Chapter Eight

ETHICAL ISSUES

ABSTRACT

Ethical questions and dilemmas associated with disasters and their management are numerous and are compounded when international assistance is involved. This Chapter is intended to raise awareness and promote important and ever-relevant discussions; it is not a treatise on ethics. It discusses the issues associated with human rights and obligations and identifies important aspects of international law associated with such issues, hazard exportation, the right to know, needs assessments, as well as aid and assistance. Issues raised by the actions and policies of relief organizations, those associated with actions of the media, and those associated with the competence of the responding individuals and organizations also are examined. Triage and other forms of rationing of medical care create additional dilemmas that are discussed. Lastly, the problems associated with disaster research and application of the Helsinki Declaration are explored.

Keywords: competence; dilemmas; ethics; evaluation; Geneva Conventions; hazards; Hague Conventions; Helsinki Declaration; International Humanitarian Law; issues; media; research; right to know; rights, human; triage; UN Charter

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ETHICAL QUESTIONS and dilemmas associated with disasters and their management are numerous, and are compounded when international assistance is involved. The discussion that follows is not meant to be an inclusive and comprehensive presentation of all of the ethical issues that are part of disasters and disaster management. Neither is it meant to present already endorsed "truths", as there are no quick solutions to any ethical problem, deeply rooted as they are in the different cultures. Rather, this chapter is meant to raise awareness and promote an important and ever-relevant discussion. Thus, when working with the foregoing framework, we should be aware of the ethical implications of our decisions and actions.

HUMAN RIGHTS AND OBLIGATIONS

Medical personnel should abide by an already endorsed ethical code that obliges them to assist in the relief of human suffering and alleviation of pain to the extent possible. This ethical code is the result of teaching and training, and has been inherent in the practice of medicine since the Oath of Hippocrates.[1] This professional responsibility does not apply automatically to other professions. Further, the extent to which these ethical obligations are universally applicable must be discussed. In addition, there are related issues that may call into question to what extent this is a moral duty or a devotion and dedication beyond that which can be demanded professionally.

Globally speaking, we all are born equal in regards to Human Rights. Even though we consider human rights as self-evident, its global endorsement did not occur until 1948 when it was stated explicitly in the United Nations'(UN's) Declaration of Human Rights.[2] However, as it is not an international law, this Declaration is not legally binding for any nation. It is more to be considered as a globally endorsed paradigm.[i] A certain global obligation also may be interpreted from the UN Charter,[3] the "Health for All in the 21st Century" by the World Health Organization (WHO),[5] and, for physicians, from the 1985 Tokyo Declaration by the World Medical Association against physicians being involved in torture.[6] As a continuum of the above, the view that the provision of international assistance should not be regarded as charity, but rather as a global insurance system, is gain-

[i] Several incidents in different nations have demonstrated how citizens easily can be deprived of their Human Rights, if the national authorities have a different agenda, or view this topic differently from the rest of the world.

ing acceptance. Unfortunately, wealth is distributed unequally, and, for the most part, disasters strike the less wealthy nations more often than they do the developed countries that possess abundant resources, with total registered numbers from 1900 until 2001 being 6,320 and 1,840 respectively.[6] This uneven distribution has led to the term "disaster-prone nations". Therefore, global ethics include questions regarding the validity of such an "insurance" system, even if the nation at question is unable to "pay" the fees or assist in a similar situation elsewhere. There also is a question as to whether people are entitled to such assistance even when they do not know of its existence. This question is likely to be viewed differently by different nations depending on their respective attitude of responsibility and concern towards their own citizens. Whereas, every citizen in a social democratic country is entitled to every healthcare benefit available, regardless of his/her ability to pay, this is not the case in a country with a dominantly private healthcare system. Consequently, it is to be expected that countries with different social structures and beliefs also will have different perspectives on international ethics of assistance.

Further, to what extent can a nation that has brought devastation upon itself, expect international assistance? This question is of value especially when it is applied to situations associated with armed conflicts and to civil wars. In these circumstances, it also is relevant to ask to what extent one can expect aid workers from outside the area in question, to expose themselves to higher risk just for the benefit of others? The large number of aid workers killed during the last decades gives this question high validity and priority.

For some, it has constituted a problem that UN and other international organisations like the North Atlantic Treaty Organization (NATO), are not signatories to the Geneva Conventions.[7] Further, as has been demonstrated, insurgents, warlords, and warring factions not representing a recognised nation or authority, often behave as if they are not bound by international legislation. However, since the Geneva Conventions now are endorsed globally, any faction not abiding by the Geneva Conventions defines itself as unlawful and illegitimate, and its action will be equated with criminal activity. Also, when the UN launches a peace-keeping or peace-supporting operation, traditionally its Mandates, Rules of Engagement (RoE), Standard Operational Procedures (SOP), and Force Commanders Policy Directives (FCPD)[8] include statements that the "Geneva Conventions and its Protocols are to be adhered to under all circumstances." However, to have this practical applica-

tion also formalised in the text of the International Humanitarian Law (IHL) (IHL comprises the Geneva Conventions and the Hague Conventions),[9] is open to discussion, and has become part of the future agenda.[10] Otherwise, we will experience, from time to time, situations in which even high ranking, well-educated officers will attempt to bend the rules for pragmatic, operational reasons. For example, in 1995 a UN brigadier-general in the Former Yugoslavia, strongly suggested excluding Serbian patients from the UN field hospitals so as not to antagonise the Muslim government in Bosnia. This is a global educational issue.

In Cambodia during the early 1980s, a hospital operated by the Norwegian Red Cross was closed for ethical reasons. A political commissioner held the key to the pharmacy and only agreed to dispense drugs to recipients having the correct political attitude. Additionally, the use of any other medical intervention and treatment had to be approved by him. During political meetings, no treatment could be provided, as the meetings could not be interrupted in order to obtain the Commissioner's required approval. As a result, a 10 year old girl bled to death despite having an easily treatable problem. A Swedish medical team in a similar situation, opposed this action, and was immediately placed under house arrest, and was unable to do anything about the situation. Since the operating system could not be changed, the Red Cross was forced to close the hospital, as it could not be associated with this unethical mechanism for the selection of patients for treatment.[11] This indicates how one may be forced to choose between humanitarian principles and practices, a humanitarian "Catch 22".[12]

The 1988 United Nations Resolution, the "Right to Intervene",[13] also lends itself to discussion, especially since it seems discordant with Chapters I, Article 2.7 of the UN Charter. This Resolution states, as principle, that outside countries have the right to interfere in national issues when a national government violates the human rights of its own citizens. Further, the authority of a nation that obviously neglects its citizens in cases of extraordinary suffering, can be over-ruled by the international society. For many developing countries, this seems to be a very one-sided resolution, since only few nations have the power and resources to execute it. Thereby, they raise questions regarding the real motives for their interventions. Such issues are of ethical concern, and how they are addressed could jeopardise the intention of this Resolution. Do not the victims of a disaster also have the fundamental right to be protected against such selective interventions? And, if

there is a Right to Intervene, should there not be a duty to intervene? And, whose duty should it be?

HAZARD EXPORTATION

Protection of one environment may result in exporting the process to another location or country. Exporting may result in the creation of substantial additional risk to recipients of the imposed hazard. For example, protective walls upstream may reduce the absorbing capacity of the soil and actually augment the flooding down stream. Or a hazard may be exported, while the main income and benefit remains in the developed country owning the plant. Often, this is because the legislation in the country benefiting from it is so strict, that production costs can be lowered by erecting plants (pesticides) in developing countries with less strict regulation and follow-up, and where the awareness of the community is considerably lower than in the developed country. The Bhopal tragedy is such an event, which resulted in several thousands of deaths and probably left a minimum a 100,000 crippled for life.[14] [ii] The agendas that dictate such hazard exports, financial gain or protection of one's own environment, may differ from case to case. In any case, exportation of hazards constitutes an ethical issue and also, from time to time, a legal issue. As of 2002, the responsible persons for the Bhopal tragedy have not yet been brought to trial.

THE RIGHT TO KNOW

With reference to the Bhopal tragedy, efforts to institutionalize international legislation for the "right-to-know" were renewed. Who has a right to receive information about hazards; who has the duty to disclose such information, and, if needed, produce missing information? What duties should those with power have, and how can you empower those who have the right to know?[15]

If international standards and international law on liability could be endorsed globally, as was discussed in 1988,[16] such standards would narrow the gap between standards prevailing in the developing world countries and in the developed countries. However, this legislation still lacks endorsement and one must question what prohibits the majority of key nations from promot-

[ii] There are wide variations as to the human and economic costs of the Bhopal tragedy, i.e., the number of lives lost ranges from 2,500 to 16,000, and the number affected ranges from 52,000 to 600,000.

ing and signing such legislation. This UN initiative still is awaiting endorsement and may remain invalid until another "Bhopal" emerges. In the meantime, the risk gap between chemical hazards imposed from chemical industries on the developed world and the developing world, is likely to remain.

NEEDS ASSESSMENTS

Ethical problems in disaster assistance also can occur with the assessment of needs. An assessment that defines a need must be followed-up with appropriate assistance. Lack of such appropriate action causes enormous frustration among the victimised people. On the other hand, if assessments indicate that assistance is best omitted, it may not be understood by the victims. For instance, it may be decided that a threshold for a specific element actually is lower than what the victims consider to be a minimum.[17] This raises two ethical dilemmas. Unless you are in a position to provide assistance, it may be unethical to do an assessment. But, could it be equally unethical to provide assistance as a token act, purely as a psychological intervention, when these d

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vided is very long, and recent assistance is far from being free of this problem. If this mis-supply is deliberate, it is unethical. If it is the result of a lack of knowledge, the question is more difficult. It also could be considered unethical not to provide assistance unless you are directly invited, since this could limit the amount of assistance provided, and impact those who may be the most seriously affected, but who are unable to communicate their needs to the outside world. On the other hand, uninvited assistance promotes inappropriate assistance.

The business of trade and export leads to a similar dilemma. It is recognised that developing countries may benefit from outside aid and assistance. However, some developed countries have used disasters as an opportunity to promote exports into the disaster area, which may increase the affected country's dependency upon the supplier, but does not necessarily provide jobs for members of the affected society and promote recovery. When international assistance arrives, as much as possible should be purchased within the country in distress.[25]

Another component of this same problem relates to the question of *sustainability*. To arrive in an affected country and provide high-tech solutions to problems, stay for a few weeks, and then depart, not only creates frustrations, but leaves behind a gap that cannot be filled by the affected population. The real long-term problems after a severe event may last for months or even years. The "hit-and-run" aid at a higher technological level than the affected country ever has experienced, hardly produces any benefit, except for the self-esteem of the organisation providing it.

Sometimes a large part of the assistance provided does not reach the victimized people. For development programs, this may be an easy problem to solve, but not so in disaster situations. Especially in conflict situations, this constitutes an ethical dilemma. When basic needs are provided by outside assistance, humanitarian assistance to a conflict area enables all warring factions to allocate more of their own resources into warfare. As a general rule, especially in complex emergencies, a considerable part of the humanitarian assistance provisions can be traced down to the warring factions. Humanitarian assistance, then, helps to prolong the conflict, whereas, not providing assistance will leave innocent victims in a devastated situation. The ethical dilemma: When does assistance hurt more in the longer run than it helps in the shorter run? And, is this only a problem during complex emergencies, or is it also valid for other manmade and natural disasters?

Another problem is illustrated in the following example; after a long siege in Sarajevo, there was a general shortage of medical supplies. The first C-130 relief aircraft that arrived was asked to bring with it large quantities of mannitol (to treat brain oedema). This request was down-prioritised by the Medical Coordinator of International Committee of Red Cross (ICRC), and is a good example of decision-making and prioritising associated with an ethical dilemma. Should the recipients have the final say or should they be overruled when they are to be wrong? Who is in control? And, who is responsible?

RELIEF ORGANIZATIONS

There is a perception that many relief (aid) organisations are reluctant to be analysed by outside organizations with regard to their activities. If a "competitor" organization would perform this analysis, this reluctance seems appropriate. Many of the evaluations performed have been accomplished within the organization providing the assistance. This dilemma could be minimized if the analysis is performed by an unbiased, non-operational organisation. But, is it possible to identify such organizations that will be non-threatening and will approach issues as a quality assurance problem and not as a punitive and public issue that may result in the doom of the organization providing the assistance?

THE MEDIA

The news media may present additional ethical problems. They provide the eyes and the ears for the global community, and, in that capacity, tend to set the priorities for international concern. Consequently, only disasters that are covered excessively by the media receive proper attention by the outside world. However, there are endless situations that would merit assistance, but never receive it because the media find them of lesser interest. Should the media have a duty to cover all international tragedies even if such reporting cannot be measured in their ratings and, thereby, by their respective financial status? For example, after the fall of the Mengistu Regime in Ethiopia in 1991, the media ignored the plight of the people, perhaps because the event immediately followed the end of the Gulf War. While it was no problem to raise billions of USD for warfare against Iraq, it was not possible to obtain 20,000 trousers to a refugee camp in Northern Ethiopia to help stop a louse-borne relapsing fever epidemic.[26] Furthermore, some organisations seem

interested in a conflict primarily because it is linked to the interest of the media. During the "War Against Terror" since the fall of 2001, few other disasters have been afforded adequate coverage by the media. A storm that devastated the Canary Islands as well as a cholera epidemic in Nigeria were hardly, if at all, noticed. In the United States, a devastating storm surge in Florida barely made it into the news media.

Also, from time to time, it appears that some organizations may provide assistance primarily for the associated media coverage. It seems that they perceive that their obligation terminates when the media attention is gone, since media attention and future funding seem so closely linked.

COMPETENCE

Ethically, should a minimum standard of knowledge be demanded of all aid-workers, regardless of whether they are working for a non-governmental organisation, national or international governmental organisation, or for the military on peace-keeping or peace-enforcement missions? In addition to the professional demands, such a minimum level could include knowledge of the International Humanitarian Law (comprising Geneva Conventions with the additional protocols and the Hague Convention; IHL) and the Human Rights Declaration of 1948 (HR), and the UN-Charter of 1945. Often, people are accused of abusing these international laws. However, even some top officials and high-ranking UN-military officers lack knowledge of IHL and HR.[27] Thus, to demand an in-depth knowledge of the same from an African private soldier or a Central-Asian guerrilla soldier seems unrealistic—maybe even unfair. Also, some infer that both the HR and IHL may have been used as bargaining chips, even when UN officials have been involved in the negotiations. In such cases, the demand for respect of ethical codes seems rather hollow. There also are examples of aid workers dispatched to do specialist work for which they were not qualified, and who actually may have done more harm than good. Primary closure of war wounds is a classical example that falls within the ancient statement from Alexander Pope (1688–1744): "A little knowledge is a dangerous thing."

DISASTER RESEARCH

The above are a few of the multitude of ethical issues and dilemmas associated with assistance in disasters. The conduct of research in a disaster situation, raises additional dilemmas and concerns and may force us to shift from

the current paradigm. Most humanitarian organisations still have problems accepting the conduct of research in disaster situations. Post-event evaluations, in the form of traditional reports, may have been accepted, but the conduct of research, even retrospectively, has been stigmatised.[28] Seemingly, the perception is that using victimised persons for objective evaluation could jeopardise the image of humanitarian organizations, and consequently, their funding. Today, organisations may seem more inclined to accept the term "research" for institutionalised evaluations.

Operational organizations (both non-governmental organisations (NGOs) and governmental organizations) traditionally have been reluctant to conduct open evaluation of their own activities. Infrequently, involved persons and some organisations have been willing to perform self-evaluations to determine whether an operation has attained the objectives of a project. However, whether the objectives identified were the elements representing the real needs, rarely has been questioned, since some assume that needs assessments always are adequate. Even in some urgent, ad hoc operations, it has been accepted that this was the case. That there may be an ethical component attached to the involvement of so many resources and heavy interference in other societies and cultures, has hardly been mentioned, at least not openly. Self-evaluation may seem safest for the organizations that have provided the assistance. However, such evaluations are fraught with the possibilities of serious confounding variables and bias. Thus, the external validity of such studies may be seriously compromised. Evaluations can be conducted by operational and non-operational organizations. By their nature, operational organizations have a vested interest in the outcome of the evaluation. This also may introduce bias and confounding elements. Such studies can be accomplished by non-operational organizations that are not invested in the outcomes. However, the sources of support also may introduce bias as a contingency for the provision of their support. On the other hand, an NGO may ask, "What gives you the right to evaluate us when your competence may be even less than ours?"

A key ethical issue in the conduct of research into disasters and the responses to them is the conduct of retrospective versus concurrent, prospective data collection. In situations with an extreme shortage of resources, it is easy to understand that any attempt from researchers to collect concurrent data without providing assistance, will not be accepted by the media, the outside world, or by most of the communities in distress. It also would con-

stitute an ethical dilemma for a researcher to just watch and record the activities, when victimised people are in need of help. Nevertheless, when viewed from a broader or long-term perspective, concurrent data collection may prove justified. There is good reason to believe that such studies ultimately may limit the damage and improve the outcomes for victims of future similar events. If an activity being evaluated proves to be counter-productive, the evaluation potentially could benefit even the victims of the present disaster, although this may be difficult for both aid workers and victims to comprehend. However, the collection and flow of information is essential for disaster management. Therefore, if, concurrent evaluation-research is imbedded in a surveillance form that an organisation is obliged to have and fill in properly, this could provide a solution that could be acceptable to all parties involved. It is accepted that concomitant news gathering and media reports take place for the purpose of enlightening the world, without providing assistance. Similarly, concomitant research with the purpose of enlightenment for future improvement also should be acceptable. (See also triage)

THE HELSINKI DECLARATION

The Helsinki Declaration protects the patients' rights and integrity with regard to research. It was endorsed at the General Assembly of the World Medical Association in Helsinki, Finland in 1964 and constitutes an ethical landmark on patients' rights in medical research. However, it is clearly designed for a controlled, well-defined clinical and/or medical environment. Consequently, research in disasters, may be difficult to perform according to the Helsinki Declaration.[29] How can a researcher obtain written consent from the people involved? Even an oral consent will be difficult, both for linguistic reasons and for practical reasons considering the magnitude we may be addressing. If autopsies are indicated medically, how can they be performed if you have to consult the victims' relatives? And if you do perform autopsies without consulting, you may be violating their respective cultures and wishes.[30] The Helsinki Declaration seems barely applicable to disaster research and, if applied, it effectively would prohibit at least concomitant research and research based on participating observation. Consequently, the Helsinki Declaration and its universal applicability needs to be discussed more thoroughly. Probably Disaster Research merits a separate chapter in this declaration to prevent otherwise impossible obstacles for the production of knowledge necessary to improve current disaster management. For the

humanitarian organization, this also would facilitate decisions in favour of a more structured research of their activity.

TRIAGE

Healthcare personnel are familiar with the term "triage", even if only a few have been forced to perform it in a disaster setting. Triage is a form of rationing care delivery. Rationing delivery of care only is justified in situations in which the amount of resources available is less than "adequate" (first and foremost, insufficient to meet the critical requirements).[31]

Triage, now predominantly a medical term, generally is accepted among healthcare personnel. In short, it means that scarce resources will be used to provide the maximum benefit to the population at large, even if it means that individual victims that might have been saved under other circumstances are sacrificed for the greater good. Traditionally, triage takes place within a defined time frame, usually the very moment or hour or day the responders arrive in the disaster-stricken area. Although this is a difficult task, its ethics have not been challenged. We have chosen to call this traditional form of triage, *transvertical triage*.

When the triage concept is expanded into other management areas, the concept becomes more difficult to accept. For example, should limited water resources be distributed in a manner so as to provide the minimum amounts needed to sustain life for only a part of the population, accepting the high probability that others will die of thirst? Or should 1 litre (less than the critical threshold) be distributed equally to everybody with the knowledge that everybody will succumb, but at a later stage in the disaster? The same concept applies to the provision of food and shelter, and such actions constitute another ethical dilemma. What about shipwrecked persons fighting for rescue by a boat that is too small to hold them all? To justify concomitant research, the term *longitudinal triage* is introduced. This means sacrificing victims at the moment for the benefit of future victims. This is a heavy burden to place on any shoulders, and it even may be unethical to expose aid workers to make and/or abide by such decisions. However, we are likely to experience a shift of paradigm on this topic with the concept of longitudinal triage becoming equally acceptable as traditional transvertical triage. Since ethics, as such, are not natural laws or inherent in Human Rights, but culture-sensitive, human "inventions," how are such decisions deemed to be ethically correct?

SUMMARY

The ethical dilemmas of disasters, as a whole, embrace much more than direct ethical principles for research. They are present in almost all aspects of disaster management from pre-event planning until closing a mission, and leaves nobody untouched. These ethical dilemmas must be addressed. However, what is correct, ethically, for Catholics may not be correct, ethically, for Lutherans, Jews, or Muslims. What is correct ethically in Europe may not be correct ethically for Central-Asia, and so on. And finally, what is ethically correct today, may not be ethically correct tomorrow. To provoke a change of the "ethical truths and paradigms," however, is a major and serious undertaking, and may be the most important and challenging task ahead. Therefore, it will require substantial efforts to obtain enough information and facts that will substantiate, beyond any reasonable doubt, such a shift of ethical paradigms. This will not occur rapidly, but as long as the dilemmas are brought into the open, at least they will be explored. And, little by little, conclusions may be reached that could enable the conduct of even better and more appropriate research and evaluations. This should benefit mankind.

Many additional ethical dilemmas and issues will become apparent as more aspects of Disaster Medicine and Disaster Management are examined. Solutions, at best, will be difficult, since ethics, among other qualities, entail a crucial and fascinating blend of ethnic culture, religious beliefs, Human Rights, International Humanitarian Law and cost, but awareness is a beginning.

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