What are the Ethical Implications of Global Health Education?

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The Players

- Sponsor
- Learner
- Host
- Mentor
- Sender
Three broad questions:

- What ethical problems arise when trainees seek to learn or do research in settings of different cultures, norms & resources?

- How should ethical problems in global health education be documented, who should address them, & how are they best addressed?

- What structured initiatives could improve outcomes for learners, patients, research subjects while cultivating ethical decision-making skills for participants in global health?
Outline

- Mission of the Center for Medical Humanities & Ethics
- Community Service-Learning Model
- Current Educational Opportunities and Participation
- Root causes of ethical dilemmas?
- Ethical Issues We Encounter
- Ethical and Best Practice Guidelines for Training Experiences in Global Health
Mission statement

Teaching ethics & professionalism to medical students & health professionals while nurturing empathy & humanitarian values.
Global Health at the CMHE

- An integral part of our center since inception in 2002
- Focus on medical student education
- A community service learning model
- India, Haiti/DR, Ethiopia, Guatemala
- (Panama, Nicaragua)
The CSL Model can facilitate ethical programs & reasoning

- Preparation
- Mentorship
- Community engagement
- Monitoring & evaluation
- **Reflection**
- Process improvement
Current Educational Opportunities

- MS1,2 Global Health Enrichment Elective
  - 11 noon time SEMINARS, +5hr
  - BOOK discussion group
  - MENTORED FIELD EXPERIENCE,
  - REFLECTION; 75 STUDENTS

- MS4 Preparing for Global Health
  - 2 week boot camp
  - Emphasis on participatory learning
  - Global health expert professors

- Clinical Elective in International Medicine: MS4 & MS3
Power and Resource gradients

• Major focus or root cause of ethical problems?
Considering the power gradients in Global Health Care

- 87% of the $3 trillion spent on health care globally is spent on 16% of the world's population
  

- ‘Poor countries account for 56% of the global disease burden, but less than 2% of global health spending.’
  
Considering the power gradients in Global Health Research

- $160 billion per yr is spent worldwide on health research by both the public and private sectors. 97% of funding comes from High income, and 3% COMES FROM LMIC


- 10% of the global burden of disease attracts 90% of global expenditure on health research.

Incident Command
Jimani, DR Jan. 17, 2010
Power gradients in global health
We must respect & seek to understand local norms & culture
Ethical Issues we Encounter

- The “medical mission” trip with the faith agenda
- The well intentioned intervention without the input of the service population
- The evidence-based intervention that unintentionally spreads disease
- Inappropriate technology as gifts that harm
- Inappropriate relationships/unprofessionalism
- Short-dated pharmaceuticals, inappropriate technology
- Cultural divide related to privacy standards; environmental constraints on privacy; ignorance of a community’s history and adaptive coping strategies
Medical Mission Case

- A medical mission from San Antonio goes to Ethiopia for 3 wks to hold school-based clinics to screen for trachoma, lice, scabies, fungal infections; distribute albendazole, and to give toothbrushes.
- Team brings 8 students, 1 doc and donated drugs.
- They gain access to villages with a faith-organization which provides translators and introductions to locals.
- When the team departs, the translators follow up with health and religious messages, seeking to “save souls”
The well intentioned intervention without input of the population
The authoritative intervention that unintentionally spreads disease
Inappropriate technology as gifts that harm
Visiting students develop relationships with host institution staff
Short dated or expired pharmaceutical gifts
At an administrative meeting, we received a phone call: Japan would like to donate $50,000 worth of “perfectly good expired condoms”. The minister of health of Gabon was present and participated in the discussion.
Lambarene, Gabon, 2003

What would you do?

A. Accept the condoms and only give with disclosure of expiration date.

B. Accept the condoms and distribute widely, no disclosure?

C. Decline the gift altogether?

D. Negotiate with the international donor community for unexpired condoms.
The minister declines the gift: was justice served?

- **Utilitarian theory of justice**
  - Holds that public good is maximized; individual rights less important; may decrease access to health care for sickest and most vulnerable

- **Libertarian theory**
  - Rights must take precedence regardless of outcome; emphasis is on unfettered operation of fair procedure

- **Communitarian theory**
  - Practices of justice evolve thru traditions and values of the community
    - Egalitarian theory
      - Equal access to the goods in life that every rational person values
Ethical Issues we Encounter

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Cultural divide
Ethical Issues we Encounter

- Visitors create burdens in resource limited setting; “cost” of their visit far outweighs benefit
- Host institution has unrealistic expectations of student capacity: long term consequences for trainees and patients
- Misunderstandings of cost and who will cover the cost for personnel etc.
- Loss of expensive donated equipment
How visitors create burdens

- Passport issues
- Failure to take malaria prophylaxis
- Failure to hydrate properly
- Failure to take care of own medical needs, becoming ill: earthquake example
Principles of Biomedical Ethics

- Autonomy
- Beneficence
- Nonmaleficence
- Justice
Public Health Ethics

The study of and application of ethical principles to balancing the needs of the society with the rights and desires of the individual.
The Simple Approach

Simplified approaches view public health ethics as balancing individual rights against social needs.
Tenets of Public Health Ethics

- Community based
- Comes out of the idea of the social contract (Hobbes)
- Based on common citizenship
- Individuals are not discrete, but rather defined based on their relationships.
- Community interests supercede those of the individual
  - What affects the community affects the individual but not necessarily vice versa
“Adoption” in Ethiopia

CommonRiver, NGO, aims to use model of “positive deviancy” to empower Aleta Wondo to improve lives through best agricultural, educational, nutritional and health seeking practices.

Each summer a team from UTHSCSA brings a school health program to CommonRiver’s school for OVC’s (screening for malnutrition, trachoma, de-worming)

The story of Daniel....

What is the problem with this story?
Ethics and Best Practice Guidelines for Training Experiences in Global Health

- John Crump and Jeremy Sugarman and the Working Group on Ethics Guidelines for Global Health Training (WEIGHT)
- Three sets of guidelines for
  1) Sending and Host institutions
  2) Trainees
  3) Sponsors
Guidelines for sending-host institutions

- Spell out mutual expectations with MOU’s that get regularly revised
- Consider local needs and priorities
- Ensure equitable benefit/mutualism
- Preparation: norms of professionalism, standards of practice, cultural competence, conflict resolution, language capability, safety, fairness,
- Establish effective supervision
Guidelines for Trainees

- Minimize burden on host; take resp. for own health
- Spell out expectations; maintain contact with mentors
- Learn language, history, culture of host community
- Communicate to patients & host institution about their level of training
- Respect divergent diagnostic & treatment paradigms
- Demonstrate cultural competency (dress, gestures, gender, traditional beliefs about health, photos)
- Follow guidelines re: donated supplies
- Share feedback on program
Guidelines for Sponsors

- Promote implementation of these guidelines
- Consider local needs, reciprocity, sustainability
- Ensure true costs are recognized & supported
- Execute explicit agreements
Guidelines for sponsors

- Select trainees who are motivated, adaptable & sensitive to local priorities
- Encourage effective supervision & mentorship
- Require compliance with standards; licensing
- Require recipients to be involved with high quality global health training programs
Additional online resource

- www.ethicsandglobalhealth.org
- Johns Hopkins University
- Ethical challenges in short-term global health training

- Cultural understanding
- Personal safety
- Exceeding level of training
- Ensure sustainable benefits
- Recognize burdens
- Shifting resources
- Truth telling
- Selecting a research project
- Informed consent for research
Global Health Education provides rich milieu for examining ethical problems

- The power gradient inherent in giving aid to LMIC countries highlights importance of respecting fiduciary relationship
- CSL model, (preparation, mentorship, community engagement, monitoring/evaluation, reflection) is may capitalize on teachable moments in ethics education
- Critical thinking about social justice more objective(?) when unfettered by home country biases
Summary

Why our University should embrace Global Health

*Public diplomacy
*Moral imperative
*Self preservation (microbes do not respect national boundaries)

Recognition that we are uniquely positioned, as educators, to share knowledge that improves lives and leads to a more just, equitable and therefore peaceful world

Summary

- Global Health education is a way of preparing tomorrow’s healers to ACT with compassion & justice.
- Global Health Ethical Principles should embrace principles of public health ethics
- There are ETHICS GUIDELINES for GLOBAL HEALTH TRAINING
- What a great way to teach about ethical decisionmaking in medical education!
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Thank you

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