ENHA Case Study Series: Tensions between Western Professional Ethics and Local Gender Norms

Setting: A rural region of a South Asian country

Scenario: An expatriate obstetrician/gynecologist is working for an international medical non-governmental organization (NGO) in a small rural hospital in a country in South Asia. One day, a young pregnant woman with severe pre-eclampsia is brought to the hospital by her husband. The obstetrician examines the patient and finds her to have significant hypertension, renal failure, and pulmonary edema. The obstetrician realizes that the life of the young woman and the fetus are in imminent danger unless an emergency Caesarean section is performed. With the assistance of an interpreter, the obstetrician explains the seriousness of the situation to the patient and her husband. However, the patient’s husband responds by adamantly refusing any type of surgery for his wife, insisting that the risks and financial costs of such a procedure are too high for them to bear.

The obstetrician feels compelled to proceed with the emergency Caesarean despite the husband’s wishes, but is quickly pulled aside by two local colleagues working for the medical NGO. They explain that according to local custom and law, a female patient cannot receive medical intervention without first obtaining the consent of a close male relative. Although they understand the obstetrician’s concern for the young woman’s life, they warn that contravening the husband’s decision could lead to conflict with the local community and jeopardize the NGO’s capacity to operate in the area. In light of this advice from her colleagues, the obstetrician now feels deeply conflicted about 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.

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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:
   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.