

humanitarian healthcare ethics

reflecting on ethical practice

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ENHA Case Study Series: Relations between Western Military Forces and NGOs

Setting: A rural region of a country where Western military forces are engaged in active combat

Scenario: An international medical NGO is supporting several rural health clinics in a country where Western military forces are engaged in active combat. The expatriate staff of the NGO are responsible for ensuring the distribution of medicines and equipment to these clinics. A dispute breaks out amongst the staff about how closely the NGO should work with the Western military forces and the provisional government. Two points are raised in favour of closer cooperation. First, it is suggested that requesting a military escort would allow the NGO to transport supplies more securely and efficiently to remote clinic sites, thus minimizing the chance of interruptions in patient treatment. Second, the NGO could contribute to the rebuilding of the country's healthcare system by collaborating with the provisional government by providing advice and reporting the problems and needs of the population that they have identified during their project. However, there is significant concern amongst the staff that the neutrality of the NGO would be comprised by working too closely with the military. Worries are also voiced that a perceived link to the occupying forces could lead to the NGO's staff and clinics becoming the target of attack by opposing militias.

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 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.

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ENHA Case Study Series: Relations between Western Military Forces and NGOs (continued)

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.