Biography

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LTC Ginder, a Medical Service Corps officer and Fellow of the American College of Healthcare Executives, currently serves as the Deputy Commander for Administration (DCA) for Munson Army Health Center. His recent assignments include DCA, United States Army Medical Department Activity – Japan; Chief, Clinical Operations Division at Evans Army Community Hospital, Fort Carson; and J33, Current Operations Chief for the Combined Forces Special Operations Component Command-Afghanistan (CFSOCC-A). His interest in biomedical ethics started while attending the US Army- Baylor Program in Health Administration, and he has served on Ethics Committees at both Womack Army Medical Center and Evans Army Community Hospital. In addition to coordinating and monitoring humanitarian assistance efforts for CFSOCC-A, LTC Ginder played significant roles in developing Humanitarian Assistance/ Disaster Relief plans, contingencies, and training for US Army Japan in conjunction with the USARJ Surgeon.

Abstract

Ethical considerations surrounding disaster relief efforts might be well-addressed through a formal process similar to a hospital ethics committee. These committees utilize a framework based on the four principles of biomedical ethics, to gauge ethical appropriateness in policy development as well as individual healthcare ethical dilemmas. Past relief operations provide strong examples of pitfalls for nations to avoid when planning relief operations, and also highlight successful lifesaving and enriching interventions when ethical principles have been applied. *Respect for Autonomy*- Is the proposed intervention being requested or accepted by the host nation or region without coercion from the donor nation. Does the host nation have the ability to communicate choice or preference on the assistance provided by the donor nation? When does risk to other nations or entities outweigh the sovereignty of a nation in distress? *Nonmaleficence*- Will withholding aid or assistance cause the host nation's predicament to worsen, particularly for those nations where an allied or treaty relationship exists? Can the proposed intervention potentially cause harm or unintended negative consequences? *Beneficence*- Does the proposed disaster relief rescue the area in need? Does it remove the cause of harm? Is the response timely enough to be effective? Can enough resources be applied to the problem to provide substantial relief? Does one nation have an obligation to assist another nation? *Justice*- Is the proposed intervention consistent with other efforts for similar situations in the past? Do the resources needed for the mission subtract from another important domestic program or support to another nation or entity? Will the resources be distributed equitably to alleviate suffering?

Running Head: ETHICS COMMITTEE MODEL FOR HUMANITARIAN OPERATIONS

Ethics Committee Model for Humanitarian Operations Planning

Philip W. Ginder

Introduction

This past fall as I read through the call for papers for this symposium, I realized that while I am neither an expert in biomedical ethics nor humanitarian operations, I have spent considerable time around both subjects in my career, and the potential topics posed by the event's organizer were intriguing. As I read through these topic questions/ dilemmas, I began to wonder if components of an Ethics Committee like the ones found in the healthcare setting could be implemented at the executive branch level to vet ethical considerations prior to the execution, or during the planning stages, of humanitarian operations.

Most hospitals and healthcare organizations have established ethics committees as means of dealing 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 health care settings in the United States, requires that healthcare organizations have a defined process for addressing ethical concerns (The Joint Commission, 2016). 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 (O'Reilly, 2008).

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 (UK Clinical Ethics Network, 2011). These principles of Beneficence, Nonmaleficence, 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 come across 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 (OCHA, 2012). I cannot find a process or review in which these are principles are considered before a humanitarian mission is undertaken, however OCHA monitors and reviews humanitarian relief efforts during operations. Thinking back to any recent operations, these principles guide HA/DR planning and actions only 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, these responses have not been without the intent of projecting soft-power for relationship or alliance building, taking advantage of opportunistic access to closed or restricted countries, and some may have been ill-advised in their expense to the American taxpayer and lack of effectiveness. The UN principles, while perhaps noble in their intent, are limited in addressing the principle of Justice as well as the pragmatic political motives of HA/DR activities, and 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 our nation is

embarking on these endeavors for reasons that benefit all parties without overstepping sovereign nation boundaries.

Principles of Biomedical Ethics

Beneficence

Beauchamp and Childers (2001) define beneficence in relation to benevolence:

> the 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.

Beneficence mostly correlates with the UN Humanitarian principle of humanity, and probably is one of the easiest to reconcile between the two. OCHA (2012) 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 (2011, Great Tohoku Earthquake and Tsunami, Japan), and Operation Damayan (2014, Typhoon Ruby, Philippines). The primary ethical considerations revolve around the obligations of beneficience: preventing harm, removing harm, and promoting good (Beauchamp and Childers). An ethics body considering HA/DR missions might focused on identifying the absence of beneficence overall or in any component of the operation.

Nonmaleficence

Beauchamp and Childers (2001) describe the maxim "First do no harm" as the heart of the principle of nonmaleficence. Additionally, they identify the obilgation of nonmaleficence, "One ought not to inflict evil or harm." Several instances of unintentional harm, or at least inconvenience to the host nation being assisted can be found in recent humanitarian efforts. The Sumarta earthquakes in 2009 prompted an international relief response that included the US Department of Defense and the deployment of an Air Force Humanitarian Assistance Rapid Response Team. (Moroney, Pezard, Miller, and Doll, 2013). Although the team deployed successfully and delivered needed health services for about six days, the departure was difficult for local hospitals, as the HARRT left without notice to these organization causing disruption to the delivery of care in the affected area (Moroney et al. 2013). Another example of this can be found in Operation Sea Angel, a HA/DR response to Cyclone Marian in Bangladesh in 1991. Although many facets of the operation were successful, the coastline forestation efforts led to an increased incidence of malaria (USAID, n.d.) A multidisciplinary team looking at HA/DR plans utilizing an ethical framework might be able 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 (Beauchamp & Childers, 2001).

The corresponding OCHA (2012) humanitarian principles are independence and neutrality:

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

As the world's leading superpower, the United States is sometimes seen by other nations as being pushy, and even viewed as being meddling and coercive with our policies by others. Still, we provide billions of dollars in aid to other nations each year, even those with a strong anti-American sentiment in their population and governments. The American public largely supports our humanitarian aid policy, as most American people (81% in 2008) are in favor of providing relief to reduce poverty and severe hunger (Council on Foreign Relations, 2009). 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 Pakistan Floods of 2010 or the suspected diversion of aid to the Myanmar military during the cyclone relief operations in 2008 (Moroney et al., 2013)? Many recipient nations do not want us to partner with them in HA/DR operations, they simply want to utilize the US as a giant food bank, or to provide an air bridge with our 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.

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 (Beauchamp and Childers, 2001). Although the UN principle 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 (OCHA 2012).

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 US citizens? A Pew Research article in 2012 showed that the Pakistani public opinion of the US actually decreased shortly after the 2011 flood relief operations, with 7 out of 10 Pakistani's considering the US to be an enemy, while only 10% considered Americans to be a trusted ally. (Wike, 2012). One could argue from a justice standpoint that the funds used for relief to flood victims in Pakistan (around $550M) could have been much better used for domestic purposes or even 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 US 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 available to leaders and staff in the healthcare setting, often convening after an ethics consult is submitted that poses an ethical dilemma or grey area. The committee strives for a multidisciplinary approach: members usually include a member of the executive leadership, physicians, nurses, allied health providers, administrators, 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 ethic committee meets, considers the consult from all these different perspectives, and provides a recommendation to the individual requesting the consult.

As stated in the introduction, 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 our national leaders before, or at the beginning stages of operations, potentially thwarting potential ethical traps before they become international blemishes or quagmires. The team could be fully multidisciplinary: Operations, Logistics, Security, Medical, Cultural, Religious, and Political expertise on a standing basis, as well as supplemental experts in emerging technology, specific regions, religions, and other SMEs as needed. The team could also include a representative of the host nation, as well as a member representing the interest of the US Taxpayer (a legislator).

The Consult

If a group were formed to deliberate and make recommendations on the ethical implications of HA/DR, a framework would need to be determined consider the HA/DR plan template for the meeting and the resulting report could be useful in both providing uniform recommendations to decision making leaders, as well as providing a record of the ethical considerations that were deliberately considered prior to launching HA/DR response.

Additionally, guidance for expanding or decreasing the size of the response could be developed during this period. Based on the principles vetted by the council, recommendations could be made during these periods as well.

Conclusion

Our humanity and our generosity are two of the traits which our country 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 our own interests while remaining in alignment with humanitarian principles. Just as a multidisciplinary, framework driven hospital ethics committee helps healthcare professional make the sound ethical decisions, a HR/DR planning-focused ethics body using an ethical framework would provide leaders valuable recommendations when embarking on humanitarian efforts.

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