

AMSA Global Health Clinical Ethics Pre-Departure Workshop Student Handout

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Introduction, Cases, and Discussions adapted from Elansary M, Graber LK, Provenzano AM, Barry M, Khoshnood K, & Rastegar A. Ethical dilemmas in global clinical electives. *The Journal of Global Health*. 2011;1(1): 24-27

Objectives:

1. To think about the potential ethical dilemmas that may arise in global health electives, based on prior experiences of students.
2. To discuss means of mitigating these dilemmas and means of seeking support when participating in a global health elective.
3. To recognize that every workshop participant may approach a situation differently. The cases are nuanced so that there are no strict right and wrong answers.

Workshop Content (Approximately 80 Minutes):

I. Introduction (10 minutes)

II. Group case discussion (10 minutes)

Clinical Limits

Maya is a student rotating on an infectious disease ward in Indonesia. In the first few days, she realizes that she is frequently left alone to care for patients, as there are few physicians available to supervise her. Maya is anxious, as she feels she is providing care beyond her capabilities, and brings these concerns to the Chief of Services, who explains, “This is the best training you could be getting in global health! We depend upon our foreign colleagues to help with short staffing.”

III. Small group break out sessions (20 minutes)

a. Burdens on the Host

While in Honduras for a clinical rotation in a busy public hospital, Narae relies on the residents to explain patients to her because she is unfamiliar with conditions there. Although she had taken a course in Spanish in preparation for her rotation, Narae also requires frequent assistance from the staff with interpretation.

One day Narae becomes frustrated when caring for a patient who has been waiting one week for the surgical team to debride her leg wound. Narae approaches the surgical resident to discuss the situation, and the conversation elevates to an argument. Narae asks the resident what the plan is if the patient cannot get a consultation. The resident becomes angry: "That's what's wrong with you people!" "You people?" Narae interrupts angrily. "What do you mean, 'you people'?" "I mean you visiting students! You come in here without knowing how things work, what the procedures are, and expect everyone to oblige you and translate for you. I have sixty patients to take care of and I'm already spending too much time talking about this one!"

b. Clinical Limits Continued

For a change of pace, Maya decides to spend a week rotating in the Indonesian hospital's Emergency Department. One afternoon, she finds herself left alone just as a patient is being transported in with multiple injuries resulting from a road traffic accident. The nurses turn to Maya to help them with bandaging and suturing of wounds. Maya has observed wounds being sutured at her home institution, but has never had the opportunity to try it on her own. She is deeply conflicted about the situation, but reflexively offers a hand in assisting the nurses. Unfortunately, Maya is stuck by a needle while attempting to suture a wound. As she reviews the events of the afternoon in her mind, she debates anxiously about whether or not to report the needle stick injury, knowing that she was not trained to be as involved as she was in the care of this patient.

c. Navigating Local Culture

While working in Thailand in a clinic serving Burmese refugees, Elisa diagnoses a patient with a pleural effusion. The medical team agrees that this patient will require a thoracentesis. Narae sits down with the interpreter and patient to explain the risks and benefits of the procedure. The patient is upset about the needle going so close to her lung and adamantly refuses the procedure. Afterward, the local attending physician reproaches Narae and says that she should not have attempted to explain potential complications to the patient: "In our culture, when you say that something may happen, we believe you are predicting that this will happen!" The patient continues to refuse the procedure.

d. Resource allocation

John arrives on a tuberculosis ward in Uganda outfitted with his N95 mask. He notices none of his colleagues are wearing a mask. When he inquires about this, they reply, "Our supply of masks has run out, but we have ventilated the room better since the outbreak." John continues to wear his mask, feeling awkward, but when one of his patients is diagnosed

with cavitary XDRTB, he is relieved he has done so. Now he does not know whether to share his few N95 masks with the staff, all of whom are worried about another outbreak.

IV. Concerns, conflicts and advice (20 minutes)

V. Large group discussion & feedback (10 minutes)

VI. Future Steps (2 minutes)

V. Evaluation (5 minutes)