Tragic choices: Ethical uncertainty & least-worst options in humanitarian healthcare

Adapted from photo by L Redwood-Campbell
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humanitarian healthcare ethics
reflecting on ethical practice

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My aims

• Consider how tragic choices arise in humanitarian practice by examining two prominent examples:
  – Dilemmas of competency
  – Dilemmas of patient selection

• Propose avenues for responding to tragic choices in humanitarian health work
Humanitarian crises

- Acute, chronic
- Needs elevated, resources limited
- Social/political strain, instability
- International response

Photo: M Hunt
Humanitarian health work

- Greater uncertainty, less can be ‘taken for granted’
- Lack familiar resources, reference points, consensus
- Less accountability and oversight

…
What does it take to be a humanitarian worker?

“...graduate degrees in social anthropology, geography, economics, a dozen or so difficult and unrelated languages, medicine and business administration, competence in agronomy, hydrology, practical nursing, accounting, psychology, automotive mechanics and civil engineering. In addition, they must learn to give a credible imitation of saintliness...”

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Susan George

“Must also be something of a moral philosopher”

Hugo Slim
4 sources of ethical challenges

Resource scarcity

Social, political, commercial structures

Aid agency policies, mandates

Professional norms

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Ethics in Humanitarian Aid Work: Learning From the Narratives of Humanitarian Health Workers

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Little analysis has been made of ethical challenges encountered by health care professionals (HCPs) participating in humanitarian aid work. This is a qualitative study drawing on Grounded Theory analysis of 20 interviews with health care professionals who have provided humanitarian assistance. We collected the stories of ethical challenges reported by expatriate HCPs who participated in humanitarian and development work. Analysis of the stories revealed that ethical challenges emerged from four main sources: (a) resource scarcity and the need to allocate them; (b) historical, political, social and commercial structures; (c) aid agency policies and agendas; and (d) perceived norms around health professionals’ roles and responsibilities. We discuss each of these sources, illustrating with quotes from the respondents the consequences of the ethical challenges for their personal and professional identities. The ethical challenges described by the respondents are both familiar and distinct for bioethics.

Keywords: bioethics, ethics, global health, humanitarian aid
The humanitarians’ tragedy: escapable and inescapable cruelties

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Paradoxically, elements of cruelty are intrinsic to the humanitarian enterprise. This paper focuses on some of these. Escapable cruelties arise from technical failings, but the gradual professionalization of the field and improvements in relief technologies mean that they have been significantly reduced in comparison to earlier eras. Other cruelties arise from clashes among rights, and the tensions inherent in trying to promote humanity amid the horrors of war. These are inescapable and constitute the ‘humanitarians’ tragedy’. Among them is the individual cruelty of failing to do good at the margin—a clash between the individual’s impulses and ideals and the constraints of operating in constrained circumstances. This is a version of triage. In addition, there is the cruelty of compromising dearly-held principles when faced with other competing or overriding demands. There is also the cruelty whereby humanitarians feed victims’ dreams that there is an alternative reality, which in fact cannot be attained.

Keywords: conflict, ethics, humanitarian policy, humanitarian principles, Red Cross

Introduction

This paper examines some paradoxes within the humanitarian enterprise, focusing specifically on the ways in which the impulse to ameliorate suffering leads humanitarian workers and institutions into the unwelcome situation of acting cruelly. While professional standards are increasing, thereby reducing suffering, some cruelties are intrinsic to the humanitarian predicament—hence the humanitarians’ tragedy.

Rather than a litany of woe, tragedy is properly seen as a clash between rights, determined by a world in which human ideals fail to match the realities of the human condition. The humanitarians’ tragedy is both the tragedy of goals that cannot be reconciled among themselves and the inevitable outcome of pursuing ideals amid the most horrific constraints of war and violent social upheaval.

Diverse cruelties lie within the humanitarian predicament. There is the individual cruelty of failing to do good at the margin. There is the cruelty of compromising dearly-held principles. And there is the cruelty of feeding dreams of an alternative but unattainable reality.

The technical proficiency and material resources of the humanitarian enterprise mitigate much needless suffering, but they are never enough to fulfill the rights of victims and survivors. Ironically, global humanitarian resources have never been greater, and technical proficiency has improved. There are still egregious failings in relief programmes but overall effectiveness is immensely better than it was a quarter of a century ago. Humanitarians are much better at saving lives than they used to be—and thereby minimize needless failings of humanitarianism.

Tragic choices

• Situations in which all options are morally problematic: whatever is chosen, something of moral significance will have been lost.

• Reflects the insoluble nature of catastrophe
Tragic choices

• Two prominent examples in the narratives we collected:
  
  o Competency dilemmas
  o Dilemmas of patient selection
Competency dilemmas

• May result from gaps in staffing or insufficient human resources in humanitarian projects

• Situations when clinicians must decide whether to act near boundaries of their competency

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SPECIAL REPORT


Matthew R. Hunt, PT, PhD; Lisa Schwartz, PhD; Veronique Fraser, RN, MSc

Introduction

Health professionals working in humanitarian relief projects encounter a range of ethical challenges. Applying professional and ethical norms may be especially challenging in crisis settings where needs are acute, resources scarce, and socio-political structures strained. Situations when clinicians must decide whether to provide care that is near the margins of their professional competency are a source of moral uncertainty that can give rise to moral distress. The authors suggest that responding ethically to these dilemmas requires more than familiarity with ethical codes of conduct and guidelines; it requires practical wisdom, that is, the ability to relate past experience and general guidance to a current situation in order to render a morally sound action. Two sets of questions are proposed to guide reflection and deliberation for clinicians who face competency dilemmas. The first is retrospective and designed to support debriefing about past experiences and difficult situations. The aim of this exercise is to support clinicians in evaluating competency dilemmas and provide ethical care and services.

You go from here to there, and here you're specialized in one particular sort of thing, there you may be asked to do all sorts of things outside your specialty. How far do you go and where are the issues surrounding that?

Canadian physician discussing experiences in humanitarian aid work

The challenges reported by research participants highlight a range of moral, and sometimes personal, distress for health professionals' roles and interactions. In a study exploring ethical dilemmas reported by research participants, four key sources of ethical challenges were identified: (1) limited resources and the need to allocate them; (2) injustices associated with historical, political, social and commercial structures; (3) aid agencies' policies and agendas; and (4) norms around professional roles and responsibilities and decreased accountability and oversight.

Clinical and public health practice in humanitarian crises is carried out in settings where needs are elevated, resources scarce, and socio-political structures strained or fractured. Those clinicians who travel from one country to another to provide care and assistance following a disaster or during armed conflict may also experience less clearly defined professional roles and responsibilities and decreased accountability and oversight.

In quotation above, along with others included in this paper, is drawn from interviews conducted during qualitative research studies with Canadian clinicians who participated in international relief projects. The authors suggest that responding ethically to these dilemmas requires more than familiarity with ethical codes of conduct and guidelines; it requires practical wisdom, that is, the ability to relate past experience and general guidance to a current situation in order to render a morally sound action. Two sets of questions are proposed to guide reflection and deliberation for clinicians who face competency dilemmas. The first is retrospective and designed to support debriefing about past experiences and difficult situations. The aim of this exercise is to support clinicians in evaluating competency dilemmas and provide ethical care and services.
Competency dilemmas

I have to make a decision. Which is the better of two bad options: having the wrong surgeon operate, or not operating and dying? (ob/gyn)

Sometimes I was asked to do stuff that doctors do and the child died because I didn’t do it. I felt that I wasn’t a doctor. I felt that I couldn’t do it, but it was the only thing to do and the child ended up dying. (Nurse)
Dilemmas of patient selection

Narratives of not providing care to a patient or group of patients due to:

• scarcity,
• public health rationales,
• policies
• organizational mandates

‘Playing God Because you Have to’: Health Professionals’ Narratives of Rationing Care in Humanitarian and Development Work

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Dilemmas of patient selection

“There are a lot of kids with pneumonia that need resources and if you give them the resources they will get better. So I decided not to transfer the kid and he went home. I will always remember that kid. I think I made a right decision. I let him down. I may not have let these other kids down in the sense that those resources were available for others, but I let him down.”

“Even though the ethical choice may have been not to take her and keep the space for somebody else I still feel it was the right thing to do [to admit the patient].”
Dilemmas of patient selection

- Often pulled in multiple directions, never fully resolved
Tragic choices

• Experience distress or regret “over the frustration of other significant concerns” (Nussbaum, 2001)

• May feel that choice is justified, but still not just

Supporting humanitarian workers for tragic choices

Not a topic “that humanitarian workers are trained to anticipate and cope with.”

(de Waal, 2010)
Supporting humanitarian workers for tragic choices

Phronesis (practical wisdom): The capacity to deliberate well and to judge the correct means for achieving good ends.

1. Responsive policy-making

• Develop coherent and relevant policy
  – Identify recurrent issues
  – Establish channels for feedback to policy-makers
2. Preparation

• Cases, immersive engagement, simulation
• Stories of struggling with tragic choices
• Mentorship, role modeling
Welcome!

humanitarian healthcare ethics (dot) net is a place to

REFLECT connect LOCATE participate
DISCUSS question SHARE learn

Here you will find practical and educational material for humanitarian healthcare workers as well as students and scholars of humanitarian healthcare ethics. The website developed out of empirical research on the ethical dilemmas faced by humanitarian healthcare professionals working in humanitarian crises, disasters or areas of extreme poverty. If you want to contribute to the website or provide comments please send us your feedback.

Please get the RSS feed or bookmark this page as it is updated regularly.
3. Mutual support

• Team relationships key source of support
• Make and maintain moral spaces
• Share the moral weight of tragic choice?
• “Ethical” debriefing
4. Create tools
e.g. for competency dilemmas...

Between the idea
   And the reality
Between the motion
   And the act
Falls the Shadow

T.S. Elliot, The Hollow Men
Thank you

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