# *Ethics Committee Model for* Humanitarian Operations Planning

***by Philip W. Ginder***

Most hospitals and healthcare organizations have established ethics committees that deal with issues involving medical, ethical, and/or legal conflict or uncertainty. The Joint Commission, the accreditation body for the vast majority of hospitals and other ambulatory healthcare settings in the U.S., requires that healthcare organizations have a defined process for addressing ethical concerns.[1] An ethics consult, typically presented by a member of the medical staff, is considered by a standing or *ad hoc* ethics committee and thoroughly examined using an established ethics framework. The committee is not a decision body, but renders a recommendation based on ethical considerations.[2]

Many hospital ethics committees use the principles of biomedical ethics as a framework to guide their recommendations to the medical staff and hospital leadership as situations arise.[3] These principles of beneficence, non-maleficence, respect for autonomy, and justice apply to an infinite number of broad situations and help steer these groups in making ethics recommendations in difficult and often uncharted situations. Frequently, these quandaries are a matter of life and death or have significant social or legal implications. For example, the committee often deals with questions dealing with competence of patients, refusal of healthcare providers to perform procedures that violate their moral principles, or end of life decisions involving great expenditure of resources for futile or ineffective treatments.

Similarly, a humanitarian assistance/disaster relief (HA/DR) operations planning team will encounter ethical scenarios for which there are limited or no precedence. The UN Office for the Coordination of Humanitarian Affairs (OCHA) has identified similar humanitarian principles of humanity, neutrality, impartiality, and operational independence to guide country teams executing HA/DR missions;[4] however, although OCHA monitors and reviews humanitarian relief efforts during operations, there appears to be no process or review to consider these principles before a humanitarian mission is undertaken. These principles guide HA/DR planning and actions only

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to a limited degree. While most or all of the recent HA/DR activities in the recent past have met the "humanity" goal of reducing suffering, the intent of these responses was also to project soft power to build relationships or alliances or to take advantage of opportunistic access to closed or restricted countries. Additionally, some may have been ill-advised in their expense to the American taxpayer and their lack of effectiveness. The UN principles, while noble, are limited in addressing the principle of justice, as well as the pragmatic political motives of HA/DR activities, and they also do not address the main question for a donor nation: Do we contribute and to what extent? What and when should other nations contribute? Although not a perfect fit, applying a framework similar to the principles of biomedical ethics to the initial HA/DR decision making could prove to be a valuable resource when planning missions, as well as ensuring the U.S. is embarking on these endeavors for reasons that benefit all parties without overstepping sovereign nation boundaries.

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## Principles of Biomedical Ethics

### *Beneficence*

Beauchamp and Childers define beneficence in relation to benevolence:

> [T]he term beneficence connotes mercy, kindness and charity. Forms or beneficence also typically include altruism, love, and humanity...it includes all forms of action intended to benefit other persons. Beneficence refers to an action done to benefit others; benevolence refers to the character trait or virtue of being disposed to act for the benefit of others; the principle of beneficence refers of a moral obligation to act for the benefit of others. Many acts of beneficence are not obligatory, but the principle of beneficence, in our usage, establishes an obligation to help others further their important and legitimate interests.[5]

Beneficence mostly correlates with the UN humanitarian principle of humanity. OCHA describes humanity with this statement: "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." Beneficence and humanity are the ethical cornerstones of any HA/DR operation and have been displayed in recent HA/DR missions such as Operation Tomadachi (Great Tohoku Earthquake and Tsunami, Japan, 2011) and Operation Damayan (Typhoon Ruby, Philippines, 2014). The primary ethical considerations revolve around the obligations of beneficence—preventing harm, removing harm, and promoting good.[6] An ethics body considering HA/DR missions might focus on identifying the absence of beneficence overall or in any component of the operation.

### *Non-maleficence*

Beauchamp and Childers describe the maxim "First do no harm" as the heart of the principle of non-maleficence.[7] Additionally, they identify the obligation of non-maleficence as, "one ought not to inflict evil or harm." Recent humanitarian efforts highlight several instances of unintentional harm or at least inconvenience to the nation being assisted. The 2009 Sumatra earthquakes prompted an international relief response that included the U.S. Department of Defense and the deployment of an Air Force Humanitarian Assistance Rapid Response Team (HAART).[8] Although the team deployed

successfully and delivered needed health services, its departure was difficult for local hospitals. The HARRT left without notice to these organizations, which caused disruption to the delivery of care in the affected area.[9] In Operation Sea Angel, a HA/DR response to the 1991 Cyclone Marian in Bangladesh, although many facets of the operation were successful, the coastline forestation efforts led to an increased incidence of malaria.[10] Using an ethical framework might allow a multidisciplinary team looking at HA/DR plans to identify similar concerns during HA/DR planning.

***Respect for autonomy***

Autonomy is one of the principles that, in many ways, can be applied to countries as well as individuals:

> Personal autonomy is, at a minimum, self-rule that is free from both controlling interference by others and from limitations, such as inadequate understanding that prevent meaningful choice. The autonomous individual acts freely in accordance with a self-chosen plan, analogous to the way an independent government manages its territories and sets policies.[11]

The corresponding OCHA humanitarian principles are 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—and neutrality—humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.[12]

As the world's leading superpower, the U.S. is sometimes seen by other nations as being pushy and as meddling and coercive with its policies. Still, the U.S. provides billions of dollars in aid to other nations each year, even those with a strong anti-American sentiment. The American public largely supports the government's humanitarian aid policy—81 percent in 2008 favored providing relief to reduce poverty and severe hunger.[13] Even so, conditions can exist where providing assistance is not clear cut from an ethics standpoint. For example, what is the obligation of the American people to provide aid which is likely being diverted to wealthy and connected landowners, such as in the 2010 Pakistan floods or the suspected diversion of aid to the Myanmar military during the 2008 cyclone relief operations?[14]

Many recipient nations do not want us to partner with them in HA/DR operations, they simply want to utilize the U.S. as a giant food bank or to provide an air bridge with U.S. military airlift capabilities. Is our objective to have some benevolent leverage over recipient nations following assistance to facilitate other political partnering (running contrary to the UN humanitarian principle of independence)? These questions of autonomy (independence) should play an important part in any ethics recommendation.

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***Justice***

In the principles of biomedical ethics, a single definition of justice is elusive, but ethical concerns regarding this principle often revolve around the argument of healthcare as a right and the limitations of that right, as well as the distribution of scarce healthcare resources.[15] Although the UN has a principle of impartiality, it fails to address the problem of limited resources and prioritization: "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."[16] At what point does a need become "urgent distress" and who declares this state? When do the needs of the recipient country override domestic concerns of U.S. citizens? A Pew Research article in 2012 showed that the Pakistani public opinion of the U.S. actually decreased shortly after the 2011 flood relief operations, with 7 out of 10 Pakistani's considering the U.S. to be an enemy while only 10 percent considered Americans to be a trusted ally.[17] One could argue from a justice standpoint that the funds used for relief to flood victims in Pakistan (around $550 million) could have been much better used for domestic purposes or even given to other foreign recipients. Although there was clearly a need to relieve suffering, other nations providing the bulk of the support, perhaps a regional ally, may have been a better ethical solution. Based on the justice principle, an ethics body might determine that providing this aid was not fair to the U.S. taxpayer as a marginal and perhaps even counterproductive relationship-building tool.

## Ethics Committee for Humanitarian Assistance/ Disaster Relief Missions

The ethics committee provides a resource to leaders and staff in the healthcare setting. The committee strives for a multidisciplinary approach, and members usually include a member of the executive leadership, physicians, nurses, allied health providers, administrators, and patient and chaplain representatives. Some members might be *ad hoc*, particularly those consults involving new technology, dilemmas involving different religious denominations, or specific to a particular medical specialty. The standing committee members must maintain training, experience, and/or education in the area of biomedical ethics. The ethics committee meets, considers the consult from all these different perspectives, and provides a recommendation to the individual requesting the consult.

Ethics committees are not decision-making bodies but serve to make recommendations and thoroughly examine the subject in the ethics consult. Could a similar team be developed at the federal level to help resolve ethical questions regarding the execution of HA/DR missions? The establishment of a standing committee or council with education, training, and experience in the ethics of HA/DR support to advise national leaders before or at the beginning stages of HA/DR operations could thwart potential ethical traps before they become international blemishes or quagmires. The team could be fully multidisciplinary (operations, logistics, security, medical, cultural, religious, and political) and be supplemented with experts in emerging technologies, specific regions, religions, etc., as needed. The team could also include a representative of the host nation, as well as a member representing the interests of the U.S. taxpayer (a legislator).

## The Consult

Any group formed to deliberate and make recommendations on the ethical implications of HA/DR will need a framework to consider the HA/DR plan. The report generated by this framework could be useful in both providing uniform recommendations to decision makers and providing a record of the ethical considerations that were deliberately considered prior to launching HA/DR response. Additionally, this group could provide guidance for expanding or decreasing the size of the response and make recommendations based on the principles vetted by the committee.

## Conclusion

Humanity and generosity are two traits the U.S. strives to present to the rest of the world. Steps

taken to consider ethical concerns with HA/DR plans could provide leaders with the background to avoid potential pitfalls and landmines and help further U.S. interests while remaining in alignment with humanitarian principles. Just as a multidisciplinary, framework-driven, hospital ethics committee helps healthcare professional make sound ethical decisions, a HR/DR planning-focused, ethics body using an ethical framework could provide leaders valuable recommendations when embarking on humanitarian efforts. ***IAJ***

## NOTES


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3 United Kingdom Clinical Ethics Network, "Ethical Frameworks," June 13, 2011, <http://www.ukcen.net/index.php/ethical_issues/ethical_frameworks/the_four_principles_of_biomedical_ethics>, accessed on March 5, 2016.

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5 Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, 5th ed., Oxford University Press, Oxford, England, 2001, pp. 165–166.

6 Ibid., p. 115.

7 Ibid., pp 114–115.

8 Moroney et al., "Lessons from Department of Defense Disaster Relief Efforts in the Asia-Pacific Region," RAND Corporation, Santa Monica, CA, 2013, <http://www.rand.org/pubs /research _reports/RR146.html>, accessed on January 16, 2016.

9 Moroney et al.

10 United States Agency for International Development, "The Bangladesh Cyclone of 1991," <http://www.usaid.gov/pdf_docs/Pnadg744.pdf>, accessed on January 15, 2016.

11 Beauchamp and Childers, p. 58.

12 United Nations Office for the Coordination of Humanitarian Affairs.

13 Council on Foreign Relations, *Public Opinion on Global Issues*, 2009 report, Chapter 15, "U.S. Opinion on Development and Humanitarian Aid," <http://www.cfr.org/polls-and-opinion-analysis/us-opinion-development-humanitarian-aid/p20138>, accessed on January 15, 2016.

14 Moroney et al.

15 Beauchamp and Childers, p. 58.

16 United Nations Office for the Coordination of Humanitarian Affairs.

17 Richard Wike, "Does Humanitarian Aid Improve America's Image?" Pew Research Center, 2012, <http://www.pewglobal.org/2012/03/06/does-humanitarian-aid-improve-americas-image/>, accessed on January 16, 2016.