Episode: Author Interview: “What Does Ethics Demand of Health Care Practice in Conflict Zones?”

Guest: Leonard Rubenstein, JD, LLM
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TIM HOFF: Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Leonard Rubenstein, a Professor of the Practice at Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, where he’s also a Core Faculty Member at the Center for Public Health and Human Rights. He is also a Core Faculty Member at Johns Hopkins University’s Center for Humanitarian Health and Berman Institute of Bioethics. He’s here to discuss his article coauthored with Dr Rohini Haar, What Does Ethics Demand of Health Care Practice In Conflict Zones?, in the June 2022 issue of The Journal, Health Care In Conflict Zones. Leonard, thank you so much for being on the podcast with me today. [music fades out]

DR LEONARD RUBENSTEIN: Thanks for having me. It’s a pleasure to speak with you.

HOFF: To begin with, what’s the main ethics point of your article?

RUBENSTEIN: The traditional principles of ethics apply in conflict. They include use of independent judgment, impartiality, competence, devotion to patients, very familiar principles. But in many conflict settings, there are external constraints that make compliance with those ethical principles very difficult, and especially so when health care is under attack, as we have seen in recent conflicts, including Ukraine, Syria, and many other conflicts where those constraints affect the ability of clinicians to behave ethically as they wish to do.

HOFF: And what do you see as the most important thing for health professions students and trainees who might not have familiarity with this topic to take from your article?

RUBENSTEIN: There are two things. One is to recognize some of the dilemmas that arise. In the article, we discuss three of them. One is what happens when health care institutions themselves are under attack, and the dangers to patients as well as to the facility and the staff are so great that you can’t act in a normal way? You may have to close the facility. How do you decide when to do that? Another example is that the use of independent judgment in triage can become difficult when combatants demand priority for their own combatant members and how you navigate that relationship. Another issue has to do with reporting of human rights violations. You want to protect your patients. You want to protect the integrity of your practice. At the same time, you have some responsibility to report human rights violations. And how do you navigate that?

And the overarching point is that in addition to relying on principles, you have to be very attuned to the context. And in making decisions it’s not a matter of just balancing principles, for example, between autonomy and beneficence or patient needs and fair
allocation of resources, but developing relationships and consulting with communities, with colleagues, even with armed groups so that these dilemmas can be resolved. So, it requires skills between understanding and becoming conversant in dealing with ethical problems: skills that can include relationship building; organizing; political, being attuned to the political issues involved in diplomatic skills; learning when to assert authority, when to defer, when to compromise in the name of safety, when to stand your ground. That’s really the message: that we have to enlarge the vision and the practice of dealing with ethical concerns.

HOFF: And finally, if you could add something to your article that you didn’t have the time or space to fully explore, what would that be?

RUBENSTEIN: I think the implications of what we’re seeing are very important for education and training. That it’s very unfortunate that ethics training tends not to look at the external constraints under which many ethical decisions have to be made. They tend to focus on how to balance various principles. And if we’re going to be serious about helping people navigate in these situations, much more education and training is required. [theme music returns]

HOFF: Leonard, thank you so much for being on the podcast with me today, and thank you and your coauthor for your contribution to the Journal this month.

RUBENSTEIN: Thanks. I’ve been delighted to speak with you.

HOFF: To read the full article, as well as the rest of the June 2022 issue for free, visit our site, JournalofEthics.org. We’ll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.