

Medicine and Humanitarian Emergency

Mohamad Ikhsan Selamat, Mohammed Fauzi Abdul Rani

Faculty Of Medicine, Universiti Teknologi MARA, Sungai Buloh, Selangor, Malaysia

A humanitarian emergency is an event that signifies a critical threat to the health and wellbeing of a community in an area and arises when vulnerable populations are unable to withstand the adverse consequences [1]. Invariably the poor people are mostly affected, especially among them are the children, disabled, women who are pregnant or nursing, the migrants, and the people who are displaced from either man-made or natural disasters. In Malaysia similar needs tend to emerge among the vulnerable populations following natural disasters such as major flooding, as the one that affected Kelantan in 2014, and another plight concerns a large number of migrants within our midst from man-made emergencies predominantly armed conflicts in Myanmar or southern Philippine.

Categorization of any humanitarian emergency is challenging but for logistical reasons are necessary. The focus of intervention however remains the same that is to save lives and reduce suffering through meeting humanitarian needs. The way in which such needs are met depends on the specific emergency and prevailing circumstances such as the extent of violence and loss of life, people's displacements, physical damage to infrastructure, the size of help needed including the absence or presence of political will, and the risks all above pose to volunteers.

HOW BIG IS THE ISSUE?

These are selected quotes and excerpts [2] from Stephen O'Brien, the UN Under Secretary for Humanitarian Affairs and Emergency Relief Coordinator who said, "without collective and coordinated global efforts, people will simply starve to death and many more will suffer and die from disease."

The excerpts include accounts of what is happening in Yemen where nearly two-thirds (close to 19 million) of the country's population rely on aid². The world's newest nation of South Sudan is ravaged by never ending civil war with about 7.5 million people needing aid. Sadly, in the estimate is about a quarter of a million children who face the imminent risk of death if assistance does not reach them in time. Statistics in Somalia point to similar appalling situations where more than half the population need humanitarian assistance and protection including an estimated of more than a million children facing risk of acute malnourishment [2]. The extremist group Boko Haram created similar humanitarian havoc in northeast Nigeria. Above encapsulates the magnitude and urgency of the humanitarian crises affecting many parts of the world such as Iraq, Somalia, South Sudan, Yemen, Africa, and many more, it is just indefensible to conclude otherwise. The whole situation unfortunately is not getting better as the current US administration has been rather less responsive with America first policy and in fact have scaled down on some aid initiatives [4].

MEDICINE AND HUMANITARIAN WORK

Medicine deals with humanity; its practice involves fostering close human relationship as the practitioner seeks to alleviate pain and suffering of their fellow humans. This is emphasized at very early stage of medical training and a physician immerses in the spirit and the tradition of altruism continuously through their training and practice life. The physician's oath clearly reflects the foundations of a medical ethic that is based on human solidarity as the basis of medical intervention, "I swear to treat all my patients with the same application and commitment independently of any

feelings that they may inspire in me and ignoring every difference of race, religion, nationality, social condition, and political ideology [3].

WHAT IS HUMANITARIAN MEDICINE?

To the lay people medicine deals with diagnosis and therapeutic intervention of an illness that will eventually lead to healing or reduction of human sufferings. The medical care is often delivered in a system that is highly regulated and supported both financially and in terms of the required human resources. In the context of a humanitarian emergency, the practice of humanitarian medicine is different in that it is viewed as the basic right of people to health especially those vulnerable populations in a humanitarian setting. This however can be a potential source of conflict in how humanitarian medicine is conceived and delivered by the medical volunteers. Often there is a need to partially introduce a new standard of care [5] in a humanitarian setting.

The reason for this is because in areas that are declared as humanitarian emergency areas there is always a total breakdown of health care, because of the disaster itself or from long standing lack of funding or planning. The presence of medical volunteers therefore elevates them as the frontlines in healthcare delivery to an area that is now devoid of any sound and robust healthcare. Herein lies the ethical dilemma, what standards should one adhere to? The country from where the medical volunteer comes from, or any adjacent country or some universal healthcare standards perceived by the medical volunteer? A case to illustrate this is when a disease such as tuberculosis (TB) is diagnosed which has far reaching public health implications, managing the condition isn't simply commencing the right treatment. The presence of pulmonary TB (PTB) could herald the coexistence of a more serious underlying condition such as diabetes mellitus or human immunodeficiency virus (HIV). Should one screen for these which translates to more cost and resources? The TB treatment requires a minimum of six months supervised treatment preferably with fixed dose combination, and all the close contacts must be screened for TB too. How do we go about planning these myriad of care pathways from a simple diagnosis of sputum positive PTB in a humanitarian

setting where beyond the initial intervention, healthcare does not exist the way we are used to? And to add another difficulty, a partial TB treatment in this case will likely bring greater hazards than no treatment itself.

Medical volunteers are used to the best available treatment with the support and network such treatment entails in their own country but in a humanitarian setting, these are beyond the reach of the vulnerable populations. How do one practice humanitarian medicine in such setting?

Humanitarian medicine can be a rewarding experience to the soul but the journey is formidable. Medical volunteers in this field should carefully evaluate the ethical dimensions of their acts and omissions and make a considerable effort to be cognizant of the relevant international or domestic human rights law as they apply to the settings that they operate in. This will help the medical volunteers handle the various complex ethical and sometimes legal challenges they may encounter during their humanitarian work, and by doing so will ultimately benefit their patients within the affected populations.

HUMANITARIAN MEDICINE IN PRACTICE

In practice, the medical volunteers should solely focus on the care of their patients in any humanitarian setting based on urgency of the medical needs and ruled by medical ethics that prevail universally. Each patient is not stratified based on colour, creed, religion or political affiliations as this practice is inhumane and contravenes the very nature of medicine that is always to cause no harm.

The primary duty of any medical volunteer is towards their patients where their rights to confidentiality, autonomy and informed consent must always be respected. A medical volunteer must also be sensitive to their cultural or religious needs to ensure trust is quickly gained when delivering care, this is essential to build rapport to ensure a caring and holistic humanitarian medicine.

When face with choices due to limitation of resources, a medical volunteer must prioritize interventions based on urgency of the medical conditions and the ethics of good medical practice. A medical volunteer must always work in a team for

support and additionally this has the advantage of enabling the team to re-evaluate and strategize on regular basis in the face of complexities in any humanitarian setting.

HUMANITARIAN WORK AND MEDICAL EDUCATION

There is a need to emphasise this issue in medical education because it is a major global challenge and will remain so in the foreseeable future. It will affect the way medicine is practiced in many affected parts of the world. In Malaysia, we observe a few trends; in some, humanitarian medicine is incorporated into emergency medicine or in part public health. One medical school has even tailored a humanitarian module in emergency medicine, often linked with relevant extracurricular activities and the module is assessed formatively (Rahim A M, personal communication, 1 October 2017). How much should humanitarian medicine be in the medical curriculum is a question that is not easily answered at this stage, so is the assessment component which perhaps should mainly be affective and skills based. An assessment as a community project would be ideal allowing translation of concept into practical action plan. Students should also be encouraged to participate in humanitarian activities either as elective project, faculty or department initiative or discipline project. This has many beneficial outcomes but principally build tenets of professionalism among the medical students.

Our own experience at the faculty has been through engagement with key medical volunteers in humanitarian work and this has the advantage of deciphering concepts and issues into actions, and would enable several key professional objectives to be met.

REFERENCES

1. Humanitarian Health Action. Definitions: emergencies.
<http://www.who.int/hac/about/definitions/en/>. Accessed 1 November 2017
2. <http://www.malaysiaoutlook.com/un-says-world-faces-largest-humanitarian-crisis-since-1945/>. Accessed 1 October 2017
3. Declaration of Geneva. The “Modern Hippocratic Oath”.
<https://www.wma.net/what-we-do/medical-ethics/declaration-of-geneva/>. Accessed 1 October 2017
4. 'Trump's aid budget is breathtakingly cruel – cuts like these will kill people'.
<https://www.theguardian.com/global-development-professionals-network/2017/may/31/trumps-aid-budget-is-breathtakingly-cruel-cuts-like-these-will-kill-people>. Accessed 15 November 2017
5. Crump, JA, Sugarman, J. Ethical Considerations for Short-term Experiences by Trainees in Global Health. *JAMA* 2008; 300(12): 1456-1458.
doi:10.1001/jama.300.12.1456