Case 7: Sharing resources with other organisations

Key words: dual obligations; rule of rescue; fair allocation of resources; States obligation to soldiers.

You are working in a small NGO-led infectious diseases treatment unit (IDTU) during a major viral disease outbreak in a low-income country. The IDTU was established to guarantee that affected healthcare workers would get care. It is believed that this measure will instil confidence in both the local and international communities, so that personnel continue to work or will come to the affected area to help care for the sick and contain the spread of the disease. No arrangements are in place to evacuate patients back to their country of origin.

A doctor from a responding, developed country is referred to and accepted by the IDTU as his symptoms resemble those of the infectious disease in question. However, when he is admitted it seems clear, and tests confirm, that he actually has cerebral malaria. He becomes acutely ill. Even though he has only been in the 'suspected' area and has tested negative for the infectious disease, no hospitals are willing to take him from the IDTU. In fact, the IDTU is actually the best non-military facility available, so this is not initially an issue and his care continues in the 'suspected' area. As his condition worsens, it becomes clear that he is at imminent risk of death if he does not receive ventilation. Co-located with the IDTU is a military treatment facility, providing a general healthcare capability for deployed military personnel assisting with the humanitarian effort. Between both facilities, there is only one ventilator, held by the military team. This is therefore kept and maintained on a 'clean' site, because once the ventilator goes into the 'hot zone' (active viral disease treatment area) it cannot come out again. If the equipment is moved it might be some days or weeks before a replacement is supplied.

Those working in the IDTU argue strongly that their patient urgently needs the ventilator, and will die without it, so it should be used now to save his life. The argument of those working in the general health facility on the clean side is that although it is very unlikely to be needed before it is replaced, it provides a vital safety net for military personnel. They feel that the potential needs of military personnel should always be prioritised, even over the current needs of other patients. This, they say, has always been the operational norm or guiding principle for the military on combat operations and holds equally for humanitarian operations. For the same reason, they are unwilling to accept the patient into the 'clean' military medical facility as there is a theoretical risk that he may have become infected whilst being treated in the 'suspected' area, even though his most recent test is clear.

Issues raised by the case

1. Maintaining clear medical rules of eligibility (MRoE).

2. Role conflict / dual obligation conflict (chain of command vs duty to care).

3. Maintaining the integrity of the mission (can be argued from both perspectives – civilian / NGO & military).

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4. Fairness (justice principle) and the rule of rescue.

5. Military personnel's relationship with the State.

Potential learning outcomes

1. Identification and consideration of pertinent ethical issues (deontological vs consequentialist / utilitarian approaches in this case).

2. Coping with moral distress / resolving ethical conflict or competing ethical tensions between colleagues who hold different opinions.

3. Increased understanding of ethical issues surrounding MRoE and their relationship to role / dual obligation conflict.

4. Beginning to understand and apply consequentialist ways of addressing issues and associated problems, as well as duty-based ethics.

5. Beginning to understand how ethical issues may be anticipated and avoided.

1. Should deployed military personnel be given priority, in terms of their health needs, over other health care workers responding to a humanitarian crisis? If yes, explain why.

- *The majority of deployed military personnel may have been under orders rather than volunteering to be exposed to health risks; unable to exercise individual ethics of preference - humanitarian workers are all likely to have volunteered.*

- *The presence of the ventilator will have been calculated as part of the risk assessment for the mission. There is an obligation to mitigate risk.*

- *The counter-argument is that soldiers on 'signing up' are aware that there are risks to health and life in military service; however, they may have been anticipating a particular kind of risk (e.g. combat injury) though it is the case that deployment to many places in the world also entails other risks such as venomous snakes, road traffic accidents and infectious disease.*

- *Soldiers on active service put their health and lives at risk for no personal gain and usually as part of the State's orders - the least the State can do is make the best available healthcare available to them. This is an associative obligation. Without this arrangement, there would be little appetite for people to train as soldiers to serve the State.*

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2. What ethical obligations does or should a State have to its military personnel over and above its general citizens?

- *Arguably, military workers have a special relationship with the State. They are not just citizens of the State, they are the arm of the State and as such the State has extra responsibilities to the, for example at a simple level as an employer.*

- *By extension, there is a duty to provide training and protection, and be concerned about anything that may harm a soldier.*

- *In addition, soldiers understand themselves and are understood to have made a special promise or obligation to protect the State and its citizens; if necessary to lay down their life to protect their country. It is possible to argue that if someone has made this promise it is on the understanding that the State also owes a soldier special treatment if they get sick, injured or hurt whilst obeying orders and serving the State. Special in the sense of over and above the duty it owes to all of its citizens. Some people argue that the basis of this duty to provide special help is that soldiers act for other citizens, taking on themselves risks that the citizens thereby avoid having to take. Others argue that the special duty only extends to providing care that enables a soldier to return to duty. If the soldier is unable to return to duty (i.e. becomes a civilian) care should be allocated on the same basis as it is provided to other citizens.*

3. Examine the arguments for and against taking the ventilator into the 'hot zone' to treat the patient with cerebral malaria. In this scenario, the patient will likely die without ventilation, and there is no current need of the ventilator by military personnel.

***Arguments For**:*

- *Patient will likely die unless they are ventilated.*
- *Patient will still have to be cared for.*
- *Uncompassionate not to. This is a person that could be saved - surely all human lives are of inherent value? Healthcare staff in the military unit should try to help if they can – they have professional obligations to help the sick.*
- *Emotionally distressing for staff to watch a patient die that they could potentially have saved; or at least done more for with the appropriate equipment.*
- *When someone is literally dying and efforts to save them are possible, this appears to give a duty of rescue that seems out of proportion to other allocation of resource decisions. For example, when someone falls over a cliff, huge resources and effort to rescue them may be made, but resources might not be allocated to building a fence to prevent people from falling over the cliff in the first place.*
- *Harms the reputation of the UK & the military.*
- *No immediate or competing need of military personnel for a ventilator.*
- *Although these resources are 'owned' by one organisation and not the other, it is in the interests of organisation to develop relationships of mutual co-*

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operation (assuming that these can realistically be mutual, as opposed to one side always doing the giving)
- *Very small assessed risk of military personnel requiring a ventilator.*
- *It is only 1 ventilator, and if 2 soldiers needed it at the same time, one would likely die.*

***Arguments Against**:*

- *Patient may die anyway.*
- *Patient may be on ITU for a long time not only using the ventilator but other ITU resources including staff for an extended period of time*
- *The ventilator is for military personnel who may need it.*
- *Military personnel should get prioritised healthcare because of their virtuous actions and service to State and its interests (see above).*
- *Military personnel, whilst acting under orders of the State, are owed special obligations by the State.*
- *Soldiers may perceive they are not being properly cared for – this may have a knock-on effect on morale, and the general operational effectiveness of the military in the area.*
- *This may set a dangerous precedent of expectation. Military units of often better resourced than other kinds of unit (NGOs / local facilities), they could always be placed under pressure to share what they have.*

4. If the affected worker with malaria is British, does that alter your views?

- *This question is asking learners to try and analyse their probable moral partiality to people that are 'nearer us', or less remote – is / should that be just a geographic consideration? How far does this partiality extend? Should we be impartial? What if he was from a neighbouring country, and is therefore easier / quicker to repatriate (assuming this is possible)- would that make a difference?*

- *In addition, it could be argued that the State, which has funded the military bed, also has a responsibility to UK citizens when they are abroad - giving the affected UK victim a greater claim on the ventilator, compared with a non-UK national.*

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