

Ethical considerations in Global Health education

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- Power gradients and ethics in Global Health partnerships
- Ethical issues encountered in Global Health
 - service,
 - research, &
 - educational strategies and structures



Outline

- Mission of the Center for Medical Humanities & Ethics
- Community Service-Learning Model of Global Health Education at UTHSCSA
- Current Educational Opportunities and Participation
- Ethical Issues We Encounter: cases, cases, cases
- Ethical and Best Practice Guidelines for Training Experiences in Global Health



Mission statement

We strive to be a leading center 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 facilitates ethical interventions

- 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





Power gradients in global health



Considering the power gradients in Global Health

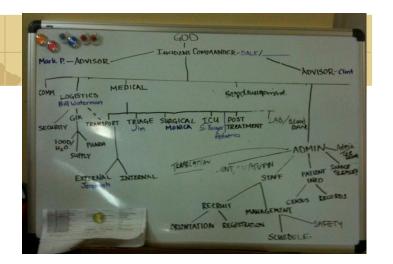
- 87% of the \$3 trillion spent on health care globally is spent on 16% of the world's population
 - Iglehart JK. The American health care system--expenditures. N Engl J Med. 1999
- Poor countries account for 56% of the global disease burden, but less than 2% of global health spending.
 - Schieber GJ, Gottret P, Fleisher LK, Leive AA. Financing global health: mission unaccomplished. Health Affairs (Millwood). 2007 Jul-Aug;26(4):921-34

Considering the power gradients in Global Health

- \$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
- Burke, MA & S.A. Matlin, eds. Monitoring Financial Flows for Health Research 2008: Prioritizing Research for Health Equity, Global Forum for Health Research, Geneva, November
- 10% of the global burden of disease attracts 90% of global expenditure on health research.
- CJL Murray, R Govindaraj and P Musgrove, National health expenditures: a global analysis. Lancet 1997

Incident Command









Jimani, DR Jan. 17,2010





Power gradients in global health









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 sexual relationships/unprofessionalism
- Short-dated pharmaceuticals, inappropriate pharmaceutical gifts
- 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

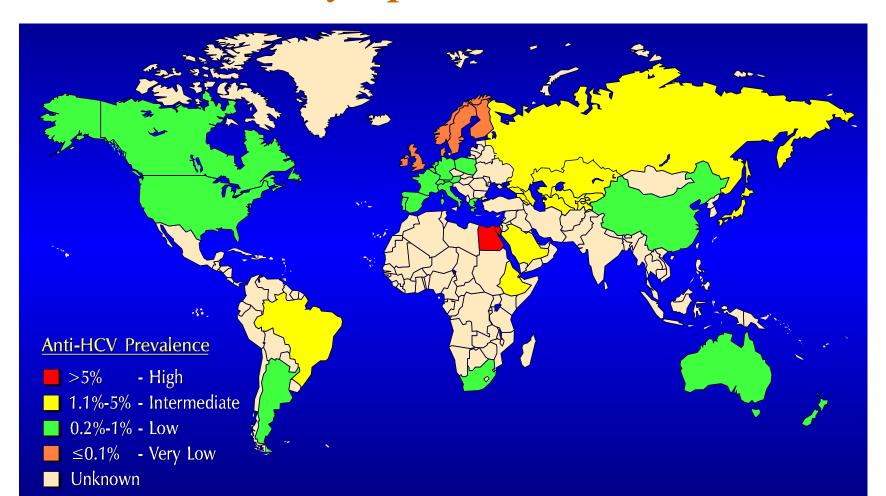
input of the population







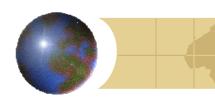
The authoritative intervention that unintentionally spreads disease





that harm





Visiting students engage in sexual relationships with host institution staff





Short dated or expired pharmaceutical gifts





Hospital Albert Schweitzer 2003



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.



Lambarene, Gabon, 2003



What ethical principles come into play?

- -Greater good
- -Autonomy
- -Respect for persons
 - -Beneficence
 - -Non-maleficence
 - -Justice
 - -Impact of cultural norms on ethical principles



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

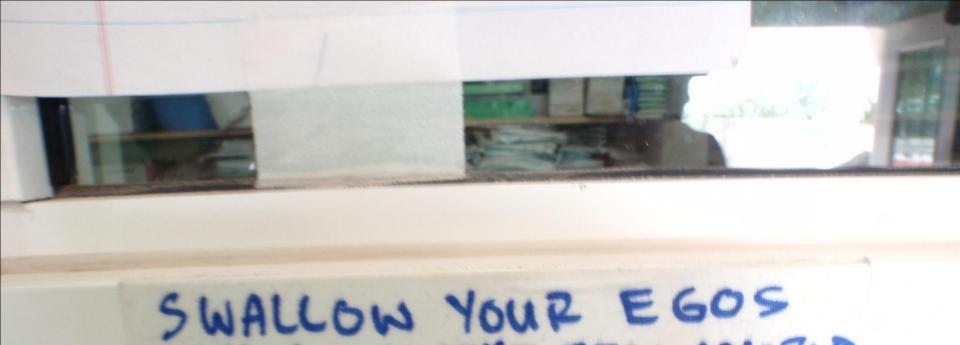
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Cultural divide









SWALLOW YOUR EGOS THIS IS THE REAL WORLD





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

Biomedical Ethics

Tom L. Beauchamp
James F. Childrens

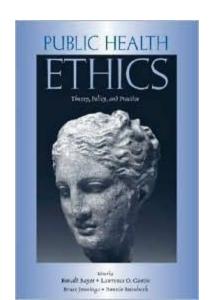
Principles of

- 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



Public Health Principlism





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)
- *Am. J. Trop. Med. Hyg.* 83(6), 2010, pp1178-1182
- Three sets of guidelines for
- 1) Sending and Host institutions
- 2) Trainees
- 3) Sponsors



- 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

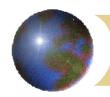
Global Health Education provides rich milieu for examining ethical problems

- 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 an ideal way to capitalize on a teachable moment in ethics education
- Critical thinking about Social justice more objective(?) when unfettered by home country biases



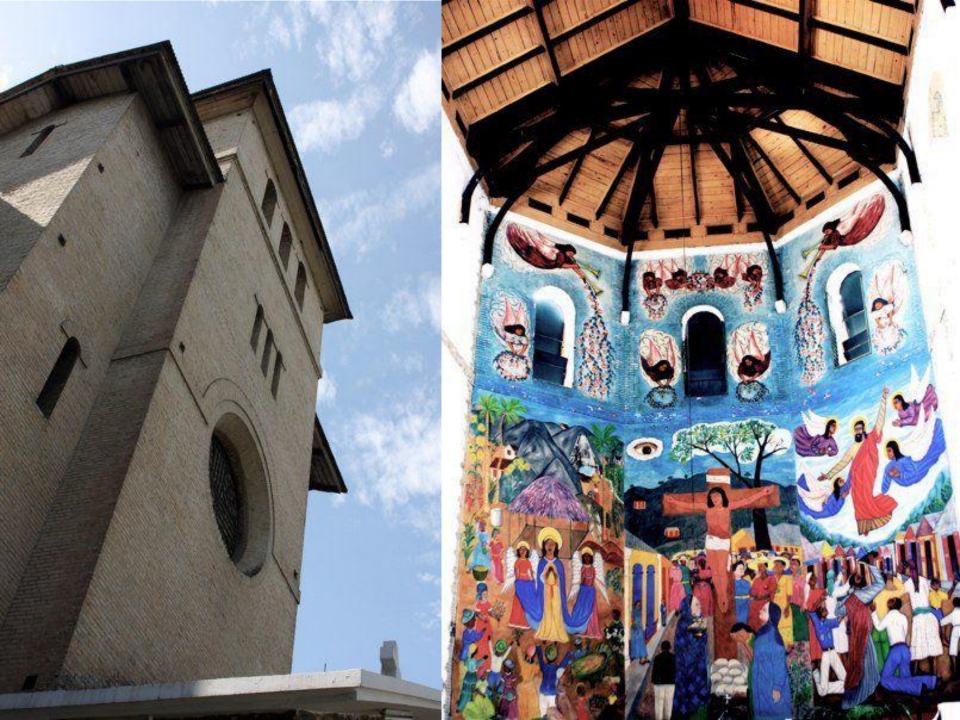
Summary

- 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 saves lives and leads to a more just, equitable and therefore peaceful world
 - *LAURIE GARRETT, Senior Fellow for Global Health at the Council on Foreign Relations; The Challenge of Global Health. *Foreign Affairs*, Vol. 86, No. 1 (Jan. Feb., **2007**), pp. 14-38



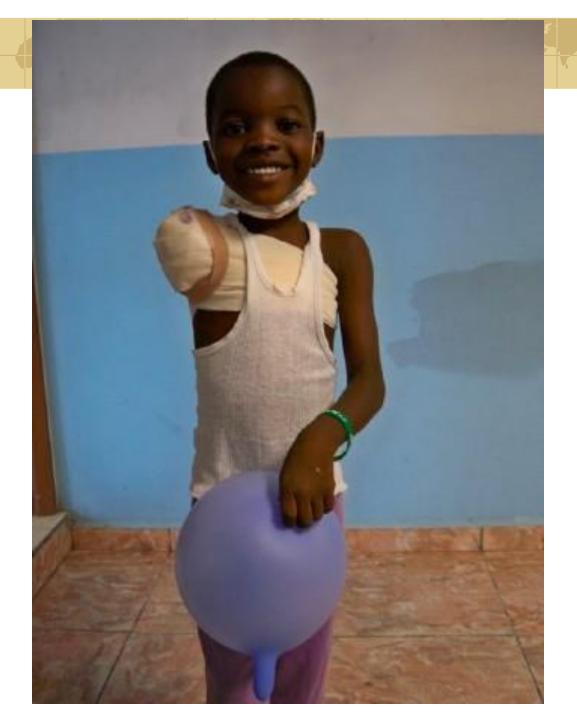
Summary

- 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!











Thank you

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