COMMENTARY

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Lessons on Doctoring from *Where There Is No Doctor*

Late in 1983, in a remote Dou Donngo community on Sumbawa Island in Indonesia, a woman suffered an extensive burn to her back when she fell into a fire. The usual treatment for this injury was for a *sando*, a local healer and ritual specialist, to spit betel juice into the wound, a procedure called *sampuru* or *ufi* in the local language. One of us (PJ), doing ethnographic fieldwork in the community, was armed with a new publication, *Where There Is No Doctor,*[1] a medical how-to book then widely used by Peace Corps volunteers and others in remote settings. Asked to help in the treatment of the woman and finding guidance in *Where There Is No Doctor* that did not include *sampuru*, a discussion ensued revealing that the *sampuru's* beneficial effects would not be mitigated by its application to a bandage rather than the wound. Thus, after the application of petroleum jelly and sulfanilamide under a sterile dressing, the *sampuru* was performed over the dressed wound. This combination of therapies was effective in promoting uneventful healing, importantly within the cultural contexts of both the Western ethnographer and the *sando*, and, most importantly, the patient.[2]

Though the juice of betel leaf and areca nut (widely chewed in South and Southeast Asia) has potential medicinal properties,[3] its effect on burn recovery, particularly when combined with human saliva, is doubtful. Yet it was important for the *sando* to contribute to the treatment of the patient as the *sando* was widely respected as a healer in the community, and his intervention was critical for the comfort of the patient. This salutary interaction is the story of *Where There Is No Doctor* and demonstrates its enduring relevance for medical practice.

Donde No Hay Doctor was written in 1973 by David Werner as a guide for village health workers that he and others called "*promotores de salud*" (health promoters). Werner, not himself a physician, worked in Ajoya, Sinaloa, Mexico as a disability advocate and community activist. He envisioned 3 levels of health care. At the level of the community, he envisioned that health education would permeate the population, driven by *promotores* who had specialized education in health. The second level was the training of *campesinos* (farmers) from remote villages as *promotores* at the clinic in Ajoya. The third level was the operation of the Ajoya Clinic, still run by village health workers. There was no doctor involved, because of the impoverished and remote nature of the community. The Ajoya Clinic had a unique funding model. People could either pay an annual fee or could work in the clinic. Because of the poverty of the area, few could pay, but their payment formed the basis of the cash needed to operate the clinic. With community workers alongside the *promotores*, the clinic was sustained.

Werner emphasized prevention rather than treatment. Avoidance of diarrhea in children and pervasive vaccination were among the keys to the strategy. Ten years after the establishment of the Ajoya project, Werner wrote *Donde No Hay Doctor*. The timing of the book was propitious as there was an expansion of programs like the Peace Corps that sent volunteers to remote areas where not only was there no doctor, there never was going to be one. So, armed with the book, these workers were able to provide not only medical care but also guidance on health behavior.

Donde No Hay Doctor and its successors have been translated into 26 languages, and its relevance in places like the highlands of Sumbawa cannot be gainsaid. What is its relevance in the US medical practice system that has 38 magnetic resonance imaging machines for every million people (almost 4 times the number in Canada)?[4] *Where There Is No Doctor* quite simply is an owner's manual for the human body, allowing the user to change the oil, adjust the clutch, and even rebuild the transmission if needed. Where there is no need, where there are plenty of doctors (and magnetic resonance imaging machines), *Where There Is No Doctor* provides a common language for communication between health care professionals and people who are sick or who are trying to avoid being sick. The book is based on 6 tenets:

1. Health care is not only everyone's right, but everyone's responsibility.

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2. Informed self-care should be the main goal of any health program or activity.
3. Ordinary people provided with clear, simple information can prevent and treat most health problems in their own home—earlier, cheaper, and often better than can doctors.
4. Medical knowledge should not be the guarded secret of a select few but should be freely shared by everyone.
5. People with little formal education can be trusted as much as those with considerable formal education, and they are just as smart.
6. Basic health care should not be delivered but encouraged.

In the United States, we are told that there is a shortage of those providing primary care.[5] The solutions proposed involve training more physicians, physician assistants, and nurse practitioners. Yet, reorientation to the principles of *Where There Is No Doctor* would substantially change the type of work that primary care practitioners perform.

Where There Is No Doctor teaches a different type of doctoring than does standard medical education. Rather than us giving to them, a strategy of collaborating around the best interest of the patient, and those trying to avoid being patients, means that each party brings its own expertise to the table. The physician is an expert in medicine, biology, pharmacology, and the art of medicine. The patient is the expert in him or herself. Further, the *Where There Is No Doctor* strategy recognizes that the binary relationship of patient and caregiver is not sufficient. As we understand the social determinants of health to have an outsized role in disease outcome, we are compelled to understand that the context of illness, its ecology, is as much a determinant of outcome as is the right dose of medicine, perhaps more so. For example, we as physicians can advocate for breastfeeding, but if the community is not structured to allow the mother to breastfeed during the workday, what is the use? Similarly, core societal issues such as drug use, violence, environmental degradation, and income disparity affect the patient-physician dyad in a way that cannot be altered by a prescription pad. *Where There Is No Doctor* is a prescription for a new type of medicine, as relevant to urban America in 2019 as it was to Sinaloa in 1973.

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