Ethical Considerations for Global Health Fieldwork

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Features of global health that create ethical dilemmas

- Vulnerable populations
- Marginalized or oppressed groups with little control over political or social future
- Extreme poverty
- Enormous disparity and power imbalance
- Cultural differences
Short-term “fieldwork” in global health

- Church mission trips
- Voluntourism
- Celebrity fundraisers
Short-term “fieldwork” in global health

Church mission trips

Voluntourism

Celebrity fundraisers

Medical News reporters
Short-term “fieldwork” in global health

- Church mission trips
- Voluntourism
- Short-term training and research
- Short-term missions for career global health workers
- Celebrity fundraisers
- Medical News reporters
- Your photo here
Competencies required for ethical decision-making in global health
Competencies required for ethical decision-making in global health

- Scientific Skills & Technical Knowledge
- Global Consciousness & Contextual Awareness (wisdom)
Competencies required for ethical decision-making in global health

- Values & Ethics of Global Health
- Scientific Skills & Technical Knowledge
- Global Consciousness & Contextual Awareness (wisdom)
Core Values in Global Health

- Justice
Core Values in Global Health

- Justice
- Interdependence (interconnection)
Core Values in Global Health

• Justice
• Interdependence (interconnection)
• Cosmopolitan virtues
  – Tolerance
  – Curiosity
  – Generosity
  – Humility
Humility

The practice of “not knowing”

• “When we think we know something, we don’t listen. We have to empty ourselves over and over, return to not unknowing, and just listen.”

• “Our notions of what should happen block us from seeing what actually does happen.”

• It’s not about “letting go of the things we know, but of our attachment to them.”

Bernie Glassman
Core Values in Global Health

- Justice
- Interdependence (interconnection)
- Cosmopolitanism
- Solidarity

that solidarity is the most important value to consider if distant indignities, violations of human rights, inequities, deprivation of freedom, undemocratic regimes and disrespect for the environment are not to be ignored.  

Virtues and values in medicine revisited: individual and global health

Authors: Solomon Benatar* and Ross Upshur*
Core Values in Global Health

• Justice
• Interdependence (interconnection)
• Cosmopolitanism
• Solidarity
• Trust
• Respect
• Compassion
Competencies required for ethical decision-making in global health

- Values & Ethics of Global Health
- Global Consciousness & Contextual Awareness (wisdom)
- Scientific Skills & Technical Knowledge
- Self-Awareness (Personal Values)
What Are the Ethical Issues Facing Global-Health Trainees Working Overseas? A Multi-Professional Qualitative Study

James D. Harrison *, Tea Logar, Phuoc Le and Marcia Glass

Figure 1. A summary of the ethical dilemmas (codes).
What is your ethical starting point?
Personal Precepts

• Precept
  – ‘Pre’ (*before*) - ‘cept’ (*to hold*)
  – What we hold to be true, what we bring into the present and what is necessary

• Personal precepts
  – Fundamental principles and rules we live by
  – Our moral “North Star”
Training for a Global State of Mind
Jane Philpott, MD

• Motivations I’d rather suppress
  – For the excitement and mystique
  – “Glamour” of becoming an MSF doctor
  – Because global health is “sexy”
  – Because it’s trendy
  – “Vacation-electives”
  – A love of adventure travel
  – Get more points for your frequent-flyer program
Motivations I can tolerate

- For the excitement and mystique
- Sense of reward
- Feeling useful
- Feel more reward helping those with greater need vs. helping those who have so much
- I’m selfish. I love to travel and work, so why not combine both and benefit society at the same time?
- A yearning for purpose
- Meet other people who are like-minded
- Curiosity about the world
- Guilt—too much given to me—time to give back
- Interesting medical problems
- To broaden my clinical experience
- To contribute to the country where my parents grew up
Training for a Global State of Mind
Jane Philpott, MD

• **Motivations to which I aspire**
  – Recognizing that I am part of a **global community**
  – Because my definition of community is broad and physicians are a resource to the community
  – Because physicians need to be advocates for all patients
  – “Reverse entitlement”—feeling as though my upbringing and country of birth have given me so much that I have a **responsibility** to repay it to those less fortunate
  – **Exchange** of ideas and cultures
  – Because resources should be **redistributed** to where they are needed
  – **Learn** about disparities of health delivery and health care
  – **Learn** how different cultures approach the same health issues
  – **Learn** how borders affect health
  – **Learn** about how international policies relate to global health
  – To better **understand** the social determinants of health
  – Many of the principles of international health also **apply to medical practice here** (e.g. underserviced populations and aboriginal health)
  – **To gain a balanced perspective on life**
  – **Justice**—health as a human right
Ethical Considerations for Global Health Fieldwork

• Values of global health
• Personal values and motivations
• Divided loyalties
Global Health at CDC

Leogane, Haiti

China, 2004

Abbottabad, Pakistan, 1988
At Disease Centers, a Shift In Mission and Metabolism

By LAWRENCE K. ALTMAN

The Centers for Disease Control and Prevention is going through an uncomfortable metamorphosis, from an agency that focused on controlling naturally transmitted diseases to one heavily involved with bioterrorism and its possible effects on national security.
Moral Distress

• **Situation**
  – One knows the “right” thing to do but is unable to act upon it

• **Definition**
  – Experience of serious moral compromise that often originates in broader systemic or organizational practices and routines

• **Symptoms**
  – Frustration, anger, feelings of powerlessness
  – Can be experienced emotionally, psychologically, and physically

• **Consequences**
  – Threatened identity and integrity
  – Sense that deeply-held personal or professional values – or even the self – have been compromised
  – ‘Moral residue’
Sources of moral distress in global health

• Vicarious trauma
• Bearing witness to suffering, unable to help
• Putting oneself in harm’s way
Ebola is causing moral distress among African healthcare workers

Hundreds of local healthcare workers have died in west African settings that lack the resources to deal with the Ebola outbreak, writes Connie M Ulrich

BMJ 2014;349:g6672 doi: 10.1136/bmj.g6672 (Published 7 November 2014)

...patient care situation; in a similar way, higher moral distress in US physicians and nurses is associated with pressure to continue “unwarranted aggressive treatment.” However, for African healthcare workers this distress often centres on an inability to meet an overwhelming demand for basic patient care needs with limited supplies and other resources.

Ebola has heightened our senses to the daily plight of physicians and nurses, but in west Africa fear is rampant. Local services are short staffed, conditions are crowded, and healthcare workers have to be sprayed down for decontamination. In some instances they are too afraid to come to work at all.

Should clinicians protect themselves and their immediate family members from harm by walking away from their patients? Or should they remain at the bedside even if they know that they do not have the necessary equipment to “do good” for all patients? What if that means they suffer the same fate themselves? Either way, it is morally distressing.
I did want to talk to you about something that happened today. As we were driving back to town, we passed by the aftermath of a car crash. A man was laying in the middle of the street not moving (I couldn't tell from the car if he was alive or not), and cars were just driving around him. No one was helping him and no ambulance or police were in sight. We slowed down, and I very much wanted to get out and help the man if at all possible. The rule for first responders is assessing if the scene is safe, and clearly this was not a safe situation since he was in the middle of the street and cars were driving right pass him. So we drove off, and just said a prayer for the man.
Moral Resilience

• The capacity to sustain or restore one’s integrity in response to moral complexity, confusion, distress, or setbacks.

• Cultivating moral resilience
  – Foster self-awareness
  – Develop ethical competence
  – Engage with others
  – Find meaning in the midst of despair
  – Discern “what is mine to do”
Ethical Considerations for Global Health Fieldwork

- Values of global health
- Personal values and motivations
- Divided loyalties
- Moral distress
- Ancillary benefits
Ancillary Care

• Care provided to study participants that is needed, but not required
  – To answer the scientific questions or make a study scientifically valid
  – To ensure the participants’ safety
  – To redress or mitigate harm resulting from participation in the research
Medical researchers’ ancillary clinical care responsibilities
Leah Belsky, Henry S Richardson

• Researchers are ‘partially entrusted’ with participants’ health
• Scope of this entrustment is determined by the permission researchers are granted to do the study
• Whether ancillary care should be provided depends on the strength of the “duty of care”
  – Vulnerability
  – Dependence
  – Uncompensated risks or burdens
  – Depth of researcher-participant relationship
Medical researchers’ ancillary clinical care responsibilities
Leah Belsky, Henry S Richardson

Hypothetical case: trial of antimicrobials for sexually transmitted diseases in a developing country

While performing clinical examinations on female patients to check for sexually transmitted diseases or side effects of the antimicrobial drug, researchers are likely to discover many women with vaginal candidiasis. More than half are likely to be suffering from the results of poor dental care and hygiene. What care should be provided for these problems?
Medical researchers’ ancillary clinical care responsibilities
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Vaginal candidiasis
This is clearly within the scope of entrustment because the diagnosis results from examinations essential to the research. The underlying duty of care also seems strong because untreated candidiasis will greatly affect their wellbeing and treating it is relatively cheap and easy.

*Decision:* Researchers ought to treat vaginal candidiasis

Dental problems
These are not within the scope of entrustment. If we assume that the poor dental hygiene is apparent on casual observation, its diagnosis would not result from exercising the permission participants granted on entering the study. The question of strength thus does not arise.

*Decision:* Dental care falls outside the scope of ancillary care responsibilities
Ethical Challenges in Short-Term Global Health Training

This course consists of a series of ten cases to introduce trainees and others involved in global health research and service to ethical issues that may arise during short-term training experiences abroad. Each is adapted from an actual scenario. Names, locales and other details have been changed to protect privacy and help meet learning objectives. For more information about the case series, click here.

We recommend that you complete the cases in order.

Course Objectives

1. Demonstrate increased awareness of ethical issues involved in short-term global health programs abroad;

2. Identify strategies for dealing with these ethical issues as they arise;

3. Display increased confidence in their ability to navigate these issues; and

http://ethicsandglobalhealth.org/
As Dara’s case demonstrates, questions of "ancillary benefits" – benefits that are needed but might be outside the intended scope of a short-term training experience – are likely to arise during such experiences. The simple fact that the benefits are outside the scope of a training experience does not imply they should not be considered. But, trainees should also be aware that inappropriately offering ancillary benefits can create burdens on, or long-lasting harms to, the local community.
For reflection

• What are your core values? Your personal precepts?
• What ethical ‘blind spots’ might you have?
• How will these influence your field experience?
• Where and when do you experience divided loyalties?
• What ethical issues are you most concerned about as you anticipate your field experience?
Auxiliary Slides
Caring for refugees seeking asylum in Australia

Psychiatrists

Nurses

Social workers
Four ways of coping

• Provide services with minimal questioning  
  – “just doing my job”  
• Leave - relinquish employment  
• Provide best care possible (ethic of care)  
• Activism and advocacy  
  – ‘Political compassion’
Dual Loyalties and Impossible Dilemmas: Health care in Immigration Detention

Linda Briskman*, Swinburne University of Technology
Deborah Zion, Victoria University

From Compassion to Solidarity

asylum seekers in Australia, she suggests that what is needed for political compassion to occur are:

a combination of three central features: first, attentiveness to the suffering of vulnerable people who are experiencing pain, marginalization, belittlement, and loss of citizen rights; second, active listening to the voices of sufferers in order to discern their needs; and third, compassionate, appropriate, wise responses to particular needs (Porter, 2006: 111).

In comparison to the surge of feeling associated with compassion, the energy generated by a sense of solidarity may be weak, but unlike compassion, solidarity anticipates a viable future relationship between partners.

• Attentiveness to suffering
• Active listening
• Compassionate, wise response
This is a struggle for me not because I've never seen this before or anything like that, but because it's my job and part of who I am to help people in situations like this. So it was very difficult to just drive away when I might have been able to do something for him. It's causing some moral distress.
So what are your suggestions if I encounter a situation like this again? I've also heard that even in emergencies the person or someone close to them has to sign a consent to be treated before any medical staff can touch them. I don't want to get myself into a bad situation either from safety or legally or whatever, but I also hate this feeling of doing nothing. Hopefully we won't see this again, but what are the rules/guidelines on this?