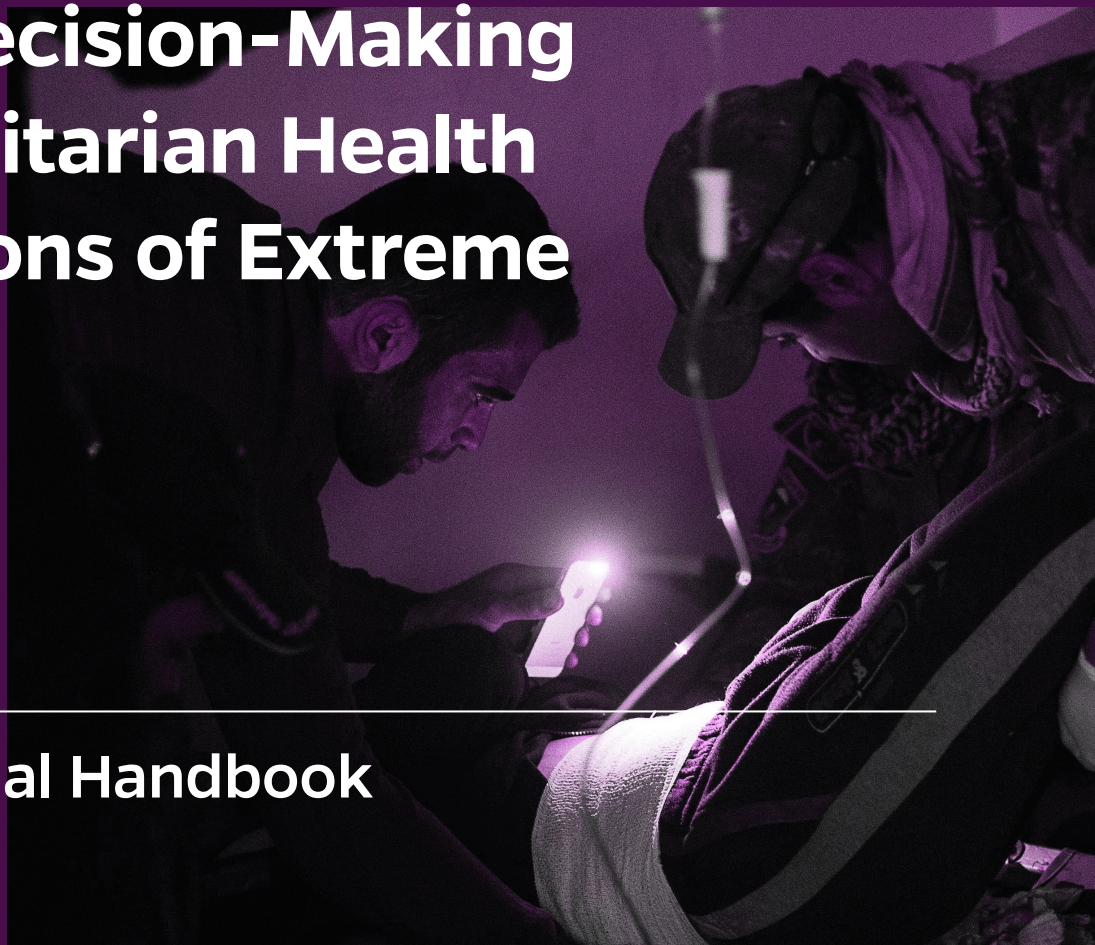


# Ethical Decision-Making in Humanitarian Health in Situations of Extreme Violence

## Organizational Handbook



### DEVELOPED BY

Johns Hopkins Bloomberg School of Public Health | Johns Hopkins University Berman Institute of Bioethics | International Rescue Committee | Syrian American Medical Society

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# I. INTRODUCTION

Humanitarian health organizations face enormous ethical challenges in conducting their operations, particularly in situations of severe and persistent violence. We define ethical challenges broadly here to include situations where the best moral course of action could be unclear (e.g., when additional deliberation or analysis is necessary to define the right action), where it might not be possible to fully uphold all the moral values at stake (e.g., when a duty to avoid harm conflicts with the duty to serve all equally), where the moral course of action is clear but circumstances prevent one from taking it, or where there is no right answer but action is needed.

This project and this organizational handbook are the result of a collaboration by the Center for Public Health and Human Rights and the Center for Humanitarian Health at the Johns Hopkins Bloomberg School of Public Health, supported by individuals from the Johns Hopkins University Berman Institute of Bioethics, the Syrian American Medical Society (SAMS) and the International Rescue Committee (IRC). The project explored the ethical challenges organizations faced in situations of extreme violence in Syria, and, working from that context, sought to provide a framework of principles for ethical decision-making, as well as a handbook with practical guidance for humanitarian health organizations to resolve these complex ethical challenges.

The handbook is organized so that, following this introduction, the second section presents a brief overview of the JHU/IRC/SAMS project on ethical challenges in humanitarian health in situations of extreme violence. This overview describes the methods of our study, and presents key findings from our systematic literature review, results from our interviews with organizational managers and front-line health workers, and a summary of discussions held in Gaziantep, Turkey and Amman, Jordan with organizations working on the humanitarian health response in Syria. The overview also presents the five key recommendations from the project, integrating results from the literature review, the interviews, and the workshops. These five recommendations (see below) are described in further detail in the third section, with a focus on how organizations might take steps to implement them.

In the annexes, the handbook provides examples of four scenarios of ethical challenges that organizations might wish to use as part of their trainings on ethics and ethical decision-making. We also provide a series of worksheets for organizations to use in processing their ethical decision-making. We also provide a list of references and resources for further review.

## II. OVERVIEW OF THE PROJECT

This project explored the ethical challenges humanitarian health organizations face in situations of extreme violence against civilians, particularly when healthcare facilities and personnel become targets in the conflict. Its objective was to provide processes and mechanisms as well as practical tools to guide humanitarian health organizations through complex ethical challenges facing them in these settings.<sup>1</sup>

The project originated as a result of the challenges international and local non-governmental organizations (NGOs) and front-line health workers face as a result of violence inflicted on hospitals and health workers in Syria. At times, individuals in these settings must forgo compliance with core ethical commitments, choose to comply with one ethical obligation at the expense of another, or to take an action where no obviously right action exists.

For example, when a hospital is attacked and cannot continue operations, is it better to rebuild at the same location or move to a safer facility farther away? Rebuilding in the same location might invite further attacks while moving the facility farther away may hinder access to health care for some individuals and communities. How should different

community views be taken into account? In these circumstances, moreover, front-line health workers may experience severe psychological impacts as well as moral distress, which occurs when someone knows what the ethically right action is, but because of constraints imposed, that action cannot be taken.

Although the research focused on Syria, we hope that the recommendations that flow from the project may be useful in other violent contexts where humanitarian organizations work.

### A | METHODS

We conducted **a systematic literature review** to understand the range of ethical challenges in humanitarian health practice in conflict settings and the approach taken to their resolution, as described in peer-reviewed literature. We conducted **interviews** with 41 managers working in Turkey and Jordan engaged in supporting organizations operating in Syria and 58 frontline health workers in northwestern and southern Syria to learn about the challenges individuals and organizations faced in providing health care, their perceptions of the ethical dimensions of those challenges, how they sought to address the challenges, and how the violence affected their well-being. We then held two rounds of **workshops** in Amman (Jordan) and Gaziantep (Turkey). In the first round of workshops (held in 2018), health program staff from various international and non-governmental organizations met to review the findings of the literature review, the interviews, and two proposed decision-making tools for addressing ethical

<sup>1</sup> This overview is taken from the Executive Summary of a more extensive project report, Johns Hopkins Bloomberg School of Public Health, International Rescue Committee, Syrian American Medical Society. Reality makes our decisions: ethical challenges in humanitarian health in situations of extreme violence: report and recommendations. 2019. [http://hopkinshumanitarianhealth.org/assets/documents/LR\\_XViolenceReport\\_2019\\_final.pdf](http://hopkinshumanitarianhealth.org/assets/documents/LR_XViolenceReport_2019_final.pdf).

<sup>2</sup> One of the tools is described in: Clarinval C, Biller-Andorno N. Challenging operations: an ethical framework to assist humanitarian aid workers in their decision-making processes. *PLOS Currents Disasters* 2014, edition 1. The other is described in: Fraser V, Hunt MR, De Laat S, Schwartz L. The development of a Humanitarian Health Ethics Analysis Tool. *Prehosp Disaster Med* 2015; **30**: 412–20. See also: Fraser V, Hunt MR, Schwartz L, De Laat S. Humanitarian Health Ethics Analysis Tool: HHEAT handbook. 2014. <https://humanitarianhealthethics.net>. Both of these tools are discussed in more detail in later chapters.

challenges in humanitarian health practice.<sup>2</sup> Participants discussed practical recommendations and implementation steps to address the ethical challenges. In the second round of workshops (held in 2019) participants (many from the same organizations that participated in the first round of workshops) met to review final project recommendations and to review and comment on drafts of this organizational handbook.

## B | KEY FINDINGS

### 1. LITERATURE REVIEW

**The most frequently reported ethical challenges identified** in an in-depth analysis of 66 articles from a group of 2,077 potentially relevant publications related to providing the highest attainable quality of care, properly managing assets, and protecting and caring for health workers in conflict settings. The humanitarian principle most frequently noted as challenging to uphold was neutrality, followed by independence, humanity, and impartiality. We found important areas overlap and reinforcement, as well as tension, between ethical and humanitarian principles in the literature (humanitarian principles are discussed in more detail in the chapters that follow).

### 2. MANAGER AND FRONT-LINE WORKER INTERVIEWS

**The effects of targeted attacks:** Front-line health workers accepted the risks of choosing to remain in Syria to provide care, often expressing a strong sense of moral duty to their country and fellow citizens. They confronted many difficult decisions, for example whether to close down facilities or pause services after attacks or limit the length of patient stays, which could potentially compromise the health status of patients. Relocating facilities underground or to new communities sometimes created tensions with people in communities who were concerned that the presence of a hospital made them more vulnerable to attack.

**Limitations of resources:** Staff shortages, lack of qualified staff, and not enough bed capacity, medication, or equipment in facilities created challenges about who should get care and who should provide care under what standard of quality. To some extent, over time, skills training helped address the problem of staff engaged in medical practice beyond their training after a bombardment. Traditional principles of triage were strained. Trauma care sometimes was provided at the expense of primary care.

**Access restrictions:** Border closings and travel restrictions, as well as Syrian government restrictions, limited the ability to provide supplies and medications in parts of Syria, especially in besieged areas. Some interviewees noted that hospitals near the Turkish border in northwestern Syria were better equipped and more able to attract and retain higher qualified staff than locations subjected to bombing. While this strategy increased access to care for many, it resulted in problems of equity for populations who could not access these facilities.

**Constraints on care imposed by other actors:** Without exception, front-line health workers and site managers expressed a commitment to the principle of impartiality in care and to hiring based on merit and professional qualifications. Armed groups, however, sometimes demanded priority in treatment or preferential hiring, employing verbal threats, harassment, and humiliation as means of coercion. Sometimes donor funding restrictions and accountability standards could limit service provision.

**Challenges in making difficult medical and operational decisions:** Organizations running or supporting health facilities and personnel from outside Syria provided material and financial support, but some front-line health workers found that support too limited. Remote management staff were often too far removed from operations to be able to advise in real-time. Additionally, they often lacked comprehensive policies to address critical

and emergent issues with ethical implications, such as relocating facilities, pausing or re-instating services, transitioning to routine health services, triaging and prioritizing patients, coping with high volumes of trauma cases, managing under-qualified staff, addressing staff turn-over and burn-out, providing psychological supports to staff, involving local communities in decision-making, and advising on negotiations with military or paramilitary groups.

While these gaps gave front-line health workers a certain degree of freedom and independence, it also placed pressure on them at critical times. Front-line health workers also reported that organizations that paid salaries lacked policies on compensating families in the event they were killed in an attack. Women respondents noted that organizational support for addressing gender discrimination—in terms of hiring policies and treatment of staff—was often lacking.

The toll on the mental health of healthcare workers: health workers faced significant psychological burdens and distress resulting from working long hours under the strains of these conditions. Many respondents described moral distress in having to make wrenching life-and-death decisions, including determining priority cases based on resources available, while feeling that they were falling short of their commitment to ethics and the principle of humanity.

Respondents expressed a sense that the current circumstances left them no choice but to stay in Syria and help but were also aware that their decisions deeply affected their families, yet another cause of psychological distress.

### 3. PRACTITIONER WORKSHOPS

Workshop participants emphasized that the most difficult ethical challenges they have faced are a product of violations of the laws of war that would best be ameliorated or avoided by **securing compliance with the laws**. Participants believed **there was a need for more systematic discussion of ethics in their organizations**, including guidance on how to use these principles to address real-world challenges, e.g., specifying principles at stake, identifying ways to balance harms and benefits of a particular course of action, and finding ways of mitigating harms. **Consensus existed on the importance of creation of structures and processes for addressing ethical challenges and use of decision-making tools, organization-wide training, and engaging communities.**

## C | RECOMMENDATIONS

The recommendations are directed at organizations and agencies providing direct health services, as

### Recommendations

1. Commit time and resources to addressing key ethical issues faced by the organization and the health professionals it supports.
2. Articulate clear ethical and humanitarian principles as a foundation to address the challenges they face.
3. Provide regular training and support in ethics to staff within the organization.
4. Create processes and mechanisms within the organization to support ethical decision-making and recording and disseminating the decisions.
5. Provide support for the mental health and psychosocial needs of staff and others supported by the organization.

well as to organizations such as local or international NGOs, donors, or UN agencies that support those providing direct services. They recommend both a set of ethical and humanitarian principles on which to ground decisions and steps that organizations can take to address the challenges in a systematic and structured way. The recommendations are intended to address issues at different levels of operations, from headquarters, to regional offices, to the frontline operations in conflict zones.

While the recommendations are directed at humanitarian health organizations, we emphasize the important responsibility that donors have in providing support to organizations in order to carry them out. In the following sections, we address each of these recommendations, focusing on the action steps that an organization should take to implement them.

### III. IMPLEMENTING THE RECOMMENDATIONS

#### A | COMMIT TIME AND RESOURCES TO ADDRESS ETHICAL ISSUES

**In the process of organizational ethical decision-making, we recommend that organizations make a clear commitment to the process, including developing internal mechanisms and allocating the necessary resources—human, financial, and material—to carry it through.** Organizations should have a focal point, such as an individual or committee, to oversee and implement the process of reviewing ethical challenges, making a decision, recording the decision and sharing both the decision, and the outcomes, within the organization.

A 2016 report by Katherine Haver noted that while many international organizations are adopting a risk management approach to inform decision-making in high-risk environments, “ethical risks... are generally not included as a category, and are instead enumerated under ‘operational’ or ‘reputational’ risks, if they are included at all. In practice, this has meant that they are often left out.”<sup>3</sup> Organizations working in contexts of severe violence must incorporate responsibility and processes for addressing ethical risks, and ethical decision-making, into their organizational management.

Organizations can designate a manager or other staff member as a focal point for coordinating decision-making on ethical challenges. The person

should have some formal training in ethics, or access to people who have such a background. What is essential is that someone with experience and basic understanding of ethics as well as programming is available for multiple purposes: first, helping organizations articulate their ethical and humanitarian principles and train staff on these; second, providing (or identifying) additional expertise where needed; third, coordinating the process of making and documenting decisions, processing and evaluating impacts; and fourth, sharing results. Some of these steps might be accomplished in a few days while others should extend through the duration of an organization’s involvement in a particular intervention or crisis response. An individual in this position must have the support of and access to senior management and sufficient authority to lead the process.

Organizations may also benefit by establishing a committee or working group to coordinate response to ethical challenges. The entity could be composed of a group of managers, and, preferably, with representation by front-line health workers as well. The group should meet regularly and convene as well in response to the need to make critical decisions. As with individuals tasked with overseeing decisions on ethical questions, the committee or working group should have the support of and access to senior management. In addition to supporting the idea of having a trained ethicist facilitate these processes, Clarinval and Biller-Andorno also suggest that initial discussions should evolve into regular meetings.

In establishing these structures and committing resources, we encourage organizations to consider a comment from the Humanitarian Health Ethics Analysis Tool (HHEAT Tool) that “the middle of an acute crisis might not be the ideal time for

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<sup>3</sup> Haver K. Tug of war: Ethical decision-making to enable humanitarian access in high-risk environments. Humanitarian Practice Network (HPN). Overseas Development Institute, London, 2016. <https://odihpn.org/wp-content/uploads/2016/10/NP80-web-string.pdf>. See also: Stoddard A, Haver K, Czwarno M. NGO risk management: principles and promising practice. Humanitarian Outcomes and InterAction. 2016. <https://www.humanitarianoutcomes.org/publications/ngo-risk-management-principles-and-promising-practice>.



thoughtful ethical discussion and reflection.”<sup>4</sup> This underscores the importance of planning for and implementing decision-making processes that will be needed in the heat of a crisis. The optimal time to plan for and to implement this is at the start of a particular project or intervention. This can be supplemented by periodic adjustments, in-service reviews and by after-action reporting, evaluation, and sharing of results.

## B | ARTICULATE ETHICAL AND HUMANITARIAN PRINCIPLES

**We recommend that organizational staff-members (and, if relevant, key stakeholders including local partner organizations) articulate their ethical obligations and humanitarian principles.** To assist in this step, we first provide some background information on ethics and humanitarian principles and how, in our literature review, ethical obligations and humanitarian principles map together in the context of ethical challenges faced by humanitarian health organizations.

### 1. ETHICS

To the extent that decisions about right action in a particular circumstance involve determining what is best, what is most appropriate, what should be done, who is responsible, and so on, those decisions involve ethics. Ethics has, at its core, the systematic study of the fundamental values and norms that help individuals, organizations, and societies determine what ought to be done, including what ought to be done when values and norms may be in tension, perhaps irresolvably so. Ethical questions rarely have straightforward answers, and requires consideration of more than logistics, operational analysis, and situational analyses.

One way of viewing ethics relates to three basic activities:

- Defining the principles and obligations that direct right & wrong actions
- Weighing those principles and obligations when they conflict or suggest different actions
- Determining a process by which decisions get made, including evaluation of whether it was the “best” decision.<sup>5</sup>

Thus, ethics is not simply a “feeling” (our feelings can help identify ethical issues, but feelings can be misguided or wrong). Ethics is not only about “dilemmas”, where there is no right answer; ethics can also be about doing what we do, but doing it better. Finally, ethics is not the same as saying that a person is “good” or “bad” though there may be an element of moral valuation involved.

In clinical ethics, core ethical principles include respect for persons (including respect for human dignity and respect for individuals’ autonomous choices), beneficence (the promotion of others’ well-being), non-maleficence (“do no harm”), and justice (both in terms of fair distribution of resources and fair processes for decision-making). These principles, which have been widely embraced in clinical care and research settings, can be adapted to the provision of health care to communities, even though how the principles are weighed and applied might differ in different settings. They focus on producing benefits, avoiding and preventing harms, producing the maximal balance of benefits over harms and other costs, and distributing benefits and burdens fairly and ensuring and building and maintaining trust.<sup>6</sup>

<sup>4</sup> Fraser V, Hunt MR, Schwartz L, De Laat S. Humanitarian Health Ethics Analysis Tool: HHEAT handbook. 2014, p. 12. <https://humanitarianhealthethics.net>.

<sup>5</sup> See: DeCamp M. Ethics and humanitarian principles. <https://auth.voicethread.com/myvoice/thread/11002963/64425964/61641932>.

## 2. HUMANITARIAN PRINCIPLES

Humanitarian principles are a second source of values and norms that can animate the actions of humanitarian organizations. These are moral and operational principles that humanitarian organizations have widely embraced and which have been adopted by the UN and its humanitarian agencies and include humanity, neutrality, impartiality, and independence.<sup>7</sup> These are defined as:

**Humanity:** Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.

**Neutrality:** Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

**Impartiality:** Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.

**Independence:** Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

Recently there has been discussion of a fifth principle, **solidarity**. This has been defined as

including four main components: “(1.) human rights objectivity and the pursuit of justice... (2.) consultation with and accountability to the people with whom solidarity is expressed. (3.) Shared risk and suffering with the people. (4.) Concrete action in support of the people and their cause.”<sup>8</sup>

For purposes of our project, and this handbook, we have adopted the principalist approach, which focuses on standards or rules for conduct and is widely accepted in the humanitarian community and reflected in professional codes and international standards of practice. For example, the SPHERE Humanitarian Charter<sup>9</sup> emphasizes acting in accordance with the principles such as humanity, impartiality, non-discrimination, the right to protection and security, and the right to receive humanitarian assistance. The International Red Cross and Red Crescent Code of Conduct includes seven principles: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality.<sup>10</sup>

Just as with ethical obligations, humanitarian principles can come in conflict with one another and with ethical principles, though there is also overlap between the two. The principle of justice, for example, to treat all people equally and fairly, overlaps with the principle of impartiality, to render decisions without giving preference to race, gender, religious belief, political affiliation, etc.

At a high level, humanitarian principles and ethical obligations are essentially normative statements about what should be done. Yet these two areas

<sup>6</sup> See: Childress J, Foden R, Gaare D, et al. Public health ethics: mapping the terrain. *J Law Med Ethics* 2002; **30**: 170–78.

<sup>7</sup> UN Office of Coordination of Humanitarian Affairs. What are humanitarian principles? [https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples\\_eng\\_June12.pdf](https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf). See also: UN General Assembly Resolution 47/182 (1991) and UN General Assembly Resolution 58/114 (2004).

<sup>8</sup> See: Slim H. Relief agencies and moral standing in war: principles of humanity, neutrality, impartiality and solidarity. *Dev Pract* 1997; **7**: 342–52.

<sup>9</sup> SPHERE Project. The humanitarian charter. <https://www.spherestandards.org/wp-content/uploads/2018/07/the-humanitarian-charter.pdf>.

<sup>10</sup> International Red Cross and Red Crescent Movement. Code of conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in disaster relief. <https://www.icrc.org/en/doc/assets/files/publications/icrc-002-1067.pdf>.

of scholarship do not always intersect, and organizations may view and use them differently. As the section below discusses further, bringing together ethical obligations and humanitarian principles has relative advantages: humanitarian principles, on the one hand, may provide more clear *substantive guidance* by offering ideal standards for humanitarian action, while ethics, on the other hand, may be better at defining a *decision process* to deal with challenges and tensions that arise.

### 3. MAPPING ETHICAL AND HUMANITARIAN PRINCIPLES

In our review of the literature, we identified 8 major ethical obligations that have been challenging to fulfill in Syria and may well be applicable to other settings of extreme violence. These were:

- Providing the highest attainable quality of care
- Protecting workers
- Minimizing (unintentional) harms of relief work
- Supporting a locally led response
- Organizational resource management (obtaining, using, and maintaining resources)
- Distributing benefits and burdens fairly
- Honest and transparent communication
- Incorporating local knowledge and norms

Several of these eight ethical obligations, it should be noted, align with the Core Humanitarian Standard on Quality and Accountability (CHS Alliance, 2014), Nine Commitments, including that “communities and people affected by crisis...receive assistance appropriate to their needs; have access to the humanitarian assistance they need at the right time; are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action;...[and] can expect that the organizations assisting them are managing resources effectively, efficiently and ethically.”

Given that many humanitarian organizations already have processes in place to ensure that these commitments are met, the articulation of

organizational ethical obligations and humanitarian principles could be undertaken within the CHS framework.

Mapping the findings from the literature review with the results from the interviews with organizational managers and front-line health workers, we found that we could also begin to map the eight ethical obligations with the five humanitarian principles and identify overlapping challenges (see Table 1, pages 12–13). We should note that the literature review showed overlap between ethical obligations and humanitarian principles beyond those included in the table. The table lists only the main corresponding humanitarian principle mapped to a corresponding ethical obligation. We also note that the principles can align in some circumstances but not others; for example, seeking to maintain neutrality may not advance beneficence in all circumstances.

### 4. ARTICULATING ORGANIZATIONAL PRINCIPLES AND VALUES

Table 1 maps five humanitarian principles with eight ethical obligations and then further maps some overlaps of these principles and obligations with particular challenges identified by our respondents working in Syria. We recommend that organizations undertake a similar exercise for themselves. This exercise can begin with the humanitarian principles and ethical obligations we have identified, but also include in the mapping other obligations, principles, and values as well as the challenges they face and, perhaps, the kinds of strategies they have identified to address these challenges.

Organizations should also articulate the key values that drive and sustain their mission. These may be documented in the form of a mission statement, statement of organizational values, or a charter. Médecins Sans Frontières/Doctors Without Borders (MSF), for example, defines its mission as “to provide lifesaving medical care to those most in need” and ask all MSF members to honor the following principles:

ETHICAL PRINCIPLE; HUMANITARIAN PRINCIPLES	ETHICAL OBLIGATION	EXAMPLES OF CHALLENGES IN HUMANITARIAN SETTINGS OF EXTREME VIOLENCE
Respect for persons; Humanity	Incorporation of local knowledge and recognition of cultural norms	<ul style="list-style-type: none"> <li>→ Different, competing factions/groups make it difficult to determine who legitimately represents local norms and knowledge</li> <li>→ The community may not take account of the need to serve all people</li> <li>→ Cultural norms may devalue women or others</li> </ul>
	Honesty and transparency in communication and interactions	<ul style="list-style-type: none"> <li>→ Potential security risks in transparency regarding the location of hospitals</li> </ul>
Beneficence (and non-maleficence); Humanity [Neutrality]	Provide the highest attainable quality of care and services	<p>Access and quality compromised by:</p> <ul style="list-style-type: none"> <li>→ Violent attacks and interference</li> <li>→ Disruption or shortage of medical supplies, personnel, electricity</li> <li>→ Difficulties getting medicine and providers to front-line communities</li> <li>→ Because of shortages, health workers engaged in practice beyond their training</li> <li>→ Patients cannot access services (distance, insecurity)</li> <li>→ Essential health services, e.g., primary care, not offered as trauma care is a priority</li> <li>→ Early discharge or inappropriate procedures because of fear of attack</li> <li>→ Difficulty of implementing accountability mechanisms to ensure quality because of security, communication or access issues</li> <li>→ Coercion by parties to conflict to favor certain patients or refrain from providing services to others</li> <li>→ Political allegiances of providers</li> </ul>
	Minimize harms of response	<ul style="list-style-type: none"> <li>→ Closing/moving a hospital inevitably creates harm, but difficult to assess options that creates least harm</li> <li>→ Keeping health facility open could lead to vulnerability to attack</li> <li>→ Lack of fully qualified staff risks harm to patients</li> <li>→ Triage and other health priorities inevitably hurt those who could be treated</li> </ul>
	Protect and care for workers	<ul style="list-style-type: none"> <li>→ Organization cannot reasonably assure the safety of health workers in the field, and transfers risk to them</li> <li>→ Organization has difficulty addressing the psychosocial needs of health workers</li> <li>→ Contingency, safety, or emergency plans difficult</li> <li>→ Violence against and devaluation of women and vulnerable groups</li> <li>→ Health workers' families may not be compensated if the health worker is killed</li> </ul>

ETHICAL PRINCIPLE; HUMANITARIAN PRINCIPLES	ETHICAL OBLIGATION	EXAMPLES OF CHALLENGES IN HUMANITARIAN SETTINGS OF EXTREME VIOLENCE
Justice (procedural); Humanity, Independence [Neutrality]	Support a locally-led response	<ul style="list-style-type: none"> <li>→ Difficulty in identifying a local leader or partner</li> <li>→ Competing groups claim to represent the local response</li> <li>→ Local actors may engage in corruption, mismanagement, or lack adherence to ethical and humanitarian values</li> </ul>
Justice (distributive); Impartiality/ Independence	Distribute benefits and burdens equitably	<ul style="list-style-type: none"> <li>→ Primary and chronic disease care subordinated to trauma care</li> <li>→ Health workers may receive priority in treatment</li> <li>→ Violence or threats interfere with impartial care</li> <li>→ Security conditions render it difficult to reach people equally</li> <li>→ Donors favor a particular program or group</li> <li>→ Triage based on survival not need</li> <li>→ Insecurity prevents reaching those in need</li> <li>→ Parties to conflict coerce decisions</li> <li>→ Violence prevents facilities and staff from operating independently</li> <li>→ Donors impose requirements inconsistent with organizational judgments about equity</li> </ul>
	Appropriate acquisition and management of assets	<ul style="list-style-type: none"> <li>→ Insecurity makes it difficult to secure, protect and account for assets</li> <li>→ Corruption and bribe-seeking make it difficult to manage assets appropriately</li> <li>→ Donors impose requirements that cannot be fulfilled</li> <li>→ Insecurity makes it difficult to recruit and retain personnel</li> <li>→ Institutional or personal favoritism undermines hiring personnel</li> </ul>

**Table 1: Ethical and humanitarian obligations and challenges**

- MSF provides assistance to populations in distress, to victims of natural or man-made disasters, and to victims of armed conflict. They do so irrespective of gender, race, religion, creed, or political convictions.
- MSF observes neutrality and impartiality in the name of universal medical ethics and the right to

humanitarian assistance. MSF claims full and unhindered freedom in the exercise of its functions.

- Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.<sup>11</sup>

<sup>11</sup> Médecins Sans Frontières/Doctors Without Borders. Who we are > Principles > Charter. <https://www.doctorswithoutborders.org/who-we-are/principles/charter>.

Clarival and Biller-Andorno present a table derived from a study of 46 international humanitarian organizations in which they found that the ten most frequently mentioned values include some that were not addressed in our literature review, including poverty reduction, accountability, sustainability, transparency, relief, dignity, and empowerment. They organized these values by specific and cross-cutting values and disaggregated by macro and meso level (headquarter and regional level) and micro (local) level.<sup>12</sup>

How these organizational values are organized does not need to follow any particular table or approach. Whatever the approach, however, we do recommend that the ethical and humanitarian obligations and the organization's additional values be articulated at the various operational and decision-making levels that are relevant either to the organization as a whole or to the project or intervention for which the ethical decision-making will apply. In our interviews, we found it was fairly common that organizational values and priorities did not always align across different levels of decision-making. Indeed, it was sometimes *within* organizations, and *between or among* organizational levels, where ethical challenges presented themselves in terms of competing, or unclear, principles and priorities guiding decision-making. Given that, the articulation of organizational values and principles should involve a process of exploring these values across many different organizational levels and locations, then documenting and sharing the mission statements that result.

## **C | PROVIDE REGULAR TRAINING AND SUPPORT IN ETHICS TO STAFF**

**We recommend that organizations provide regular training and support in ethics to staff within their**

**organization, and among local operational partners.** This should include training on core ethics and humanitarian principles, an introduction to ethical decision-making processes, and tailored instruction in the unique historical and cultural context—and previous experiences working in that context—at the site(s) where the organization operates.

There are a wide variety of resources—in print and online—that provide materials on humanitarian principles, humanitarian ethics, and humanitarian standards (See Annex B). We do not attempt to describe all of these, nor do we suggest that this handbook should replace any of them; rather, we encourage all organizations to decide for themselves as to what materials work best for their purposes in a given context. That said, the materials in this handbook—supplemented by other resource materials, some of which are to be found References and Resources section in the annexes—provide a structure for training on both humanitarian principles and ethical obligations, specifically within the context of situations of extreme violence.

### **1. TOOLS FOR ETHICAL DECISION-MAKING IN HUMANITARIAN CONTEXTS: TWO EXAMPLES**

Among the many resources that organizations may wish to consider are the Clarival/Biller-Andorno ethical framework to assist humanitarian aid workers in their decision-making approach and the *Humanitarian Health Ethics Analysis Tool (HHEAT) handbook*.<sup>13</sup> Each of these tools describes a process for humanitarian organizations to address ethical challenges in a systematic, step-wise approach; both encourage group discussion and collaboration in making decisions on difficult ethical challenges.<sup>14</sup>

<sup>12</sup> Clarival C, Biller-Andorno N. Challenging operations: an ethical framework to assist humanitarian aid workers in their decision-making processes. *PLOS Currents Disasters* 2014. doi: 10.1371/currents.dis.96bec99f13800a8059bb5b5a82028bbf.

<sup>13</sup> Ibid. See also: Fraser V, Hunt, MR, De Laat S, Schwartz L. The development of a humanitarian health ethics analysis tool. *Prehosp Disaster Med* 2015; **30**: 412–20. And: Fraser V, Hunt MR, Schwartz L, De Laat S. Humanitarian Health Ethics Analysis Tool: HHEAT handbook. 2014. <https://humanitarianhealthethics.net>.

Although neither tool was created explicitly for the purpose of ethical decision-making in settings of extreme violence, their focus on humanitarian action provide a helpful framework and formed the basis for development of the processes presented in this manual. These tools do not define correct answers for particular ethical questions but instead set out a process for ensuring that relevant ethical considerations and factors are considered in the decision, and that the process of decision is systematic and clear. Each of the tools is designed to help decision-makers assess the values at stake, the facts and circumstances that make it difficult to adhere to all the values, assess harms from various courses of action, and then arrive at a rational, if sometimes difficult, decision.

**Clarival/Biller-Andorno ethical framework for decision-making by humanitarian workers.** The

approach taken by Clarival and Biller-Andorno in developing their ethical framework involved three elements: The first was to suggest a set of normative values, drawing upon both public health ethics and clinical ethics, and described at the macro, meso, and micro level. These include both “substantive” and “procedural” values, as well as “specific” and “cross-cutting” values. At the micro (local) level, for example, specific substantive values could include focus on the worst off, beneficiary-centeredness, and non-discrimination; specific procedural values could include responsiveness, protecting confidentiality and effectiveness. Substantive cross-cutting values at the micro level could include duty to provide care, justice, solidarity, and beneficence, and cross-cutting procedural values could include transparency and scrutiny. The second element is a ten-step approach to ethical decision-making (see Table 2). The third element involved institutional

10 STEP PROCEDURAL PROCESS	DESCRIPTION
1. Gather evidence	What are the <b>facts</b> ? And <b>who</b> is affected?
2. State the ethical values and principles	What <b>ethical and humanitarian principles</b> are involved?
3. Examine arguments	State clearly what the <b>ethical tension</b> is
4. Define options	What decisions <b>could</b> you make?
5. Weigh the options	What are the <b>advantages and disadvantages</b> of each option?
6. Elaborate decision	<b>Make</b> your decision
7. Justify the decision	State <b>why</b> you made that decision
8. Implement the decision	
9. Monitor and evaluate the outcome	<b>How will you know</b> if your decision was correct? (Indicators and metrics)
10. Make recommendations for future actions	Can you <b>prevent</b> this from happening in the future?

**Table 2: Ten-step approach to ethical decision-making in humanitarian aid**

commitments and requirements to maintain high ethical standards. Their recommendation, coming from a clinical ethics framework, suggested a “hub and spokes” model in which a trained ethicist acts as the “hub” for the various activities an organization will need, including defining values, developing the structures and processes needed for implementing the ten-steps approach, and evaluating institutional results.

**Humanitarian Health Ethics Analysis Tool (HHEAT).** The Humanitarian Health Ethics Analysis Tool (HHEAT) offers a six-step, rather than ten-step, approach to ethical analysis and decision-making in humanitarian contexts, though it has many of the same elements as the Clarinval/Biller-Andorno framework. The steps in the HHEAT process (summarized in the figure below) are as follows:

<b>HHEAT: Humanitarian Health Ethics Analysis Tool</b>	
<p><b>1. Identify/Clarify Ethical Issue</b> What is at stake and for whom?</p>	<p>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?</p>
<p><b>2. Gather Information</b> What do we need to know to assess the issue?</p>	<p>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</p>
<p><b>3. Review Ethical Issue</b> Does information gathered lead us to reformulate the issue?</p>	<p>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?</p>
<p><b>4. Explore Ethics Resources</b> What can help us make a decision?</p>	<p>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.</p>
<p><b>5. Evaluate &amp; Select the Best Option</b> What options are possible and which is the “best” under the circumstances?</p>	<p>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?</p>
<p><b>6. Follow-Up</b> What can we learn from this situation and what supports are needed?</p>	<p>What can we learn from this situation? What support do those involved need?</p>



## 2. SCENARIOS AND CASE STUDIES

Scenarios and case studies are well established as effective training approaches, and are utilized by, among many others, Clarinval and Biller-Andorno. Their case studies examine issues at the macro-level (headquarters), meso-level (country/region), and micro-level (beneficiary level) in a non-specific humanitarian context. In the annexes of the handbook are four scenarios adapted from interviews done with organizational managers and front-line health workers in Syria. These focus on: hospital closures (deciding when/if to close or move a facility following repeated attacks; impartiality (dealing with threats and intrusive demands for health care by armed groups); quality of services (dealing with staff shortages, task-shifting, and inability to effectively treat or save patients); and psychosocial needs and support (supporting and treating health workers and other staff traumatized by their experiences and working conditions).

Processing these scenarios using the approach outlined in Annex A, Section IV below in small groups first and then discussing the implications for the organization provides a means for identifying how specific ethical challenges might be processed, what principles were at stake and what kind of consultation or decision-making process might be important for most effectively addressing these challenges.

### D | CREATE PROCESSES AND MECHANISMS TO SUPPORT ETHICAL DECISION-MAKING

**We recommend that organizations create processes and mechanisms to support ethical decision-making and recording and disseminating the decisions. This includes creating easily accessible structures to facilitate, record and disseminate decisions; adopting decision-making tools for addressing ethical challenges; and engaging with collaborating organizations to evaluate and share results.** Ethics is a discipline in itself and, as such, requires not only organizational

commitment but establishment of organizational structures to ensure that ethics is built into staff training, operational decision-making, and program evaluation. Organizations should clarify what processes staff members should participate in for documenting the decisions they make that involves an ethical challenge, including how the decision was made, who was involved, what were the outcomes and impacts (positive or negative), what recommendations should be made for future action, and how to share these results within and outside the organization.

Often, there is also a critical need to make joint decisions or consult across multiple organizations and/or multiple locations. Thus, there should be consultations between local headquarters and field operations including where remote management is involved; between supporting NGOs and front-line groups e.g., health directorates; and between and among NGOs that work together in a facility.

### 1. MAKE AND DOCUMENT DECISIONS THAT INVOLVE ETHICAL CHALLENGES

In making organizational decisions that involve (or might involve) ethical challenges, organizations can decide which decision-making tool best fits their needs. Based on feedback from practitioners in the project workshops, and drawing from the HHEAT Tool and Clarinval/Biller-Andorno framework, we suggest five steps in making, documenting, and distributing decisions and in the next section address evaluation. We provide templates for processing these questions, documenting the answers and sharing the results of the discussion, within the organization and more broadly. The steps are:

- Identify and clarify the initial question and ethical issue.
- Gather additional information.
- Review the ethical issue in light of the information gathered.
- Generate, define, evaluate options.
- Select an option, then make and document the decision, and share it.

We note that similar questions appear at different stages in the process, as more information is gathered, more consultation is conducted, and more deliberation takes place (see Panels 1–5).

To facilitate implementation and documentation of these steps, we have provided printable tables in the annexes.

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### **(1.) Identify and clarify the initial question and ethical issue**

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- (a.) What decision must be made? What are the ethical and humanitarian obligations and organizational values at stake in making it? What frameworks—organizational or more general—are you using to answer this question? Are there conflicts between/among the values and obligations surrounding the question? Record the results of the initial assessment.
- .....
- (b.) Does this decision involve a choice between multiple “goods” or between multiple “bads” or between different “goods” and “bads”? Might each choice result in a benefit, but the benefit of each can’t be realized by the other choice; might any decision made result in harm? Record the results of the assessment.
- .....
- (c.) Could the result of a potential decision be damaging to someone or to some group? If so, who are those individuals or groups? (be careful if sharing these documents beyond a limited number of people directly involved in the issue, so as not to disclose personally identifiable information or other sensitive details). Record the results of the assessment.
- .....
- (d.) Is the right decision apparent, but cannot be implemented due to features of the situation? If yes, describe these constraining features.

---

### **(2.) Gather additional information**

---

- (a.) What are the likely consequences of various decisions/options as to who is affected and what the effects are? Record what the consequences are and to whom.
- .....
- (b.) Look more deeply at information on who is harmed if a decision goes in a particular direction. Record the results of findings.
- .....
- (c.) Assuming there is harm to someone or some group, how serious is it? How likely are these harms to occur? Record the results of the findings.
- .....
- (d.) In answering these questions, assess who needs to be consulted to be sure their voices are listened to and their perspectives, interests and practical and ethical concerns taken into account, e.g., local staff, partners? What resources and processes are necessary to engage in these consultations? Record the results of this analysis and describe how these will be used when engaging in the consultations required.

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### **(3.) Review the ethical issue in light of the information gathered**

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- (a.) Does the process so far reveal new aspects of the ethical issue or suggest the need to reformulate or redefine the issue? If so, what are these new aspects and how do they cause you to reformulate or redefine the issue? Record the results of this analysis.
- .....
- (b.) Refine understanding of what are the specific tensions between/among the obligations at stake. Record the results of the assessment.
- .....
- (c.) Are any obstacles related to an agency's policies and agendas or external factors that would impede implementation of one of the choices or options? If so, describe these obstacles and which policies, agendas and external factors these are related to.
- .....
- (d.) As a check to analysis so far, have any biases/interests affected how the organization perceives the issue? If so, list and describe these biases and how they are affecting perceptions.
- 

### **(4.) Generate, define and evaluate options**

---

Review findings so far to determine what options are possible in this situation and what ethical and humanitarian principles and organizational values support each decisional option and which will be compromised or breached by each option. Record the results of the deliberative process.

.....

- (a.) What real-world consequences are likely to flow from each option? Record the results.
- .....
- (b.) How do these options relate to obligations and duties of different people involved? Record the results.
- .....
- (c.) Can consequences, values and obligations be reconciled? If not, what might be lost if particular options are selected? Record the results.
- 

### **(5.) Select an option, then make, document, share and store the decision**

---

- (a.) What is the selected option and the decision(s) made? Describe any factors considered that were not recorded previously on how this decision was reached and who was involved or consulted.
- .....
- (b.) What steps are required to implement the selected option? Record the steps.
- .....
- (c.) Who needs to be informed and included? Record these.
- .....
- (d.) What is the plan for disseminating this decision and tracking impacts? Record the elements of the plan.
- .....
- (e.) What is the plan for recording and storing the decision, both for internal reference and external sharing? Record the elements of the plan.

It may be that in certain contexts, the need to respond is so time-critical that the documentation process cannot be done until some time has elapsed. It is also possible that these various steps may not happen in the same order or without delays or interruptions. There is still good reason to undertake the steps of documentation, lest the decisions that are made go unreported, which reduces the possibility that lessons might be learned and shared.

**2. IMPLEMENT, PROCESS, AND EVALUATE DECISIONS AND THEIR IMPACTS**

**Once a decision has been documented and shared among organizational staff (and possibly key stakeholders—local partners, community leaders, etc.), organizations need to process this decision and its impacts.** Within an organization, this can be done in the form of after-action reviews, staff briefings and meetings, and conference calls, as well as the documentation of these activities. If the processing and evaluation of this decision involves individuals or groups outside the organization, care must be taken that the specific details of an event or ethical challenge, the persons or groups involved, and the decision made are not

described in such a way that sensitive or confidential information is shared that could cause personal or group harm. Generally, we recommend that the processing and evaluation of ethical decisions and their impacts should include answering questions in writing (see Panel 6).

**3. MAKE RECOMMENDATIONS FOR FUTURE ACTION**

**Once an organization has processed and evaluated a decision, ideally across various internal levels, and in consultation with key stakeholders, it should make recommendations for future action.**

This could include internal recommendations about staff training, deployment of resources, or organizational programs and policies. Externally, these recommendations might focus on processes for engagement with the community and local stakeholders, or recommendations for governments or international organizations. Wherever possible, these recommendations should not be limited to written documentation but should involve engagement and discussion within and outside the organization.

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**(6.) Implement, process, and evaluate decisions and their impact**

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- (a.) What, in summary, was the decision (or decisions) made and what were the impacts?  
.....
- (b.) Who contributed to the assessment of impacts and what criteria were used to assess positive or negative impact?  
.....
- (c.) Was there general consensus within and outside the organization about the ethical and humanitarian principles at stake and the impacts of the decision or did perspectives vary? If perspectives varied, describe these in terms of how and by whom.  
.....
- (d.) Looking at the decision in hindsight, how would you evaluate it now? Is there anything you would do differently if faced with similar challenges in the future? Is there anything you would do the same?  
.....
- (e.) What lessons should be learned from this decision in terms of organizational programs and policies? What lessons should other stakeholders learn from this?

**4. SHARE RESULTS WITHIN THE ORGANIZATION AND BEYOND**

Carrying on the process from the steps above, **once decisions are documented, processed and evaluated, and recommendations are formulated, results need to be shared and discussed within and outside the organization as appropriate**, e.g., with partner organizations affected by the decisions. While the sharing of results should not be limited to written documentation, as a start we recommend that results take the form of a short (usually less than five pages) summary report as described in Panel 7.

We recommend not only sharing these results and discussing them internally and externally but collecting and reviewing these reports over time so that trends and patterns might be observed and cumulative learning takes place. Given the likely sensitivity of some these events and those involved, we strongly recommend that organizations take appropriate steps to protect the privacy and confidentiality of individuals and organizations.

**E | PROVIDE SUPPORT FOR MENTAL HEALTH AND PSYCHOSOCIAL NEEDS OF STAFF**

**Finally, we recommend that organizations provide support for the mental health and**

**psychosocial needs of staff and others supported by the organization.** We recognize that this recommendation is not about organizational processes for ethical decision-making so much as it is about an ethical decision and commitment that organizations should make, especially those providing humanitarian health services in situations of extreme violence. Support should include programs for the psychological well-being of health workers and managers working in violent contexts to help them cope with the extreme danger, stress, and moral distress they may experience. Particular attention should be given, where applicable, to the gender-specific needs of female staff.

We recommend that organizations involve their human resources department in identifying what resources are available, within the organization and/or via referral, for mental health services and/or psychosocial support for staff operating in situations of extreme violence. To commit to a process of organizational ethical decision-making means also making a commitment to support those who will almost certainly experience moral distress in the context of these decisions and their impacts. The Core Humanitarian Standard on Quality and Accountability (CHS Alliance, 2014) establishes Nine Commitments that organizations and individuals involved in humanitarian response can use to improve the quality and effectiveness of

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**(7.) Share results within the organization and beyond**

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- (a.) Description of context, the nature of the ethical challenge or issue and who was involved or affected  
.....
- (b.) Description of context, the nature of the ethical challenge or issue and who was involved or affected  
.....
- (c.) Description of the decision(s) made  
.....
- (d.) Discussion of impact(s), who was affected, and evaluation of harms or benefits  
.....
- (e.) Recommendations on action steps and who should take them

the assistance they provide. Commitment Number Eight affirms that “Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.” The “quality criterion” for this commitment is that “Staff are supported to do their job effectively, and are treated fairly and equitably.” Among the organizational responsibilities to meet this criterion are that “Policies are in place to support staff to improve their skills and competencies” and “Policies are in place for the security and the wellbeing of staff.”

The CHS Alliance includes links to a number of resources to support the Core Humanitarian Standards, including duty of care to staff. Among

these resources, *Essential principles of staff care* (KonTerra Group, 2017) lays out principles and practices to strengthen resilience, including Principle 6 that “Staff care policies and procedures should indicate that certain sub-sets of the staff population face greater exposure to stress and trauma than the staff population at large. These sub-groups should be identified by name and special attention should be paid and resources allocated to support these individuals.” It is not for this handbook to delineate for any organization specifically who might be included in the list of sub-groups and individuals who face greater than usual stress and trauma but our research on Syria suggests that any humanitarian health worker deployed in situations of extreme violence would meet these criteria.

## IV. ANNEXES

### A | SCENARIOS

The following scenarios were developed from the Syrian context. These could be used in training as presented below, or they might be adapted to local contexts, or they might prompt development of entirely new scenarios.

#### **Scenario One: Hospital closure**

The decision to close a hospital damaged from bombing or because it has been a frequent target in the past is a wrenching one. Organization members feel empowered to make the decision, but the need to do so also raised difficult choices as well as complex feelings of having abandoned patients in need as well as staff.

In the Syrian context, some have reported that “reality makes the decision” in the sense that either because of damage or impending attack, there was no other choice than to close. But that is not always the case. For example, in some cases staying open allows an organization to continue to serve the population, but this puts staff and patients in the facility at risk.

If the hospital needs to suspend or end operations, other difficult choices are sometimes posed. In relocating, a question may arise whether to move to a safer area, with the likely result of leaving less access to a facility to the people served by it. Some front-line workers said that they faced another difficult choice: some people in a community said they did not want a hospital to be opened in their vicinity because its presence could put them at greater risk. Whatever the outcome, staff members reported significant stress in making the decision.

#### **For discussion:**

- (a.) What is the nature of the challenge? Are there ethical issues involved? If so, what are they?
- (b.) Who is going to be hurt/helped by a decision? What is the nature of the harm to those hurt and how serious are they? What is the nature of the benefits that might be provided and how great are they?
- (c.) What ethical or humanitarian principles, and any organization values, are at stake, and what tensions may exist among them?
- (d.) What additional facts would be helpful in making a decision?
- (e.) What consultations and input are important, if any?
- (f.) What decision would you make (and include reference to any additional facts or assumptions)?

### Scenario Two: Impartiality

Organizations working in Syria express a range of concerns about impartiality, including the challenges of working with armed groups (of any affiliation). In terms of challenges within organizations, some staff members talk about demands from armed groups to serve their wounded first, or hire staff from their group, or pay them in order to transport medications or supplies. As for challenges between and among organizations, some NGOs reported that if they operate in opposition areas but support facilities in government-controlled areas, they cannot talk about this because of the risk to their staff. Others say that support from other organizations may be refused if they are seen as cooperating with certain armed groups.

According to staff members:

**//** *Many times, the fighters come with an injured soldier with them, and we have to deal with that. I remember once there were a lot of injuries because of shelling, and we were busy a lot...and a group of fighters came with a hand shot injury which is a medium injury including no danger. When we asked the wounded man to be patient till we finish another, they got angry and threatened us with a weapon. I was very afraid and I did not know how to work, I felt they would shoot bullets in the hospital!*

**//** *Another moral challenge we faced as a medical team is when we ask for support from some organizations. We knew later that these organizations refuse us because we are receiving large quantities of fighters.*

#### For discussion:

- (a.) What is the nature of the challenge? Are there ethical issues involved? If so, what are they?
- (b.) Who is going to be hurt/helped by a decision? What is the nature of the harm to those hurt and how serious are they? What is the nature of the benefits that might be provided and how great are they?
- (c.) What ethical or humanitarian principles, and any organization values, are at stake, and what tensions may exist among them?
- (d.) What additional facts would be helpful in making a decision?
- (e.) What consultations and input are important, if any?
- (f.) What decision would you make (and include reference to any additional facts or assumptions)?



### Scenario Three: Quality of service

Organizations report a range of concerns about the quality of services, including over-crowded and under-staffed health facilities; staff shortages and lack of qualified health workers; task-shifting (including health workers taking on roles they are not trained or qualified for); challenges with recruitment, hiring, training, and retention of staff; lack of access to medical resources or supplies; inability to effectively treat or save patients; and inability of patients to access more routine forms of health care. In addition, there were reports of inequitable distributions of quality services, staffing, and resources (border hospitals reportedly were better equipped, able to attract more workers and more qualified staff, and had more reliable supplies than facilities farther from the borders).

According to health workers:

**//** *As for the medical services, they are also affected. Everyone has been working on things that he does not understand except that they trying to save people. For example, I am not a surgeon and not a certified midwife, but because of the war, there have been no doctors and nurses, so we have had to deal with these things.*

**//** *The biggest challenge for me was that I was a urologist, but I had to do thoracic surgeries and internal surgeries. That was so exhausting, as sometimes patients died during surgeries and I know that if they were in a hospital in a normal situation, they could survive.*

#### **For discussion:**

- (a.) What is the nature of the challenge? Are there ethical issues involved? If so, what are they?
- (b.) Who is going to be hurt/helped by a decision? What is the nature of the harm to those hurt and how serious are they? What is the nature of the benefits that might be provided and how great are they?
- (c.) What ethical or humanitarian principles, and any organization values, are at stake, and what tensions may exist among them?
- (d.) What additional facts would be helpful in making a decision?
- (e.) What consultations and input are important, if any?
- (f.) What decision would you make (and include reference to any additional facts or assumptions)?

### **Scenario Four: Psychosocial needs and support**

Health workers described a range of traumatic experiences, as well as psychological symptoms and burdens resulting from these experiences. These included: feelings of fear, stress, nervousness/anxiety, pressure, guilt, anger, isolation, hopelessness, depression, boredom, difficulty concentrating or sleeping, and confusion. These feelings result from living under violent conditions, fearing attack and loss of life, working in volatile settings, having an intense work-load, not having enough time for rest or to spend with family, and having to work outside one's area of training/ skill. Health workers also experienced distress, frustration, and guilt when not able to help or save patients or not able to perform their jobs in the way they were trained. They said this happens when there are not enough staff, supplies, or equipment, and describe having to prioritize care for some patients over others in desperate need, due to limited resources. Many described numbing and repressing feelings, "not letting conditions affect us," and that they were forced to adapt to circumstances or, as organization or clinic leaders, to hide their emotions.

Health workers and organization managers had different views about the value of psychosocial support for themselves. Some thought these were not necessary or helpful, while others felt that their organizations should provide psychosocial support. Some female participants experienced harassment during home visits and desired accompaniment from male staff but did not know how to get this support from their organizations. Others wished for more opportunities for breaks.

#### **For discussion:**

- (a.) What is the nature of the challenge? Are there ethical issues involved? If so, what are they?
- (b.) Who is going to be hurt/helped by a decision? What is the nature of the harm to those hurt and how serious are they? What is the nature of the benefits that might be provided and how great are they?
- (c.) What ethical or humanitarian principles, and any organization values, are at stake, and what tensions may exist among them?
- (d.) What additional facts would be helpful in making a decision?
- (e.) What consultations and input are important, if any?
- (f.) What decision would you make (and include reference to any additional facts or assumptions)?

**B | ETHICAL DECISION-MAKING WORKSHEETS****(1.) Identify and clarify the initial question and ethical issue**

- (e.) What decision must be made? What are the ethical and humanitarian obligations and organizational values at stake in making it? What frameworks—organizational or more general—are you using to answer this question? Are there conflicts between/among the values and obligations surrounding the question? Record the results of the initial assessment.

- (f.) Does this decision involve a choice between multiple “goods” or between multiple “bads” or between different “goods” and “bads”? Might each choice result in a benefit, but the benefit of each can’t be realized by the other choice; might any decision made result in harm? Record the results of the assessment.

- (g.) Could the result of a potential decision be damaging to someone or to some group? If so, who are those individuals or groups? (be careful if sharing these documents beyond a limited number of people directly involved in the issue, so as not to disclose personally identifiable information or other sensitive details). Record the results of the assessment.

- (h.) Is the right decision apparent, but cannot be implemented due to features of the situation? If yes, describe these constraining features.



**(2.) Gather additional information**

- (e.) What are the likely consequences of various decisions/options as to who is affected and what the effects are? Record what the consequences are and to whom.

- (f.) Look more deeply at information on who is harmed if a decision goes in a particular direction. Record the results of findings.

- (g.) Assuming there is harm to someone or some group, how serious is it? How likely are these harms to occur? Record the results of the findings.

- (h.) In answering these questions, assess who needs to be consulted to be sure their voices are listened to and their perspectives, interests and practical and ethical concerns taken into account, e.g., local staff, partners? What resources and processes are necessary to engage in these consultations? Record the results of this analysis and describe how these will be used when engaging in the consultations required.



**(3.) Review the ethical issue in light of the information gathered**

- (e.) Does the process so far reveal new aspects of the ethical issue or suggest the need to reformulate or redefine the issue? If so, what are these new aspects and how do they cause you to reformulate or redefine the issue? Record the results of this analysis.

- (f.) Refine understanding of what are the specific tensions between/among the obligations at stake. Record the results of the assessment.

- (g.) Are any obstacles related to agency's policies and agendas or external factors that would impede implementation of one of the choices or options? If so, describe these obstacles and which policies, agendas and external factors these are related to.

- (h.) As a check to analysis so far, have any biases/interests affected how the organization perceives the issue? If so, list and describe these biases and how they are affecting perceptions.



**(4.) Generate, define, and evaluate options**

Review findings so far to determine what options are possible in this situation and what ethical and humanitarian principles and organizational values support each decisional option and which will be compromised or breached by each option. Record the results of the deliberative process.

(d.) What real-world consequences are likely to flow from each option? Record the results.

(e.) How do these options relate to obligations and duties of different people involved? Record the results.

(f.) Can consequences, values and obligations be reconciled? If not, what might be lost if particular options are selected? Record the results.



**(5.) Select an option, then make, document, share, and store the decision**

- (f.) What is the selected option and the decision(s) made? Describe any factors considered that were not recorded previously on how this decision was reached and who was involved or consulted.

- (g.) What steps are required to implement the selected option? Record the steps.

- (h.) Who needs to be informed and included? Record these.

- (i.) What is the plan for disseminating this decision and tracking impacts? Record the elements of the plan.

- (j.) What is the plan for recording and storing the decision, both for internal reference and external sharing? Record the elements of the plan.



- (1.) What, in summary, was the decision (or decisions) made and what were the impacts?

- (2.) Who contributed to assessment of impacts and what criteria were used to assess positive or negative impact?

- (3.) Was there general consensus within and outside the organization about the ethical and humanitarian principles at stake and the impacts of the decision or did perspectives vary? If perspectives varied, describe these in terms of how and by whom.

- (4.) Looking at the decision in hindsight, how would you evaluate it now? Is there anything you would do differently if faced with similar challenges in the future? Is there anything you would do the same?

- (5.) What lessons should be learned from this decision in terms of organizational programs and policies? What lessons should other stakeholders learn from this?





While the sharing of results should not be limited to written documentation, as a start we recommend that results take the form of a short (usually less than five pages) summary report describing the following:

- (1.) Description of context, the nature of the ethical challenge or issue and who was involved or affected.

- (2.) Description of context, the nature of the ethical challenge or issue and who was involved or affected.

- (3.) Description of the decision(s) made.

- (4.) Discussion of impact(s), who was affected, and evaluation of harms or benefits.

- (5.) Recommendations on action steps and who should take them.



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