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ETHICS OF HEALTHCARE IN DISASTERS AND CONFLICT

SCENARIO

A 23-year-old woman is admitted at your healthcare facility with a fracture for which a surgical intervention is indicated. According to the cultural values in her tribe she cannot give consent for the surgery before her husband is present and agrees with the procedure.

So far, it has not been possible to locate the patient's husband. Her exam indicates that the blood supply to her distal extremity is tenuous, and it is clear that surgery should occur as soon as possible.

What ethical issues does this situation raise?

How should the team reach a final decision?

COMMON ETHICAL DILEMMAS IN DISASTER AND CONFLICT

✓ LACK OF RESOURCES

Acceptance of higher risks

Unqualified healthcare workers

Difficulty maintaining continuity
of care

Frustration with policy or aid agency

Early discharge to suboptimal conditions

✓ TRIAGE

Different criteria

No senior/trained staff involvement

Short-term vs long-term outcomes

Premature, low birth weight babies

✓ CULTURAL ISSUES

Strong religious beliefs
Gender roles
Perceptions of health and quality of life
Pain tolerance

✓ INFORMED CONSENT

Difficult issues with gender or combatants
Children without parents
Unconscious patients

✓ LOCAL CAREGIVERS

Reputation
Financial, livelihood differences
Positioning in conflicts

HEALTHCARE WORKERS FACING ETHICAL DILEMMAS CAN EXPERIENCE:

» **Moral distress** – when one knows the ethically correct action but feels powerless to take that action.

» **Vicarious traumatization** - results from empathic engagement with patient's suffering.

» **Compassion fatigue** - secondary traumatic stress, gradual lessening of compassion over time.

» **Burnout** – exhaustion and difficulty coping due to severe stress.

MAIN ETHICAL THEORIES FOR HEALTHCARE IN DISASTERS AND CONFLICT

UTILITARIANISM

» The right thing to do is to try to **generate the greatest overall good for a group or population**.

» Focus on the **consequences** of actions, not on good intentions. Decision making in humanitarian healthcare should be informed by measuring and calculating the benefits and burdens resulting from an action.

» Limitations: uncertain and unpredictable nature of context in disasters, difficulties in collecting data and conducting research to aid informed decisions.

DEONTOLOGY

» **Duties and rules** are the basis for ethical action. A duty is an obligation to always react in a specified manner, regardless of consequence, because to act in the determined way is the right thing to do.

» Limitations: difficult to know what to do when two responsibilities are conflict. Deontology does not consider the consequences resulting from an action to evaluate whether the choice was correct.

IDEAL MORAL THEORY

» Does not consider the specificities of a situation or issue, instead identifies **general ethical principles** and emphasizes rational approaches.

» It is understood that **moral goodness is always possible**.

» Limitations: reality is complex, especially in conflict or disaster settings. Sometimes to do the ideal 'right' is not possible under certain conditions.

NON-IDEAL MORAL THEORY

» Understands that the **world is complex**, and includes rational, emotional and relational factors in all decisions and situations.

» Assumes sometimes **unfavorable conditions will not allow us to reach a 'right'** solution, so when choosing between undesirable alternatives we should decide for the least detrimental option.

» Limitations: no definitive answers regarding on clinical decision making.

VIRTUE ETHICS

» Virtue ethics is less focused on what we should do, and more concerned with the kind of people we should be. Virtue is a type of practical wisdom in which good character traits (virtues) and the right outcome (action) come together.

» Limitations: can be more subjective (more focused on case discussion than balancing ethical principles or rules). Emphasizes the development of individual moral character (like honesty or courage), but does not often provide clear answers to concrete dilemmas.

TOOLS TO DEAL WITH ETHICAL DILEMMAS

EMTs should consider how to approach ethically challenging cases, especially amputations and end of life decisions. Some teams use an "ethics committee" approach. The committee often consists of the team leader, the treating clinician, a local clinician, and another senior clinician not involved in direct patient care. The committee should agree on the best approach for the patient in consultation with relevant family members.

» Follow agreed upon codes of behaviour and guidelines covering humanitarian ethics

» Communicate with local people, organizations, and healthcare colleagues to understand local customs and standard operating procedures

» Consult with the ethics committee in your organization if present

» Consult with senior colleagues when feasible

» Engage in open discussions with colleagues and seek a second opinion

HUMANITARIAN ETHICS ANALYSIS TOOL

Available from: http://www.humanitarianhealthethics.net/

1. Identify/clarify ethical Issue	Is this truly an ethical issue? What is at stake and for whom? How is the issue perceived from different perspectives? When must a decision be made? Who is responsible for making it? What has been done so far?
2. Gather Information	What information is needed to deliberate well about this issue and enable us to make a well-considered decision? What constraints to information gathering exist? Consider: - Participation, perspectives and power - Community, project and policies - Resources, clinical features & obstacles
3. Review Ethical Issue	Does the process reveal new aspects of the ethical issue or suggest the need to reformulate or redefine the issue? Have our biases/ interests affected how we see the issue?
4. Explore ethics resources	What can assist us to evaluate the ethical aspects of this issue? What values and norms ought to inform our decision making? Consider: Codes of ethics (NGO, interagency, professional bodies); local & international law; statements of values/principles; agency policies
5. Evaluate and select the best option	What options are possible in this situation and what ethical values support each option? What consequences might result from each option? Can consequences, values and obligations be reconciled?
6. Follow up	What can we learn from this situation? What support do those involved require?

EMT GUIDING PRINCIPLES

All EMTs should comply with the guiding principles stated in the WHO 'Classification and minimum standards for EMTs in SODs.

» The EMT provides safe timely, effective, efficient, equitable and patient centered care.

» The EMT offers a "needs based" response according the context and type of SOD in the affected nation.

» The EMT adopts a human rights based approach to their response and ensure they are accessible to all sections of the population affected by the SOD, particularly the most vulnerable.

» EMTs undertake to treat patients in a medically ethical manner consistent with the World Medical Association's Medical Ethics Manual. In particular, EMTs undertake to maintain doctor-patient confidentiality and, unless obviously impossible, to communicate with patients in a culturally appropriate fashion and in an language that the patient understands when informing patients about their medical condition and prognosis, discussing their treatment options and obtaining their informed consent for medical procedures.

» All EMTs are accountable to the patients and communities they assist, the host government and MoH, as well as their own organization and donors.

» EMTs commit to be integrated into a coordinated response under the national health emergency management authorities, and to collaborate with the national health system and MoH.

» EMTs commit to collaborate with their fellow EMTs as well as the rest of the international humanitarian community.

ETHICS TRAINING FOR HEALTH CARE PROVIDERS

» Must be provided in pre-deployment training for EMTs.

» **Purpose:** to prepare providers for the ethical dilemmas they will inevitably face, to build resilience to moral distress and provide tools for clinical decision making when ethical issues are encountered.

ETHICAL DEBRIEFING

» Debriefing must be available for all health care workers. It should include the discussion of ethical dilemmas faced and address any moral guilt or stress felt by the health professional.

» It will have similarities to psychological debriefing.

» Real cases must be discussed afterwards in groups to help future ethical decisions.

KEY POINT

Ethical training and debriefing are especially relevant for type 3 EMT staff.

While challenging ethical situations regarding withdrawal of care can occur in all levels of EMT, these scenarios often occur at the type 3 level. Type 3 EMTs should have protocols in place regarding end of life decisions and amputations.

CONTROVERSY!

Analyzing an ethical dilemma from different points of views may lead to different conclusions, for example

- Clinical ethics focus on the individual

- Public health ethics focus on the common good

LIMITS OF CARE

» EMTs should only provide **care appropriate for their level and capacities** (infrastructure, equipment and trained personnel), adhering to WHO Classification and minimum standards for EMTs in SOD.

» As a general rule only start treatment that can be maintained by the local health care system after EMT departure.

» The limits of care provided by a team must be clarified by the coordinator **beginning patient care**. This will avoid discussions once patients have already been admitted and personnel are confronted by situations beyond their capacity.

RESEARCH ETHICS IN DISASTERS

» Research in disasters is required to improve preparation and response. It is an ethical requirement to collect data and gather evidence to guide future responses to similar events.

» Any plans for research and data collection beyond patient care and mandatory reporting should be anticipated prior to deployment.

» There is an ethical imperative to protect patient confidentiality and provide timely and effective treatment. Data collection processes must always place patient dignity before research purposes.

» Documentation of interventions should be recorded, as it is an ethical imperative to audit practice wherever an ethical issue occurs.

» While it is ethical to conduct research in disasters and conflict, patient needs must be prioritized.

» Local communities should be engaged with to the maximum extent possible in all stages of research.

» All research should receive research ethics approval prior to commencing, and ideally should receive ethical approval from a local research ethics committee or authority.

SUGGESTED RESOURCES

1. Fraser V, Hunt M, Schwartz L, Laat Sd. Humanitarian Health Ethics Analysis Tool: HHEAT Handbook. 2014. www.humanitarianhealthethics. net (accessed 20 October 2016).

2. O'Mathúna D. Ideal and Nonideal Moral Theory for Disaster Bioethics. *Human Affairs* 2016; **26**(1): 8-17.

3. Slim H. Humanitarian ethics: A guide to the morality of aid in war and disaster: Oxford University Press; 2015.

4. O'Mathúna DP, Gordijn G, Clarke M (eds.). *Disaster bioethics: Normative issues when nothing is normal*. Springer; 2014.

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1. Momoh P. World Medical Association, Medical ethics manual. 2006.

2. Norton I, Von Schreeb J, Aitken P, Herard P, Lajolo C. Classification and minimum standards for foreign medical teams in sudden onset disasters. *Geneva: World Health Organization* 2013.

3. Ethical Principles of Healthcare in Times of Armed Conflict and Other Emergencies. https://www.icrc.org/en/download/file/9567/ethical_ principles_of_health_care.pdf (accessed 20 October 2016).

4. Alexander DA, Klein S. First responders after disasters: a review of stress reactions, at-risk, vulnerability, and resilience factors. *Prehospital and disaster medicine* 2009; **24**(02): 87-94.

5. Bothe M, Partsch KJ, Solf WA. New rules for victims of armed conflicts: commentary on the two 1977 protocols additional to the Geneva Conventions of 1949: Martinus Nijhoff Publishers; 1982.

6. British Medical Association. Ethical decision-making for doctors in the armed forces: A tool kit. BMA 2012.

7. Schwartz L, Hunt M, Redwood-Campbell L, de Laat S. Ethics and Emergency Disaster Response. Normative Approaches and Training Needs for Humanitarian Health Care Providers. Disaster bioethics: Normative issues when nothing is normal: Springer; 2014: 33-48.

8. Mezinska S, Kakuk P, Mijaljica G, Waligóra M, O'Mathúna D. Research in disaster settings: A systematic qualitative review of ethical guidelines. BMC Medical Ethics 2016;(1):1-11.

EMT Website: https://extranet.who.int/emt/page/home
AO/ICRC/WHO Training Resources: http://www.aofoundation.org/icrc