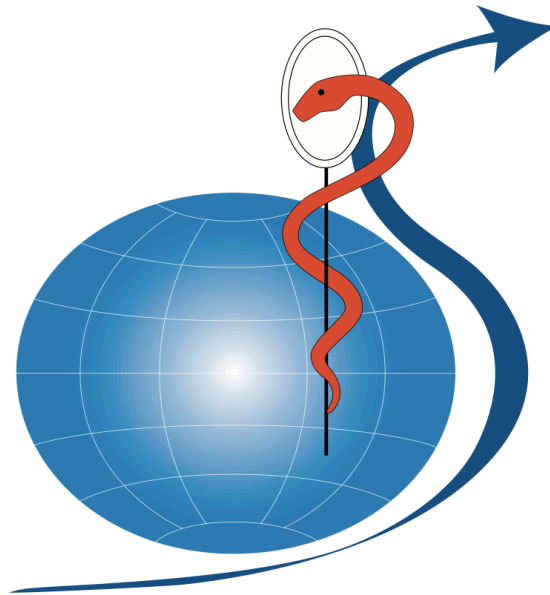




Workshop Program

5th ICMM Workshop on Military Medical Ethics

07 – 09 May 2015 – Forum Lilienberg
Ermatingen, Switzerland



Patronage

Major General (ret.) Roger van Hoof, MD (ICMM Secretary General)
Major General Andreas Stettbacher, MD (Surgeon General Swiss Armed Forces)
Prof. Dr. phil. Peter Schaber (Professor of Applied Ethics, University of Zurich)

Scientific Coordination

Dr. phil. Daniel Messelken
Maj David Winkler, MD, PhD

Workshop Organization

Swiss Armed Forces, Medical Services Directorate
ICMM Centre of Reference for Education on
International Humanitarian Law and Ethics

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Meetings, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request. In cases where the Rule is not considered sufficiently strict, an event may be held 'off the record'

07:30 -08:30 *Breakfast*

Plenary Session I

09:00 – 12:00

Introduction and Reports of Experiences

Chair: Morillon/ Winkler

09:00 – 09:30

Welcome and Introduction to the Workshop

D. Winkler

D. Messelken

09:30 – 10:10

Beyond ETU: Severe Infection Temporary Treatment Units as an ethical, epidemiological and medical adaptation of Ebola case management during an Ebola outbreak

C. Janke

Coffee Break

10:30 – 11:15

Organizational, legal and ethical issues of the Russian Ebola response team deployment in the Guinea Republic

I. Kholikov

11:15 – 12:00

The CAF and its role in the Canadian domestic and international response to the Ebola epidemic- ethical and moral issues that guided policy decisions

P. Eagan

12:15 *Lunch*

Plenary Session II.1

14:00 – 17:00

Ethical Challenges in the Context of Epidemics

Chair: Wildi/ Messelken

14:00 – 14:30

The global status of Ebola

A. Arabi

14:30 – 15:30

Military healthcare professionals' experiences of ethical challenges whilst on deployment to provide humanitarian relief during the Ebola epidemic in Sierra Leone.

H. Draper

Coffee Break

16:00 – 16:50

The Question of Informed Consent: A Challenge to Medical Ethics

A. Akampurira

16:50

Round-up Day 1

18:00 *Dinner*

07:30 -08:30 *Breakfast*

Plenary Session II.2

09:00 – 12:00

Ethical Challenges in the Context of Epidemics

Chair: Koch/ Fournier

09:00 – 10:15

Deadly Epidemics and the Duties of Military Doctors

P. Gilbert

Coffee Break

10:45 – 12:00

Ebola, coercion and self-sacrifice

P. Calain

12:15

Lunch

Plenary Session II.3

14:00 – 17:45

Ethical Challenges in the Context of Epidemics

Chair: Schaber/ Crouse

14:00 – 15:00

Quarantined American Soldiers: The Ethics of the U.S.
Department of Defense 'Controlled Monitoring' Policy

S.M. Eagan Chamberlin

15:00 – 16:00

Easy decisions, not comfortable decisions: Ethics and
deployment during outbreaks

L. Schwartz

Coffee Break

16:30 – 17:30

Ebola Epidemic – a neglected neighbourhood

M. Pasha

17:30

Round-up Day 2

18:00

Dinner

Saturday 09 May 2015

07:30 -08:30 *Breakfast*

Plenary Session III

09:00 - 12:00

Education and Training in Military Medical Ethics

Chair: Messelken/ Winkler

09:00 - 10:00

Medical ethical dilemmas faced by British military senior clinicians on operations

L. Bernthal

Coffee Break

10:30 - 11:30

Military Medical Ethical Dilemmas : training principles

B. Demuynck

Closing Remarks

11:30

Closing Remarks

A. Stettbacher

12:00

Lunch

Andrew Akampurira – *The Question of Informed Consent: A Challenge to Medical Ethics*

Abstract

The requirement for freely given and informed consent to participate in research reflects important substantive ethical principles, including respect for persons, human dignity, and autonomy. The justification for the need for obtaining informed voluntary consent is that: The use of human beings as a means to the ends of others without their knowledge and freely granted permission constitutes exploitation and is therefore unethical. Ethical issues regarding human research in the developing world remain under continuous evaluation; a critical area of concern includes informed consent. Ethical complexities such as participants' diminished autonomy, coercion or monetary inducement, unfamiliarity with biomedical research, language difficulties, illiteracy or lack of true understanding of the entire study, cultural barriers mainly due to communitarianism and social diversities affect informed consent. These complexities obviously make upholding this ethical requirement a daunting task for researchers.

In developing world, Informed consent is essentially a 'Western ritual' and this causes the inability of some people to grasp western biomedical concepts; researchers need to realize that understanding suffers grossly in developing settings and that the real focus should be on adapting the universal paradigms of research to local cultural norms, ideas, and literacy levels. It is important for research administrators, managers and investigators to develop the cultural competence that enables them to establish recruitment and consent procedures consistent with cultural, political, and social practices. Understanding people's culture, education level and their economic status is vital in order to uphold this ethical requirement of biomedical research.

Biographical Note

Akampurira Andrew (32) is a native of Uganda. He holds a B.A in Philosophy from Uganda Martyrs University, a Postgraduate Diploma in Teacher Education from Kyambogo University, Uganda, Erasmus Mundus M.A Applied Ethics from Linkoping University, Sweden and Norwegian University of Science and Technology. Currently Andrew is pursuing a PhD in Applied Ethics in the Department of Philosophy at Makerere University Kampala, Uganda. He has been teaching philosophy (professional ethics) for the last six years at Kyambogo University, Uganda. Having stayed in Europe, when he returned he thought of changing the world into a better place to live in; a plan to build a primary school for vulnerable children especially those whose parents have died of HIV/AIDS scourge is progress "St Andrews Project For The Young". Upon the completion of his PhD, he thinks of doing a Postdoc in Europe and after he concentrates on his primary school project.

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Abdelrahim Arabi – *The Global Status of Ebola*

Abstract

The wide spread of diseases and epidemics that endanger public health is considered to be one of the great challenges due to inappropriate or unhealthy behavior practiced by the people in their normal lives. The most dangerous challenges need to be encountered by experts is to shoulder the responsibility to control the epidemics that threaten the people's health. The Ebola virus Disease (EVD) is continuing to claim lives across West Africa. Guinea, Liberia and Sierra Leone are the worst-affected countries, with transmission still widespread. This EVD outbreak is

the first to affect several countries in a region and the largest since the virus was discovered almost 40 years ago. The outbreak is a public health crisis and a complex emergency.

It is recommended to establish an epidemics unit to address HIV/AIDS, Ebola, Avian influenza (H1 N5&H9N2), Swine influenza (H1N1&H3N2), Corona virus and others in order to raise awareness, build capacities, and work on prevention, treatment, and counseling.

Biographical Note

Abdelrahim Arabi Haroon is a Brigadier General Public Health Officer in the Sudanese Armed forces Medical Services. PHD student at the Department of Quality Control and Inspection, B.Sc. Public Health (Khartoum University). Master in Epidemiology (Gesira University), Post-graduate Diploma in field of HIV/AIDS University of Medical Science & Technology. His fields of work include Public Health, Health Education, HIV/AIDS programme and Quality Control & Inspection.

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Lizzy Bernthal – A qualitative study of an exploration of the range of medical ethical issues faced by senior military clinicians to determine how best to support medical ethical decision making in future military operations

Abstract

The UK Defence Medical Services (DMS) have withdrawn from Afghanistan now the British Field Hospital in Camp Bastion has closed. We are in the process of undertaking a 2 phased qualitative research study to capture the experiences of Deployed Medical Directors (DMDs) who have deployed to the British Field hospital in Camp Bastion, Afghanistan. This aim of the study is to determine the major medical ethical dilemmas that confronted DMDs in order to explore what the most challenging ethical decisions were to resolve and the factors that made them ethically difficult. This is so training can be developed to support and prepare clinicians deploying in the future given that UK has withdrawn from Afghanistan and the nature of future deployments for DMS personnel is changing.

The ethical issues that arise for senior clinicians on deployment can be extremely complex. Little research has been undertaken to explore what factors makes an ethical dilemma. This builds on a recent study which identified that participants relied on experience gained during previous deployments to make ethical decisions. Clinicians may not be able to rely on previous experience in future deployments which may be very different to those already undertaken as the humanitarian deployment to Sierra Leone to assist with the Ebola Virus Disease has exemplified.

Biographical Note

Dr/ Maj Lizzy Bernthal is a Registered General Nurse and Midwife who graduated with a BSc (First Class) in 2002 and PhD in 2012. She worked in the UK and abroad before commissioning in the Queen Alexandra's Royal Army Nursing Corps in 1993. She was posted as a midwife before further specialising as a Perioperative Nurse. She won a national writer's award in 1998 and runner up in 1999 and published widely in nursing journals. From 2002 she held Healthcare Governance and Assurance managerial posts. She has deployed to the Balkans and Afghanistan.

She is currently a research fellow and lecturer within the Royal Centre of Defence Medicine, Birmingham as a qualitative researcher and lead for all ethics research. She has presented at national and international conferences, is an editorial board member for 2 health journals and a member of the Cochrane Nursing Care Field and the RCN Research Society. She is passionate about supporting the military family and clinicians' decision making. She was

appointed as honorary research fellow at the University of Southampton in 2012 and at King's College London in 2014.

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Philippe Calain- *Ebola, Coercion, and Self-Sacrifice*

Abstract

The 2014-2015 Ebola epidemic in West Africa has been a testing moment for public health ethics, exposing new dimensions of the tension between autonomy and the common good. By necessity, humanitarian and other relief organizations have contributed to a range of emergency public health measures, including contact tracing and case isolation. These activities have frequently been conducted in difficult contexts marked by poor acceptance, hostility, and some degree of violence from local communities toward medical teams. Such reactions are not new in the historical context of Ebola and Marburg virus outbreaks. In summer 2014 the state of emergency was declared in the most affected countries (Guinea, Liberia and Sierra Leone). This was accompanied by unpopular measures, such as home quarantine, travel restrictions, the forcible isolation of cases, or periods of lockdown. For health workers and particularly for outreach teams, it has thus been difficult to avoid being assimilated with law enforcement authorities. On the other hand, for victims and their families, facility isolation after Ebola contamination is probably the most onerous among all recognized public health measures. Thus contact tracers and case finders are often facing difficult dilemmas, when public health actions to limit contagion conflict with the obligation to respect patients' autonomy and dignity. The limits between persuasion, coercion and deception are difficult to draw in this situation, where facility isolation essentially means self-sacrifice. A number of principles to guide interactions of relief workers with Ebola victims can ease such tensions. For foreign military forces engaged in the regional response to the epidemic, additional sources of misperceptions and specific dilemmas can exist. Their strict role as relief and healthcare workers would have been difficult to sustain, had the epidemic caused a collapse of national institutions, a breakdown of all public services, or a resurgence of civil wars.

Biographical Note

Philippe Calain is a medical doctor specialized in infectious diseases and tropical medicine. He also holds a doctorate in biology (virology). He has worked in Rwanda, Afghanistan and Laos and is currently a senior researcher at the Research Unit on Humanitarian Stakes and Practices (UREPH) of MSF Switzerland. He has held several advisory positions at the World Health Organization, most recently as: chair of the advisory panel on 'Ethical considerations for use of unregistered interventions for Ebola virus disease', member of the Ethics and Ebola Working Group, and member of the Ebola Science Committee.

His research focuses on humanitarian medicine, public health ethics, governance of global health, public health surveillance, preparedness to pandemics and development theories.

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'Controlled Monitoring' Policy

Abstract

On October 29 2014, U.S. Defense Secretary Chuck Hagel announced a controversial 21-day quarantine plan for American service members returning from areas in West Africa affected by Ebola virus outbreaks. This mandatory quarantine was based on recommendations from the Joint-Chiefs of Staff, and was supported by Army leadership who expressed a desire for a 'conservative' and 'prudent' disease response plan. Seven military bases were approved as quarantine or 'controlled monitoring' sites, five in the continental U.S. and two in Europe (Italy and Germany). At the time of writing, hundreds of U.S. Armed Forces service members are being held in quarantine.

The 'controlled monitoring' policy implemented by the U.S. Department of Defense (DoD) represents a controversial departure from the current national and international guidance regarding Ebola response. The Centers for Disease Control have placed only a few restrictions on high-risk individuals (such as those with direct exposure to the Ebola virus), however they have not recommended mandatory quarantine. They recommend that asymptomatic individuals in the high-risk category should have "direct-active monitoring for 21 days after their last potential exposure," which includes avoidance of congregate public activities and some travel restrictions. None of the quarantined American troops have been involved in the treatment of Ebola-infected patients and thus are excluded from the high-risk category.

This paper will discuss the ethical issues involved in the American case of 'controlled monitoring,' or quarantine in the Armed forces. Does this policy represent an excessive infringement on autonomy and individual rights, or a necessary measure in disease control? The framework of public health ethics will be applied in examination, specifically drawing on Nuffield's 'liberty-limiting continuum.' The analysis will also focus on uniquely military factors including the complicated questions regarding the limited autonomy of soldiers, and the related obligations of the military institution and military command.

Biographical Note

Sheena M. Eagan Chamberlin received her Ph.D. in the medical humanities from the Institute for the Medical Humanities at the University of Texas Medical Branch and her Master of Public Health (MPH) at the Uniformed Services University. Dr. Chamberlin's areas of research and teaching include military medical ethics, philosophy of medicine, public health ethics, history of medicine and the medical humanities. She has presented academic papers at conferences in the humanities, medical ethics and military history in North America, Europe, and Asia. Now an adjunct in the Faculty of Philosophy at the University of Maryland University College, Dr. Chamberlin teaches ethics to active-duty soldiers and their families.

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Bart Demuyneck – *Military Medical Ethical Dilemmas : training principles*

Abstract

It is clear that ethical dilemmas for military medical personnel have or can have a major influence in decision making processes and post-mission behaviour and feeling. Unlike other mission elements and factors, the ethical factor is hardly considered in planning and in preparation. Unknown to planners and preparers, military medical ethical training is often passed or forgotten and thus enhancing the possibilities and risks during the mission. However,

integrating military medical ethics in genuine training and predeployment training doesn't need a lot. It doesn't need a lot of extra manpower, it doesn't need a lot of extra financial resources and it doesn't need a lot of extra efforts. This brief shows the necessity of continuous training in this domain and highlights some essential elements in this specific training with some guidelines for all who want to start or enhance military medical ethics in their training, regardless the objective of the training : pure military medical or humanitarian (military) medical (like deployment for EBOLA-crisis).

Biographical Note

Educated as a military medical support officer, Bart Demuyck served in several units of the Belgian medical component and this in all domains: personnel, finance, logistics and training and operations. Next to his military and academic education, he followed multiple courses and seminars in the fields of leadership, communication, conflict management, LOAC and military medical ethics. He was the commanding officer of the Belgian military medical centre of competences and initiated the enhancement of ethical awareness of the BEL medical and medical support officers starting their career. He's still involved in the education of the officers in this domain.

In his present function as 2IC of the BEL Military Hospital Queen Astrid in Brussels, Demuyck is well positioned to observe closely the impact of the EBOLA-crisis as military personnel of the MHQA received the mission of inter hospital transfers of EBOLA-patients.

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Heather Draper – *Military healthcare professionals' experiences of ethical challenges whilst on deployment to provide humanitarian relief during the Ebola epidemic in Sierra Leone*

Abstract

The UK Defence Medical Services (DMS) have deployed to Sierra Leone where they have been part of the international effort to help those affected by the Ebola outbreak. This paper will present and discuss the initial findings of semi-structured interviews with up to 25 returning DMS staff (doctors, nurses and other allied healthcare professionals) exploring the ethical challenges they faced whilst on this deployment. These findings will include a description of the range of ethical challenges experienced, which were most commonly experienced and which were most difficult to respond to and why. Also we will report on the extent to which the participants felt prepared to meet these challenges, what resources they drew on to meet them and what additional training and support they would recommend to/for others prior to similar deployment. We would also anticipate being able to offer some insights into the effect that responding to these challenges has had on the participants' sense of themselves as a healthcare professional, and their understanding of their professional values.

There is very little literature in the public domain reporting military healthcare workers' responses to ethical challenges when they are deployed on purely humanitarian relief operations. There is a small but growing literature on civilian, expatriate humanitarian medical workers' experiences in this context. We hypothesise that, as well as providing exploring issues pertinent to the Ebola outbreak, our study will reveal interesting similarities as well as differences between military and civilian ethical experiences when responding to disasters and complex emergencies.

Biographical Note

Heather Draper is Professor of Biomedical Ethics at the University of Birmingham. She is PI on the project of the same name as her paper. The project website is

<http://www.birmingham.ac.uk/research/activity/mds/projects/HaPS/PCCS/MESH/research/Military-Medical-Ethics/ebola.aspx> You can also read our blog: <https://uobethics.wordpress.com/>

Heather is ethics consultant to the Royal Centre for Defence Medicine's programme of research on military medical ethics. She is also Vice-Chair of the EU COST action 'Disaster Bioethics' (<http://disasterbioethics.eu/>). Other members of the Birmingham research team are: Major Lizzy Bernthal (PhD) (Military Nursing Services Research Fellow and Lead Lecturer, Academic Department of Military Nursing and Nursing Officer Queen Alexandra's Royal Army Nursing Corps, based at RCDM in Birmingham); Catherine Hale (Senior Lecturer in Healthcare Law and Ethics at the University of Birmingham). She is an experienced educator who will be leading work preparing training materials in connection with this project that will support the preparation of DMS staff deploying to Sierra Leone; Dr Simon Jenkins is a Research Fellow at the University of Birmingham.

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Paul Eagan – *The Canadian Armed Forces and its role in the Canadian domestic and international response to the Ebola epidemic: ethical and moral issues that guided policy decisions*

Abstract

The Ebola epidemic in West Africa has had a profound effect on Canadians and the world community. Its potential spread to Canada has resulted in a domestic response which builds upon the lessons learned from the SARS epidemic a decade previously. Internationally, Canada grappled with how best to contribute to the world effort to stem the outbreak. From the early stages of the epidemic, the Canadian government provided equipment, financial support and laboratory expertise to the affected region. Initially, nongovernmental organizations provided clinical resources that were eventually overwhelmed and a request for military assistance was made. The Canadian Armed Forces (CAF) has had a significant role in the Canadian response to this international crisis. This presentation reviews the whole of government response with particular reference to that of the CAF. CAF is working with the British military effort to provide direct medical care in West Africa to health care workers who are infected with Ebola. In order to offer additional protection and treatment, an unproven, experimental Canadian vaccine is made available to military personnel in the event of a significant Ebola exposure. This presentation examines the Canadian response to the Ebola epidemic, including the ethical issues and dilemmas that have informed policy decisions. These include the role of the military as a provider humanitarian assistance, the allocation of scarce medical resources and the use of experimental vaccines in situations such as epidemics. The Canadian approach to the use of quarantine as a mechanism to control disease spread is discussed in the context of objective medical evidence and perceived risk by the general public and policy makers.

Biographical Note

LCol Paul Eagan, MD, MPH is a public health physician in the Royal Canadian Medical Service. He is the current head of the communicable disease control section and acting director of the Directorate of Force Health Protection, Canadian Forces Health Services Group. He holds a medical degree from the University of Calgary and has done post-graduate medical training in family medicine, obstetrics, gynaecology, and preventive medicine. He holds specialist certification with the Canadian College of Family Physicians, the American Board of Preventive Medicine, and the Royal College of Physicians and Surgeons of Canada. He has extensive clinical experience in resource-scarce medical situations in Canada's North. He has worked in Afghanistan building health system capacity and was instrumental in establishing the post graduate residency program in infectious disease and preventive medicine for

the Government of Afghanistan. He has played a significant role in formulating and delivering the Canadian Armed Forces response to the Ebola epidemic and has contributed to NATO doctrine on the subject.

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Paul Gilbert– *Deadly Epidemics and the Duties of Military Doctors*

Abstract

The need for foreign assistance in treating the victims of Ebola and preventing its spread, despite the incidence of mortality among those involved in this mission, raises a difficult question: what justification might there be for drafting military physicians to engage in this sort of task, at risk to their own lives? This is a more specific issue than that regarding the general rationale for sending in troops of any sort, who might indeed be exposed to infection. The question concerns what should be expected of military doctors outside their usual duties of keeping members of the armed forces fit for service and treating the casualties of combat.

After a review of several different scenarios in which military doctors may be confronted with epidemics the paper considers two potential types of justification for their being required to assist in treating the victims of epidemics like Ebola: 1) that this is a form of humanitarian intervention; 2) that it is analogous to military actions of self defence in helping to prevent harm to one's own population. Neither type of justification is without its problems and each raises questions about the relation between the roles of military doctors as autonomous professionals and as military men and women acting under orders.

Biographical Note

Paul Gilbert is Emeritus Professor of Philosophy at the University of Hull, UK. His current research interests are principally in military ethics and the ethics of role more generally. His most recent books are *An Introduction to Metaphilosophy* (with S. Overgaard and S. Burwood, Cambridge U.P 2013) and *Cultural Identity and Political Ethics* (Edinburgh U.P. 2010).

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Christian Janke – *Beyond ETU: Severe Infection Temporary Treatment Units as an ethical, epidemiological and medical adaptation of Ebola case management during an Ebola outbreak*

Abstract

Selecting suspect patients along their individual risk of having EVD in three distinct areas for suspect cases, probable cases and confirmed positive cases is one of the aspects in the setup of an Ebola Treatment Unit (ETU) that is not only founded in common sense but also reflects the major impact of the a-priori-risk on appropriate counter-measures. However, in September 2014, when the Ebola outbreak in Liberia was on its peak, in an ETU nine positive Ebola PCR results among ten suspect cases had to be expected. Due to a lack of resources at that time, it had to be accepted that one out of ten patients was in the wrong place, bearing the risk of substandard clinical care and potential exposure to the Ebola virus. Though, until end of 2014 this situation changed significantly with now less than one confirmed Ebola case among ten suspect cases admitted to an ETU. Therefore, during the course of the current outbreak it has become increasingly irrational for a patient with Ebola-like symptoms to report to a conventional ETU. The ethical judgement had to change accordingly: At least for the later stages of an Ebola outbreak with low incidence rates, it is necessary to consequently extend the ETU approach and also select the

patients along their risk of not having EVD. Setting additional areas for "unlikely cases" and "confirmed negative cases" could both, significantly reduce the risk of nosocomial Ebola virus infections and providing the means to offer a decent level of clinical care to the increasing part of non-Ebola-patients among the suspect cases. As a consequence, the acceptance within the population to report with Ebola-like symptoms to an appropriate facility, particularly important for the last mile of outbreak management, could be re-established. As it is dedicated to the ethical imperative of health care that is focused on public and individual interests, we propose to consider this approach during an outbreak as soon as the scarce resources necessary are available.

Biographical Note

In 1990 when Germany reunited Christian Janke began studies of Medicine in Leipzig, where he had joined the successful East German fight for freedom just a few months before. In perfect accordance with those values he joined the German Armed Forces as a medical officer 10 years later. He acquired broad clinical expertise as a specialist in family medicine and during a specialization in tropical medicine. Together with his wife he worked one year in a rural district hospital in GHANA. After here being more directly confronted with the fact that health issues are not sustainably addressed by mere clinical means, he started studies in Public Health at the University of Munich, that he completed with a Master degree in 2013.

Since 2007 he has been responsible in different positions within Bundeswehr Medical Service Headquarters for different aspects of Force Health Protection, lastly as leader of the Medical Intelligence Branch. Recent deployments in EUTM MALI and during the Ebola Outbreak Assistance in Liberia brought him back to the interfaces between clinical medicine and Global Public Health. As Deputy Branch Chief of the Deployment Health Surveillance Capability he now acts as bridge between the NATO medical intelligence world and the health surveillance universe.

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Ivan Kholikov – Organizational, legal and ethical issues of the Russian Ebola response team deployment in the Guinea Republic

Abstract

In accordance with the decision of the President of the Russian Federation the Ministry of Defence of the Russian Federation was tasked to deploy an infectious field hospital to assist the Guinea Republic in their fight with the epidemic of Ebola as one of the most affected country of the Western Africa. The hospital originally designed to treat 200 patients in the situation of especially dangerous infections like cholera, typhoid, plague, Ebola, Marburg and other is deployed with only 100 beds. This is due to the necessity to ensure the proper sanitary epidemiological regime to avoid the spread of infection.

Since according to the Guinea government there were no specialists capable to both install the hospital on site and to work on the equipment provided, the Surgeon General of the Russian Federation Armed Forces was ordered to deploy a group of specialists as the Ebola response team to put up the hospital and to train the local health care workers how to operate it. The author being the leader of this team experienced a considerable amount of various challenges that can be divided into three groups: organizational, ethical and legal. Organizational challenges were probably the most acute since there were many problems that the group had to deal with starting from the lack of assets to unload and transfer the equipment and materiel and ending up with safety and security issues.

Ethical challenges comprised the frequent unwillingness of the host party to cooperate, the huge amount of false information around the problem of Ebola in general and the efforts of the assisting nations and WHO, adding the issues of experimental treatment and quarantine, especially on the way back.

Before talking about legal challenges it is worth mentioning that the issues of pandemics and mass diseases are widely discussed in political contest, being considered as a part of various conspirological theories that tend to see them as organized to reach specific political goals, for instance, in order to decrease the amount of population of certain regions by means of biological warfare.

However the author would like to consider these issues purely from the positions of international law focusing on the recent cases of infectious diseases including Ebola. This approach will allow to identify the spread of pandemics, epidemics and mass diseases as the possible basis for international legal responsibility of states and international organizations, and point out some possible forms of its realization.

Biographical Note

Colonel Ivan Kholikov is a graduate of Military University, Moscow. He participated in such international campaigns as United Nations Mission in Angola (UNAVEM III) - 1996, Multinational Operation in Kosovo (KFOR) – 2001 and United Nations Mission in Chad (MINURCAT) – 2009. Currently he holds the position of Chief of International Cooperation Branch of Main Military Medical Directorate of the Russian Federation Defense Ministry. In 2014 he was a leader of the Russian military Ebola response team in the Guinea Republic.

Colonel Kholikov is a PhD and a Professor in international law, author of numerous publications on peacekeeping, international humanitarian law and cooperation in the field of military medicine. He is also a member of international teaching staff of the ICMM Law of Armed Conflict (LOAC) courses since 2010 and the legal advisor to the Secretary General of the ICMM. The officer has been decorated with a number of awards and medals for the distinguished service.

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Mustafa Pasha– *Ebola Epidemic - a neglected neighbourhood*

Abstract

The Ebola epidemic is unfolding in three of the world's poorest West African countries. Africa is our neighbour and Ebola's global spread is no longer the stuff of fiction. The current Ebola epidemic has presented challenges both medical and ethical on level of global indifference to Africa and double standards on how the world handles emergency humanitarian crisis. The gaps between Western principle and Western action are in question. This presentation basing on a case report and a case study aims at to generate questions that are both pressing and unfamiliar. The case report is based on an unexpected event of Thomas Eric Duncan - a Liberian who came to the United States with Ebola and the case study on analyses of events, decisions and policies related to controversial allocation of experimental 'Secret Serum' – Z Mapp to treat American volunteers. Medical and ethical questions those came out were answered placing arguments to that on both sides. This presentation also examines ethics of self-protection during duty of care and ethical paradox between protecting the public health versus preserving individual civil rights in relation to quarantine. Certain recommendations were proffered specifying the responsibilities of global community and national government to meet the challenges to combat future Ebola and other epidemics. Optimism expressed in peroration by considering Ebola tragedy as a turning point in the history of public health and urging all global citizens to break the shell of isolationism; and ought to create an ethical spirit of global solidarity to help our fellow neglected neighbour regardless of their colour and where they were born.

Biographical Note

Brig Gen (Dr) Mustafa Pasha, ndc, MPH (Epidemiology), MBBS is the director of a 500 bedded tertiary care hospital in Bangladesh. During his long 'doctor in uniform' career in Bangladesh Armed Forces he held many command and staff appointments in different medical units, Infantry Battalion, Inter-Services unit, Divisional and Army Headquarters, including Deputy Director General of Medical Services. He has received commendation from Chief of Staff, Kuwait Army for his contribution in reorganization of Kuwait and medals from Bangladesh Government for active participation in counter-insurgency operation and participation in disaster-management operation in devastating flood (1998) and cyclone (1991). He has attended many courses, seminars and workshops at home and abroad. He is an academic council member of Islamic University, nominated by the Honorable President of Bangladesh. His main research/publication field includes non-communicable disease, smoking initiation, health system reform & ethics in general. He has attended the highest all arms strategic and operational course 'National Defence Course' (ndc) and at present pursuing final part of M Phil (Security Studies).

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Lisa Schwartz– *Easy decisions, not comfortable decisions: Ethics and deployment during outbreaks*

Abstract

An analysis of interviews with military health workers indicates that the ethical challenges arising in the course of care cause moral distress, which can be a source of psychological distress and increased trauma. A qualitative study of interviews of military healthcare practitioners offers a revealing comparison with the ethical experience of humanitarian healthcare practitioners. We identified four sources of ethical challenge for military and humanitarian healthcare workers: 1) Resource Scarcity, 2) Historical, Cultural, or Social Structures, 3) Policies, and 4) Professional Roles. The outbreak of Ebola in West Africa this past year, is a relevant case study for these four sources. In addition, the context of non-combat related mass 'casualty' situations such as the current outbreak, offers new dimensions of these ethical challenges such as voluntariness and motivations for deployment, willingness to work with uncertainty, and the exigencies of research and public health contexts on clinical experience of health workers. Our analysis indicates that better understanding of how ethical challenges are experienced in this context may help with mental health and stress management among military and non-military humanitarian health workers.

Biographical Note

Lisa Schwartz, PhD is the Arnold L. Johnson Chair in Health Care Ethics in the Faculty of Health Sciences at McMaster University, Full Professor in the department of Clinical Epidemiology & Biostatistics, Director of the PhD in Health Policy, co-Associate Director of the Centre for Health Economics and Policy Analysis (CHEPA), and associate member of the Department of Philosophy. She is also the Vice-Chair of the Standing Committee on Ethics at the Canadian Institutes of Health Research (CIHR), and member of the Ethics Committee at the Royal College of Physicians & Surgeons of Canada. In 2014 she joined the Médecins Sans Frontières (MSF) Ethics Review Board. Dr Schwartz's research background is in ethics and human research, evaluation of ethics education in medicine and advocacy in health care. She is the Primary Investigator on CIHR funded studies examining the ethical challenges faced by health care professionals (civilian and military) providing humanitarian healthcare assistance abroad and on ethics and policy development in humanitarian healthcare agencies. Dr Schwartz has collaborated with the International Committee of the Red Cross project on Health Care in Danger, and is a member of the World Health Organization's Ethics and Ebola working group.

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Practical Information

Registration

Contact	Adele Renfer: Adele.Renfer@vtg.admin.ch General contact: workshop@melac.ch
Workshop Fee	600 CHF (includes accommodation in a single room on 07./08. and 08/09.05.2015 at Forum Lilienberg, all meals during the workshop, and the shuttle from and to the airport)
Early Arrival	If you arrive on the day before the workshop, the additional night 06./07.05.2015 at Forum Lilienberg can be booked for +198 CHF (includes the dinner on 06.05.2015 and breakfast.)

→ **Registration is mandatory for all attendants. No participation is possible without registration.**

→ Registration form available at <http://workshop.melac.ch/>

Workshop Organisation & Logistics

Swiss Armed Forces Medical Services Directorate

Prof. em. Dr. Dr. h.c. M. Oberholzer-Riss:	oberholzerm@bluewin.ch
Adele Renfer:	Adele.Renfer@vtg.admin.ch

Workshop Language

All lectures and discussions are held in English language.

No translation can be provided during the workshop.

Dress Code

Military	Office Uniform
Civilian	No Code

Arrival to the venue: Forum Lilienberg

Address	Blauortstr. 10, CH 8272 Ermatingen, Switzerland
Airport	Zürich Kloten (ZRH)
Railway Station	Ermatingen
Shuttle Service	Transport in cars from the Airport to the conference venue will be organised. Please register early.

Venue: Forum Lilienberg, Ermatingen (CH)

Map of the venue



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|-----|----------------------|---|
| (1) | “Stiftung Lindeguet” | Guest rooms 1-6 |
| (2) | “Zentrum” | Plenary Hall |
| (3) | “Forum” | Reception & Restaurant (Breakfast, Lunch, Dinner) |
| (4) | “Gästehaus” | Guest rooms 10-35 |

Contact

ICMM Centre of Reference for Education on International Humanitarian Law and Ethics

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workshop@melac.ch (workshop)

Swiss Armed Forces Medical Services Directorate

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Emergency numbers (during the workshop only)

Organisation, Transports, etc:	+41 79 781 55 25
Forum Lilienberg	+41 71 663 23 23