

## Case 4: Conflicting priorities in the laboratory

**Key words: conflicting obligations (professional/military); prioritising; fairness**

You have just deployed to a lab that provides diagnostic laboratory services for two Ebola treatment units in a low-income country: one run by the military and one run by an NGO. The former is reserved for international (predominantly) and local healthcare workers and the latter serves the general population, but has a high proportion of child patients. You are told that you should always prioritise the providing of test results to the former, military-run unit. Normally (back in the UK and on other deployments) you are guided by the principle that results should be provided according to how urgently they are needed, and this is determined by the extent to which significant treatment decisions depend on the information they provide. During quieter times, you are told, it is possible to 'batch' samples from both units so that results are available more or less simultaneously. However, when you arrive both units are busy and you receive a sample from a very poorly child that is clearly urgent and the 'prioritised' batch from the military-run unit is full but contains some less urgent samples.

### Issues raised by the case

1. Role conflict/dual responsibilities (chain of command vs duty to care)
2. Moral responsibility and agency
3. Fairness

### Potential learning outcomes

1. Identification and consideration of ethical issues
2. Coping with moral distress and role conflict
3. Increased understanding of ethical issues surrounding role conflict/dual responsibilities
4. Beginning to understand and apply moral reasoning as a way of addressing issues and associated problems
5. Beginning to understand how ethical issues may be anticipated and avoided

- 1. What is the 'right' thing to do? Do you prioritise the sample from the very poorly child (replace one of the non-urgent samples with this one) or do you prioritise all of the military samples first including the non-urgent ones?**

*It might be useful to get the learners to decide what would the right thing to do and why if the decision was not being made in a military context.*

*It is likely that the result will be a consensus that the right thing to do is prioritise the very poorly child's sample, perhaps with reference to the following:*

- 1. Accepted practice- prioritising clinical urgent cases*
- 2. Following Professional Codes of Conduct- act in patient's best interests and treating all patients fairly*
- 3. Ethics- principles of equality, fairness, beneficence and non-maleficence*

This material was produced by the research project 'Military healthcare professionals' experiences of ethical challenges whilst on Ebola humanitarian deployment (Sierra Leone)'. The project was funded by the UK ESRC and the Royal Centre for Defence Medicine (Academic & Research). See: <http://www2.warwick.ac.uk/fac/med/research/hscience/sssh/newethics/bioethics/milmed/ebola/>

*It might be then useful to ask the learners if they didn't know the clinical details of the patients and their samples and we are in a military context, what would they decide the right thing to do is?*

*Again, it is likely that there will be a consensus that the right thing to do is to test all of the military samples first, perhaps with reference to the following:*

- 1. This is a clear order and the chain of command is essential to the effectiveness of the military*
- 2. As a serving member of the armed forces individuals have effectively signed up to follow orders and not make unilateral decisions even if their personal views means that they would have chosen to do something different in the same circumstances*
- 3. Military samples are prioritised as military patients deserve special treatment- it is part of the Quid Pro Quo of a soldier's relationship with the paternalistic military (and State). To not prioritise military samples could lead to loss of morale and fighting power.*

*In this case there is a clear conflict with an individual's role as a serving member of the military and their role as scientist/healthcare/ humanitarian worker – which makes the 'right' thing to do not easily ascertainable by looking at the rules. This is because the rules in this case are different depending on whether you categorize yourself as a soldier or as a healthcare worker - they are in conflict as the individual is performing both roles.*

## **2. How do you determine what the right thing to do is? How do you resolve a conflict between your professional code of conduct and values, and military orders when the two appear to be in tension?**

*This should generate some very interesting discussion, and there is not a definitive right or wrong answer.*

*Some learners may decide what the right action is by looking at whether they identify first as a soldier or a humanitarian worker.*

*Others may try and meet both sets of rules as far as possible, but make exceptions in particular circumstances- what will be interesting in this discussion is the underlying principles that are being used in order to make exceptions.*

*What ethical principle is their 'bottom line'?*

*Other learners may look at what the consequences of a particular action are. For example:*

- Not prioritising a military sample may lead to an immediate military sanction being placed on the individual for failing to perform their duty.*

- *There is also the possibility that military samples belong to soldiers who have an underlying condition that a speedy blood result would allow the early detection and treatment of.*
- *The failure to test the child's blood sample may lead to a further deterioration in the child's condition and their death.*

*Some learners may ask themselves: 'which is the worst and most likely possible consequence of the available options'? And then choose the least bad option.*

**3. One solution might be to pass the problem up the chain of command, another might be to use your own judgement and assume that what you have been told to do is a norm that admits exceptions. What are the pros and cons of each approach?**

*Passing up the chain of command*

- *Raising the problem in appropriate way - both from a military and professional perspective - so meeting the requirements of both roles*
- *Clear decision will be made - no moral dilemma for individual worker (is this necessarily a good thing?)*
- *Decision may still be in opposition to personal moral beliefs as to what is right, so there still may be moral distress*
- *If the order is in opposition to personal moral code and the order then then disobeyed, the penalties are likely to be more severe*
- *May take time and time is of the essence*
- *By passing the matter up the chain of command, the issue may be revisited for training and policies in the future*

*Norm with Exceptions*

- *Allows immediate testing of child's sample*
- *Allows a soldier still to meet the clinical, ethical and professional guidelines of a humanitarian worker*
- *Makes it possible for an individual to act in a congruent way with their moral beliefs and ethics, therefore less likely to experience distress*
- *Another healthcare worker/soldier may decide something entirely different. This made result in a lack of fairness and transparency*
- *Undermines the chain of command and military hierarchy and therefore operational effectiveness at ground level*
- *Military personnel's health may suffer as a result of not being prioritised*