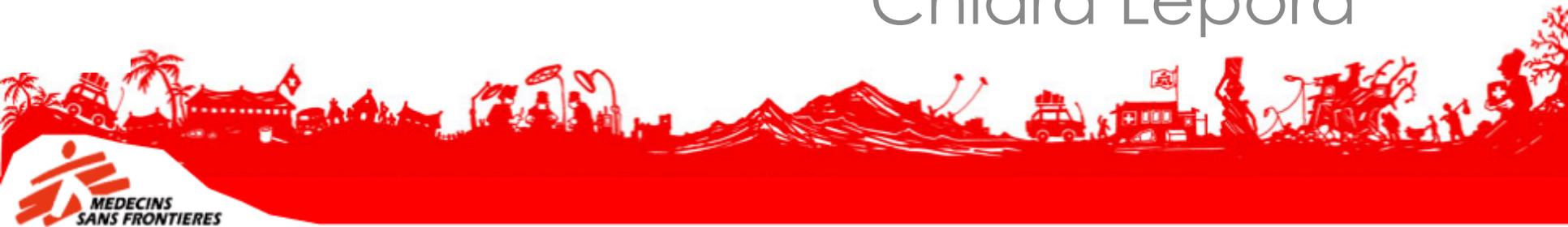


Limitations of standard ethical guidelines in disaster relief operation

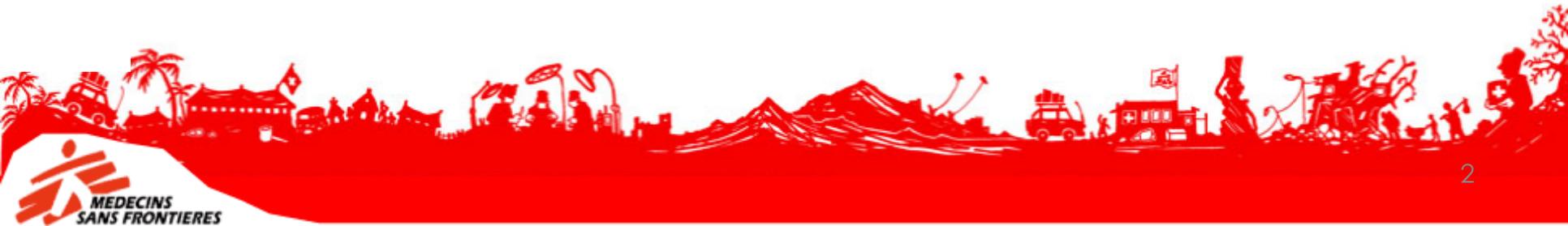
COST Action on Disaster Bioethics
Dublin City University 25th- 26th April 2013

Chiara Lepora



Outline

- Present some limitations of standards ethical guidelines in disaster contexts
- Describe common ethical dilemmas encountered by health professionals in disaster situations
- Suggest areas of research and support to better address such dilemmas

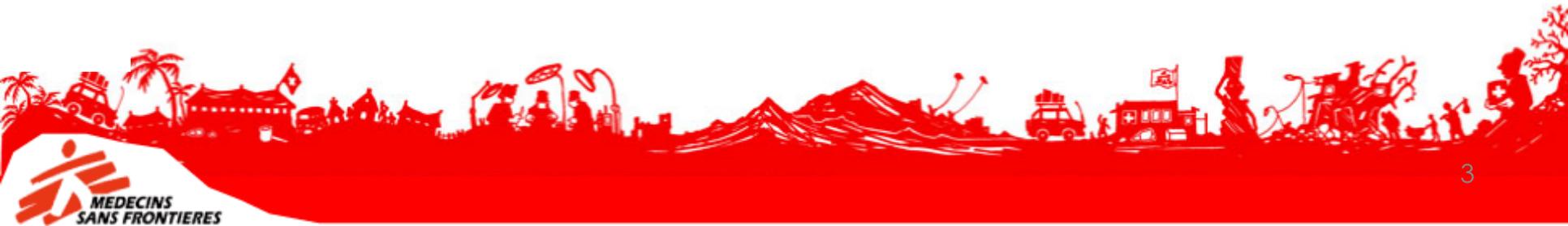


Disclaimer

The cases presented do not represent a comprehensive classification of ethical dilemmas encountered in field relief operations.

The cases refer mainly to the Early Response Phase

The opinions expressed are my own. They do not represent any position or policy of Médecins Sans Frontières.



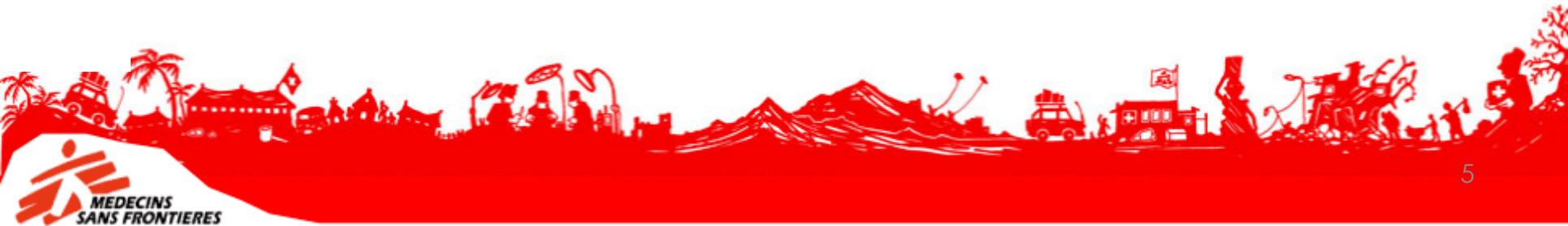
Part 1

DO STANDARD ETHICAL GUIDELINES HELP?



Standard Ethical Guidelines used in disaster relief operation

1. Humanitarian Principles
2. Medical Ethics (Bioethics)
3. Ethics of Public Health
4. Ethics & Human Rights
5. International Humanitarian Law



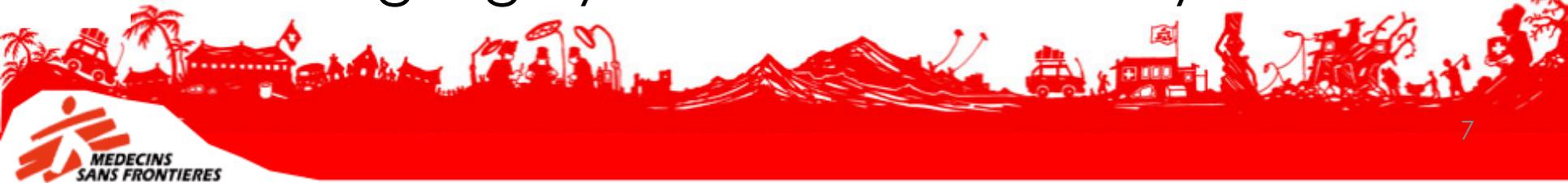
Challenges concerning guidelines

- Not known
- Not universal
- Not applicable in early response phase
- Providing conflicting moral injunctions
- Not decreasing moral stress



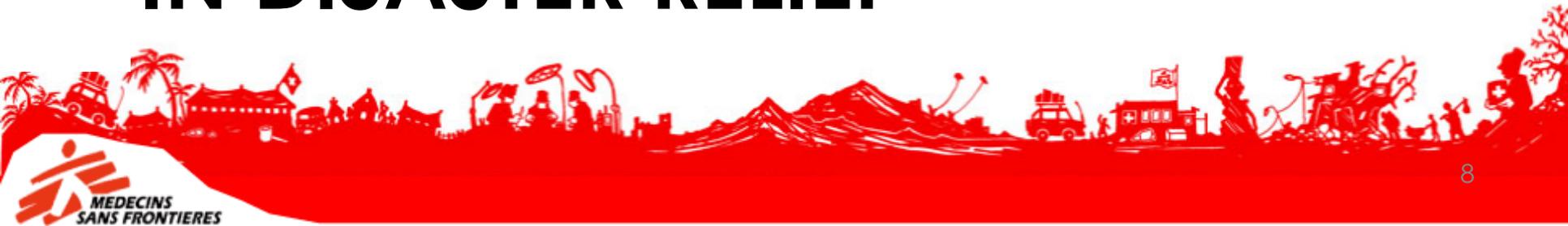
Challenges concerning responders

- Difficulty in distinguishing ethical problems from practical or organizational ones
- Lack of time for discussion and reflection
- Stereotypical personality:
 - Doers
 - Do-gooder/do-righter
 - Thinking highly of their own activity



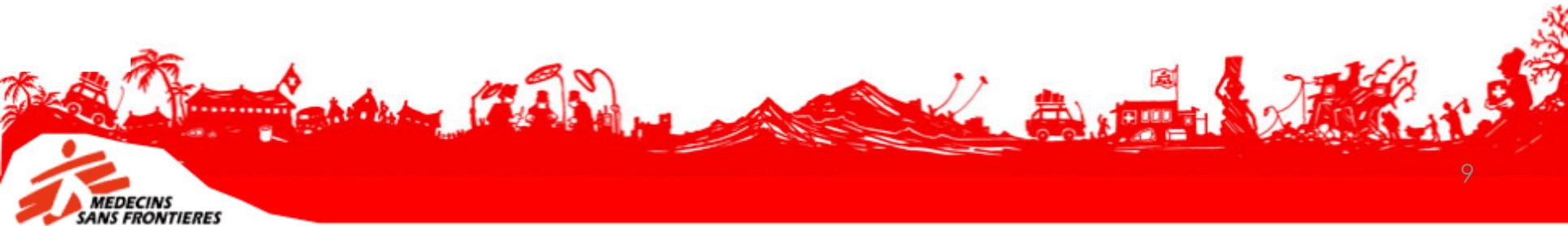
Part 2

CASES OF ETHICAL DILEMMAS IN DISASTER RELIEF



Common Ethical Dilemmas

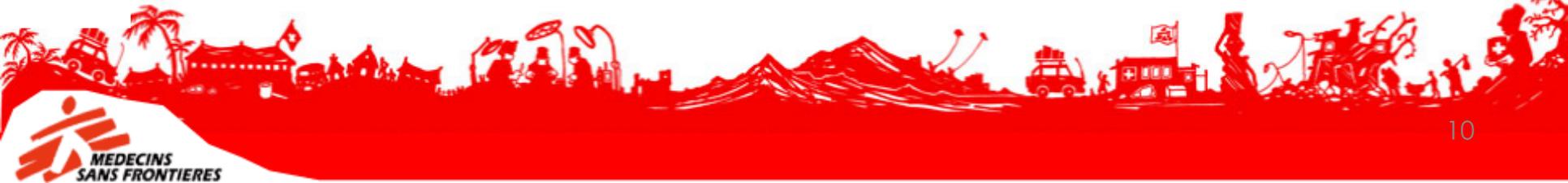
- Cost / benefit choices:
 - Rationing choices
 - Standard of care choices
- Moral subjectivity:
 - The autonomy paradox
- Conflicting moral obligations:
 - Individual versus collective rights
 - Health versus security or liberty



Cost Benefit Choices - 1

Syria 2012: Non Food Items (NFI) distribution for displaced population

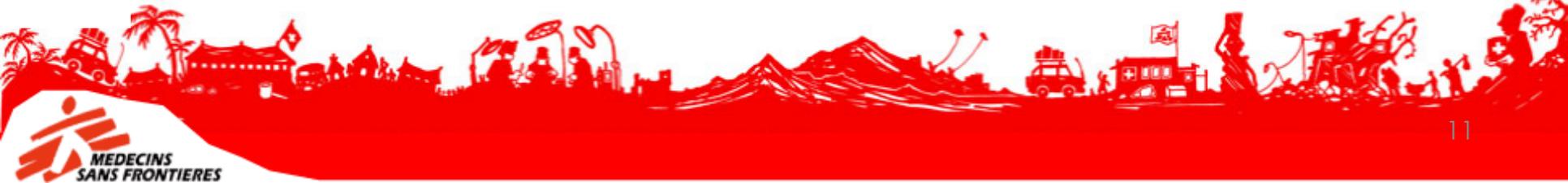
- “the worst first”: privilege the most vulnerable ones in the population
- “Cost/effectiveness”: use resources to maximize their value
- “Equity”: divide resources so that everyone has according to their needs
- “Equality”: divide resources so that everyone has the same share of resources.



Cost Benefit Choices - 2

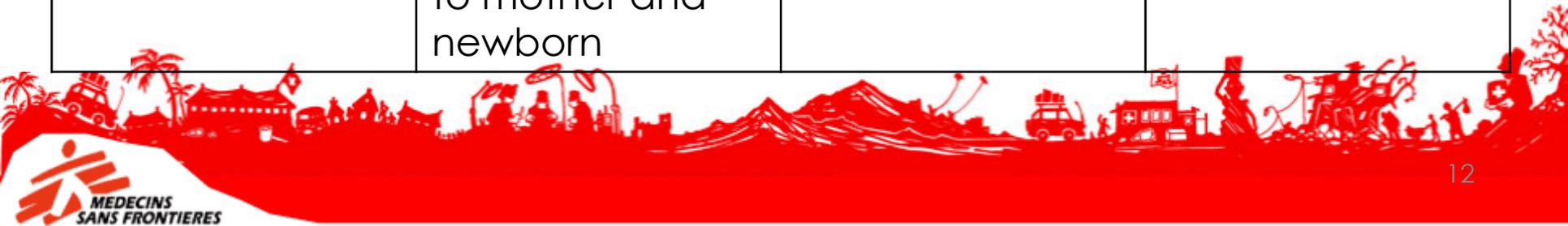
Malawi 2007, Prevention of mother to child transmission of HIV:

- Multi-drug combination regimen at 28 weeks of pregnancy. The infant will also need a dose after birth.
- Several less effective and shorter prophylactic regimens exist for resource-constrained settings.
- Capacity to provide replacement feeding or bottle feeding differ depending on economic and environmental issues.



Cost Benefit Choices - 2

Ante-natal care	Delivery	Breastfeeding	Risk of HIV mother to child transmission
ARV from week 28	Single dose ARV to mother and newborn	Replacement feeding	2%
ARV during the whole pregnancy	Single dose ARV to mother and newborn	Breastfeeding	4%
None	Single dose ARV to mother and newborn	Replacement feeding	11%
None	Single dose ARV to mother and newborn	Breastfeeding	16%

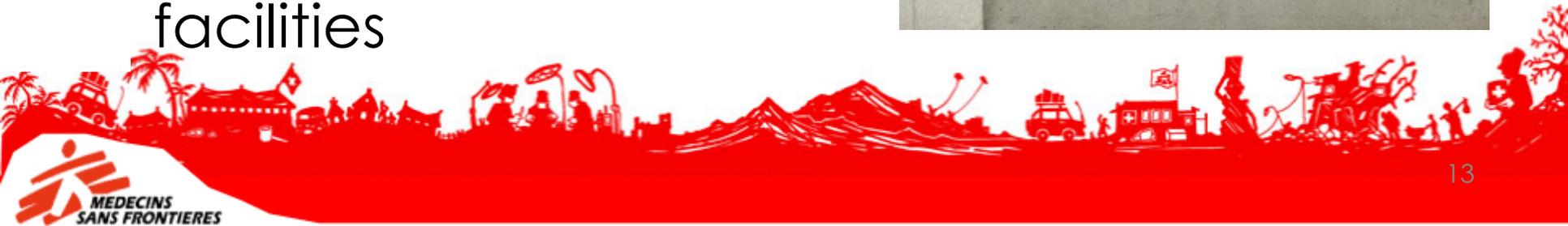
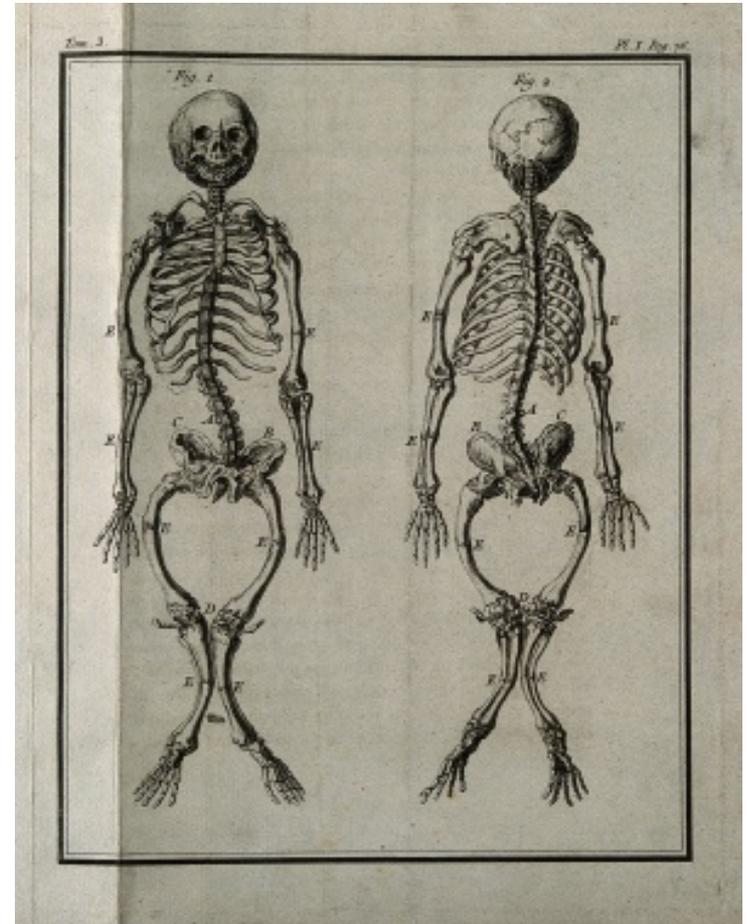


Moral Subjectivity - 1

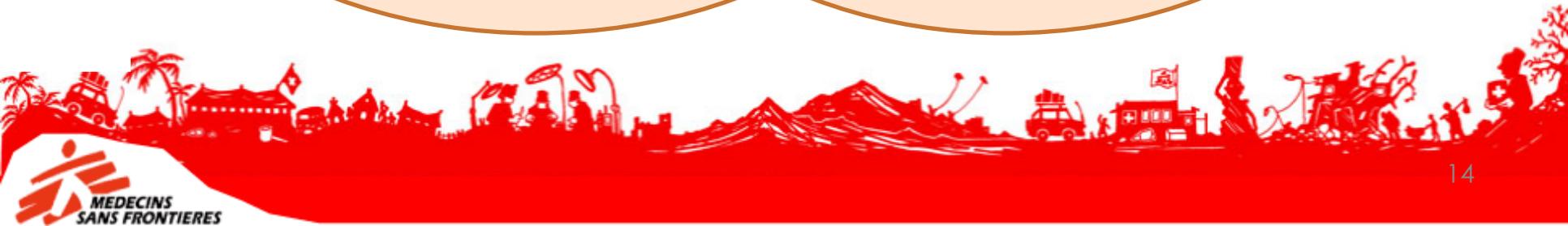
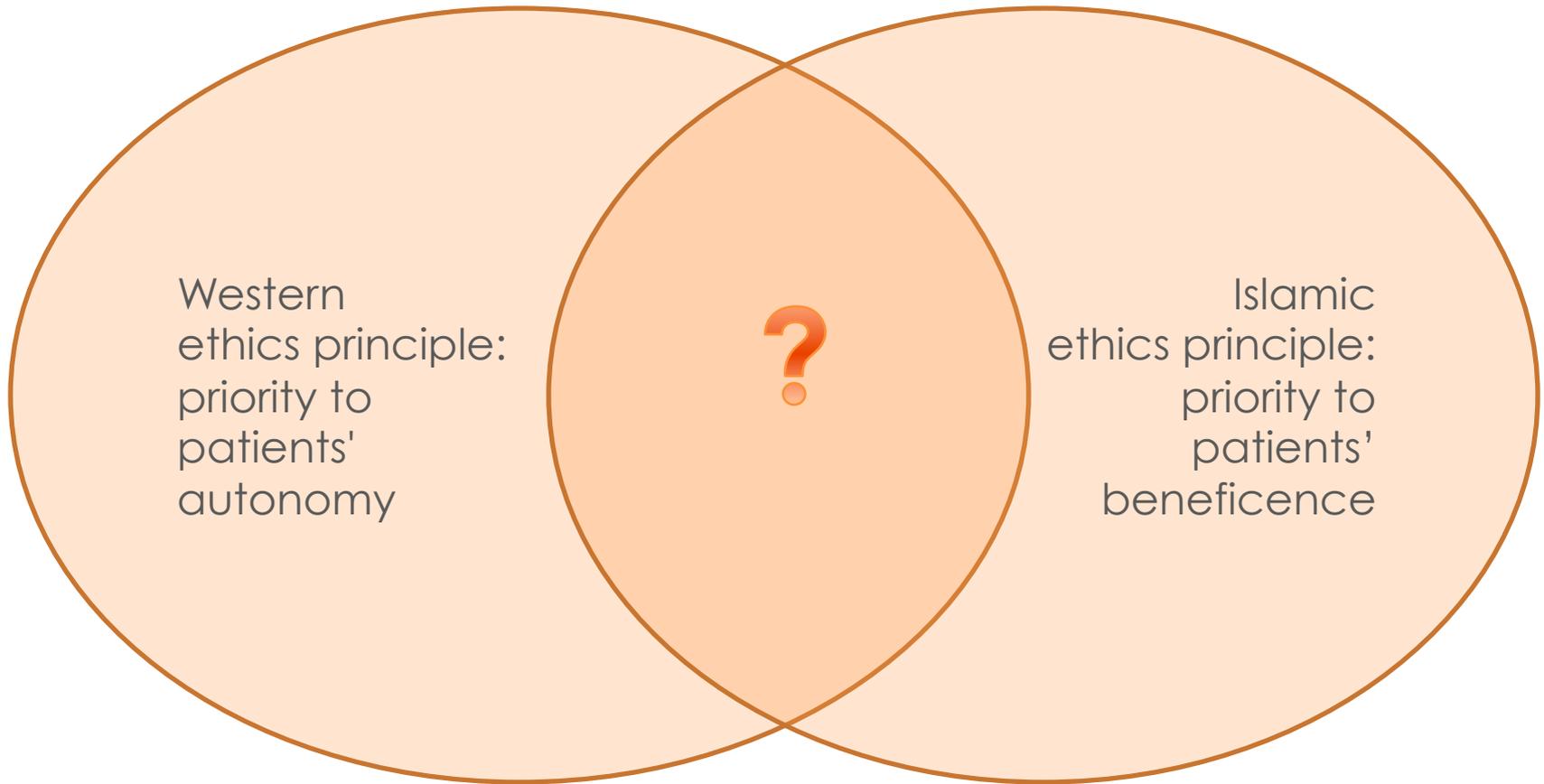
Sudan 2007, female
genital mutilation

Yemen 2012, “endemic”
rickets

Bahrain 2012, Syria 2013,
neutrality of health
facilities



Moral Subjectivity - 2

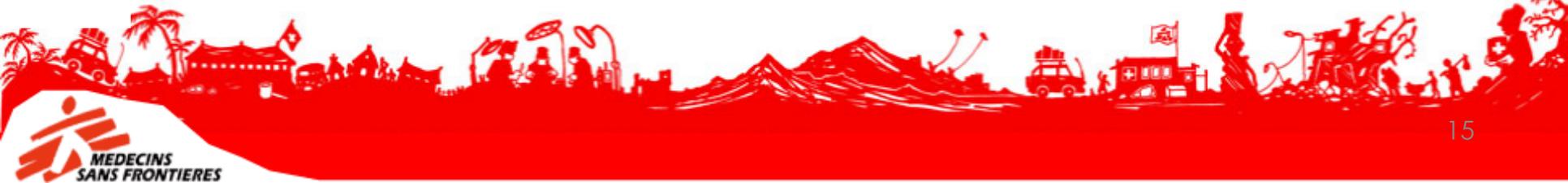


Conflicting moral obligations - 1

Swine Flu Pandemic: restriction of individual liberty for the protection of collective rights.

Flu has a high mortality on elders, although they are not protected by direct vaccination.

In Japan, flu vaccination is mandatory for children, despite the awareness of low mortality rates among children for flu.

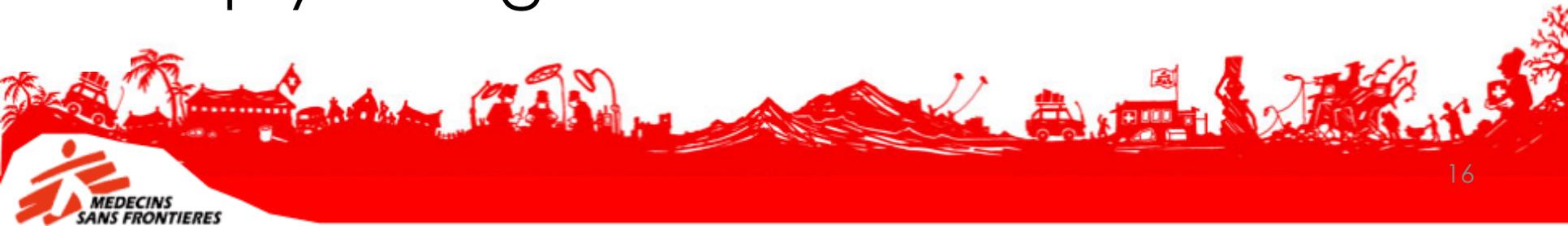


Conflicting moral obligations - 2

Syria 2013: Staff security versus provision of care

Security standards required for INGO:

- Conservative for expatriates
- Justified by consequences of humanitarian expatriate death or severe injury (closure of projects, etc)
- Imply a “higher value” for certain lives



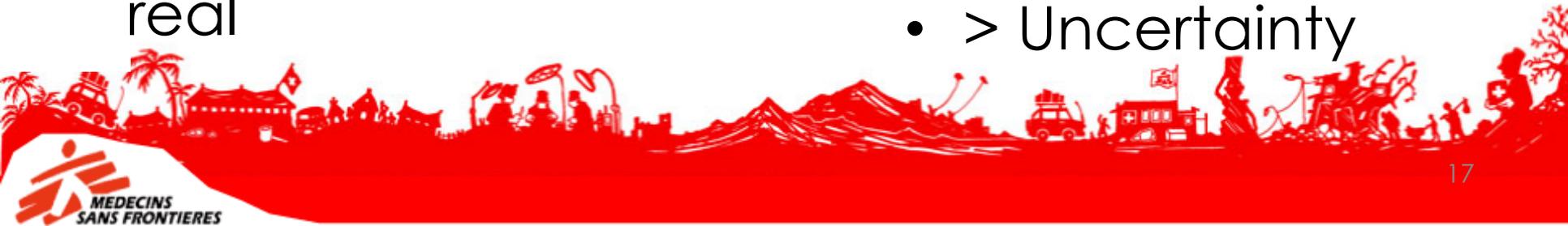
Ethically relevant factors in disaster contexts

Related to the disaster

- “Non-ideal circumstances”
- Sudden change in the inadequacy of resources compared to needs
- Urgency perceived and real

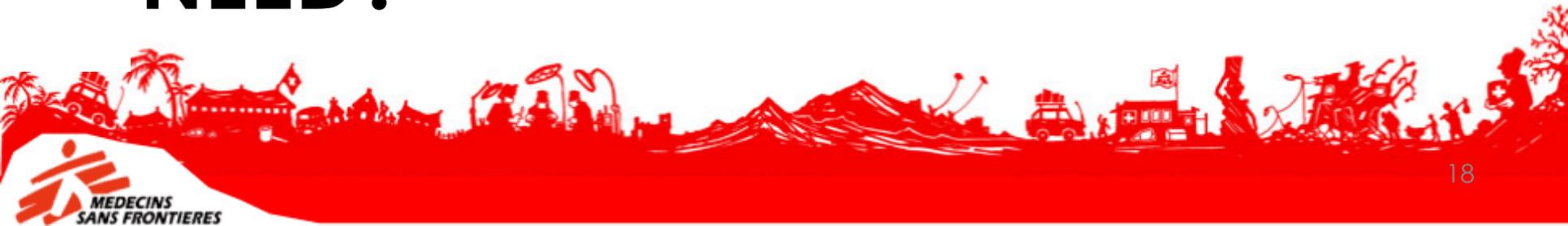
Related to the response

- Cultural difference
- > Power imbalance between patients and responders
- > Ignorance
- > Uncertainty



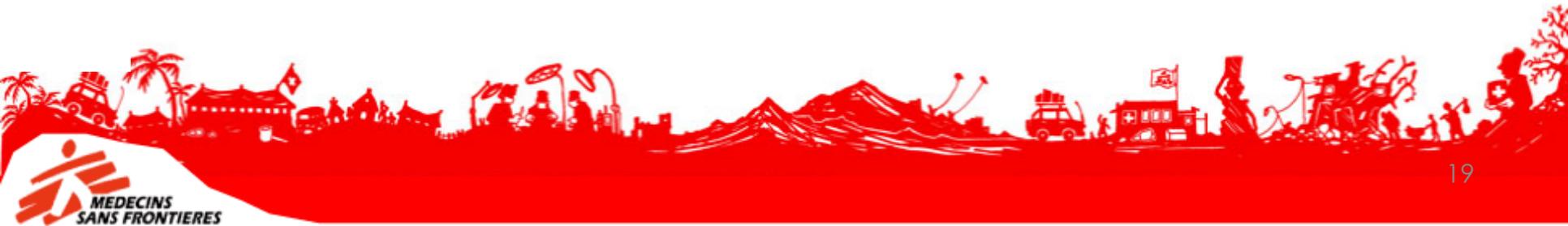
Part 3

WHAT DO FIRST RESPONDERS NEED?



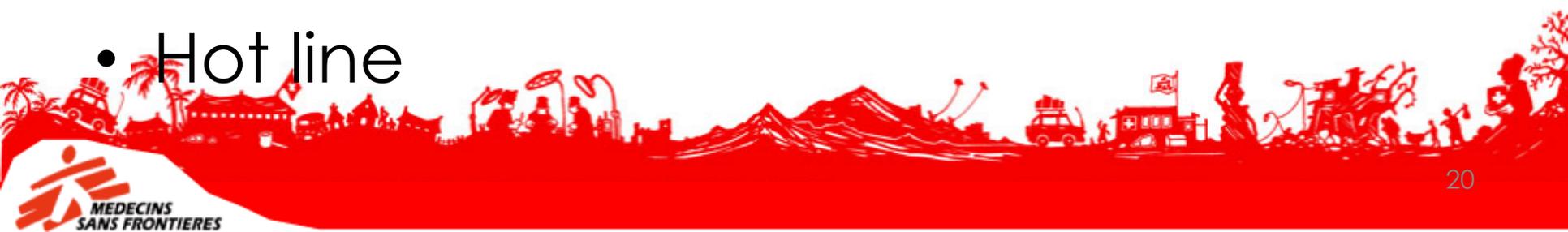
Pre-disaster phase

- Training
 - Simulation
 - Discussion
 - Interactive learning
- Conspicuous ethical structuring of intervention



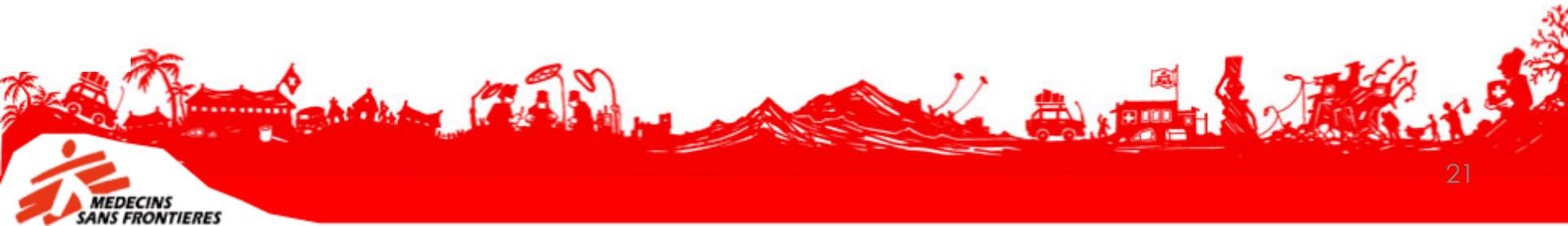
Early response phase

- Checklist for implementation
- Black-list of WHAT NOT TO DO
- Red-list of ethical murky situations, with quick suggestions on how to think those through
- Hot line



Post disaster phase

- Management of moral stress
- Identification, collection, and consolidation of moral experience
- Evaluation and use of past moral experience to improve planning



Thank you

QUESTIONS & COMMENTS

