

## ENHA Case Study Series: Sterilization of a Patient without Her Consent

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**Setting:** Small rural hospital. The hospital is coping with an influx of refugees who are attempting to return to their home villages after having been displaced for two years in a neighbouring country due to armed conflict.

**Scenario:** A female patient of child-bearing age is brought to the hospital with severe abdominal pain. She is not accompanied by any family or friends. She is in distress and appears to the expatriate nurse to have an intellectual disability, although it is difficult to make this assessment due to a language barrier.

During an investigative surgery, the surgeon elects to perform a medically unnecessary tubal ligation. There is no prior discussion of this procedure with the patient or even with other members of the surgical team.

After the surgery, the surgeon declares to his colleagues that the decision was his responsibility alone to make and challenges them to say whatever they have to say and then leave it. He tells them that the procedure was necessary because the patient was not able to take care of herself, so she couldn't possibly take care of somebody else.

Days later the expatriate nurse remains distressed and wonders if she should have acted differently.

### **Analysis:** The Humanitarian Healthcare Ethics Analysis Tool

(HHEAT) is intended to facilitate discussion and deliberation for those involved in ethically challenging situations and will assist humanitarian healthcare workers in implementing well-considered decisions. Read the six steps listed above then proceed through the questions found on Page 2. They are designed to help you or your team structure reflection and deliberation on the ethical dilemma presented in the case study. You may skip questions that appear less relevant to the issue or explore dimensions pertinent to the context but not listed in the tool.

### Humanitarian Health Ethics Analysis Tool

- 1. Identify/clarify ethical issue:**  
What is at stake and for whom?
- 2. Gather information:**  
What do we need to know to assess the issue?
- 3. Review 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?

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## ENHA Case Study Series: Sterilization of a Patient without Her Consent (continued)

Humanitarian Health Ethics Analysis Tool	
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: <ul style="list-style-type: none"> <li>a) Resource Allocation and Clinical Features,</li> <li>b) Participation, Perspectives and Power</li> <li>c) Community, Projects and Policies</li> </ul>
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?
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**Disclaimer:** Case studies in the ENHA (Ethics Narratives in Humanitarian Aid) series are based on the reflections of humanitarian healthcare workers on ethical challenges experienced in the field. While the stories presented in the cases draw on real events and the accounts of real persons, many stories are composites in which similar experiences are woven together. In all of the stories, details such as names, dates, locations, career and life stage, gender, and profession have been changed, obscured, or omitted. Any resemblance the stories may bear to actual persons, places, and events is co-incidental.

While the stories often aim to show what the protagonist is thinking or feeling, the Humanitarian Healthcare Ethics Research Group's intent as the stories' author is not to suggest that the values and assumptions held by a story's protagonist are those of all or many humanitarian healthcare workers. Similarly, the values, opinions and actions of a protagonist or other actors in a story should not be understood to reflect those of, or be endorsed by, the Humanitarian Healthcare Ethics Research Group.