MEDICI SENZA FRONTIERE onlus

Triage, priorization of care and ethical dilemmas in humanitarian medical emergencies

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From the Charter of Médecins Sans Frontières

- 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 race, religion, creed or political convictions.
- MSF observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and 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.

Medical ethics

- **A reflection on moral actions in health care:**
  - To promote health
  - To care
  - To heal
  - To alleviate pain
  - To prevent suffering
- **How to apply it in situations of vulnerability:**
  - In medical emergencies?
  - In resource-constrained settings?

The humanitarian intervention

- **All operational decisions…**
  - To intervene/not to intervene..
  - To stay/to leave…
  - To focus on a given program…
  - To adopt a given strategy….
- **… are *in themselves* ethical acts.**

1. The humanitarian intervention in medical emergencies

- **Intervention in acute crisis:**
  - Natural disasters…
  - Conflicts, post-conflict…
  - Epidemics and nutritional crisis …
  - Refugees/IDPs …
- **Objectives:**
  - Reach the patients
  - Rapid reduction of mortality
  - Control of morbidity

2. The humanitarian intervention in "chronic" medical emergencies

- **Intervention in chronic crisis:**
  - "Chronic" epidemics (AIDS, TB, malaria…)
  - Neglected diseases…
  - Malnutrition…
  - Lack of access to health care…
  - Exclusion and migration…
- **Objectives:**
  - Reach the patients
  - Reduction of mortality and control of morbidity
  - Create models of intervention
  - (Sometimes, to carry out research)

The humanitarian intervention in medical emergencies: what is needed in acute crisis?

- **Adequate organizational competences**
  - Competences and medical skills
  - Capacity to carry out an independent political analysis (*not only in conflicts*)
- **Adequate organizational resources**
  - An efficient logistics support:
    - Needs-driven supply system
    - Autonomous transport and communication
    - Water and sanitation, etc.
- **Financial independence**

The humanitarian intervention in medical emergencies: limits and limitations

- Access to the victims
- Risk that independence is not recognised by all the concerned actors
- Impossibility to answer ALL needs (quantitatively and qualitatively)
  - Prioritization
  - Triage
  - Témoignage

How can medical ethics help?

- Respect for autonomy
  - Power unbalance
  - Cultural approach
  - Confidentiality
- Beneficence, non-malfeasance
  - Limited resources
  - Quality of care
  - Commitment to the patient
- Justice
  - Access to the victims
  - Limited resources

Ethical & organizational dilemma's

- Overall operational priorities
- Balancing resources allocation
- Balancing population vs. individual needs
- Exit strategy
- Setting/accepting limits
- Not accepting the status quo

The humanitarian intervention in emergency situations: an hypothesis of competing needs

- In [A] for years, running medical operations in border regions with intermittent cross-border incursions from [B]. After a period of calm, you began to build a response to increasingly evident needs for TB and HIV
  - New frequent violent incursions stimulated internal displacement
  - 12,000 IDPs reside in a camp, with insufficient water and latrines, around a town with a population of 30,000 and only a MoH health centre
  - A survey shows ~15% global malnutrition in both local and IDP children
  - Many IDPs are traumatized, have lost children or other family members
  - Insecurity has prevented you from establishing permanent presence
  - The team is very busy with the existing program.
  - Due to a natural disaster elsewhere, the Headquarter cannot provide additional personnel

Richard Bedell, 2006

The humanitarian intervention in "non-emergency" situations: an hypothesis of ending involvement

- [A] is heavily affected by HIV epidemic, with sero-prevalence at 30%
- When you started with the MoH and the Diocese 5 years ago, [A] had no large scale funding, no ART and no PMTCT
- The MoH has now a Global Fund grant to begin national treatment plan
- There is some ARV treatment in about 50% of the districts.
- A comprehensive range of HIV services is available, the MoH capacity has been enhanced and the community is more aware and open
- Not all catchments' areas have HIV services with ART. Other critical points include PMTCT, paediatric ART and the fate of HIV orphans
- MoH takes over ARVs provision, with concerns on supply and turnover
- Seen from Headquarters: the mission may be closed, to bring human and financial resources in other settings
- The team feels that that departure is premature and risky

Richard Bedell, 2006

Ethical dilemma's

- In emergency **and** resource-poor situations, ethical values may enter in conflict: "impossible choices"
- Headquarter vs. field perception: decisions and ethical consequences of decisions
- Accountability and transparence as cornerstones for decision-making process
- Independence as a pre-requisite for ethical choice
- Double/multiple standards for the vulnerable?

Ethical dilemmas and the need to act

Doctor-patient relationship

International code of medical ethics

Operational choices

Public health ethics

Humanitarian aid

témoignage

Human rights