



ENHA Case Study Series: Patient Triage in a Low Resource Setting

Setting: A large public pediatric hospital in Central America

Scenario: An expatriate nurse is working for an international medical non-governmental organization (NGO) in the busy emergency department (ED) of a large pediatric hospital in Central America. Part of the nurse’s mandate is to train local staff and oversee the triage of patients upon their arrival to the ED. The nurse feels particularly troubled by the latter task, as he finds the principles of patient triage to be more complex and challenging in this low resource setting. For example, the nurse learns that it is routine practice to turn away mothers with extremely premature newborns due to the lack of healthcare resources and personnel at the hospital. The hospital staff explain that the intensive and costly treatment required for a premature newborn would be better allocated to caring for children who have greater chances of survival.

One evening, a one-year old child is brought to the hospital’s ED by her parents after having accidentally fallen into a cooking fire. Upon arrival, the child is found to have sustained third-degree burns involving a critical portion of her body surface area, and is in severe pain and drifting in and out of consciousness. It is clear to the nurse that this child will require immediate medical attention from several nurses and physicians in the already understaffed ED. However, the several hours of work required to simply apply dressings is likely to significantly delay treatment for the other patients in the ED. Furthermore, even with the best medical care available at the hospital, it is not clear if this child will recover from her serious injuries. There are currently dozens of other families and patients with serious illnesses who are waiting for care in the ED and need to be seen urgently. The nurse must make a decision about whether or not this child should be admitted and what level of intervention she should receive.

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. 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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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: <ul style="list-style-type: none"> 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?

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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