ENHA Case Study Series: Conflicting Priorities during a Public Health Emergency

Setting: A small rural hospital in a country in sub-Saharan Africa with a recent history of civil conflict.

Scenario: An expatriate nurse is working for an international medical NGO in a small rural hospital in sub-Saharan Africa when a cholera outbreak occurs in the local community. A significant number of patients present to the hospital with severe diarrhea and signs of life-threatening dehydration. Patients with suspected cholera are quarantined and given intravenous fluids and oral rehydration therapy. However, the influx of patients quickly exceeds the capacity of the hospital's limited resources and small staff of two physicians and five nurses. It could take several days for the NGO to send additional healthcare workers to this remote region.

The expatriate nurse has a background in public health as well as clinical experience dealing with cholera outbreaks from previous humanitarian missions. Her remit is as an in-patient department nurse. She soon realizes that the spread of cholera could threaten the entire community and overwhelm the hospital unless the source of the outbreak is quickly identified. However, it will likely require several days of work to survey the local population and test water sources for contamination. The nurse is the only member of the small healthcare team qualified to conduct this epidemiological survey. At the same time, her previous experience in treating cholera makes her essential to the acute care of patients in the isolation tent. The nurse feels conflicting priorities about her role and must quickly decide what to do.

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 on Page 2. 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 coincidental.

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.