

## ENHA Case Study Series: Treatment of Patient Needs Outside of Project Mandate

**Setting:** A remote health clinic in the Horn of Africa

**Scenario:** A 25-year-old woman who has been in a coma for the past three days is brought to a rural health clinic by her husband. The expatriate physician working at the clinic diagnoses the patient with Type 1 Diabetes. The clinic has a small emergency stock of injectable insulin on hand, and treatment is initiated.

As the insulin supply begins to dwindle, the expatriate physician calls the head office of the international medical NGO that operates the clinic. The physician explains the patient's situation and requests a shipment of insulin for her treatment. However, the head office refuses to send the needed supplies, saying it is not within the mandate of the organization to treat chronic resource-intensive diseases such as Type 1 Diabetes. They are concerned that the patient will be unable to afford insulin and syringes when she eventually returns home, and may not have access to a refrigerator for storage of her medicines. The head office instructs the physician to stop treating this patient, and to reserve the remaining insulin stock for future emergency cases.

The clinic staff has developed a close relationship with the patient, her husband and young children, and do not want to send her home to inevitably die from a treatable disease. Their frustration is compounded by the fact that the international medical NGO provides funding and resources to the clinic to treat certain chronic resource-intensive diseases such as HIV/AIDS.

**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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## ENHA Case Study Series: Treatment of Patient Needs Outside of Patient Mandate (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: <ul style="list-style-type: none"> <li>a) Resource Allocation and Clinical Features,</li> <li>b) Participation, Perspectives and Power</li> <li>c) Community, Projects and Policies</li> </ul>
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.