

ENHA Case Study Series: Patient Transfer During Period of Heightened Security Threat

Setting: A field hospital set up by a team of foreign health care practitioners working with an international non-governmental organization, in the aftermath of a powerful earthquake that destroyed major infrastructure including public buildings and hospitals. The field hospital is situated in a rural area outside the capital and run in collaboration with local staff from a health clinic that was destroyed by the earthquake.

Scenario: It is 3 o'clock in the afternoon. An infant in respiratory distress is brought to the field hospital by her mother. The mother was widowed during the earthquake.

The field hospital has neither the personnel nor the equipment to actively care for the baby due to the acuity of her condition. The physician who assesses the infant determines that she should be transferred to a better-equipped facility in the capital. When this option is raised, the team coordinator reminds the physician that there is a 6 pm curfew in place for the team and its project vehicles and that it is now 3:45 pm. The doctor insists that without the transfer the child is likely to die overnight.

An impromptu team meeting is called to discuss the situation. The baby is receiving oxygen but her condition is worsening. The mother is very worried and becoming agitated. The drive to the hospital in the capital will take 2 to 2-1/2 hours if the roads are clear and there is not too much traffic. Even with good driving conditions, the team members who accompany the baby will not be able to return to the field hospital until the next day. In addition, the stretch of road between the hospitals is considered a dangerous kidnapping area. Using a vehicle to transport the baby would also mean leaving the rural team with a single vehicle overnight. Such an arrangement contravenes unit protocol because one vehicle is insufficient to evacuate all team members in the case of an aftershock or for security reasons.

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?

ENHA Case Study Series: Treatment of Patient Needs Outside of Patient Mandate (continued)

| Humanitarian Health Ethics Analysis Tool | |
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| 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? |
| http://www.humanitarianhealthethics.net/ | |

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.