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Ethical Issues in Humanitarian Responses to Disasters and Armed Conflicts

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About the ZH Center for Military Medical Ethics

- Research center, based at the **University of Zürich**

- Part of the Swiss **Centre of Competence for Military and Disaster Medicine**

- Financed by the **Swiss Armed Forces Medical Services Directorate**

- Organizes **courses and workshops** on military medical ethics

  - In cooperation with Swiss Armed Forces &

  - **International Committee of Military Medicine ICMM**

General information   https://militarymedicalethics.ch

Courses & Workshops   https://melac.ch

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Disclaimer

- The views and opinions contained in this presentation
  are my own and may **not be construed as official** or as
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Conflict of interest statement

- I have no conflicts of interest.

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Overview & aims of the lecture

Medical Ethics in Armed Conflict and Disaster

- How does "ordinary" medical ethics translate to these exceptional contexts

Aims of the lecture and session

- Introduce some typical ethical challenges in disasters and conflicts

  - **Resource Scarcity**: Triage and Level of Care

  - Communication Barriers and **Informed Consent**

  - **Risk** to the life and well-being of HCP

- **Exchange** of opinions and experiences

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Why medical ethics matters in military missions

Protection of medical duties in IHL

« Punishing a person for performing medical duties **compatible with medical ethics** or compelling a person engaged in medical activities to perform acts contrary to medical ethics is prohibited. »

Customary International Humanitarian Law

Vol. 1, Rule 26. Ed. by the ICRC, p. 86

Sources of medical ethics

It is not (and cannot be) specified in IHL what "medical ethics" is. Thus, it makes sense to **rely on ordinary sources of medical ethics** and to apply them to relevant situations.

Ethical Principles of Health Care in Armed Conflict and Emergencies

- **Fundamental Principles of Medical Ethics** for conflicts and other emergencies

- Compiled under the lead of the **ICRC** 2013-2015

- Follow-up to/ Update of the WMA Havana Declaration

- **Adopted and recommended** *inter alia* by

  - WHO, WMA, ICMM, …

→ **Common denominator of ethical principles** applicable during conflicts and emergencies

→ "1. Ethical principles of health care **do not change** in times of armed conflict and other emergencies and are the **same** as the ethical principles of health care in times of peace."

→ "3. The primary task of health-care personnel is to **preserve** human physical and mental health and to **alleviate suffering.**"

"Armed Conflict" – An international armed conflict occurs when one or more states have **recourse to armed force** against another state [...].

"Disaster" – Serious disruptions to the functioning of a community that **exceed its capacity to cope using its own resources**.

"Complex Emergency" – Situations of **disrupted livelihoods and threats to life** [...], in which any emergency response has to be conducted in a **difficult political and security environment.**

→ An **added layer of complexity** for medical activities, created by the context

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Four Typical Ethical Issues (in humanitarian and military contexts)

Four ethical issues, which seem to be typical for humanitarian responses

to disasters and armed conflicts

1. **Access to health care and triage**

   Who is admitted to HC? How are resources distributed?

2. **Altered levels of care**

   What level of care can be provided?

3. **Communication and (Informed Consent)**

   How can informed consent and patient autonomy be upheld?

4. **Risk to own life and well-being**

   How much and what kind of risk should HCP be ready to face?

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Ethical Issue #1 – Access to health care and triage

Trigger: Resource scarcity (not enough compared to the need = relative scarcity)

Question: *Who is **admitted** to medical treatment? How are resources **distributed** fairly?*

- **Triage** ("on the ground")
  - No discrimination, according to medical criteria only
  - **Efficiency** (save as many as possible) & **Fairness** (treat equals equally)

- Medical **Rules of Eligibility** (decision on a higher level, (military) planning)
  - Can and should non-medical criteria play a role?

- Dilemmas and "**Tragic choices**"
  - Not everybody in need can receive (optimal) treatment

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Ethical Issue #2 – Altered levels of care

Trigger: Resource scarcity, contextual constraints

Question: *What **level of care** can be provided to those admitted in the first place?*

- **Lowered levels of care**
  - Gold standard vs altered (and lower) standards of care
  - Less resources but for more patients?
- **Treatment beyond own competencies**
  - Common examples: Pediatric treatment and (emergency) obstetrics

→ **Compromises**
  - Best possible result *under the circumstances*. Sincere & realistic evaluation!
  - Acceptable if no better outcome was possible
  - Acceptable if communicated to patients (and/ or relatives)

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Ethical Issue #3 – Communication and (Informed) Consent

Trigger: Language and/ or cultural barriers, time pressure

Question: How can **informed consent** and **patient autonomy** be upheld?

- **Communication barriers**
  - Different languages, no common mother tongue
  - Unconscious patients and no relatives etc available
- **Cultural barriers and/ or differences**
  - Different understanding of informed consent
  - Treatment of women by male HCP
  - Religious beliefs
- **Time pressure**
  - Emergency *and* other patients waiting

Trigger: Risk factors of the context (conflict, disaster, infectious disease etc)

Question: *How much and what kind of risk should HCP be ready to face?*

- **Bodily harm**
    - Conflict: Direct attacks against HCP or "collateral damage"
    - Biohazards: Infectious diseases, bio weapons, …
- **Mental harm**
    - Moral injury, PTSD, burnout
- **Moral obligation to take personal risks? Which factors could play a role?**
    - Military vs civilian HCP
    - Area of specialization
    - Obligations to third parties (e.g. family)

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Conclusions and Recommendations

Plan & prepare

- Create **awareness** for ethical challenges

- Develop **Guidelines and Principles** regarding medical ethics in conflicts/ emergencies

Educate & Train

- **Education and training** on ethical principles and **ethical decision-making**

- Should address medical personnel in the first place, but others as well
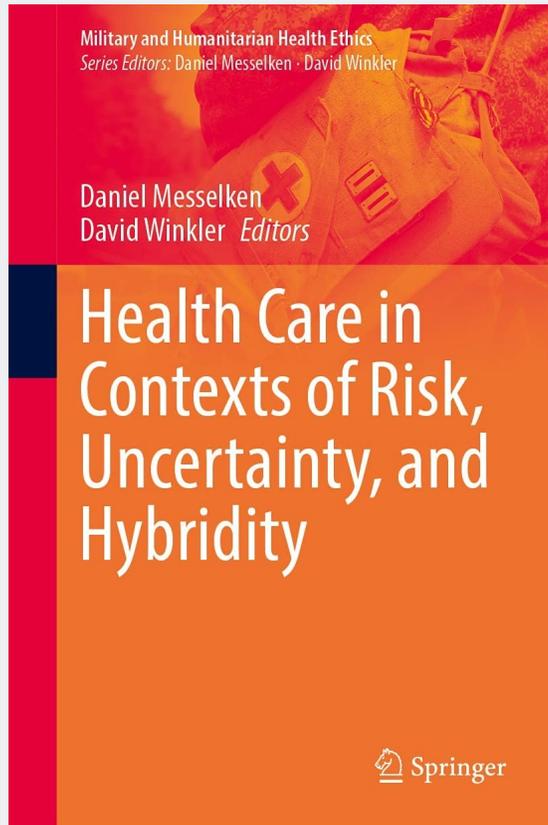
Follow-up

- Debriefing, **follow-up, coping** with experiences

- **Lessons learned**   (→ start of new planning and preparation)

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David Winkler Editors

Health Care in Contexts of Risk, Uncertainty, and Hybridity

Springer

Questions?

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Https://www.cmme.uzh.ch
https://www.melac.ch

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