  
Evidence-based sources*  
as well as Samaritans Purse  
Vascular Surgeon  
Richard Furman MD FACS**





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In the 1990s

THE BOOK THAT CAN SAVE YOUR LIFE!

## THE NEW LIVING HEART DIET

COMPLETELY  
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AND UPDATED

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- Over 300 Medically Tested Recipes
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*And that Tobacco is no longer #1  
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# WHY “DOCTORS” NEED TO BE “TEACHERS”

“Koop, a devout Evangelical Christian...  
stressed education as the key to disease prevention.”

Encyclopedia Britannica

“The goal of the tobacco industry is to addict  
as many people as early as possible.

Everything else big tobacco does is ‘theater.’

Because of the annual number of deaths worldwide  
and because of the economic implications of addiction,  
disease, disability and death world-wide,  
and because the primary target is children world-wide,

*the entire enterprise of big tobacco is  
the largest concentration of evil masquerading  
as a legitimate business on this planet.”*

*Military Medicine May 2003*



C. Everett Koop  
SURGEON GENERAL  
1982-1989

---

“No federal official before or since US Surgeon General Koop  
has waged a more determined campaign against smoking,

the leading cause of preventable death and disability in the United States...  
in spite of resistance from such stalwarts of the tobacco industry as Senator  
Helms, who in 1988 called for an official investigation of the Surgeon General.”

*U.S. National Library of Medicine, NIH, HHS*





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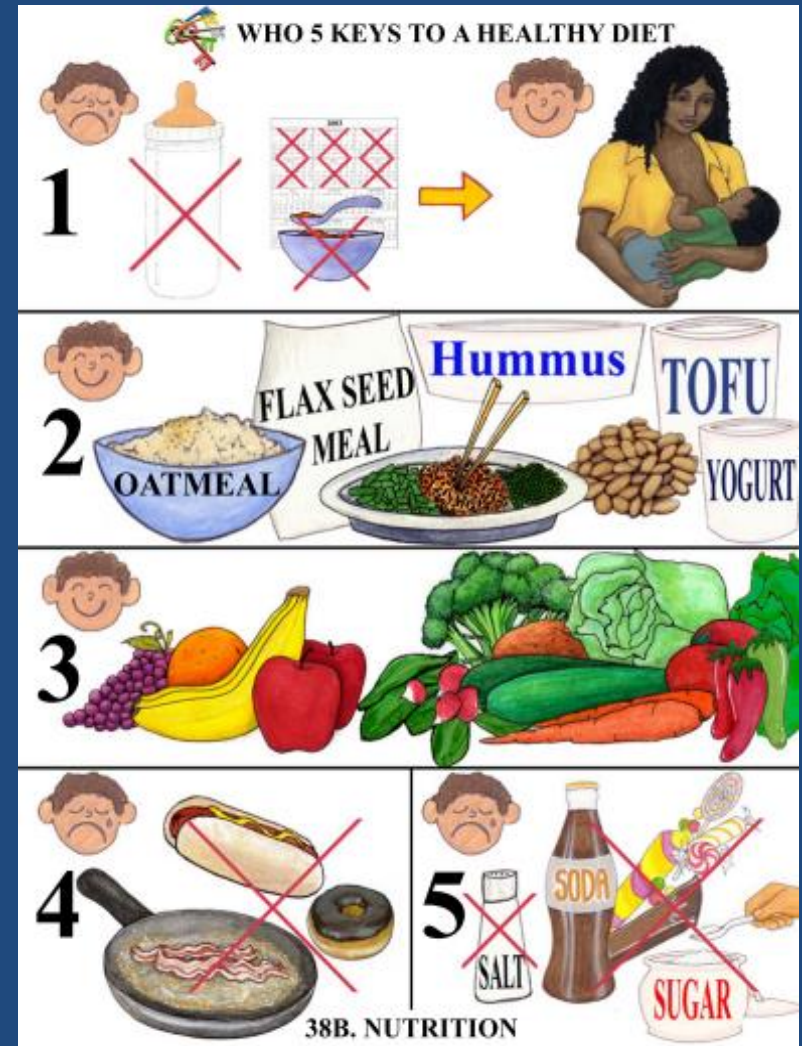
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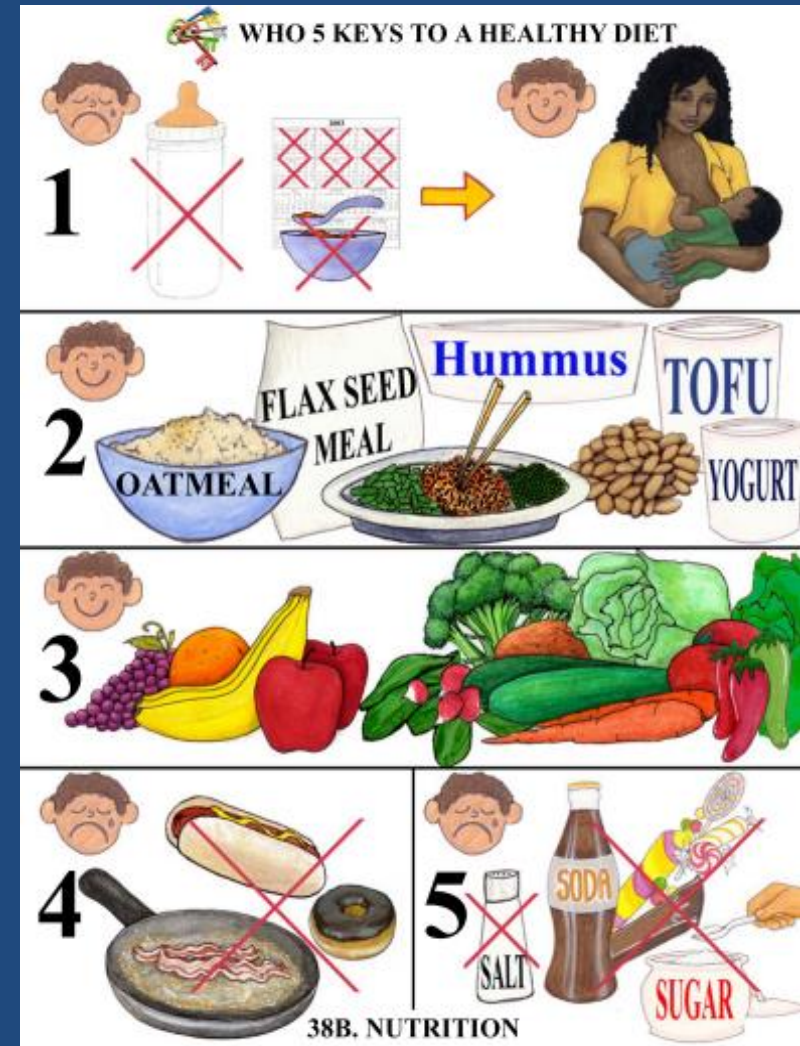
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Where can we find the IS&Gs and who was responsible for initiating them?





# Nutrition

## Nutrition

See also: [Food & Agriculture](#) / [Health promotion & education](#) / [Noncommunicable diseases](#)

### International Standards & Practice Guidelines (IS&Gs)

1. [Nutrition topics](#)
2. [Nutrition programs](#)  
—[Vitamin and Mineral Nutrition Information System \(VMNIS\)](#)
3. [Diet topics](#)
4. [Nutrition disorders topics](#)
5. [Global Strategy on Diet, Physical Activity and Health Programs](#)
6. [e-Library of Evidence for Nutrition Actions \(eLENA\) Programs](#)
7. [Interventions on Diet and Physical Activity: What Works](#) BPGHM Note: This WHO document also gives church-based programs “Effective” (highest possible) evidence-based rating (page 25).
8. [Livestock’s long shadow](#)
9. [Healthy diet Fact Sheet](#)

### Missions Specific Best Practices Documents (Demonstrate Compliance with International Standards & Guidelines)

#### I. FAITH-BASED ORGANIZATION (FBO) OPEN-ACCESS DOCUMENTS

##### A. Christian Missionary “Founders of Modern Nutrition.”

BPGHM Note: Above IS&Gs promoting a whole-food plant-based diet originated with the work of Christian missionaries in Africa. Trowell and Burkitt also worked with the WHO and are recognized “Founders of Modern Nutrition.” (Also demonstrates that we “senders & goers” still have much to learn from our “host” country colleagues.)

—[Dr Hugh Trowell](#) (See p13 for influence on [Nathan Pritikin](#) and US nutrition.)

—[Dr Denis Burkitt](#)

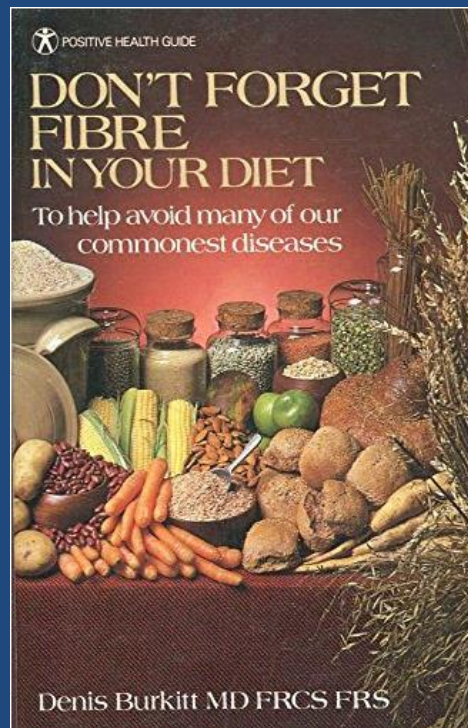
—[Dr Burkitts F-word \(Fiber\) Diet](#) Secular video. Historically correct, evidence-based, and health promoting, though somewhat irreverent sense of humor.

—“it was the work of Burkitt and others in Africa that led to the disease reversal work of pioneers like Nathan Pritikin ([Engineering a Cure](#)).”



## Nutrition

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Trowell and Burkitt (again, a Christian Surgeon)  
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A collage featuring a newspaper clipping about 'Lifestyle and Disease' and 'Western diseases and their emergence related to diet' by D. P. Burkitt. The clipping includes a cartoon of a dripping tap and a text box with the title 'The Leading Cause of Unnecessary Deaths & Suffering IN THE WORLD'.

## Prevalence of Suffering 2

and doctors who are specialists in mops and brushes can earn infinitely more than do those dedicated to

prevalence areas the next and subsequent disease prevalences similar to those of the host

It was Dr Burkitt, a missionary surgeon,  
who discovered

## Lifestyle and Disease

# Western diseases and their emergence related to diet

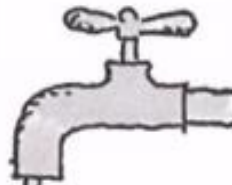
D. P. BURKITT

### Summary

Many of the common diseases of the economically developed world are characterized by a lack of adaptation to modern Western life. The alleviation of these diseases is discussed and

#### The dripping tap

If a floor is flooded as a result of a dripping tap, it is of little use to mop up the floor unless the tap is turned off. The water from the tap



**The Leading Cause of  
Unnecessary Deaths & Suffering  
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and he did it in Africa over 50 years ago.



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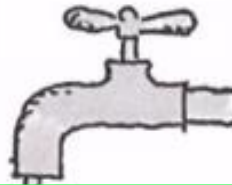
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### Summary

Many of the common diseases of economically advanced countries are characteristic of a diet and a lifestyle which is presented as a result of adaptation to modern Western life. These diseases have been common in the past and the alleviation of them is discussed and

s, hiatus hernia, colorectal cancer, varicose veins, ulcers, peptic ulcers, rheumatoid arthritis, atherosclerosis, venous thrombosis, obesity and diabetes mellitus. Many of these have their highest prevalences in the developed communities and their lowest in the developing communities. It is, moreover, not surprising that these diseases are relatively rare even in the developing communities of this century. Their prevalence is variable in Black and White communities and more frequent in the former. It can be confidently predicted that on first arrival in these communities these diseases than in the host communities. These communities emigrate to the prevalence areas the next and subsequent generations will have disease prevalences similar to those of the host

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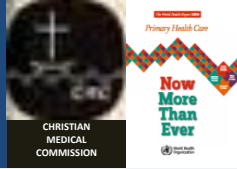
and he did it in Africa over 50 years ago.

Though Daniel did publish his results 2600 years earlier.



# The Bible, Christian Missionaries & WHO IS&Gs

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**Confirmed by WHO IS&Gs**

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What you will find over and over in your  
reviews of Evidence-Based Medicine...

**THE CLOSER HEALTHCARE  
COMES TO BEING EVIDENCE-BASED,  
THE MORE IT CONFIRMS  
THE TRUTH OF THE BIBLE**

and that many of our  
*Most Important*  
WHO Evidence-Based IS&Gs  
were originated by  
**CHRISTIAN MISSIONARIES**







# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



## *Why we need Evidence-Based Medicine*

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## ***Why we need Evidence-Based Medicine*** **(Also for the Same Reasons Doctors so often Disagree)**



1. **Information Explosion.** No longer possible to keep up with all the thousands of studies and all the evidence.  
*We each base our treatment on those studies that are brought to our attention.*
2. **Validity of evidence from individual studies, even from our very best journals, is usually poor** “Placebo/Faith/Belief/Self-healing” effect, Valid studies are very expensive, Industry financed, Numerous forms of Bias, Etc)
3. **Good evidence in the medical literature is rare and very difficult to find** (Not all “E-B” info is truly E-B. Must be free of Conflict of Interest)

How do we find the **TRUTH**, the most important E-B knowledge?





(Plus more than 500 collaborators just for AAP infectious disease.)

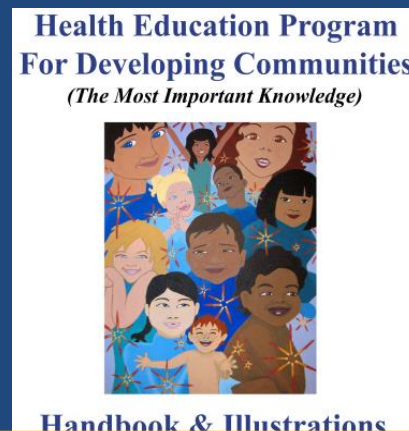
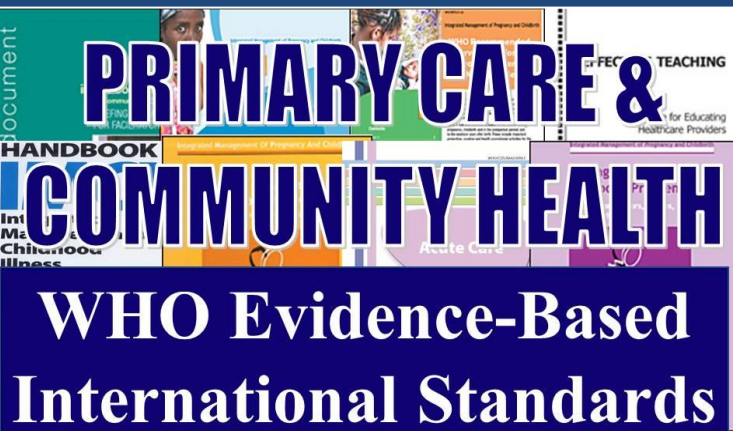
## Evidence-Based Medicine = TEAM APPROACH

(STATISTICIANS + EPIDEMIOLOGISTS + CLINICAL EXPERTS)

To review All the available evidence from All sources.

(Cochrane, IOM, BMJ's Clinical Evidence, ACP, AHRQ, WHO)

HEPFDC content does not come from SOEHM but from the best available  
Evidence-Based International Standards and Guidelines (IS&Gs)



HEPFDC can be  
downloaded free  
in 8 languages.  
But whatever materials  
you use in other  
countries, just be

Note: The following slides evaluate SOEHM's health ed program, however  
the *very same system* is used to evaluate the quality of any STM care.



# International Standards & Guidelines (IS&Gs) and Health Missions

As noted in the above BPGHM document:

--WHO with its thousands of staff members provides teams of statisticians, epidemiologists and clinical experts from 194 member countries to review **all the available evidence** from all sources throughout the world to establish evidence-based global health IS&Gs.

--WHO also relies on over 700 collaborating partners (just one of which is the CDC with its additional thousands of statisticians, epidemiologists & clinical experts) to assist with the above process.

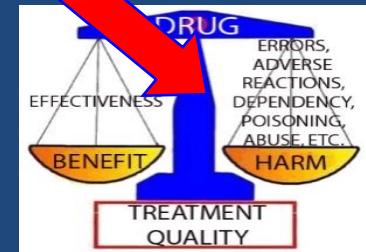
--In accordance with WHO's authority and mandate, *Ministries of Health throughout the world look to the WHO for their standards & guidelines for safe & effective care.*

How do these teams evaluate the evidence?<sup>07</sup>

# SYSTEMATIC REVIEWS (SR) & EVIDENCE VALIDITY CRITERIA

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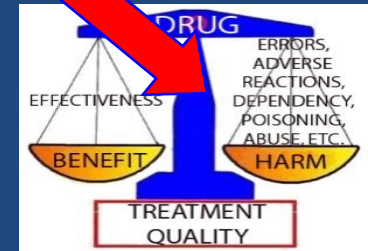
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**\*This is a *significant problem* with evidence-based guidelines**





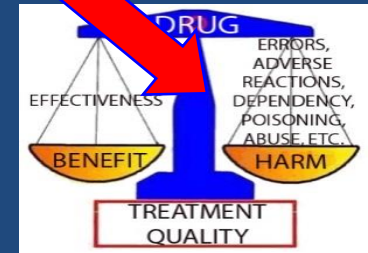
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**Evidence-Based Guidelines often initially erroneously rate Drugs higher than Non-Drug treatment** Reasons include:

- Inability to design placebo controlled studies for Non-Drug Treatment (People know when they are eating Kale).
- Drug trials are primarily designed to determine effectiveness not harm.
- Patients with complicating problems are excluded, even though they often are the majority of users.
- Inadequate reporting of drug adverse effects after approval

**The HARM side of the balance is often not known until years after approval.**

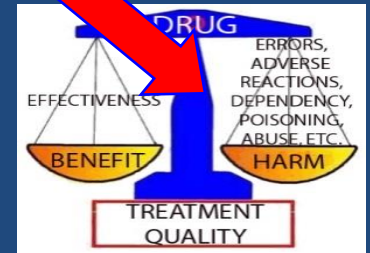
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***The HARM side of the balance is often not known until years after approval.***

Over the years, HP&P Rx quality has now surpassed Drug Rx for first-line Rx for most Primary Care conditions, For example, NSAIDs & Back Pain...

# On this Evidence-based Scale for Proven Effectiveness of Rx How Beneficial is

**DRUG-BASED Rx (NSAIDs)**

**vs E-B HOLISTIC HP&P Rx (Exercise)**

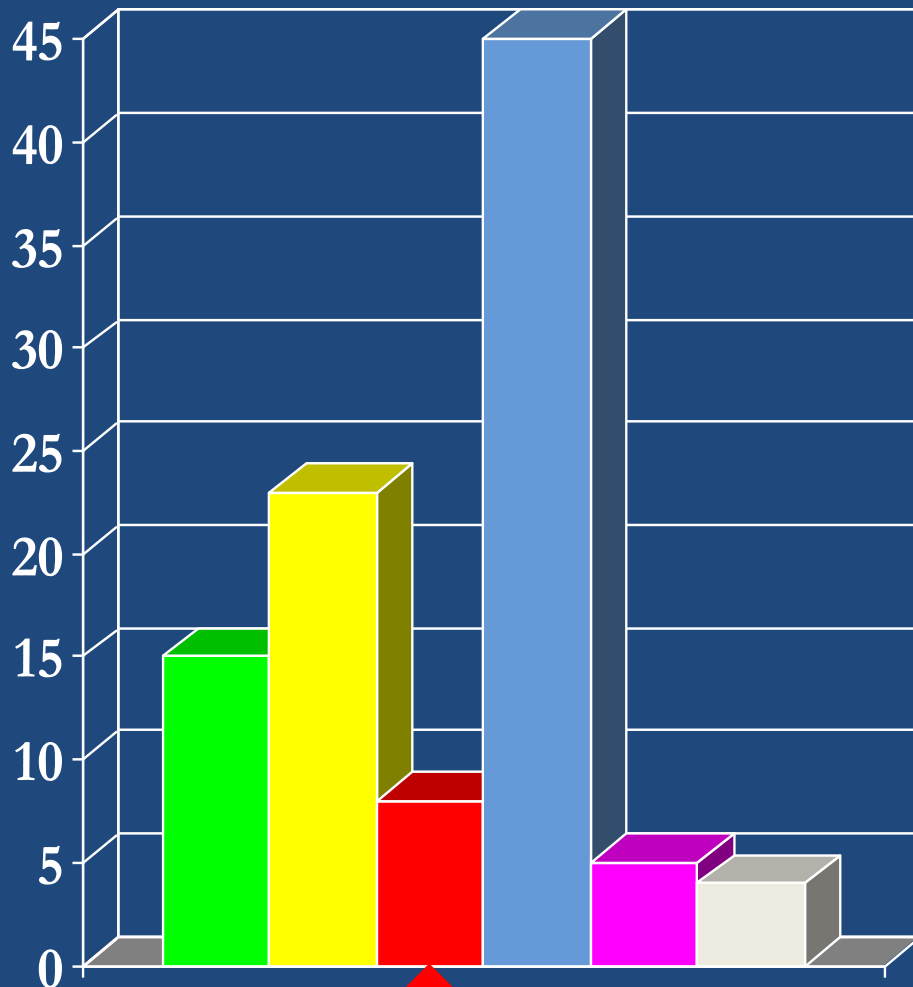
**for Chronic Low Back Pain?**

**DRUG-BASED Rx  
(NSAIDs)**

Originally  
were Here

Then Here

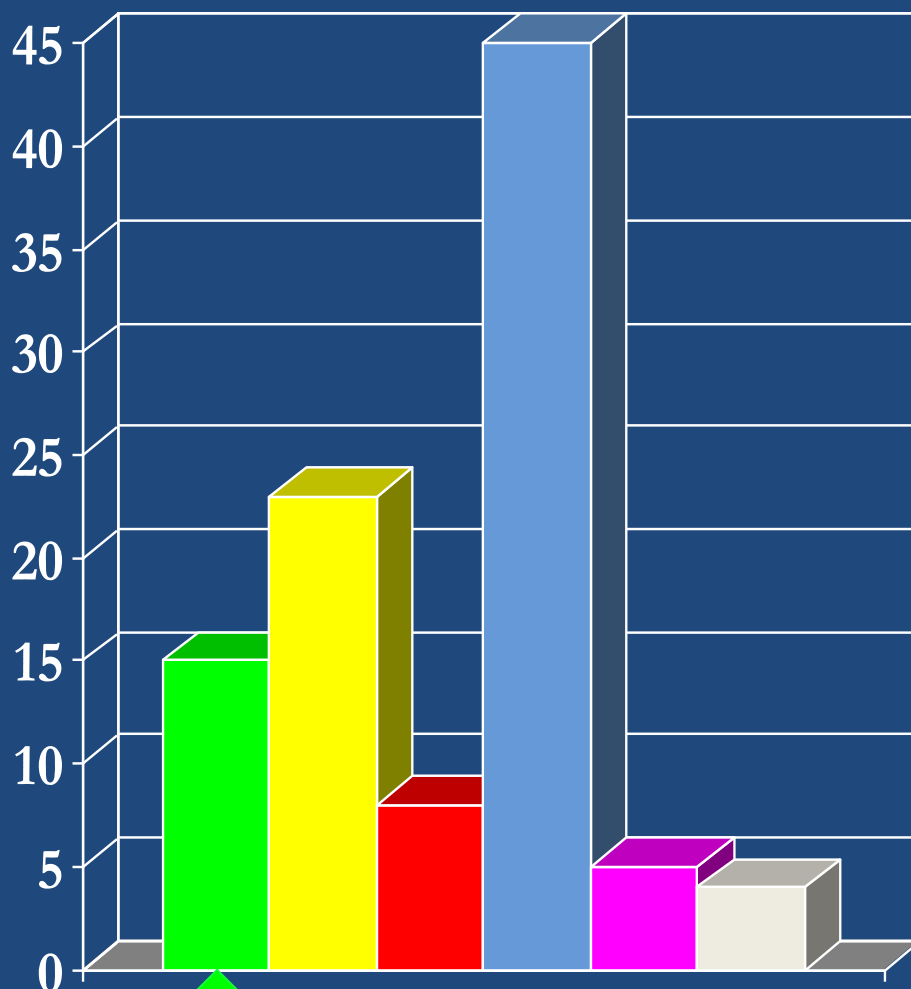
Now Here



- Beneficial 15%
- Likely to be beneficial 22%
- Tradeoff benefits and harms 7%
- Unknown effectiveness 47%
- Unlikely beneficial 5%
- Likely ineffective or harmful 4%

On this Evidence-based Scale for Proven Effectiveness of Rx  
How Beneficial is  
**DRUG-BASED Rx (NSAIDs)**  
vs **E-B HOLISTIC HP&P Rx (Exercise)**  
for Chronic Low Back Pain?

**E-B HOLISTIC  
HP&P Rx  
(Exercise)**



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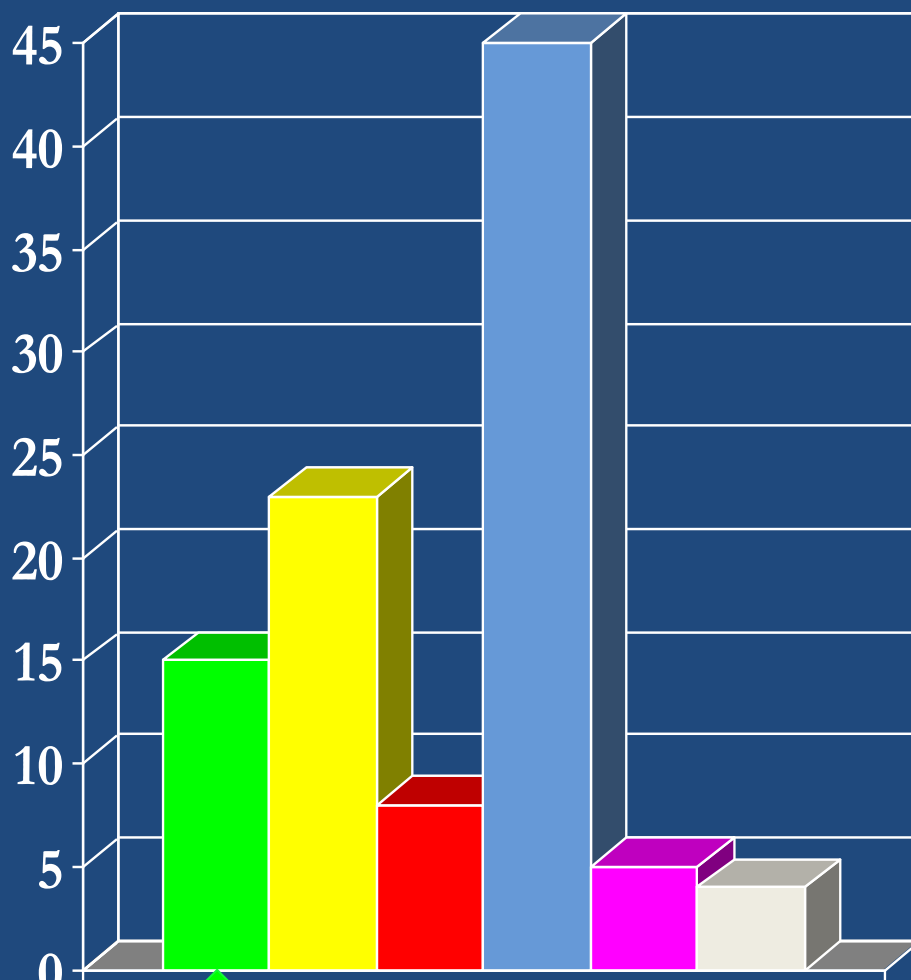
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# On this Evidence-based Scale for Proven Effectiveness of Rx How Beneficial is **DRUG-BASED Rx (NSAIDs)** vs **E-B HOLISTIC HP&P Rx (Exercise)** for Chronic Low Back Pain?

**E-B HOLISTIC  
HP&P Rx  
(Exercise)**



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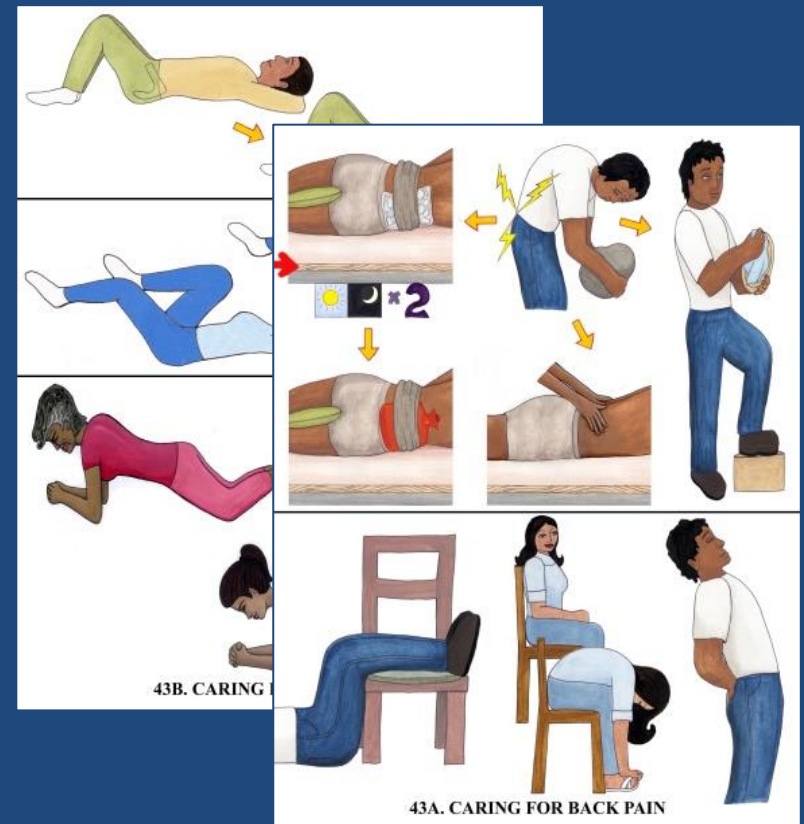
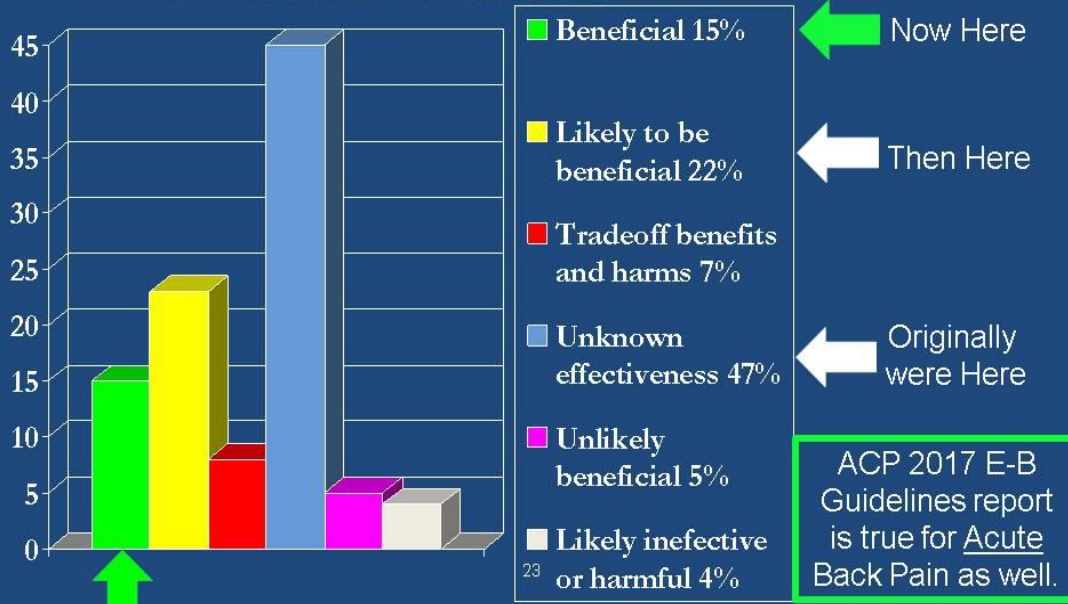
← Then Here

← Originally were Here

ACP 2017 E-B Guidelines report is true for Acute & Sub-Acute Back Pain as well.

# On this Evidence-based Scale for Proven Effectiveness of Rx How Beneficial are

**DRUG-BASED (NSAIDs)**  
vs **E-B Holistic Rx (Exercise)**  
for Chronic Low Back Pain?

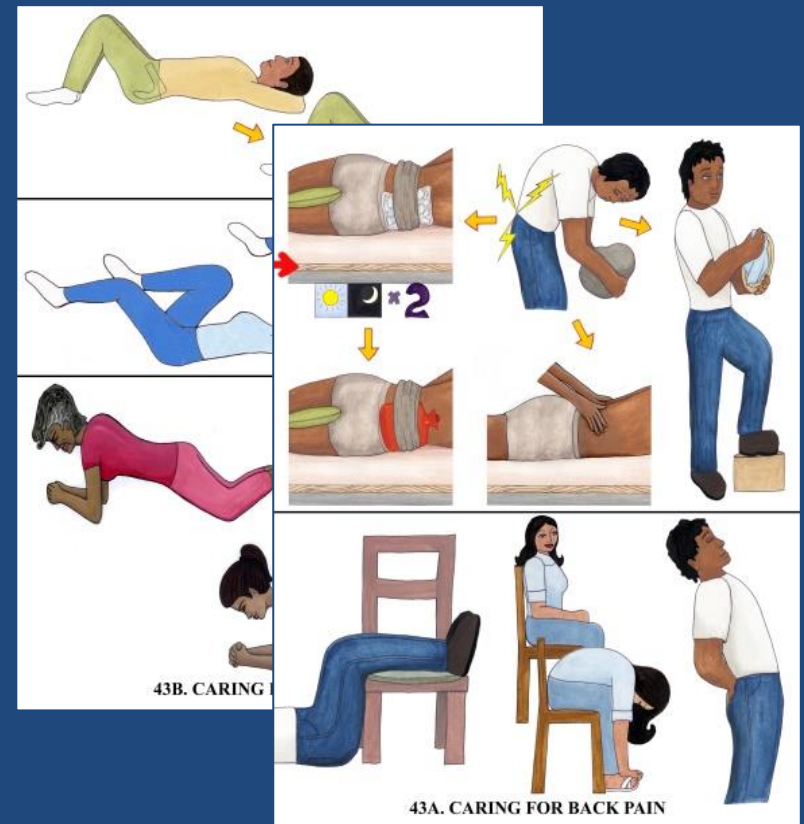
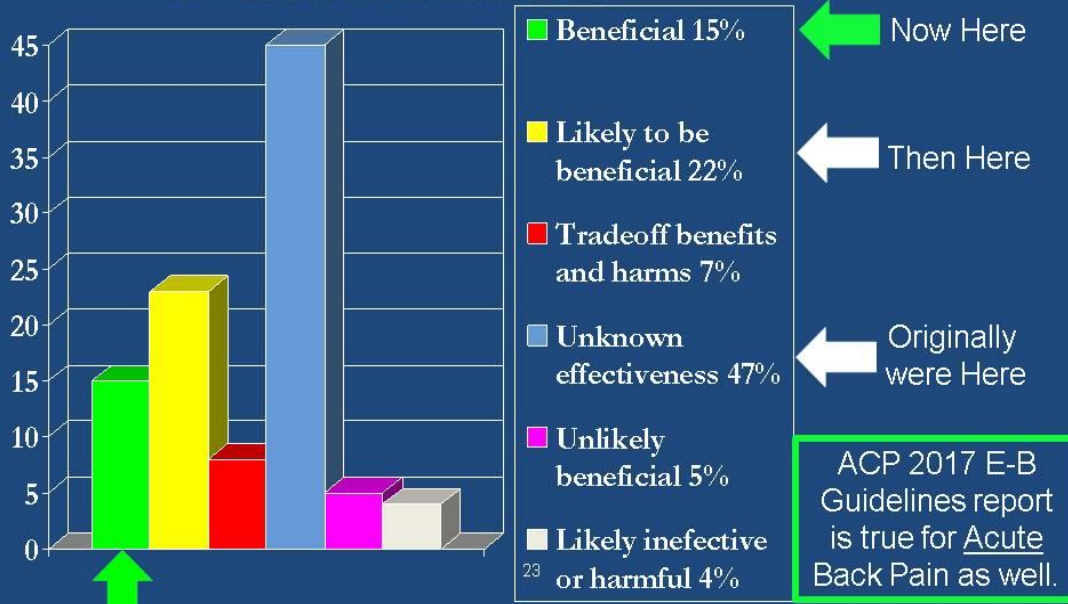


So the Evidence-Based First-line Rx for the most common complaint of adults evaluated on most of our STMs (Back Pain) is now

***E-B Holistic HP&P Rx*** ***NOT Drugs***

On this Evidence-based Scale for Proven Effectiveness of Rx  
How Beneficial are

**DRUG-BASED (NSAIDs)**  
vs **E-B Holistic Rx (Exercise)**  
for Chronic Low Back Pain?



So the Evidence-Based First-line Rx for the most common complaint of adults evaluated on most of our STMs (Back Pain) is now

***E-B Holistic HP&P Rx NOT Drugs***

Although there is no time to demonstrate this today, reviews of E-B guidelines document that this is now

***True for MOST Conditions Treated in Primary Care both in the US and on STMs***

***(URIs, Diarrhea, Back Pain, NCDs, Headache, Fever, Worms, Etc.)***

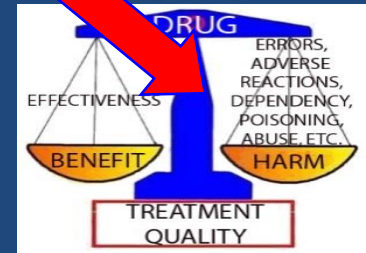
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- LOE 2 = SR of COHORT STUDIES
- LOE 3 = SR of CASE-CONTROL STUDIES
- LOE 4 = SR of CASE SERIES



- ➔ LOE 5 = “EXPERT” OPINION / EXTRAPOLATION (Lowest level of *acceptable* evidence)

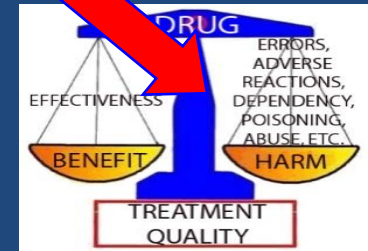
*Center for Evidence Based Medicine, Oxford*



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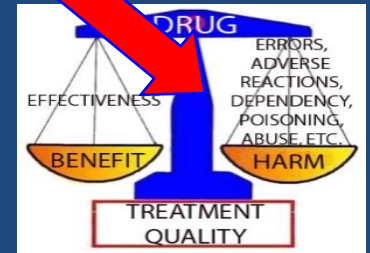
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- Center for Evidence Based Medicine, Oxford*



- By far the Lowest LOE= **Drug Detailer Information & Advertising**  
“is MISLEADING, results in UNNECESSARY RX & COST & is HARMFUL or DEADLY to PTS”  
“Only **6%** of drug advertising (“detailing/educational”) material *provided to physicians* is supported by evidence” N Engl J Med 2007;357:508.  
(Websites with Conflicts of Interest are in same category).

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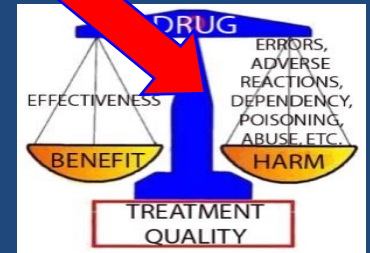


From an evidence-based quality of care standpoint:

**NEVER READ DRUG COMPANY ADS  
OR DETAILING INFORMATION**

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Also for quality of care & compliance with Missionary initiated IS&Gs:

Unless you are enrolled in ongoing studies,  
**NEVER USE NEW DRUG SAMPLES**  
**Until Recommended by E-B Guidelines**

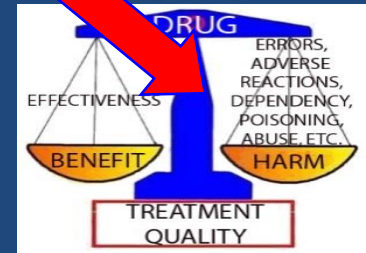
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*Center for Evidence Based Medicine, Oxford*
- LOE ? = “In My Experience” EB studies show:



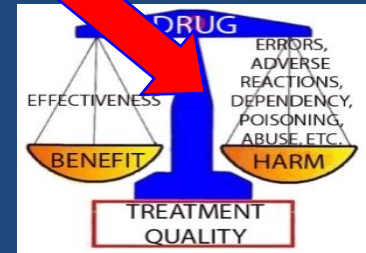
How do all my 50 Years of Experience Rate ?



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- LOE ? = “In My Experience” EB studies show:

↑ Years of clinical experience = ↓ Quality of Care

*Systematic Review: The Relationship between Clinical Experience and Quality of Health Care. Annals of Int Med. Vol 142 : 4 p 260 Feb 2005*

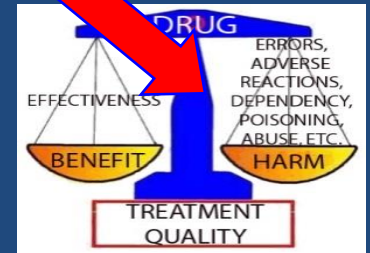
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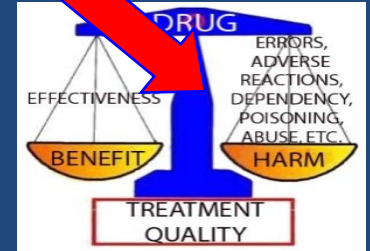
*Systematic Review: The Relationship between Clinical Experience and Quality of Health Care. Annals of Int Med. Vol 142 : 4 p 260 Feb 2005*

But I have even heard Residents say this. **Why should you never listen to us docs when we begin our recommendations with “In My Experience...”?** What *E-B Biblical Truth* does every child with a paper cut know that we docs always forget ?

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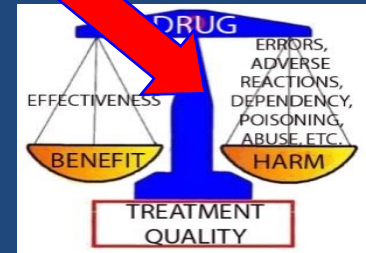
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***Our Bodies Were Created to be Self-Healing--  
Most of Our Patients are Healed in Spite of Us, Not Because of<sup>2</sup>Us.***

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**So we old-timers definitely need to take care to keep up with, and *base our practice on, current evidence-based guidelines, and not our own experience.***

But if we do that, we have a tremendous advantage over our younger colleagues.

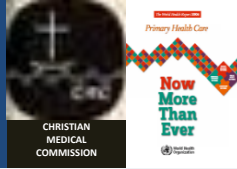
***We can look back on the mistakes we’ve made and learn from them.***

So that’s what we are going to review today...





# The Bible, Christian Missionaries & WHO IS&Gs “The Most Excellent Way”



## The Most Important Pharmacovigilance Mistakes Made and Lessons Learned From:

1. The Bible, especially those sections concerning the Evidence-Based Standards and Practice Guidelines of the **Greatest Physician**.
2. Christian Missionary Mentors & WHO International Standards & Guidelines.
3. 5+ years of taxpayer funded Medical QA Director training & experience (Plus many more years in areas of Medical Staff, Pharmacy & Therapeutics, Infection Control, Credentialing, Accreditation, Ed & Training, & respective committees).
4. Mistakes made and lessons learned from 47 Drug-Based STMs over 17 years, and 7 Non-Drug Medical STMs since 2008.
5. Lessons learned from patients at a long-term mission clinic in an area frequented by Drug-Based STMs (attended monthly for over 15 years).
6. Best Practices in Global Health Missions Working Group since 2008.

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs

### Part 3. Missionary Mentors, Pharmacovigilance, & the Critical Importance of Systems



# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



To understand the world-changing importance of Christian missionaries to WHO's healthcare system, we need to review another fundamental Truth in Healthcare QA. (Its **The Key** to understanding & resolving our quality of care problems):



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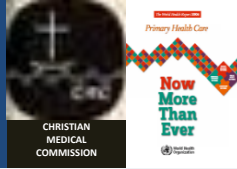
(Its **The Key** to understanding & resolving our quality of care problems):

***Nearly all*** of the unnecessary deaths and suffering we cause in healthcare are **not** due to provider problems, but to





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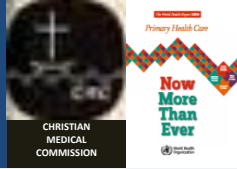
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# SYSTEMS PROBLEMS



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*Nearly all* of the unnecessary deaths and suffering we cause in healthcare are *not* due to provider problems, but to

# SYSTEMS PROBLEMS

**And Second to the Need for HP&P by the Church,  
*by far*  
*the most common and lethal*  
of these are due to...**



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## *“The Most Excellent Way”*



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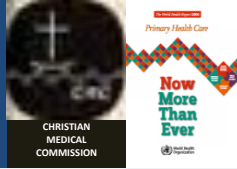


## DRUG-BASED SYSTEMS PROBLEMS





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## DRUG-BASED SYSTEMS PROBLEMS

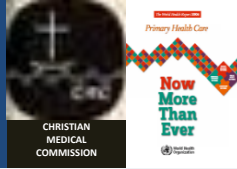


And because of inability to comply with FBO/WHO Pharmacovigilance IS&Gs, *the most common and most lethal* of these may well be...





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## DRUG-BASED SYSTEMS PROBLEMS

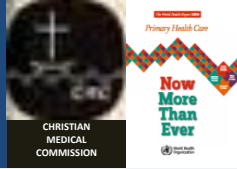


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## The Drug-Based STM System



# The Bible, Christian Missionaries & WHO IS&Gs “*The Most Excellent Way*”



To understand the world-changing importance of Christian missionaries to WHO's healthcare system, we need to review another fundamental Truth in Healthcare QA. (Its **The Key** to understanding & resolving our quality of care problems):

**Nearly all** of the unnecessary deaths and suffering we cause in healthcare are **not** due to provider problems, but to



## DRUG-BASED SYSTEMS PROBLEMS



You can have the **very best Formularies, Team Leaders & Healthcare Providers** in the world *and still provide dangerous, poor quality care if you are working with a*  
**FLAWED HEALTHCARE SYSTEM**

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs (The Evidence-Based Use of drugs)

Drug-Based STM Systems Problems—  
How Do They Affect Our Long-Term Mission (LTM) Patients?  
Lessons Learned and The Simple Test

# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Indian Migrant Workers Baja Mexico

Our mission clinic down in Baja Mexico is about 200 miles from the US border

Over the years, our Indian migrant worker camps have been increasingly frequented by drug-based STMs from the US, most of them Church-based.

And over the years, *the* major change in our community has been...



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Our main street now has one of these on every 2<sup>nd</sup> or 3<sup>rd</sup> block.

# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Yet our migrant worker families are still living like this...





# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



and dying like this.



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



and dying like this.

For example...



Systems Problem 23. STM use of drugs leads our patients to over-value them, resulting in additional increased patient morbidity and mortality, especially for children, *long after we are gone*.



Systems Problem 23. STM use of drugs leads our patients to over-value them, resulting in additional increased patient morbidity and mortality, especially for children, *long after we are gone*.



For example, because of the frequency of colds (up to 6-10/yr) the costs of these medicines can be substantial. This is true for our families in Baja, Mexico.

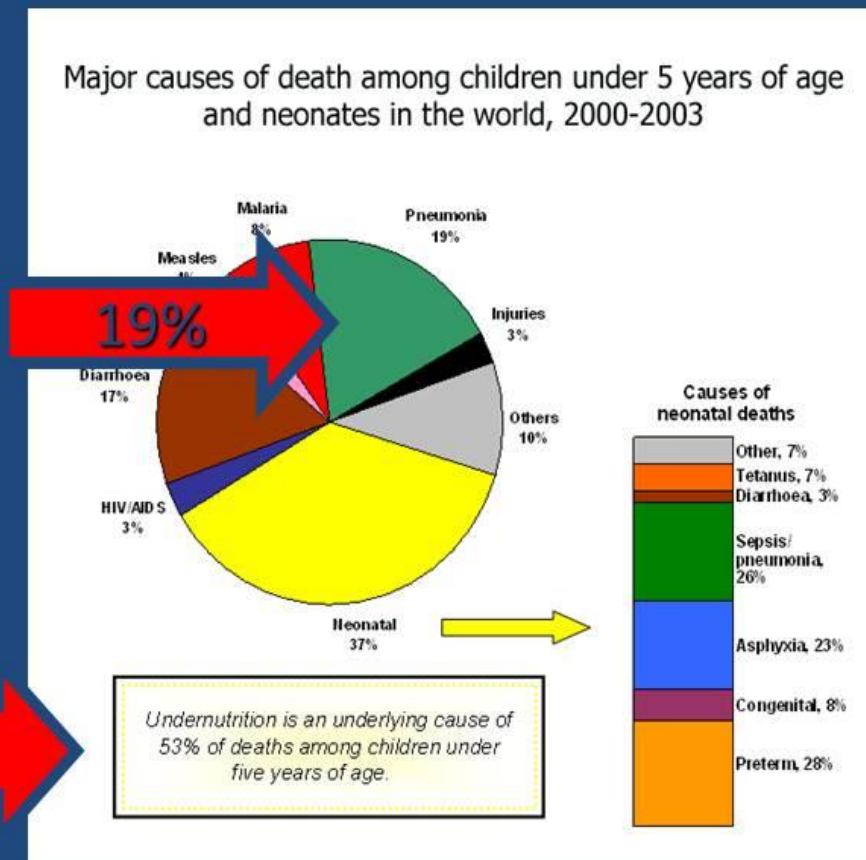
Parents whose children are treated with free cold medicines by STMs are led to believe they are important and subsequently *use their food money* to purchase them.

Over 50% of the unnecessary deaths in children of developing countries are already related to poor nutrition.

## DISPENSING COLD & COUGH MEDICINES HARMS CHILDREN IN TWO OF THEIR MOST VULNERABLE AREAS:

**INCREASES MORTALITY DUE TO THE DRUG ITSELF**  
(See AAP/ACCP/CDC Evidence-Based Guidelines and Mortality Reports)

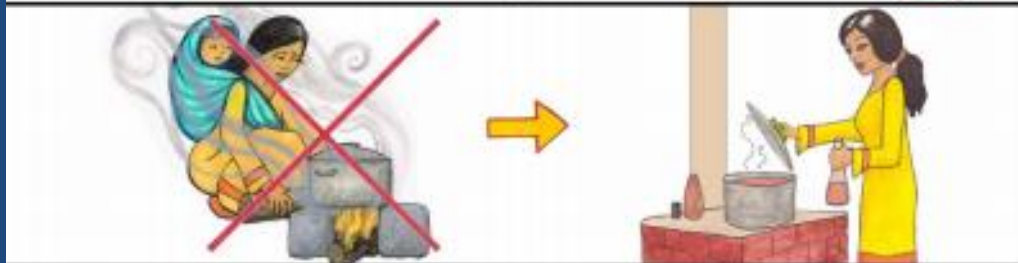
**INCREASES MORTALITY FROM MALNUTRITION**  
(Poor families use their food money to buy these useless & harmful drugs)





# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



So in spite of our long-term mission's best efforts to promote health & healing in accordance with Ministry of Health approved Evidence-based Biblical & International Standards & Guidelines...

29.LA PREVENCIÓN DE LAS INFECCIONES RESPIRATORIAS



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



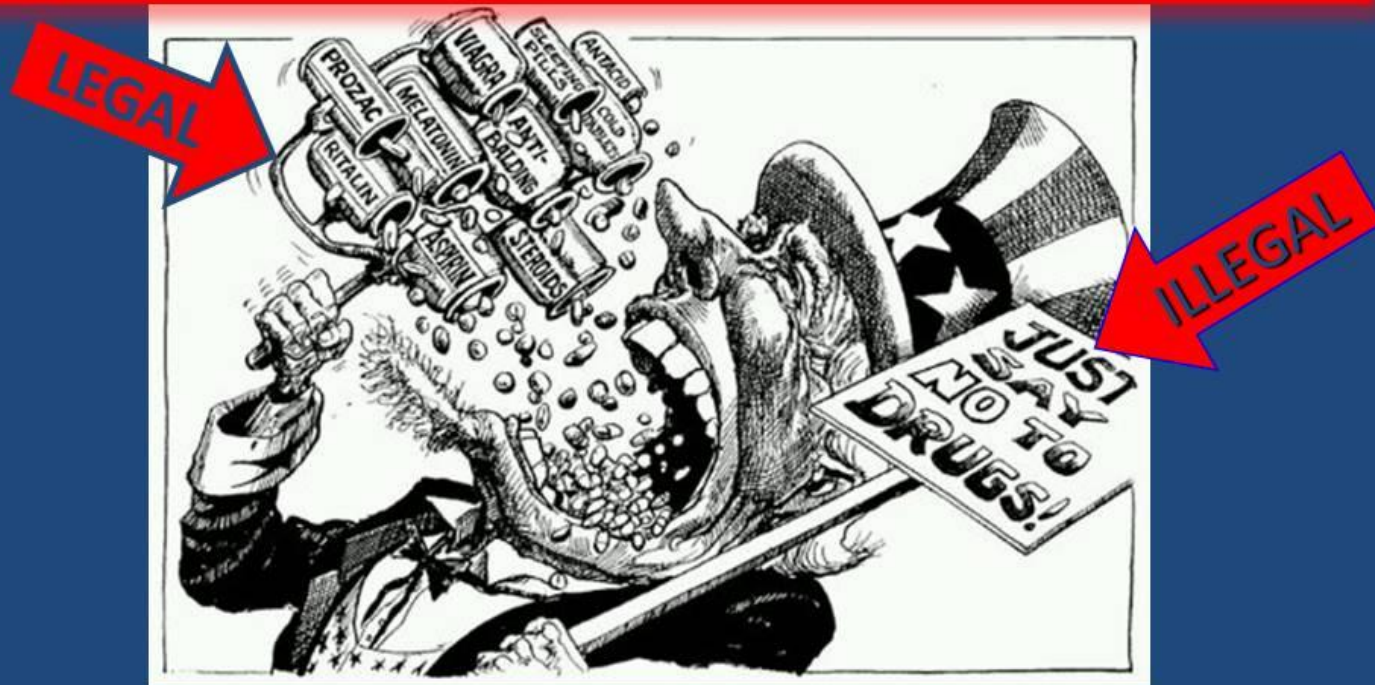
This is where our patients now look for health & healing.



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned

How can we best describe our Healthcare Culture in the US?

## A DRUG-BASED CULTURE



*We consume more drugs per person, both legal and illegal, than any other culture in the world (NIH)*

17

Just as Industry advertising has been extremely successful in promoting a Drug-Based Culture in the US,

# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



STMs have been extremely successful in promoting a Drug-Based Culture in our Baja community.



# Drug-Based STMs & Our Long-Term Missions (LTM) Patients—Lessons Learned



How can we best describe our Healthcare Culture in the US?

## A DRUG-BASED CULTURE



We consume more drugs per person, both legal and illegal, than any other culture in the world (NIH)

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Whenever we carry in drugs on our STM, ours is a  
***Drug & Drug Culture Promoting Mission***

# Drug-Based STMs & Our Long-Term Missions (LTM) Patients—Lessons Learned



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## ***Drug & Drug Culture Promoting Mission***

That is not our intent & we do not think of our mission in that way,  
but that is ALWAYS the effect on our Long-Term patients.



# Drug-Based STMs & Our Long-Term Missions (LTM) Patients—Lessons Learned



How can we best describe our Healthcare Culture in the US?

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We consume more drugs per person, both legal and illegal, than any other culture in the world (NIH)

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## ***Drug & Drug Culture Promoting Mission***

That is not our intent & we do not think of our mission in that way,  
but that is ALWAYS the effect on our Long-Term patients.

***It ALWAYS results in empowerment of the pharmacy & drug industries & in long-term harm to our patients & community.***

For example...



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Drug-Based STMs lead our LTM patients to believe (contrary to IS&Gs):

**Deadly Belief #1**  
**STM drugs are extremely important for their family's health and wellbeing**

## Why is this belief so deadly?

Because of this belief & because even vitamins may cost a day's wages, poor families often do & say *whatever they need to* in order to get as many drugs as possible:

- They deny they have meds at home (including anti-hypertensives) in order to receive as many as possible.
- They compare stories to find what symptoms get the most drugs.
- Many have "Been Saved" numerous times.

This is not to blame our patients. We would do the same if we were poor and we were led to believe drugs were the answer to our family's health problems.

*However this often results in the extremely dangerous use of drugs.*

# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



## DRUG-BASED STM QUALITY OF CARE: *THE SIMPLE TEST*

### STM FOLLOW-UP HOME VISITS:



Indian Migrant Workers

#### What You Will Find



#### *THE SIMPLE TEST*

“What are the medicines for?”

“How do you use them?”

**WHAT WERE THE RESULTS?**



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



## DRUG-BASED STM QUALITY OF CARE: *THE SIMPLE TEST*

### STM FOLLOW-UP HOME VISITS:



Indian Migrant Workers

#### What You Will Find



#### *THE SIMPLE TEST*

“What are the medicines for?”

“How do you use them?”

#### WHAT WERE THE RESULTS?

Follow-up Home Visits following local STMs  
*routinely* document *inappropriate*  
*and* *extremely dangerous* use of medicines



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Drug-Based STMs lead our LTM patients to believe:

## Deadly Belief #1

STM Drugs are  
*Extremely Important*  
for our family's  
Health & wellbeing



STM Medicines

## Deadly Belief #2

STM Drugs  
have  
*No Significant  
Harmful Effects*

“If they were not so very important,  
or if they had significant harmful effects,  
**why would that wonderful Christian group  
travel all the way from the US  
just to give them to us?”**

# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



## It is this combination

### DRUG-BASED STM TREATMENT

The US spends billions each year on its safeguards\* to prevent adverse effects. Yet the FDA reports ADRs alone are the 4th leading cause of death in the US.



**JUST HOW HARMFUL ARE OUR MEDICINES  
WHEN USED ON STM  
WITHOUT OUR  
\*SAFEGUARDS IN PLACE?**

\*US Safeguards include: Literate, educated population. Package inserts in patient's doctor's language. Patient instructions, Black Box Warnings, etc. in patient's language. Patient Medication Lists to ensure no drug duplication or incompatibility. Pharmacy policies and procedures to ensure patient receives right drug, right dose, right time, etc. ERs and ICUs to care for any adverse effects. Poison control centers to manage accidental poisoning. Etc.



36

LACK OF ADEQUATE SAFEGUARDS



### Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Drug-Based STMs lead our LTM patients to believe:

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STM Drugs are  
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STM Medicines

#### Deadly Belief #2

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No Significant  
Harmful Effects

**“If they were not so very important,  
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why would that Christian group  
travel all the way from the US  
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300

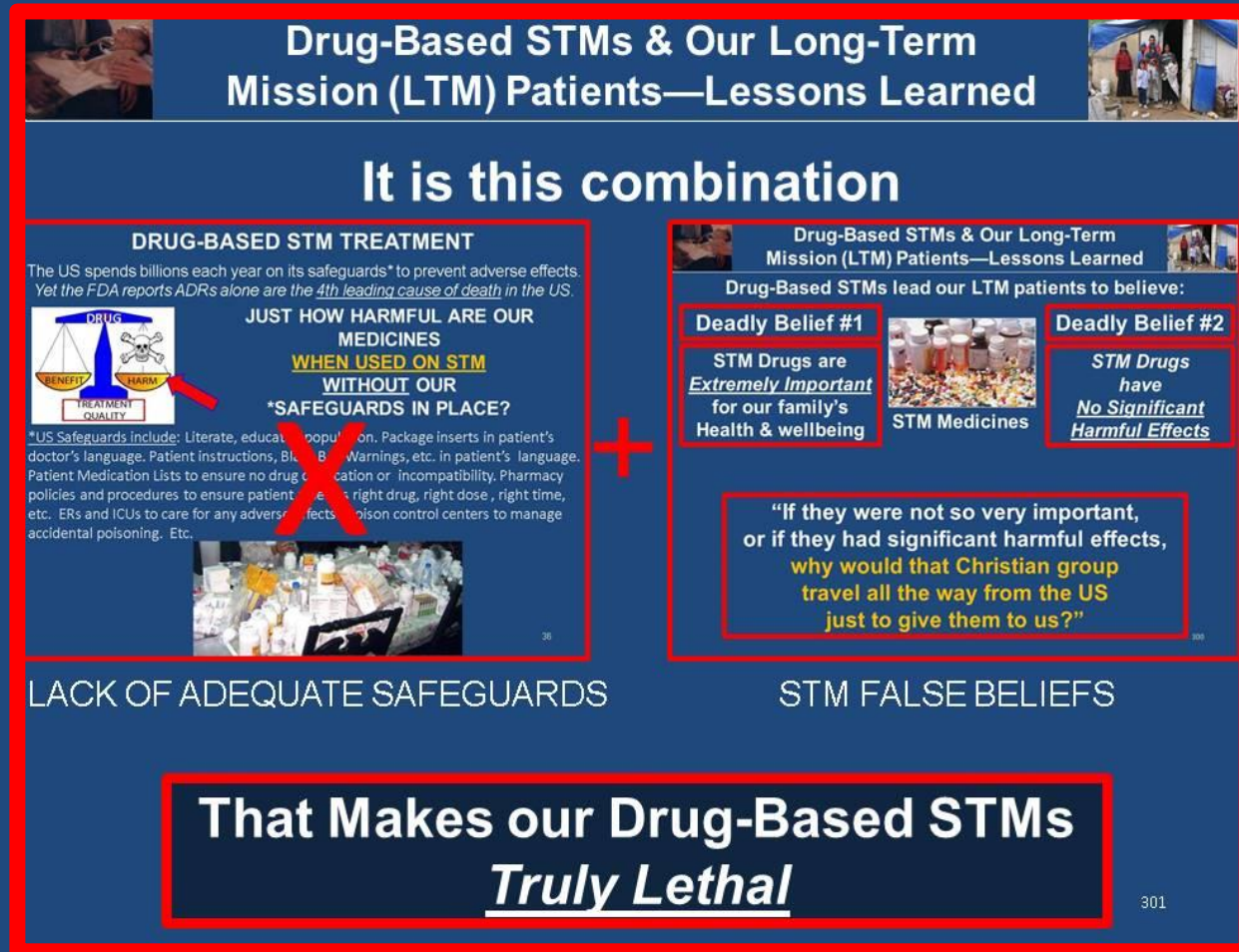
STM PATIENT FALSE BELIEFS

**That Makes our Drug-Based STMs  
Truly Lethal**

# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



NO ONE IS SAYING THAT DRUG RX IS NOT IMPORTANT. IT IS CRITICALLY IMPORTANT.



IT JUST NEEDS TO OCCUR IN THE LONG-TERM HOSPITAL/CLINIC SETTING WITH IS&G SAFEGUARDS IN PLACE.<sup>156</sup>





# Drug-Based STMs & Our Long-Term Missions (LTM) Patients—Lessons Learned



## DRUG-BASED STMs—A FATALLY FLAWED SYSTEM

1. WHENEVER we carry in drugs on our STM, ours is a ***Drug-Based, Drug & Drug Culture Promoting Mission***. It ALWAYS results in empowerment of the pharmacy & drug industries & in long-term harm to our patients & community.
2. Whenever STM medicines are free or low cost, poor people often say whatever they need to say to obtain as many as possible for their family and friends.
3. In addition to deaths in children, there is a high unexpected and unexplained death rate in our relatively healthy population in the 30-60 age group.
4. Liver & kidney biopsies and autopsies are almost never available in our population, so we cannot confirm that the number of deaths due to ADRs exceeds the U.S. 4<sup>th</sup> leading cause, or the numbers of additional deaths due to all the other drug-related causes. However...

**Follow-up Home Visits following Local STMs**  
**routinely document *inappropriate and extremely***  
**dangerous use of medicines**



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Follow-up Home Visits following Local STMs *routinely* document *inappropriate and extremely dangerous* use of medicines

The two groups that have benefitted most from Drug-Based STMs in our LTM Community

#1



# Drug-Based STMs & Our Long-Term Mission (LTM) Patients—Lessons Learned



Follow-up Home Visits following Local STMs *routinely* document *inappropriate and extremely dangerous* use of medicines

The two groups that have benefitted most from Drug-Based STMs in our LTM Community

#2



# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



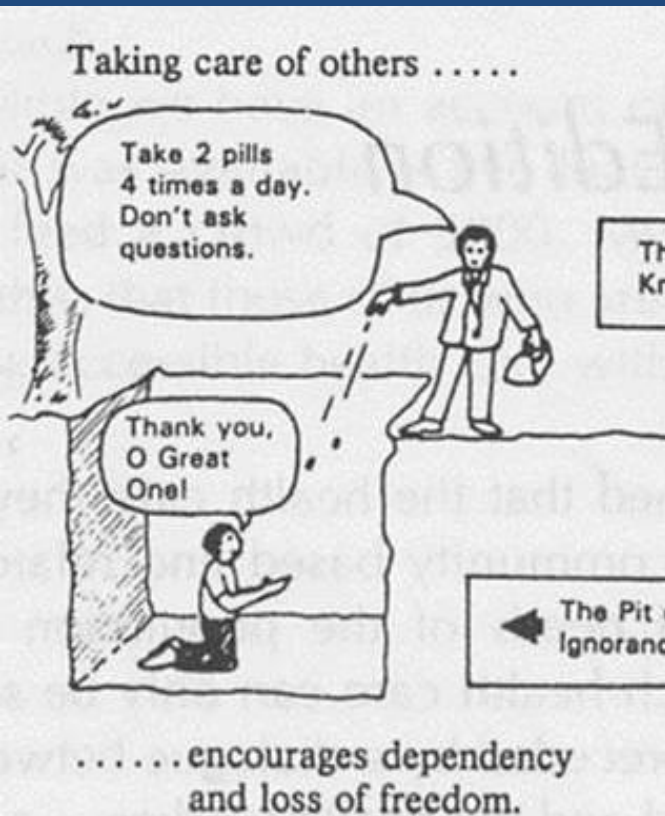
*“The Most Excellent Way”* 1 Corinthians 12:31

## Missions & Pharmacovigilance IS&Gs (The Evidence-Based Use of drugs)

Mistakes I’ve Made Hundreds of Times—  
In Areas Where I Thought I Was Doing the Most Good



# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good



Curative Care  
Systems

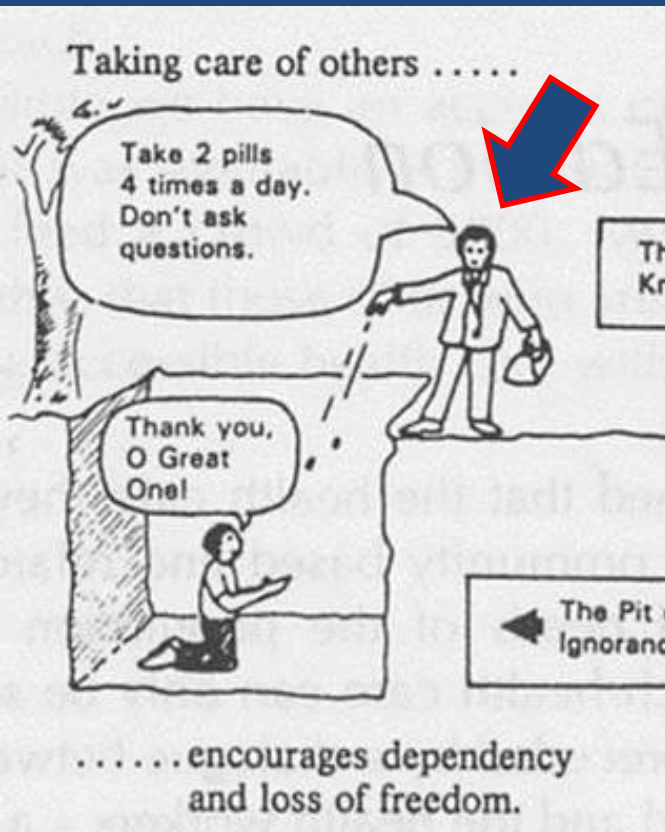
Drug-Based Example

In addition to all the harm  
documented in  
previous sections

we need to remember  
that we often cause far  
more *harm* than *good* on  
Drug-Based STMs,  
**EVEN WHEN OUR DRUGS**  
**ARE**  
**SAFE & EFFECTIVE**



# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good



One of the worst mistakes I made on  
Drug-Based STMs was in the  
treatment of worm infections, and I  
made the mistake hundreds of times.

**Curative Care  
Systems**

Drug-Based Example

# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good

I used to treat these patients with Albendazole, a WHO recommended essential medicine proven to be one of our *safest and most effective*.



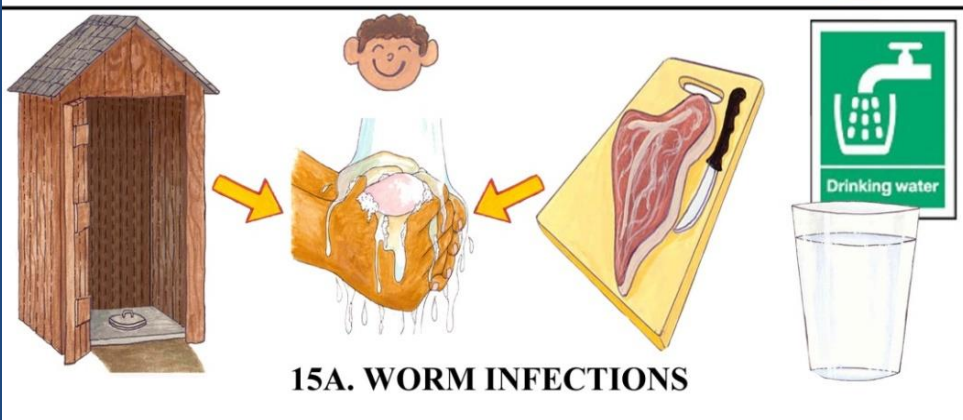
# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good



I used to treat these patients with Albendazole, a WHO recommended essential medicine proven to be one of our *safest and most effective*.



Until I found out that Dan Fountain, one of our great missionary leaders and mentors **NEVER** treated his worm-infected patients with Albendazole...



15A. WORM INFECTIONS



# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good

until AFTER the family had built  
an adequate latrine,  
and he had inspected it.





# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good

until AFTER the family had built  
an adequate latrine,  
and he had inspected it.

*Lack of adequate latrines causes  
numerous deadly bacterial and  
viral infections and far more  
problems than just worms.*



# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good

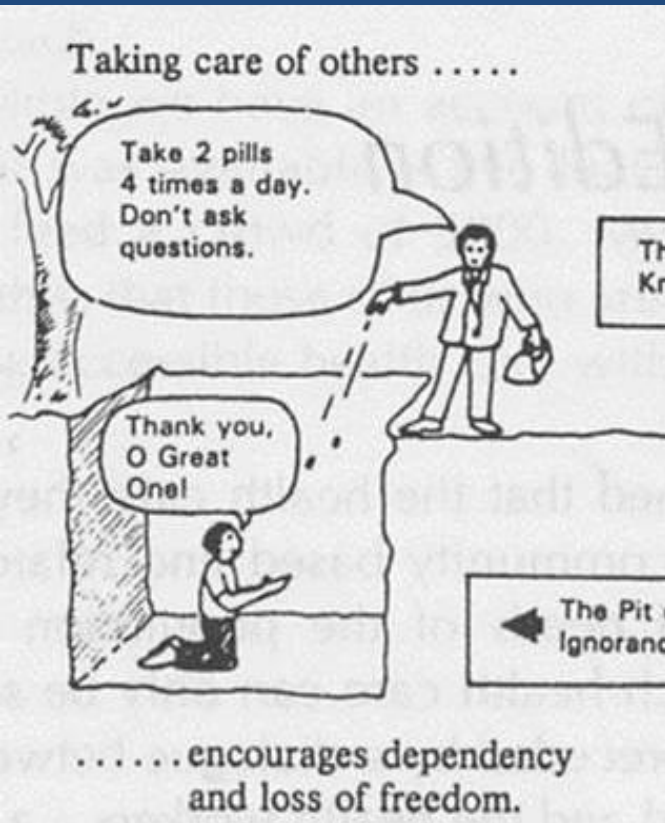
until AFTER the family had built  
an adequate latrine,  
and he had inspected it.



Treating with Albendazole before  
that happens:

1. Gives patients the belief that  
our drugs are the answer.
2. Sabotages MoH & L-T Missionary  
efforts at life-saving HP&P.
3. Leads to more unnecessary deaths  
from bacterial, viral & other causes.

# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good



**Drug-Based  
STM System**

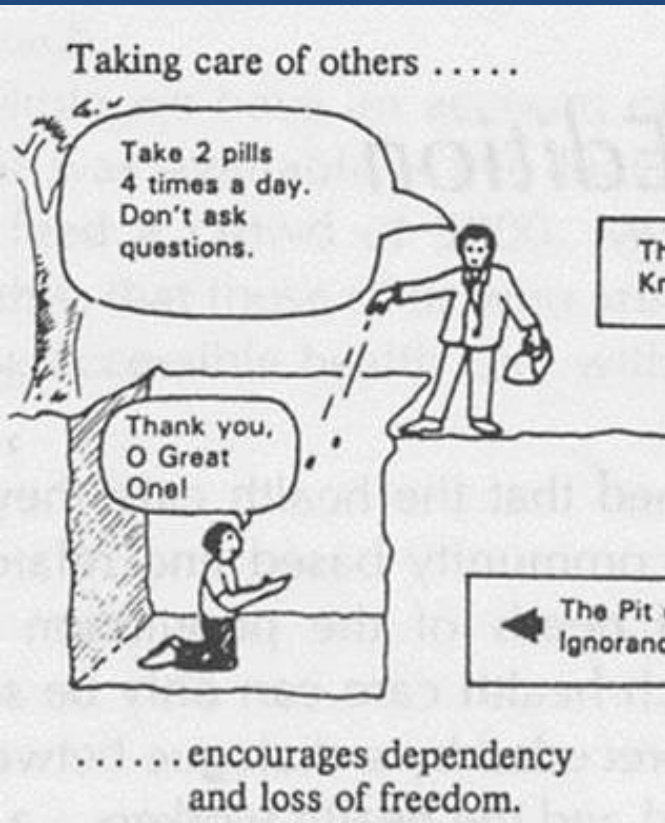


One of the worst mistakes I made on Drug-Based STMs was in the treatment of worm infections, and I made the mistake hundreds of times.

***And this was an area where I had thought I was doing the most good.***



# Mistakes I've Made Hundreds of Times— In Areas Where I Thought I Was Doing the Most Good



**Drug-Based  
STM System**



One of the worst mistakes I made on Drug-Based STMs was in the treatment of worm infections, and I made the mistake hundreds of times.

***And this was an area where I had thought I was doing the most good.***

Unfortunately, delays in appropriate treatment due to reliance on STM drugs also result in more immediate deaths...



Systems Problem 25. STM use of drugs impairs and often delays local community health worker's efforts to resolve true causes of illness, resulting in increased morbidity and mortality.



“For example,  
--A moribund little girl was brought to our STM clinic in Nepal after being ill with vomiting for 5 days. She had a ruptured appendix.  
--When we asked the parents why they had not taken her to the local hospital where she could have been saved, they replied,  
“We would have, but we knew the Americans were coming with their wonderful medicines and thought it was better to wait.”

So even if the STM drugs would result in some, at least temporary, benefit for the occasional patient, it comes at a cost of *tremendous harm*.”

[Harm from Drugs in Short-Term Missions--A Review of the Medical Literature](#)

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So even if the STM drugs would result in some, at least temporary, benefit for the occasional patient, it comes at a cost of *tremendous harm.*”

[Harm from Drugs in Short-Term Missions--A Review of the Medical Literature](#)

**Reliance on STM Drugs (Even those that are Effective and Safe)  
Results in Both Immediate and Long-Term Deaths & Suffering**

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

**Missions & Pharmacovigilance IS&Gs**  
**(The Evidence-Based Use of drugs)**

**STMs & Medicines**  
**What Does Jesus Teach?**  
**And the Greatest Failure of my Medical Career**



# The Bible, Christian Missionaries & WHO IS&Gs “The Most Excellent Way”



## STMs & Medicines What Does Jesus Teach? Summation

The Biblical Archeology Association reports that medicines were used for *millennia* before Jesus.

However that is not how Jesus instructed His followers to heal pts on their STMs, not even in the Gospel of Luke the physician.

The Great Commission is all about TEACHING not about Drugs. It is, rather, our *pastors & colleagues in the Community Health Education/Evangelism (CHE) and other holistic health missions* who are actually following the STM instructions of Jesus.

Use of drugs on STMs is not in accordance with Jesus' teaching or the Great Commission.

It is NOT Biblically-based or evidence-based, & instead promotes our own Drug-Based Culture & places pts at great risk of harm.





# The Bible, Christian Missionaries & WHO IS&Gs *“The Most Excellent Way”*



## What Does Our STM Teach Our Colleagues & Patients?

Does it model and promote  
Jesus' & his disciples holistic  
approach to transformational  
healing (Body, Mind & Spirit) and  
focus on  
Teaching, Prayer &  
Patient Empowerment?



*“teaching them to obey everything  
I have commanded you”*



# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



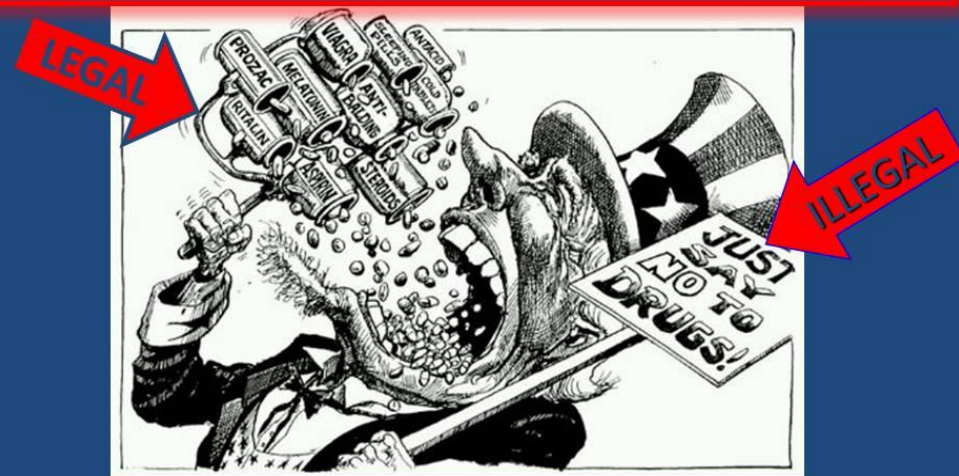
## What Does Our STM Teach Our Colleagues & Patients?

Does it model and promote  
Jesus' & his disciples holistic  
approach to transformational  
healing (Body, Mind & Spirit) and  
focus on  
Teaching, Prayer &  
Patient Empowerment?

Or  
Does it model and promote  
our US culture's  
Drug-Based Dependency  
approach to healthcare?

How can we best describe our Healthcare Culture in the US?

## A DRUG-BASED CULTURE



We consume *more drugs per person, both legal and illegal,*  
than *any other culture in the world (NIH)*

*“teaching them to obey everything  
I have commanded you”*





# The Bible, CMC & Evidence-Based Primary Care “The Most Excellent Way”



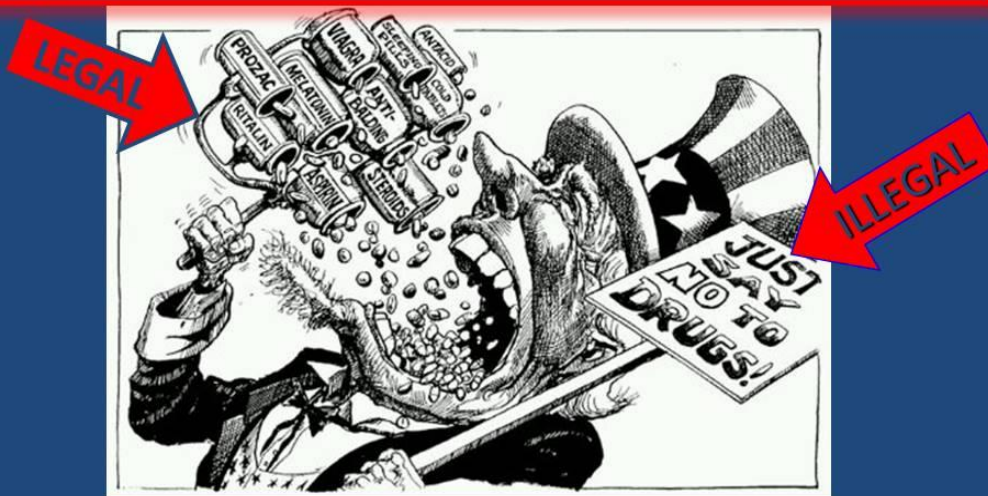
Though exactly *opposite* of our intent,  
from our patient’s standpoint,  
WHENEVER we carry in drugs for use in the  
STM setting, we ALWAYS

Promote this

Instead of this

How can we best describe our Healthcare Culture in the US?

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We consume *more drugs per person, both legal and illegal,*  
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“I am the Way & the Truth  
& the Life” John 14:6

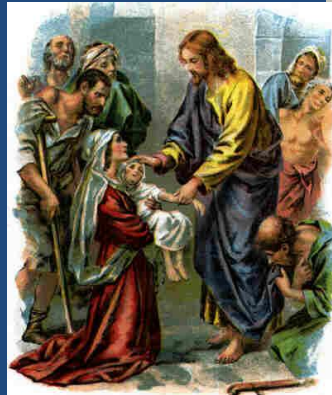


# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



## Jesus' Evidence-Based Solution to Our STM Systems Problems:





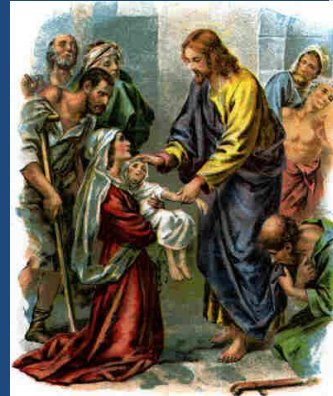


# The Bible, Christian Missionaries & WHO IS&Gs

## *"The Most Excellent Way"*



## Jesus' Evidence-Based Solution to Our STM Systems Problems:



**JUST LEAVE OUR DRUGS AT HOME**



To understand the critical importance of Christian missionaries to WHO's healthcare system, we need to review another fundamental Truth in Healthcare QA.  
 (The Key to understanding & resolving our quality of care problems):

**Nearly all** of the unnecessary deaths and suffering we cause in healthcare are not due to provider problems, but to



## DRUG-BASED SYSTEMS PROBLEMS



You can have the very best Formularies, Team Leaders & Healthcare Providers in the world and still provide dangerous, poor quality care if you are working with a **FLAWED HEALTHCARE SYSTEM**

To understand the critical importance of Christian missionaries to WHO's healthcare system, we need to review another fundamental Truth in Healthcare QA.  
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## DRUG-BASED SYSTEMS PROBLEMS



And because of inability to comply with FBO/WHO Pharmacovigilance IS&Gs, the most common and most lethal of these may well be...

**The Drug-Based STM System**

# WE THOUGHT WE WERE DOING *EVERYTHING* RIGHT:

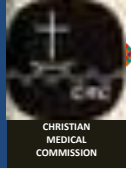
1. We were following the best available WHO IS&Gs at the time.
2. We always provided an excellent Health Promotion & Prevention (HP&P) program which we left with local churches and providers.
3. Except in some restricted access countries, we always prayed with patients.
4. And we ALWAYS emphasized "We treat but Jesus Heals"

**But if we had**  
**followed Jesus teaching we would have known...**



# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



## DRUG-BASED SYSTEMS PROBLEMS



*In spite of our very best efforts,  
from our patient's standpoint,*  
**WHENEVER OUR MISSIONS CARRY IN DRUGS,**  
**ITS DRUGS THAT BECOME THE MISSION**

**NOT Health Promotion & Prevention**  
**&**  
**NOT Jesus**





# The Bible, Christian Missionaries & WHO IS&Gs

## *“The Most Excellent Way”*



## DRUG-BASED SYSTEMS PROBLEMS



By Far The Greatest Failure of my 50 Year Medical Career:

*In spite of our very best efforts,  
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**&**  
**NOT Jesus**

So what is THE E-B Solution not only for our Long-term &  
Short-term Missions, but also for our US medical practice?

# The Bible, Christian Missionaries & WHO International Standards & Guidelines (IS&Gs)



*“The Most Excellent Way”* 1 Corinthians 12:31

This afternoon we will review  
The *Critical* Need for STM Pharmacists, Physicians (Primary  
Care & Subspecialists) Nurses & Other Healthcare Providers  
to assist the Local Church & Ministry of Health  
in establishing....

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**THE BEST HEALTHCARE SYSTEM  
IN THE WORLD**





# The Bible, Christian Missionaries & WHO IS&Gs “*The Most Excellent Way*”



**All of the Biblical/WHO IS&G evidence & materials are already available free for downloading on the following websites:**



**Best Practices in Global Health Missions (BPGHM)**

[www.BPGHM.org](http://www.BPGHM.org) (To quickly access this website, search our initials bpghm)

**[www.BPGHM.org](http://www.BPGHM.org)**



**Health Education Program  
For Developing Communities**  
*(The Most Important Knowledge)*

**[www.HEPFDC.info](http://www.HEPFDC.info)**

**[www.HEPFDC.info](http://www.HEPFDC.info)**

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**Presentation slides will also be available free for downloading from the following website (Still under construction):**



**Standards Of Excellence  
in Healthcare Missions**  
**[www.SOEHM.org](http://www.SOEHM.org)**

**[www.SOEHM.org](http://www.SOEHM.org)**