

ENHA Case Study Series: Balancing Priorities in a Medical Emergency

Setting: An isolated region of a Central Asian country in the midst of protracted civil conflict

Scenario: An expatriate general surgeon is leading a team of healthcare workers from a medical NGO based in the capital city of a Central Asian country. The team is embarking on their first two-week surgical outreach to an isolated region that has experienced protracted civil conflict. They have spent the past several months planning and gathering resources in order to provide minor surgeries to the population. The team hopes to establish a long-term partnership with the community that would enable them to return on an annual basis to provide care in this underserved area.

During their two-day drive to the region, the team of healthcare workers is stopped by a small crowd of visibly upset women and men that is gathered on the road. They discover that a truck carrying local passengers has flipped over due to the dangerous road conditions. The driver of the vehicle has sustained serious traumatic injuries with life-threatening hemorrhage and abdominal wounds. The local bystanders implore the lead surgeon to help the injured man, but it appears to the surgeon that the man is unlikely to survive even with medical intervention.

Although the team of healthcare workers has brought with them just enough resources to perform their planned surgeries, the surgeon decides to insert an IV line and administer fluid and analgesic medications to help relieve the injured man's suffering. The crowd of concerned bystanders insists that the team take charge of the patient's care and drive him to the nearest hospital, which is at least one day away by road. However, doing so would prevent the group from reaching their destination on time and force them to abandon their project and planned surgeries. There are no other vehicles immediately available in this isolated region, and the group risks angering and alienating the local community if they refuse to transport the injured man. The lead surgeon must make a decision about what to do.

Humanitarian Health Ethics Analysis Tool

- 1. Identify/clarify ethical issue:**
What is at stake and for whom?
- 2. Gather information:**
What do we need to know to assess the issue?
- 3. Review ethical issue:**
Does information gathered lead us to reformulate the issue?
- 4. Explore ethics resources:**
What can help us make a decision?
- 5. Evaluate and select the best option:**
What options are possible and which is the "best" under the circumstances?
- 6. Follow up:**
What can we learn from this situation and what supports are needed?

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Analysis: The **Humanitarian Healthcare Ethics Analysis Tool (HHEAT)** is intended to facilitate discussion and deliberation for those involved in ethically challenging situations and will assist humanitarian healthcare workers in implementing well-considered decisions. Read the six steps listed above then proceed through the questions found below. They are designed to help you or your team structure reflection and deliberation on the ethical dilemma presented in the case study. You may skip questions that appear less relevant to the issue or explore dimensions pertinent to the context but not listed in the tool.

Humanitarian Health Ethics Analysis Tool	
1.	Is it really 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.	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: a) Resource Allocation and Clinical Features , b) Participation, Perspectives and Power c) Community, Projects and Policies
3.	Does the process so far 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.	What values and norms ought to inform our decision-making? Consider: professional moral norms and guidelines for healthcare practice; human rights and international law; ethical theory; local norms, values and customs.
5.	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.	What can we learn from this situation? What support do those involved need?

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Disclaimer: Case studies in the ENHA (Ethics Narratives in Humanitarian Aid) series are based on the reflections of humanitarian healthcare workers on ethical challenges experienced in the field. While the stories presented in the cases draw on real events and the accounts of real persons, many stories are composites in which similar experiences are woven together. In all of the stories, details such as names, dates, locations, career and life stage, gender, and profession have been changed, obscured, or omitted. Any resemblance the stories may bear to actual persons, places, and events is co-incidental.

While the stories often aim to show what the protagonist is thinking or feeling, the Humanitarian Healthcare Ethics Research Group's intent as the stories' author is not to suggest that the values and assumptions held by a story's protagonist are those of all or many humanitarian healthcare workers. Similarly, the values, opinions and actions of a protagonist or other actors in a story should not be understood to reflect those of, or be endorsed by, the Humanitarian Healthcare Ethics Research Group.

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