

# **Ethical Issues in Foreign Health Workforce Assistance Programs**

**Board on Global Health IOM**



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# Self-evidently Ethical?

Does volunteer help in the AIDS epidemic need an ethical justification?

1. Ethical issues in the design of the program
2. Ethical issues facing volunteers

# Ethical evaluation is conditional on program goals

- Model 1: Emergency Humanitarian intervention (MSF)
  - Usually short term
  - Often occasioned by the breakdown of health systems or of civil order
- Model 2: Small-scale assistance
  - Already occurring in private and nonprofit sectors
  - No overall strategy or coordination
  - Not a comprehensive, long-term solution to health system ills
- ?Model 3: Larger-scale, comprehensive assistance to health systems, focusing on HIV/AIDS?
  - Training mission paramount
  - Requires integration with other approaches to health system support and reform (e.g. better pay)

# Equity: Volunteers + Brain Drain =?

“This is an inequity”:

- Huge *de facto* subsidy of US health care
- If the US adequately funded and organized its health care system, it would fill the jobs that lure the FMGs

“This is not an inequity”

- Brain drain is the result of decisions by individuals who are at liberty to emigrate. Absent recruitment, the US owes no compensation.

# Equity: role of a volunteer corps

- View 1: Before sending volunteers, take steps to stop the brain drain (raise salaries, fund our own system adequately, raise barriers...)
- View 2: These issues are independent. A volunteer corps could help to reduce brain drain and itself is partial compensation
- View 3: The equity issues can be addressed by ensuring that the volunteer corps is accompanied by a comprehensive effort to shore up health systems

# *Primum non nocere*

- Could a volunteer corps make things worse?
  - Hasten the disintegration of health systems by reducing income opportunities for remaining health workers
  - Well-funded and organized vertical program drains human and other resources from more cost-effective interventions for other diseases
  - Very short-term emphasis leaves system in disarray and constitutes improper abandonment
    - What requirement for sustainability?

# Ethical issues faced by volunteers

- **Priorities**

- “Imperfect Obligation”: may volunteers choose their beneficiaries as the like or are they obligated to be efficient?
  - E.g. choice of countries for PEPFAR
- Emphasis on numbers (“3 by 5”) could sideline equity considerations by privileging the wealthy (able to pay), men (at liberty to seek treatment), and urban dwellers (that’s where the clinics are)
- Volunteers may have different standards for equity than hosts (e.g. men and women; young children; the stigmatized)
- Is equity of selection a non-negotiable? What role for public participation in decisions?
- Is the standard “Best for the group”? Or individual?

# Ethical issues faced by volunteers

- Expertise
  - Should volunteers agree to practice when resources do not permit an adequate standard of care (e.g. level of training)? Is there any threshold for this? How is it defined?
  - If hosts insist on choosing a drug or regimen that the volunteer rejects as substandard, should the volunteer defer to their judgment? Always?
  - Should the volunteer blow the whistle---or warn patients---about unsafe and easily avoidable substandard practices? Is it enough to refrain from following suit?
  - (What should *hosts* do if volunteers insist on practices unsupported by evidence, for ideological reasons?)

# Expertise and Deference: An African View

- “Isn’t the point to raise professional standards? Use etiquette, but don’t lose sight of the goal”
  - Establish collegial relationship as equals
  - Give and take, without ceding essential points
  - Explain the reasons for suggested changes; cite alternative practices in many countries; stimulate discussion
  - If evidence is not accepted, bring it up again the next time
  - Seek a host ally to present the evidence
  - Don’t confuse lack of disagreement with intention to alter practices.
  - Try to understand why hosts disagree or won’t change
  - Do not flag---improvement is why you are there

# Ethical issues faced by volunteers

- Mission

- Volunteers may have personal motives apart from capacity-building: political, religious, self-advancement, corporate strategy, fun
- What limits should be set on activities outside the scope of the program's mission? How should these be enforced?
- How should these issues be addressed in public/private partnerships?

# Some possible ground rules

1. Benefit to the host country is the fundamental criterion of adequacy
2. Capacity-building over the medium and long term is the primary goal
3. The work of a PEPFAR volunteer corps should be coordinated with other initiatives to allocate resources rationally
4. Needs are defined by host countries
5. Standard of care is defined by the needs of the host country
6. Volunteers should respect hosts values but must be governed by their own values, including equity in selection of patients