

Family versus humanity

Two cases in one

SCENARIOS

Case 1

A British clinician worked for 10 years for an international humanitarian healthcare organisation in management positions. She came back three years ago and had three children. She is happily taking care of her children who are now 1, 2 and 3 years old. She is also regularly volunteering with the same organisation that has an office in her city. Her partner is providing for the family.

There is a new Ebola outbreak in the region where she had managed two Ebola crises in the past. Her organisation is in desperate need for a person with the particular skills required to set up the operation. Additionally, the organisation needs a person familiar with the socio-cultural environment of the community affected. This specific community is indeed known for being particularly hostile to international humanitarian organisations. The organisation is asking her to come back to the organisation to put in place this new operation. The mission would last 3 months.

The clinician is interested in the operation and particularly committed to supporting this community with whom she greatly enjoyed working in the past. She is aware that this situation requires particular clinical and management skills that are difficult to find. She knows that her previous experience in this context has given her particular skills to work with the local community.

However, she is worried about leaving her three children for 3 months.

Her partner has some flexibility with his time. Her parents are retired, do not live far from the family and sometimes take care of the children.

What should the clinician do?

Case 2

A British clinician worked for 10 years for an international humanitarian healthcare organisation in management positions. He came back three years ago and had three children. He is happily taking care of his children who are now 1, 2 and 3 years old. He is also regularly volunteering with the same organisation that has an office in his city. His partner is providing for the family.

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However, he is worried about leaving his three children for 3 months.

His partner has some flexibility with her time. His parents are retired, do not live far from the family and sometimes take care of the children.

What should the clinician do?

ETHICAL ISSUES RAISED BY THE CASES

1. Conflict between different roles (responsibilities towards your family vs responsibilities toward remote population)
2. Potentially maximising welfare for the greatest number of people (utilitarianism) may conflict with duty (deontology)
3. Does the potential good done to the Ebola-affected community balance the potential harm done to the children?
4. Do we have different moral responsibilities as a woman and as a man? Do our moral intuitions say something different on this question than our moral reasoning?

POTENTIAL LEARNING OUTCOMES

We can identify three different levels of potential learning outcomes for this case study:

1st level of learning objectives:

Ethical reasoning, i.e. balancing moral values and responsibilities

- a. Identification and consideration of the ethical issue
- b. Raise awareness of ethical conflict between **different roles we hold**
As a parent (private life)
As a professional (professional life)
As a man/woman
- c. Raise awareness of ethical conflict between **different values or societal stereotypes**
- d. Raise awareness of the fact that maximising welfare for the greatest number of people (utilitarianism) may conflict with duty (deontology)
- e. Raising a greater understanding of the fact that ethical choices occur beyond one's professional commitment

2nd level of learning objectives:

- To discuss whether we have different moral responsibilities as a woman and as a man

3rd level of learning objectives:

- To raise awareness as to whether our **moral intuitions** conflict with our **moral reasoning** when discussing if there are different ethical responsibilities for men and women.
- Highlight a potential inconsistency between moral intuition and moral reasoning

SET UP

To explore this case, the group should be divided in two groups: the first group will be given case 1 (the person being a woman) and the second group case 2 (the person being a man). There could then be two ways to conduct the case: through group deliberation or through personal deliberation.

Group deliberation set up:

Each of the two groups will be asked to deliberate on what the clinician should do. During the group discussion, the tutor should make sure that the participants believe that the two cases are completely different. This will ensure that participants are not influenced in their responses and deliberation by the fact that there could be a possible gender element in this case. We want to make sure that the deliberation is as spontaneous as possible. It might be useful to have the two groups in two different rooms. People in each group will be asked to read the case and to discuss it among themselves to decide what the person should do.

After 5 to 15 minutes of discussion, the two groups will come together and present the outcome of their deliberation.

At this stage there might be a difference in the responses due to the gender aspect. If so, a discussion should follow on this topic.

Personal deliberation set up:

This case could also be set up for personal deliberation. Half of the participants would be given the first case and the other half the other case. All participants would be given two cards: one saying 'yes', the other saying 'no'. Participants would be asked not to discuss it among themselves during the deliberation. The tutor should make sure that they cannot suspect that the cases are almost similar (so as not to bias the deliberation towards the gender element). The participants would be given 5 minutes to read the case, to take a decision and to answer 'yes' or 'no' to the case. They will then be asked to reveal their answer and will be told that the case was the same except for the fact that the gender of the clinician changed.

The tutor should then support the group discussion, highlighting both the strict ethical elements (responsibilities to relatives as opposed to professional responsibilities, utilitarian view as opposed to deontological view) and the difference, if any, the gender aspect makes.

MAIN OBJECTIVE OF THE CASE

This case is essentially designed to explore the tension between one's role as a parent and as a professional. As a person we hold different roles and these roles come with different values and responsibilities that may at times conflict. In this case, the exercise is to take the place of the clinician and to go through the ethical conflict s/he may experience.

Only the colleagues at the organisation are putting pressure on him/her. The partner and parents do not want to put pressure in one direction or the other and leave it up to him/her to decide. The children are not consulted at this stage considering their young age. It should also be said that the children have no particular problems (such as health problems) and that they enjoy being taken care of by their other parent and by their grand-parents.

In taking his/her decision, the clinician should take into consideration the fact that the kids might have a problem while s/he is away. If the problem is serious, it might mean that the s/he needs to abandon the mission promptly to come back to his/her family. That would imply a significant cost to the organisation and to the mission.

The tutor should also make it clear that it is not possible to go for a shorter mission due to access and management challenges. Also, remote management has proven to be a failure for this organisation in managing similar crises in similar circumstances. So this is not an option.

QUESTIONS TO CONSIDER

1. *Is it justifiable for a professional to leave his/her young children to help others who need the unique skills this professional has?*
2. *Can we apply a strict utilitarian approach to this case, i.e.: the welfare of three children versus the welfare of a whole community in a life-threatening situation?*
3. *Does it make a difference whether the person is a man or a woman? I.e. do men and women have different ethical responsibilities?*
 - In this question, it is important to explore both what our ethical intuitions say on this matter compared to our moral reasoning.
4. *If the person decides not to go on the mission, would s/he have some responsibility should the mission have a negative outcome? Would s/he have some responsibilities for the lives lost?*
 - That poses the question as to whether we recognise responsibility for non-action.
5. *If the person decides to go on the mission, would it make any difference the fact that s/he might be concerned for his/her small children (i.e. spending time calling them, potentially unconsciously being more risk-averse because of parental responsibilities...).*
6. *Considering that the parent is responsible for her/his children, does the infectious risk to which s/he exposes him/herself have any impact upon the children? Does a parent have a duty to 'stay alive'?*