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HUMANITARIAN HEALTH

Ethical Decision-Making in Situations of Extreme Violence: Case Study of Syria

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Overview of the session

- ▶ Review project objectives and activities
- ▶ Results of the literature review
- ▶ Results of the KIIs and IDIs
- ▶ Results of the practitioner workshops in Turkey and Jordan
- ▶ Recommendations and next steps

Project objectives

1. Review the role of ethics and humanitarian principles in decision-making
2. Describe what is found in the literature about the types of ethical and humanitarian challenges in extreme violence
3. Conduct interviews with managers and frontline workers involved in the Syrian humanitarian response, focusing on health care
4. Conduct two practitioner workshops to review results from the literature review and share findings from the interviews.
5. Develop tools and guidelines for ethical decision-making in situations of extreme violence

The project was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board, the Gaziantep University Clinical Research Ethical Committee, the Jordan University of Science and Technology, and the Aleppo Health Directorate.

- Searched 3 databases (PubMed, EMBASE, and Scopus) plus other sources for 3 key concepts:
 - “Conflict”
 - “Humanitarian or relief organizations”
 - “Ethics” (excluding clinical and military ethics)
- Initial search yielded 2,077 peer-reviewed articles; eliminated articles that did not meet inclusion criteria
- Reviewed 66 full-text articles; included publications were qualitatively analyzed using emergent thematic analysis approach that mapped reported challenges onto ethical obligations and humanitarian principles

Coding involved categorizing the challenges reported based upon how they related to ethics and humanitarian principles.

Example:

...few physicians in either the public or private sectors dare to serve the rural and urban poor, because doing so may mark them as guerrilla sympathizers, a label that can have deadly consequences...

ETHICAL OBLIGATION:

- Obligation to protect workers
- Distributing resources fairly to all in need

HUMANITARIAN PRINCIPLES:

- Impartiality
- Neutrality

Literature review

	Provide highest attainable quality of care and services	Protect and care for response workers	Minimize harms of response	Support a locally-led response	Appropriate acquisition and management of assets	Distribute benefits and burdens equitably	Practice honesty and transparency	Incorporate local knowledge and norms
Neutrality	n=54	n=37	n=24	n=19	n=11	n=36	n=10	n=15
Independence	n=44	n=18	n=23	n=21	n=29	n=25	n=10	n=13
Impartiality	n=29	n=10	n=14	n=13	n=9	n=41	n=4	n=12
Humanity	n=74	n=17	n=19	n=16	n=28	n=40	n=6	n=8
Solidarity	n=4	n=3	n=3	n=3	n=4	n=3	n=1	n=1

Key Informant Interviews

▶ **Key Informant Interviews (KIIs) (n=41)**

- (32 males, 9 females)
- 21 international and Syrian NGOs providing health services in Syria, one UN agency and three community-based organizations based in Turkey and Jordan
- The interviews were conducted using a semi-structured guide.
- The guide asked respondents about their role within their organization, services provided by their organization, and what ethical challenges their organization had faced while providing or supporting the provision of health services in Syria

In-Depth Interviews

▶ In-Depth Interviews (IDIs) (n=58)

- Respondents included 43 people (36 men and 7 women) in northwestern Syria and 15 people (8 men and 7 women) in southern Syria.
- Twenty entities were represented in the interviews, including eight international NGOs, seven Syrian NGOs and five from a mixed category that includes health directorates.
- 39 of the respondents were hospital-based. Just under half of respondents were physicians. Others included nurses, managers, pharmacists, lab technicians and others.

KII and IDI analysis

- A codebook was inductively developed using NVivo 11 software.
- Inter-rater reliability was achieved to above 85% consensus among three coders. The coders also wrote memos to explore coded text and identify major themes and relationships.
- Interviews were qualitatively coded for key themes and queries were run to further examine the content of themes.

Key themes and examples of ethical challenges

➤ Targeted attacks on health facilities

- Trying to make the environment safer by reducing length of stay or decreasing number of health workers, or building facilities underground
- Interference by armed groups

➤ Access restrictions

- How to maintain standards of care and accountability, in-person training, or monitoring and verification?

➤ Resource limitations

- Deciding which facilities receive which resources/ how to achieve equitable allocation of supplies and equipment?
- Gaps in service provision, e.g. GBV or protective services for children
- Doctors operating outside their scope of practice



Everyday someone dies - we cannot save lives because there is no possibility. This is the biggest ethical challenge I can ever speak about. We have been living in a repeating state for many years. Sometimes I think really how do I eat, drink and live, and think about the bombing and the people who died, with the sense that my mind will explode... . . . When a wounded [person] dies and his family start weeping on him in the hospital, I feel guilty, sometimes I feel that I killed him because I could not help.


-In-depth interview, female, nurse



*We had a flu outbreak – eighty-five kids to twenty cribs. The corridors [of the hospital] were filled with people sitting on mattresses, waiting. We had to place two babies per incubator ... As a doctor, I know – I mean, I was trained that it is wrong for a hospital room to be crowded or to place two infants in one incubator. **I have to make a decision based on the reality of the situation.***

-Key informant interview, male, physician

- ▶ **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.



*As a person, of course, fear, was the most affecting thing... fear and our psychological state had the biggest impact on us during shelling. . . I mean, for example, we got news that the hospital might be targeted when we were working. We did not know where to head for, and what to do for the patients. We feared that shelling would begin and we were still inside the hospital. Our psychological state was very bad at that time. . . Of course, everyone doesn't have the ability to work during such moments. **He or she is scared and confused and if he has to work, he will do it incorrectly.***

In-depth interview, female, nurse

Practitioner workshops in Turkey and Jordan

▶ Gazientep, Turkey (19 participants)

- NGOs (international and local), UN – mostly Syrian clinicians and frontline staff

▶ Amman, Jordan (10 participants)

- Due to border closure, smaller number of participants, all working remotely (in Jordan) to support activities in Jordan

Reviewed results from literature review and interviews, and used vignettes drawn from the interviews to discuss decision-making processes; also examined two existing ethical frameworks in humanitarian health:

1. **Clarival's Ethical Framework** (See: Clarival C, Biller-Andorno N. Challenging Operations: An Ethical Framework to Assist Humanitarian Aid Workers in their Decision-making Processes. *PLOS Currents Disasters*. 2014;June23.)
2. **The Humanitarian Health Ethics Analysis Tool (HHEAT)** See: Fraser V, Hunt MR, de Laat S, Schwartz L. The Development of a Humanitarian Health Ethics Analysis Tool. *Prehospital and Disaster Medicine*. 2015;30(4):412-20.

Clarival/Biller-Andorno Ethical Framework

10 STEP PROCEDURAL PROCESS	DESCRIPTION
1. Gather evidence	What are the facts? And who is affected?
2. State the ethical values and principles	What ethical & humanitarian principles are involved?
3. Examine arguments	State clearly what the ethical tension is
4. Define options	What decisions could you make?
5. Weigh the options	What are the advantages and disadvantages of each option?
6. Elaborate decision	Make your decision
7. Justify the decision	State why you made that decision
8. Implement the decision	Define measures to improve implementation, and indicators to measure progress
9. Monitor and evaluate the outcome	Monitoring indicators to assess the decision's impact
10. Make recommendation for future actions	Can you prevent this from happening in the future?

Humanitarian Health Ethics Analysis Tool (HHEAT)



Humanitarian Health Ethics Analysis Tool

Humanitarian Health Ethics Analysis Tool

- 1. Identify/Clarify the Ethical Issue:**
What is at stake and for whom?
- 2. Gather Information:**
What do we need to know to assess the issue?
- 3. Review the Ethical Issue:**
Does information gathered lead us to reformulate the issue?
- 4. Explore Ethics Resources:**
What can help us make a decision?
- 5. Evaluate and Select the Best Option:**
What options are possible and which is the “best” under the circumstances?
- 6. Follow-up:**
What can we learn from this situation and what supports are needed?

1.	Is it really an ethical issue? What is at stake and for whom? How is the issue perceived from different perspectives? When must a decision be made? Who is responsible for making it? What has been done so far?
2.	What information is needed to deliberate well about this issue and enable us to make a well-considered decision? What constraints to information gathering exist? Consider: a) Resource Allocation and Clinical Features b) Participation, Perspectives and Power c) Community, Projects and Policies
3.	Does the process so far reveal new aspects of the ethical issue or suggest the need to reformulate or redefine the issue? Have our biases/interests affected how we see the issue?
4.	What values and norms ought to inform our decision making? Consider: professional moral norms and guidelines for healthcare practice; human rights and international law; ethical theory; local norms, values and customs.
5.	What options are possible in this situation and what ethical values support each option? What consequences might result from each option? Can consequences, values and obligations be reconciled?
6.	What can we learn from this situation? What support do those involved need?

<http://www.humanitarianhealthethics.net/>

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Recommendations from workshops

- ▶ **Create structures and supports for organizational decision-making**
- ▶ **Articulate the values and ethical standards for the organization to address ethical challenges for health work in situations of extreme violence.**
- ▶ **Promote employment of, and training in the use of, available decision-making tools** (while adapting and developing more context-specific ones)
- ▶ **Address common crossing-cutting issues** (professional qualifications, priority in treatment, community engagement)
- ▶ **Provide psychosocial and other forms of support to health workers** (including to address “moral distress”).

Developing the seven-step approach

Adapting some of the approaches and frameworks from Clarinval/Biller-Andorno and HHEAT, and incorporating insights from our literature review, interviews and practitioner workshops, and addressing some of the key project recommendations (organizational structures, training, and documentation and processing of decisions) we are developing an organizational handbook that lays out a seven step approach for training, documenting, processing, sharing and evaluating ethical decision-making in contexts of extreme violence.

The seven-step approach

- 1) establishing organizational structures and committing resources;
- 2) articulating organizational ethical obligations and humanitarian principles;
- 3) training staff on these obligations and principles;
- 4) making and documenting decisions that involve ethical challenges;
- 5) processing and evaluating those decisions and their impacts, positive or negative;
- 6) making recommendations for future action; and
- 7) sharing results within the organization and beyond.