



Photo credit: page 10

Feeling landscapes of humanitarian healthcare

"Before a gay assembly, a gentleman would be more mortified to appear covered with filth and rags than with blood and wounds. This last situation would interest their pity, the other would provoke their laughter." (Adam Smith 1759: 72)¹

Adam Smith presents the above as a social norm in his 1759 *Theory of Moral Sentiments*. Where the gentleman he describes is likely suffering in both circumstances of poverty and injury, only one of the two circumstances will result in his audience's sympathy. Smith's treatise is full of such examples, held up in support of his argument that universally, human behavior, relations of assistance, and moral rules are predictable because these are based in "natural" feelings.

If the moral landscape of humanitarian action were based in universal and natural feelings, no doubt the work of many of us would be far simpler. Emergencies of international concern could be objectively defined. The prioritization of some sites, groups, or injuries over others would make sense across political and cultural borders. The desire to help would be humanitarian healthcare's own moral justification. The need for reflection on humanitarian healthcare ethics arises in the absence of such clarity. What feels right, what is defined as right, and what is perceived as right do not always align neatly or in the same way for all within a given context.

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Commentary

By HumEthNet member
Anaïs Rességuier

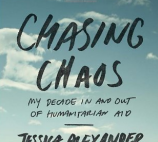
Ethics Snapshot

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Ethics in Action: a case-
study snapshot



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Book Review



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From the Humanitarian Healthcare Ethics website:

HumEthNet member, Dr. Lynda Redwood-Campbell revisits her experiences in the humanitarian efforts following the 2004 Asian tsunami.

Dr. **Elysée Nouvet** has just published, along with Elizabeth Chan and Lisa Schwartz, a report on Nicaraguan perceptions of humanitarian healthcare missions. The BPREP report is available in English and Spanish.

Visit the [Case Studies](#) section. A specific collection has been created that focuses on student international electives.

Visit the website at:
www.humanitarianhealthethics.net



We are pleased to announce that the Humanitarian Healthcare Ethics Research Group is now a **full member** of The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP). ALNAP acts as a "forum on learning, accountability and performance issues for the humanitarian sector". For more information on ALNAP, please visit <http://www.alnap.org/>

Editorial continued from page 1

Moral action may grow even more contested or blurry in humanitarian contexts, where "best practice" often needs to be improvised based on less than optimal, uncertain, and shifting options.

Thinking through the ethics of humanitarian healthcare can feel muddy and difficult. It may be bound up with a sense of personal or organizational vulnerability. Ethical considerations may be mandated from the boardroom, or provoked by the clear discontent of affected community members. One way or the other, the ethics of humanitarian healthcare are always entangled – as Anaïs Ressayguier suggests (in this issue, p.3) is the case for all humanitarian endeavours - with "bundles of feelings". These "bundles of feelings" are themselves entangled with cultural and political values, social and power relations, biography and history. Far from universal but often feeling natural, moral sentiments lie at the core of humanitarian healthcare's complications. Recognition of these also seems crucial to critical assessment of our intentions and practices. On behalf of the HumEthNet team, I hope that *Reflections*, on its 2nd anniversary, is and continues to be a space for provoking exchange, critical discussion, and debate on what *feels* urgent, troubling, or worth celebrating in humanitarian healthcare.

Dr. Elysée Nouvet,
Reflections co-editor,
Humanitarian Healthcare Ethics Research Group,
Post-Doctoral Research Fellow,
McMaster University

¹Smith, A. 1759 (6th edition). The Theory of Moral Sentiments.
http://www.ibiblio.org/ml/libri/s/SmithA_MoralSentiments_p.pdf

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_____commentary_____

A moral imperative or a bundle of feelings?

By Anaïs Rességuier

"The humanitarian 'imperative' is not an imperative at all but a bundle of feelings". After a long experience in numerous crises around the world, this is Tony Vaux's conclusion on the primary source of humanitarian action: a mere "bundle of feelings".

At a time when the international humanitarian community is engaged in the elaboration of new regulatory documents to improve the quality and effectiveness of its action and to ensure greater accountability, Tony Vaux's statement annihilates any claim to move beyond the strictly emotional dimension of our humanitarian endeavors. The possibility of an action arising from a pure sense of duty, i.e. an action devoid of any partial and biased intentions, appears simply out of reach. Humanitarians have no access to any moral imperatives. All they have to guide their actions are these emotional reactions. This would certainly throw Kant in deep despair. More than two centuries after he argued that we should act "not from inclination but from duty", we are still entangled in "a bundle of feelings".

To get us out of this entanglement we thought the solution was to get rid of the bundle of feelings altogether. We put rights and duties wherever initially there used to be desires and feelings. We replaced for instance the "*desire* to bring assistance" of the Red Cross Fundamental Principles (1965) by the "humanitarian *imperative*" made of *rights* and *obligations* in the Code of Conduct (1994) and the Sphere Humanitarian Charter (1997).

Humanitarian desires and feelings - they are assuredly potentially dangerous, but could we actually do without them? And more generally, can we really ground any form of action strictly on a set of rights and duties?

Of course there should be principles, norms and standards to guide humanitarian practice. As an international system characterized by extreme power asymmetry between humanitarian actors and crisis-affected communities, it has to go beyond the naïve and simplistic model of spontaneous charity and benevolence. The power of the humanitarian sector today should be taken seriously and regulated. However, we may wonder whether these regulatory instruments and the language of rights and duties may really come to take the place of the most fundamental driver of humanitarian action.

Far back in the Western philosophical tradition, much before Kant's categorical imperative, Aristotle had recognized desire as the only faculty that prompts action. As he judiciously observed, while desire can exist without reason, reason without desire is nothing. Similarly, the 20th century philosopher Wittgenstein noticed that in the "ideal conditions", such as those to which humanitarian codes and principles aspire, we are simply "unable to walk".

As part of the Humanitarian Ethics research project² at the University of Oxford, I recently had the opportunity to meet numerous professionals working in humanitarian organizations in Lebanon and Jordan in the response to the Syrian crisis. One of the most widely shared experiences, in particular among those at higher positions of responsibilities, was the fact of missing the direct interaction with the crisis-affected people.

Continues on page 9...

Ethics in Action: A case snapshot

To promote discussion and interest in various ethical issues, *Reflections* will periodically publish Case Snapshots. These brief ethical cases are best suited for personal reflection and professional discussion. Visit the hhe website for suggestions on enhancing discussion of these Snapshots for training and education. The web version includes reflection questions, optional outcomes, and the Humanitarian Health Ethics Analysis Tool, (HHEAT), to enhance discussion.

CASE: Tensions between Western Professional Ethics and Local Gender Norms

Setting: A rural region of a South Asian country

Scenario: An expatriate obstetrician/gynecologist is working for an international medical non-governmental organization (NGO) in a small rural hospital in a country in South Asia. One day, a young pregnant woman with severe pre-eclampsia is brought to the hospital by her husband. The obstetrician examines the patient and finds her to have significant hypertension, renal failure, and pulmonary edema. The obstetrician realizes that the life of the young woman and the fetus are in imminent danger unless an emergency Caesarean section is performed. With the assistance of an interpreter, the obstetrician explains the seriousness of the situation to the patient and her husband. However, the patient's husband responds by adamantly refusing any type of surgery for his wife, insisting that the risks and financial costs of such a procedure are too high for them to bear.

The obstetrician feels compelled to proceed with the emergency Caesarean despite the husband's wishes, but is quickly pulled aside by two local colleagues working for the medical NGO. They explain that according to local custom and law, a female patient cannot receive medical intervention without first obtaining the consent of a close male relative. Although they understand the obstetrician's concern for the young woman's life, they warn that contravening the husband's decision could lead to conflict with the local community and jeopardize the NGO's capacity to operate in the area. In light of this advice from her colleagues, the obstetrician now feels deeply conflicted about what to do.

Analysis: Apply this case to the Humanitarian Healthcare Ethics Analysis Tool (HHEAT). The 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. The six steps 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.

HHEAT HANDBOOK: A handbook expanding the HHEAT and a worksheet to facilitate application of the tool are available online. (<http://t.co/cQQosSJytc>)

Do you have an ethical challenge, dilemma, or concern you would like to share?

Contribute a CASE SNAPSHOT for posting in *Reflections* and on the hhe website. Use the format of this case as a template. For inclusion on the website, please include reflection questions and/or possible outcome options to enhance discussion.

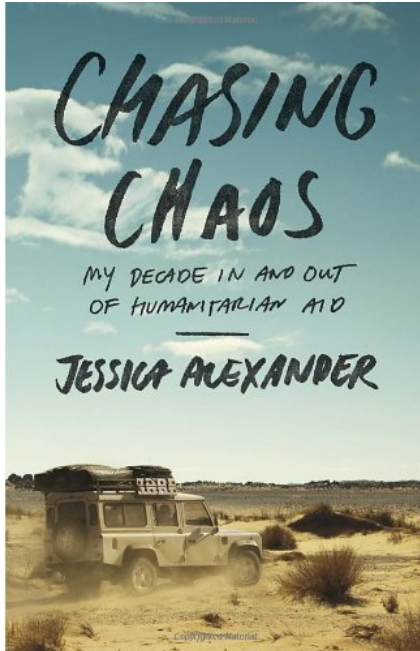
Email submissions to: humethnet@gmail.com

Chasing Chaos.

My Decade In and Out of Humanitarian Aid.

Book review by Nancy A. Johnson

2013. Jessica Alexander. New York: Broadway Books. 386 pages.



Chasing Chaos is a coming of age memoir in which Alexander, an adjunct professor at three New York universities and a doctoral candidate at the London School of Hygiene and Tropical Medicine, reflects on her personal journey from a newcomer "animated by a newfound sense of possibility – the urge to move out into the world, and to be moved by it" to a seasoned humanitarian aid professional.

Readers expecting a *Wolf of Wall Street* exposé from the back cover's reference to "alcohol fueled parties" and "fleeting romances" will be disappointed. What they will find is an honest, balanced and sometimes biting portrayal of the humanitarian aid enterprise and the realities of the life of a humanitarian aid worker.

Alexander introduces us to the hardships, loneliness, anger, and physical exhaustion of humanitarian aid work and to "how hollow [it] can make you – how easy it [is] to shirk attachments, when you are always leaving one place for another", along with moments of joy,

accomplishment and connectedness.

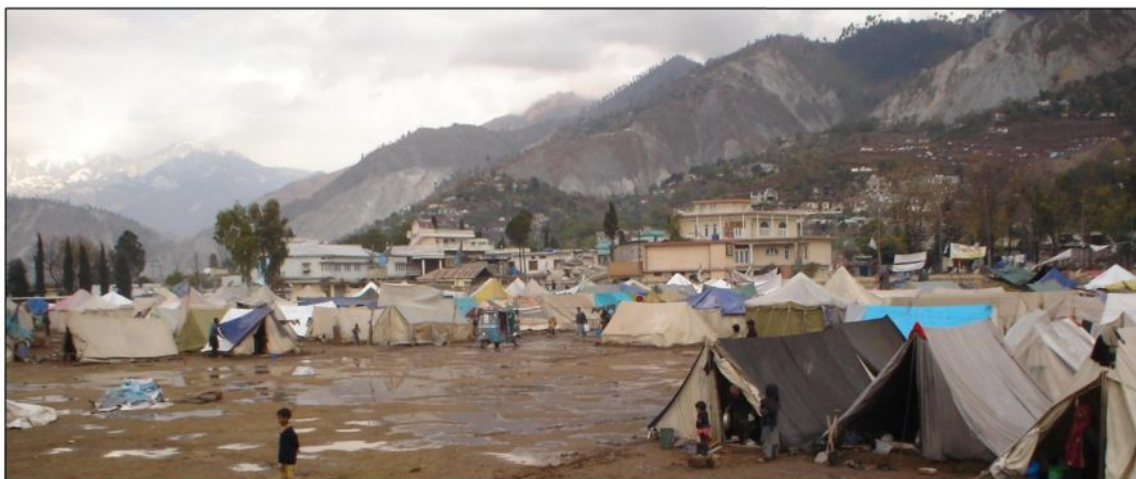
Stories of hard work and dedication are accompanied by references to shifting donor attention and money, aid agencies competing with each other for beneficiaries, games of "UN Bullshit Bingo" in which meeting participants jokingly bet packets of cigarettes on how many time phrases like "After Action Review" and "strategic objectives" will be mentioned, and interagency politics where the order of names cc-ed on an email can draw more attention than its substance.

Alexander also introduces us to the archetypical Sheila, a burnt out, middle-aged, chain-smoking "humanitarian widow", "voluntourists" and "weekend warrior do-gooders" on "hug vacations" in the aftermath of the 2010 earthquake in Haiti, and careerists like Kassim who hated working in Rwanda, but for whom the posting was a promotion he couldn't refuse, a chance "to save a lot of money and climb another level in the bureaucratic UN system, all the while living in his gated house, with maids and cooks".

Throughout the memoir, Alexander holds the Kassims, Sheilas and do-gooder wannabes up as mirror to her own motives, goals, frustrations, idealism and disillusionment to conclude that "Whatever the context we're working in, it's never simple. Things take time, it's messy and there are always mitigating factors and extenuating circumstances...Our work in humanitarian settings matter, and to wait for broader social, political, and economic reforms to address the needs of the most vulnerable is not an option...I stay with it because I believe in the purpose of aid: to alleviate suffering of people when they need help the most."

Alexander's memoir is, for anyone aspiring to a career in humanitarian aid or for anyone teaching those who are, a highly readable and affirming introduction to the everyday challenges – physical, emotional, ethical and structural encountered "in the field" and in agency headquarters in Geneva and New York.

New Research Study Seeking Participant



Researchers' experiences of ethics during disaster research in low-resource settings

We are conducting a study in order to understand:

- 1) What the moral experience of researchers operating in post-disaster settings is
- 2) How researchers operating in post-disaster settings use existing ethics guidelines
- 3) To what extent existing resources help researchers work through the uncertainty they face while conducting research in post-disaster settings

We are seeking members of research teams who have experience conducting disaster research in low-resource settings who would be willing to participate in a 45-90 minute interview.

Fonds de recherche
Santé

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McGill

For more information, please contact Mr. Renaud Boulanger, M.Sc. candidate
renaud.boulanger@mail.mcgill.ca



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reflecting on ethical practice



Photo courtesy of
Lynda Redwood-Campbell

Humanitarian

NGO Volunteer Crisis
Policy Emergency
Ethics

A New Study!

Ethics in Humanitarian Healthcare Practice and Policy During Acute Crisis Response in Lower and Middle Income Countries

To better understand ethical issues arising from health-related humanitarian aid in settings of disaster, conflict, or complex emergencies.

We seek participants for interviews!

Interviews will be conducted by phone, by Skype, or in person at a time convenient for you, and will take approximately 45-90 minutes.

Confidentiality: All personal information will be removed from the data. Participants will receive a small honorarium.

1. Policy personnel: Individuals with experience in writing, implementing or evaluating policies in acute humanitarian emergencies.
2. Healthcare fieldwork: Individuals with experience as part of the humanitarian healthcare team during acute humanitarian emergencies.

For more information please contact:

Policy personnel: Leigh-Anne Gillespie (gilleslb@mcmaster.ca)

Health care fieldwork: John Pringle (john.pringle@mcgill.ca)

in focus:

Nyamiye Hermenegilde

Human Health Aid – Burundi is a Non-Governmental Organization that was created in 2005 and registered under 530/1349 on December 23, 2008. It was created by a group of academics, medical practitioners, psychologists, an anthropologist and a social worker. Its mission focuses on emergency response and it provides research that aims to enhance the performance of humanitarian work in affected countries.

Human Health Aid – Burundi has completed a range of projects in the field of WASH with innovation, Assist Refugees and Asylum Seekers through Asylum Seekers Relief Services. We are committed to responding to emergency needs where these arise, as well as assessing needs for decisions makers, NGOs and other institutions. We carry out relief activities in deprived and remote areas where no other NGOs are present, and facilitate monitoring, evaluation and research of the interventions we provide. We are committed to strengthening individual and institutional capacity in health aid, to be more efficient and effective in responding to humanitarian health needs and crises.



**Human
Health
Aid-Burundi**

Rich resources...free to use

CDC's Public Health Image Library
(<http://phil.cdc.gov>)

ICRC archives (photography library coming online in March 2015) (<https://www.icrc.org/eng/resources/icrc-archives/>)

PAHP.org: current legal perspectives on humanitarian aid

Genocide Archives Rwanda at the Kigali Genocide Memorial Site (www.genocidearchiverwanda.org)

Contribute to *REFLECTIONS*:

If you have comments on newsletter content, are interested in submitting relevant article, book, resource announcement or other news to an upcoming newsletter,

Please contact:
humethnet@gmail.com

Upcoming events:



19th World Congress on Disaster and Emergency Medicine, 21-24 April 2015



Disaster Management 2015: 4th International Conference on Disaster Management and Human Health: Reducing Risk, Improving Outcomes, 20 - 22 May, 2015, Istanbul, Turkey

The 26th Annual Conference and Meeting of the Canadian Bioethics Society (CBS) Winnipeg, May 27-30, 2015. Theme - Shadows and Light: Bioethics and Human Rights.

Continues from page 3...

Many of them expressed the risk constantly lurking in their work of losing the sense that there were people behind the numbers on their screen.

As they recognized, this in turn had a negative impact on their own motivation. Some had even lost the drive that had initially taken them to the humanitarian field. For them it had just become a job like any other, simply an income-generating activity (if it was not for the strong taint of cynicism that it now had). Many, though, managed to fight against this risk by striving to maintain a sense of connection and meaning that hours spent carrying out administrative and managerial tasks might have worn out. For instance, some would do regular visits to the crisis-affected communities their organizations support, even though such visits would not be a requirement for their role. Others found new sources of motivation and enthusiasm within their team. Most recognized the need to stand back once in a while from their day-to-day activities to come back to some practical sense of their work and its impact – to *feel* something again behind the numbers, reports, and the myriad of meetings.

In that sense, it appears that the strict sense of duty and obligation is not sufficient to sustain an activity, even more so when we are talking about an activity of providing help to people in need. Though the development of codes, norms and principles in the humanitarian sector is certainly to be celebrated, I would also like to invite some cautions toward them. Indeed, in this praiseworthy effort, that of ensuring a rationally grounded response to crises, we may actually be removing the very living source of our humanitarian endeavors.

Would the humanitarian *imperative* actually take us anywhere without the humanitarian *desire*, without this fundamental "bundle of feelings"?

To send comments or to continue the conversation, please contact Anaïs at:
anaïs.resseguier@politics.ox.ac.uk

²[http://www.elac.ox.ac.uk/Humanitarian Ethics/index.html](http://www.elac.ox.ac.uk/Humanitarian%20Ethics/index.html)

New publications...

* Authored by Network member(s)



Carney, Megan. A. Eating and Feeding at the Margins of the State: Barriers to Health Care for Undocumented Migrant Women and the "Clinical" Aspects of Food Assistance. *Medical Anthropology Quarterly*. Article first published online: 26 FEB 2015 | DOI: 10.1111/maq.12151



Core Humanitarian Standard on Quality and Accountability (CHS)
– English, December 2014, <http://www.corehumanitarianstandard.org/the-standard>

Fehrenbach, Heidi and Davide Rodogno, Eds. 2015. *Humanitarian Photography: A History*. Cambridge University Press.

Gorin, Valérie. 2014. « 'Millions of children in deadly peril': utilisation des d'enfants affamés par Save the Children pendant l'entre-deux guerres. » *Revue Suisse d'histoire – Itinera* (special issue on media and famines) 37: 95-112.

Goyal, Aman. 2015. 'Pharmacy of the World' is ill?
Article first published online: 23 JAN 2015 | DOI: 10.1111/dewb.12077

Murthy, Ranjani K. 2014. "Inclusion or Exclusion of CEDAW's Concluding Observations on Health in Government Plans?: The Case of South Asia". <http://bit.ly/17BDRjp>

PICTURING HUMANITARIAN HEALTHCARE



A component of the <http://www.humanitarianhealthethics.net> website.

VISIT - READ - REFLECT - CONTRIBUTE

HUMETHNET IS A COMMUNITY OF PRACTICE COMMITTED TO DEVELOPING & USING RESEARCH, EDUCATION, POLICY, AND/OR TOOLS TO ADDRESS ETHICAL CHALLENGES IN HUMANITARIAN HEALTHCARE IN ORDER TO REDUCE PRACTITIONERS' MORAL DISTRESS AND IMPROVE ETHICAL PRACTICE AND DECISION-MAKING AT MULTIPLE LEVELS.

-HumEthNet working statement

ABOUT Reflections

REFLECTIONS is a semi-annual publication written by and geared to a range of actors in the realm of humanitarian healthcare.

The newsletter is available in both electronic and pdf formats. Subscription to the newsletter is free.

We welcome submissions in the form of humanitarian healthcare ethics-related events promotion, reviews of books, films, exhibits or events, and recommendations for new readings, viewings, and websites. If you wish to make a submission, offer feedback or suggestions, write to us at humethnet@gmail.com.

The Humanitarian Healthcare Ethics Network, HumEthNet, was inaugurated on November 22-24, 2012, in Hamilton, Canada at the Humanitarian Healthcare Ethics (hhe) Forum, hosted by the hhe Research Group with funding from CIHR. Participants are from a variety of disciplinary, organizational, professional, and country backgrounds engaged in the development of realistic applications for ethics in humanitarian healthcare practice. For information on membership contact humethnet@gmail.com.



For more information on the HumEthNet or the hhe Research Group visit:

www.humanitarianhealthethics.net