Interactive Ethics

The Ethics Program and STARS invites comments on the ethics dilemma that follows. Students should send their comments by e-mail to ethics@utsouthwestern.edu. We will post your comments with your initials, school name, and class subject (or anonymously if you prefer). At the end of the comment period, we also will post a perspective from the ethics program.

CASE FOR FEBRUARY-APRIL 2009
(closed for comments-commentary posted)

Background Information:
Many national and international organizations report that higher rates of disease, and poor health outcomes in general, are associated with both low income and low rates of education. The problem is that education and promoting business can threaten traditional beliefs in Third-World countries. This can create a challenge in balancing ideas about universal rights with cultural diversity. For more information on population and development, see http://www.iisd.ca/Cairo.html. For more about cultural diversity and human rights, see http://www.un.org/rights/dpi1627e.htm

Ethics Case:
You are working on a five-year project of the World Health Organization’s UN Development Program (UNDP). The project addresses population health and growth by supporting community organizations in the Northern Sudan in Eastern Africa. A plan has been designed to establish a women’s health clinic to provide reproductive health education and empower women there. The education would involve teaching about the biology of reproduction, sexually transmitted diseases, care of pregnancy, and birth control/family planning. Your coworker, Emily, reminds you that Northern Sudan is predominately Islamic and draws your attention to objections from local Sudanese authorities who are concerned that this project will threaten the traditional role of women in the family and will involve direct harm to the women. Emily wants to know how you intend to present such information to Sudanese women, including the risks and benefits they might face.

Then, two years into the project, data suggests that area women are not implementing family planning measures. Recent studies have shown that successful population control measures correlate with increased economic development among rural women. UNDP recommends initiating a small-business crafts market scheme targeted at rural women. A Sudanese public health official working in Khartoum (Sudan’s capital) is concerned about the changes such economic development may bring to traditional Sudanese values, like the practice of extensive maternal childcare. Is it appropriate for a health program to undertake economic development activities? Why or why not?

You talk with your coworkers about different perspectives. Bob is concerned that interference with Sudanese women’s roles will make the UNDP unwelcome in the region. Ayisha is
concerned that promoting women’s businesses will be threatening to men and may provoke violence. Emily says “Smaller steps can be made to help the women without upsetting the men. “ Dion counters saying, “Women’s health is linked to family planning which depends on resources- women need more economic independence.”

You and your co-workers have identified several competing issues. Now, where do you come down on implementing the clinic education initiative, with or without the crafts market option? Why? Is a compromise possible? What would it look like, or what changes would you make to the plan?

Dear Students:
Thank you for your thoughts and interesting comments. We received responses from over 45 students. Here’s the professional response from a UT Southwestern faculty member. We hope you have enjoyed participating in this process.

Professional Response
Simon Craddock Lee, PhD, MPH
Assistant Professor
Medical Anthropologist, Department of Clinical Sciences
As you will have noticed, this last case was somewhat different from past Ethics Cases. We wanted to expand the idea of ethics beyond clinical situations and medical scenarios to begin to think about public health ethics. Public health ethics, as the label suggests, means thinking about the well-being of whole communities or populations, not just the individual patient and clinician that we often think about in clinical ethics. Your responses were very good and covered several important points; I’ll try to bring them together.

This case looked at population health and growth in a developing country in Western Africa. The location brought an added level of complexity to the case which many of you brought out in your responses. The main issue involved providing education about reproductive health to women through a local clinic. Most of you felt this was an important and worthwhile goal, but you identified several concerns.

“Cultural relativism” is an important but complicated idea that is often raised by people (like anthropologists, missionaries, and international development workers) who work with groups of people from different cultures, religions, countries or ways of life. Cultural relativism is an idea we use to think about whether the values or judgments we make about what is right or wrong are values determined by where we grow up and the traditions we grow up with. That is, social or community values are relative to the culture we are part of. The contrasting idea is universalism, where ideas about what is right or wrong transcend particular cultures and are common to all humans across cultures.

Some of you were concerned that the health/development program should be careful not to impose their (Western or foreign) values on this other culture. We want to be very careful about who we think is “civilized” and assuming that all development is good development. In this case, the question of cultural relativism arose because you were concerned that either education or economic development (small-business crafts market) might upset relationships between men and women in the Sudan. Some data suggested that improving women’s economic ability to provide for their families would also enable them to improve their own health and the health of their children, their husbands and extended family as well. But this increasing economic independence could also be perceived as drawing women away from traditional women’s work: cooking, growing crops, or raising children. Your responses pointed out it would be important to avoid causing conflict or even violence. Several of you suggested balancing the
program to educate the men as well as the women so that the development effort would offer parity and be more easily accepted.

Another concern that we might think about is what we mean when we talk about tradition or cultural identity: Who determines what counts as tradition? What is culture? Or what might be “bad” if indeed things did “change” in the Sudan?

One possible solution some of you suggested called for the Program to consult with Sudanese national or local authorities, to poll or interview men and women in these communities to find out what they wanted. The Program could then work collaboratively on common goals. This process would preserve the right of a community to self-determination. Thus, you might think about “community consent” as the group equivalent to informed consent in a clinical ethics situation. How would you go about getting the consent of the community to start a clinic, a class or a market? Again, who decides?

Importantly, even seeking community consent does not address the possibility that there may be disagreement within the community about what values matter. Negotiating with different stakeholder groups would be important before moving forward. This is a key characteristic of what public health researchers define as “community-based participatory research.” Lastly, several of you recommended starting out incrementally to build trust and strengthen relationships before adding new initiatives. Importantly, this might also lead the Program to discover they had mistaken assumptions about how the community might respond to the clinic and the small-business craft market. A key to good ethical practice is learning not to make assumptions about what other people feel is important. You have to ask and let people speak for themselves.

This was a challenging case with several different elements to weigh and consider. Do you think the same issues might apply when an organization or government agency comes into a local community here in North Texas with an idea about how to improve health? What issues might be different? First imagine you work for the Clinic Program. Then imagine you are a member of the community this Clinic wants to work in. How do your concerns change?

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**Student Responses**

5.7.09
You believe that the country is the only one to decide if they want the woman to work and increase the economy. The UNDP is their just to help the females not to help them gain any civil rights.

M.S. - South Texas High School for Health Professions

5.5.09
I believe that Emily is right because women have their rights to express themselves. It may be their culture but every human being (even women) have the right to know about biology of reproduction, sexually transmitted diseases, care of pregnancy, and birth control/family planning. The best way to go about this issue without offending their culture and morals would be to take baby step. At first they can attempt to teach the biology then as time goes by they can focus on things such as contraceptives and birth control.

V. R. - Med High
I am a firm believer in "knowledge is power." As statistics show, there is an increased chance in contracted and untreated diseases in areas of lower outcome and education. The teaching of such a serious subject should be continued though it may arouse problems. If a teacher is willing to make an effort to put themselves in jeopardy with a people and religion, the chances are, that at least one woman will do the same for education. It is the personal decision of a woman to be educated and if one is serious about it, she will find a way. Smaller steps can be taken to gain the agreement of power-hungry men, but the learning is important. One way to ease the angry or uneasy feelings of the men is to also have an education class for men, either with the women or apart. A man may be intimidated that their wife or significant other may become more powerful and try to overthrow the order and tradition of the religion. Having Islamic men and women learn the same information about reproduction, sexually transmitted diseases, pregnancy, and birth is beneficial to both parties and can serve as a solution.

N.B.- Med High

The simplest form of safeguarding a patriarchal, third-world country society from further disease, increased death-rates, and low education is by leaving them alone. The UN Development Program was instituted to do the opposite; this project enables societies that are in need of a "cultural renewal" to actualize their health-care systems, education facilities, and to have broader social strata among both, men and women.

This will not be easy, however. The program has been successful with placing population control throughout Sudan among rural females. This doesn't mean that everything else the UNDP institutes into this society will have equal or greater effect. Sudanese population has different values, morals, and norms, giving more importance to its traditions and conserving its culture rather than actually succeeding in this growing industrial economy. The Sudanese government can probably reject this program interfering with its customs (the fact that women are politically inactive and serve as a strong family figure). Now, implementing the clinic education initiative could be useful, but up to a point that doesn't disturb traditions and values. Everyone deserves an education, but not everyone needs to be as civilized as we want them to be; assistance can only go so far. Changing the way that Sudanese view their own people will greatly affect its society. It is the same as killing Sudan's cultural identity for the satisfaction of the UNDP. It is not ethically right for someone to barge in a completely distinct society and say that changes need to be implemented in order to bring about the success of this "independent" country. I am not saying that Sudan needs to stay in the pits of a third-world country, or that it is fully "right" for a patriarchal society like this one to keep its traditions and customs, either. It is up to the Sudanese government and its people if they really want to succeed and actualize themselves into the 21st century politics and education.

L. V.

The clinic is actually an excellent idea. However I think telling the people that the clinic has no intentions of changing their lifestyle in any way. Right now I think the reason that the Sudan people are against the clinic because they are not sure what the intentions of it are. When Emily says that “Smaller steps can be made to help the women without upsetting the men,” I couldn't agree more. The clinic will provide more
knowledge on this subject that is not commonly talked about in their culture and will affect the society positively.

G.Z. - South Texas High school for Health Professional

5.4.09

I think that the women should and will be very benefited by those classes being offered by the UNDP. There are difficulties, because people think that Muslim men will get angry, but in order to form a compromise, a talk should be given to the men, and hopefully, they will permit them to attend without any disruptions. It would look like a lot of women covered from head to toe, eager to learn about STD's and sex, and stuff. All that would have to be done is to have a sincere talk with the husbands, and make them see how much more beneficial it is, than the negatives it has.

J. L. - Med-High

5.4.09

In my opinion, I think that the women should be given a bigger role in the economic society. Just because they would have more of a standing doesn’t mean it would directly affect tradition and culture. I agree with Emily in that small steps should be taken towards this goal.

S.E.- South Texas High School for Health Professions

5.4.09

Letting the Sudanese people run their country the way they want and the way they think is right, is what matters. We shouldn’t go over there and “take over” in a sense that would make the men angry, no; but what we should do is go over there and try our best not to interfere with their process of social as well as economical status. However, I do believe that we should still inform the women about the STD's, family planning, etc., as well as the men. These things are very important in life and are essential to saving lives. Knowing about these things can help people understand why it is important to family plan, use protection, etc. In a sense, I agree with Emily on this one.

A.J. M.- South Texas High School for Health Professions

5.4.09

Before doing anything, it should be made clear to the population of Sudan what exactly is being planned and what the purposes and/or goals of the organization are. It should be made clear to them how what the organization plans to do will help. They also need to realize that nothing that is planned to be done will, in any way, intentionally go against their religious beliefs. While explaining everything, they should be encouraged to ask questions regarding anything about the plan. After they understand everything, it should be left up to them whether or not they want the organization to help. If they choose not to accept the organization's help, they should be left alone, because if anything was carried out against their will, it would cause more harm than good.

M. M. S.- South Texas High School for Health Professions
World Health Organizations UN Development Program. Should avoid suppressing the people of Northern Sudan in Eastern Africa, but health is linked to family planning, and should provide women with more resources and economic independence. Sudanese authorities state that this might cause a threat to the traditional role of women, but it is rather absurd to conclude that knowledge on the biology of reproduction given to women will destroy a family tradition. However, they persist that men would break out in violence for the ‘education’ the women would receive. More over will the women be at greater threat with the men, or their health? The true nature of violence should be tested, and then an education provider should be confirmed.

C. V.

I don't think we should interfere with their issues. It could create more violence and instead of helping women's health it would damage it because of the violence. It could be insulting to their culture if we try to do something like that. Many cultures take sexual issues as something very private that shouldn't be discussed and could be insulted by someone trying to talk to them about sex.

N. D.- South Texas High School for Health Professions

I do not think that they should interfere with the nation's women's health care because it impacts their cultural values. It could be insulting for the women and their husbands to have someone inform them about those things simply because of the way they were brought up. If the women of the nation need health care and information about reproduction or sexually transmitted diseases, they will seek help themselves. I believe that a more distant approach would be more helpful. For example, helping the nation form a program of that sort with monetary funding and letting their own workers run it, instead of having our own workers who have different views and opinions about what kind of information should be given out.

E. S.

I do not believe it is anybody's right to go disrupt an entire people's way of life. The Islamic peoples traditions have been going on for hundreds of years and I do not think that they, particularly the men, would be thrilled in changing those traditions for whatever reason. I think that if the World Health Organization wants to avoid trouble they should stop trying to interfere with the local economy.

After all medicine should not be about business, it should only be used for the sick. In any case if the World Health Organization really wanted to help they could try something less invasive and less drastic such as lecturing the men about the benefits of a society where women have a greater role. Only then when the men are included in the process could there possibly be a violence free, positive outcome.

F. E. - Med High
In regard to this issue, I would say that the best course of action is to take a passive route towards informing the Sudanese populace about the concepts of family planning. This is because any direct action would surely cause some sort of military action against the UN mission in the area, especially in such a hostile region. While the want to educate the members of a third-world country of such a concept is indeed moral, the chance of any kind of hostility breaking out is concern enough to develop less direct, more socially-acceptable methods to education. The best way to spread awareness by passive means is to work closely with the Sudanese government to help spread information that appeals to both the overall UN mission and to the natives and their pre-conceived cultural notions on the subjugation of women in their society. Through this method, the objective of spreading awareness can be fulfilled without fear of any sort of social retribution.

J. L. – South Texas High School for Health Professions

5.2.09

After I read this case, I think that they should do the program for women but also create a program for the men so that they wouldn't be left out. They would know what is going on and know what they're wives are being taught, this could prevent problems. Another thing they could do is to allow the people to choose whether they want to participate or not, this could also prevent problems.

M. C. – Med High-HST 1