Complicity, entanglement and being implicated: the double effect of humanitarian healthcare practice

On the 4th and 5th of November 2013, Paul Bouvier of the ICRC and Nicolas Tavagne of the University of Geneva hosted a symposium called “From humanity to complicity? Ethical duties and dilemmas of humanitarian action in wars and armed conflicts” at the Fondation Brocher, in Hermance, Geneva, Switzerland. Those gathered included philosophers and legal scholars, and members of the ICRC and MSF. The event invited analysis of the ways in which neutrality and independence are sometimes tested through the instrumentalization of aid agencies.

Highlights of the presentations identified the legal and theoretical ethics of humanitarian practice, and what can be seen to be complicity with unethical actions of others. Presenters asked if it is possible to act during violence without becoming part of it?

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They described key features of ‘complicity’ highlighting most significantly that it includes awareness of and intent to comply with immoral actions of others. This raised the possibility of another concept where humanitarian aid workers become unwittingly entangled or accidentally implicated rather than acting intentionally.

Many of the presenters explored the terminology of complicity, and drew attention to inadvertent complicity, as different from moral compromise. Some drew attention to the doctrine of the double effect including acts with unintended bad consequences, such as cooperating with evil while building relationships necessary for access. We wondered, when do humanitarian actions cease to be morally right if ever? Do they cease to be right by acts of complicity? Even if there is no intention to contribute, no shared purpose with immoral actors, and are aimed at doing good?

Ultimately, complicity must be attended to so that the moral integrity of the actor can stay intact at a fundamental level. Conclusions proposed that individuals decide what each can live with thus preserving their own integrity and dignity. This left us with the following questions: whether aid workers have permission to walk away simply because they cannot endorse an action or agenda, and who would be left to provide the much needed care?

In May Lisa Eckenwhiler and Matthew Hunt are collaborating with Brocher to present a workshop on the topic of ethics, counter-terrorism and global health.

A longer version detailing more of the topics and discussions at this event can be found on the Humanitarian Healthcare Ethics website.

Thank you once again for your interest and contributions to the HumEthNet.

Warm regards,

Dr. Lisa Schwartz, McMaster University Humanitarian Healthcare Ethics Research Group co-director

From the Humanitarian Healthcare Ethics website:

HumEthNet member, Dr. Lynda Redwood-Campbell takes part in typhoon Haiyan relief efforts. The Hamilton Spectator makes recognition.

BLOGREACTION -- A Poster Campaign: A Response to MSF 2005 by HumEthNet member Dr Paul Bouvier, MD, Paediatrician, Geneva.

New BLOG entry -- Photography in Vanishing Landscape: An Interview with Yazan Khalili by Nayrouz Abu Hatoum, York University.

Indonesian folksong: HumEthNet member Dr. Teuku Renaldi of Aceh, Indonesia shared a traditional folksong with participants of the 2012 Humanitarian Health Ethics Forum a song credited with saving many lives during the 2004 tsunami.

Contribute to REFLECTIONS:

If you have comments on newsletter content, are interested in submitting relevant article, book, resource announcement or other news to an upcoming newsletter, please contact: humethnet@gmail.com
Dr. Chiara Lepora is Programme Manager for operations in the Middle East of Médecins sans Frontiéres /Doctors Without Borders. Trained as a medical practitioner at the Universities of Pavia and Lisbon and the London School of Hygiene and Tropical Medicine, she has worked with MSF in various capacities across Africa and the Middle East since 2002. Earlier work she conducted includes writing an interactive tutorial that underpins e-learning software used by the World Health Organization and the UN High Commissioner for Refugees for clinical management of rape in humanitarian emergencies.

Dr. Lepora’s early work with MSF, along with that of three other volunteer doctors, is depicted in the 2008 critically acclaimed documentary Living in Emergency: Stories of Doctors Without Borders (http://www.livinginemergency.com). The film has been praised for its unflinching portrayal of the reality of aid work and the dilemmas facing MSF staff in the field. It is these dilemmas – the ethical aspects of humanitarian and medical interventions in war contexts that are the focus of Dr. Lepora’s academic work and writing.


Dr. Lepora taught Global Health and Humanitarian Affairs at the Josef Korbel School of International Studies of the University of Denver for a year before returning to MSF.

Drawing on this research, her recent book, On Complicity and Compromise (Oxford University Press, 2013), co-authored with Robert E. Goodin (Distinguished Professor of Philosophy at Australian National University and Professor of Government at University of Essex), looks at the many ways individuals and organizations, including doctors and humanitarian aid groups, can become tied up in the wrong-doing of others.

Ethics in Action: A case snapshot

To promote discussion and interest in various ethical issues, Reflections will periodically publish Case Snapshots. These brief ethical cases are best suited for personal reflection and professional discussion. Visit the hhe website for suggestions on enhancing discussion of these Snapshots for training and education. The web version includes reflection questions, optional outcomes, and the Humanitarian Health Ethics Analysis Tool, (HHEAT), to enhance discussion.

CASE: To Test or Not to Test?
Setting: Refugee camp located in a South Asian country.

Actors: Local staff of an international humanitarian aid organization, its program leader and medical co-ordinator who are based in the capital region, United Nations High Commissioner for Refugees (UNHCR), local country government, camp residents.

Scenario: An international humanitarian aid organization is engaged in providing primary care to refugee camp residents. The “host” country’s Ministry of Health runs the tuberculosis (TB) treatment program within the camp and is responsible for treatment and overall follow-up of patients. TB testing and diagnosis, however, is the responsibility of the international humanitarian aid organization, as it operates the lab where TB testing is done.

Local staff of the aid organization discover that patients diagnosed with TB are experiencing gaps of several weeks in their treatment because the national Ministry of Health is having trouble supplying these medications to the camp.

The treatment for TB is usually 6 to 12 months of continuous therapy and involves 2 to 4 drugs. Patients experiencing gaps in treatment are at risk of developing anti-tuberculosis drug resistance. Patients who develop active disease with a drug-resistant TB strain can transmit this form of TB to other individuals.

As the situation progresses, the United Nations High Commissioner for Refugees (UNHCR) enters negotiations with the Ministry of Health to improve the supply of drugs. During these negotiations a decision is taken by the aid organization’s program leader and medical co-ordinator to stop doing lab work and to stop providing nutritional support to TB patients. They justify this decision by asserting that diagnosing TB when adequate treatment cannot be ensured is ethically wrong.

To enhance your reflection or discussion of this tool, consider applying the HHEAT, available on the website: www.humanitarianhealthethics.net.

Do you have an ethical challenge, dilemma, or concern you would like to share?
Contribute a CASE SNAPSHOT for posting in Reflections and on the hhe website.
Use the format of this case as a template. For inclusion on the website, please include reflection questions and/or possible outcome options to enhance discussion.

Email submissions to: humethnet@gmail.com
Wartime tests personal and social values and can often lead to a reassessment of loyalties. Physicians have traditionally been seen as paragons of neutrality and impartiality possessed with the autonomy and moral integrity to navigate challenges and resist pressures that might otherwise go against the Hippocratic Oath. Yet, “sadistic, blatant and wanton criminal abuses” are how a leaked US military report described the transgressions of US physicians in Iraq (Taguba, 2004). Juxtaposed against the images gone viral on the Internet of military guards sitting on prisoners and posing, thumbs up, in front of a human pyramid of naked detainees, were descriptions in The New Yorker of horrendous acts committed by military personnel at the now infamous Abu Ghraib prison (Hersh, 2004). Stories of psychological and physical torture abound with some prisoners having died at the hands of interrogators. One case involved prison guards wheeling out of the detainment facility what was purportedly a patient with an IV bag in his arm. Yet this ghost prisoner – later revealed to be Iraqi national Manadel al-Jamadi – did not have an identification number or a pulse. He had succumbed following interrogation the night before (Mayer, 2005). Later reports revealed that most of the detainees in Abu Ghraib had been picked up in random sweeps, many of whom had been guilty of nothing more than being in the wrong place at the wrong time (Cross, 2004).

These cases and others are points of evidence in the film Doctors of the Dark Side (2011), which explores the role of healthcare professionals, particularly physicians and psychologists, in the torture of detainees in US military controlled prisons. Produced by Physicians for Human Rights (PHR), the film is ostensibly an exposé of the complicity of doctors and psychologists in the implementation and subsequent cover up of reported acts of torture. More fundamentally though, the movie’s vignettes of human rights violations underscore issues central to the roles and responsibilities of physicians and other healthcare professionals in the care of detainees.

There is a great sense of betrayal and frightful vulnerability that emerges while watching this film. In fact, viewers are made to feel that the crimes and cruelties that physicians have been accused of could potentially happen to anyone, including American citizens within their own borders. Early in the film, the documentarians present the harrowing case of a US Marine’s personal experience of ‘enhanced interrogation techniques’, which succeeds in developing an empathetic perspective in the viewers as they are presented stories of these techniques being applied to citizens of other nations. The collusion of politics, militarism and professionalism are contained in an elaborate bureaucratic state system that conceals torture practices and their effects.

[*A more detailed film review has been submitted to www.bioethiqueonline.ca.]

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Overall, *Doctors of the Dark Side* tackles its subject matter in the same focused manner in which it presents its conclusion. Having reviewed cases of human rights abuses committed by US military health professionals and explored how these incidents were enabled and instigated, the message of a call for accountability is clear. Buttressing this call are the many documents cited and provided on the documentary’s companion website, [www.whenhealersharm.org](http://www.whenhealersharm.org). However, the film’s strength of message may be to some viewers a weakness in perspective that leaves them wanting an explanation of what the role of healthcare professionals should be in interrogation. For whether they be doctors, psychologists or allied health professionals, the involvement of some entity ensuring the health and safety of detainee treatment is inevitable. Related to this, insofar as the movie exposes the multifarious forms of torture, including the use of sleep and sensory deprivation, it leaves unanswered the question of what an ethical interrogation could or should be.

As the film continues, it becomes more apparent that there is a deeper moral corrosion at work. This scandalous situation is rightly enraging, but the spectacular allure of the exposed unethical behaviours should not detract from the greater and more shameful scandal that exploits and aestheticizes politics. Medical complicity in the situations described in the film point to an underlying rationalization for the overturning or even outright ignoring of laws, conventions and guidelines that seek to enshrine reasoned and reflective socially-sanctioned values to guard against these very kinds of reactionary responses. Professional bodies should advocate for their members, but also for patients; and so they should not support practices (i.e., member participation in ‘enhanced interrogation techniques’) without fully comprehending the implications for their members or for patients. But governments and state leaders must also take responsibility and be held accountable when decisions they make favour an approach that treats everyone as a threat. Larger in scope than the filmmakers' focus, the film suggests, but leaves unexplored, vital questions underlying the roots of these actions, including: What has brought the US to this point despite its discourse of freedom and safety, and peace and morality?

There seems to be a confusion of moral issues at play in these contexts. But this moral confusion is all the more surprising when professional medical bodies see no room for confusion at all. They offer clear statements that doctors should not participate in forced interrogation practices, and those that do will be considered in breach of their professional codes of practice. So how is it that there is still room for uncertainty, such that health professionals continue to participate in such unethical behaviour? What leads the American Psychological Association to reject all out condemnation of these practices in favour of publishing a handbook on acceptable strategies for participation? There are obviously many ethical, political, and emotional issues at play that run deeper than those that could be tackled in one film. Working under the umbrella of the Ethics in Military Medicine Research Group (EMMRG), we are undertaking a study with the approval of the Canadian Armed Forces (CAF) to understand the nature of dual-loyalty conflicts and other ethical issues faced by health professionals within the CAF. For us, *Doctors of the Dark Side* is a gadfly that compels viewers to consider how our medical, military, and legal systems and personnel can prevent, and if not, be held accountable for the abuses described in the film. In the case of the CAF structure, the Medical Services remain independent from interrogation practices. Whether or not one agrees with Nathaniel Raymond, Director of PHR’s Campaign Against Torture, that the events described in the film are “arguably the single greatest medical-ethics scandal in American history” (Mayer, 2009), a failure to engage in a dialogue about these issues would be an even greater scandal.
Call for participation:


Annual Canadian Disaster and Humanitarian Response Training Program (CCHT), May 2014: http://www.humanitariantraininginitiative.org/canadian-disaster-and-humanitarian-response-training-program/

ICMM Military Medical Ethics Workshop 24-26 April, 2014 http://workshop.melac.ch/

Mark your calendar: 19th World Congress on Disaster and Emergency Medicine (WCDEM), 21-24 April 2015, Cape Town, South Africa.


References from the film review


New publications...

* Authored by Network member(s)


*O’Mathúna, Donal, Bert Gorddijn, Mike Clarke, editors. **Disaster Bioethics: Normative Issues When Nothing is Normal.** New York: Springer. 2014.

*Schopper, Doris. **"Research ethics governance in disaster situations"** IN O’Mathúna, Donal, Bert Gorddijn, Mike Clarke, editors. **Disaster Bioethics: Normative Issues When Nothing is Normal.** New York: Springer. 2014. Pg.175-190.


**Suggested films:**

- **Dirty Wars**, (2013, 90 mins., Richard Rowley, dir.)
- **In detention: The humane way**, (2010, 18 mins., ICRC)
- **Zero Dark Thirty**, (2012, 157 mins., Kathryn Bigelow, dir.)
PICTURING HUMANITARIAN
HEALTHCARE

A component of the http://www.humanitarianhealthcareethics.net website.

From "Build Back Better" by Harry Shannon, October 2013.

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Resources...

"Insecurity Insight is a team of experts who apply an innovative method for generating data on the impact of insecurity on people's lives and wellbeing." http://www.insecurityinsight.org

"Violence against health care must end...The Red Cross and Red Crescent Movement runs a global campaign aiming to improve security and delivery of impartial and efficient health care in armed conflict and other emergencies. http://www.icrc.org


MAT NEW! Open access journal "Medicine Anthropology Theory" to be launched in the spring of 2014. http://www.medanthrotheory.org
ABOUT Reflections

REFLECTIONS is a semi-annual publication written by and geared to a range of actors in the realm of humanitarian healthcare.

The newsletter is available in both electronic and pdf formats. Subscription to the newsletter is free.

We welcome submissions in the form of humanitarian healthcare ethics-related events promotion, reviews of books, films, exhibits or events, and recommendations for new readings, viewings, and websites. If you wish to make a submission, offer feedback or suggestions, write to us at humethnet@gmail.com.

The Humanitarian Healthcare Ethics Network, HumEthNet, was inaugurated on November 22-24, 2012, in Hamilton, Canada at the Humanitarian Healthcare Ethics (hhe) Forum, hosted by the hhe Research Group with funding from CIHR. Participants are from a variety of disciplinary, organizational, professional, and country backgrounds engaged in the development of realistic applications for ethics in humanitarian healthcare practice. For information on membership contact humethnet@gmail.com.