

## Workshop Program

### 7th ICMC Workshop on Military Medical Ethics

#### *End-of-life care – ethical issues during missions*

04 – 06 May 2017 – Forum Lilienberg

Ermatingen, Switzerland



#### Patronage

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

#### Scientific Coordination

Dr. phil. Daniel Messelken  
ZH Center for Military Medical Ethics  
Lt Col David Winkler, MD, PhD  
ICMM Center of Reference  
for Education on IHL and Ethics

#### Workshop Organization

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

## Scientific Coordination

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ICMM Centre of Reference for Education on IHL and Ethics & ZH Center for Military Medical Ethics

Dr. phil. D. Messelken      messelken@ethik.uzh.ch

Lt Col D. Winkler, MD      dwinkler@cimm-icmm.org

## Idea of the workshop series

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The idea of this *ICMM Conference Series on Military Medical Ethics and IHL* is to bring people from different backgrounds together, to share their experience and expertise on specific problems or dilemmas with the aim of reaching common positions on how to (re)act in future situations comparable to the cases discussed. For the workshop 2017, we are expecting about 40 speakers and participants from the fields of military, international humanitarian law, and philosophy, both from academia and practice. The conference itself shall give large room for plenary discussions. The plenary lectures as well as conclusions of the sessions shall be published.

## Chatham House Rule

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The whole workshop shall be held under the “Chatham House Rule” to encourage open discussions among the participants and the sharing of information. This rule reads as follows:

*When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.*

The Chatham House Rule originated at Chatham House and it is now used throughout the world as an aid to free discussion. Meetings do not have to take place at Chatham House, or be organized by Chatham House, to be held under the Rule.

Meetings, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request.

07:30 - 08:30 *Breakfast*

## Plenary Session I

09:00 - 12:00

## Introduction & Field reports

Chair: D. Messelken / D. Winkler

**09:00 - 09:30**

*Welcome and Introduction to the Workshop*

D. Winkler

D. Messelken

**09:30 - 10:15**

*Intensive Care on Operations - a personal perspective*

J. Henning

*Coffee Break*

**10:45 - 11:45**

*Morituri soldiers on operation theatres. The French Approach & a case analysis*

G. Loarer & J. Viant

12:15

*Lunch*

## Plenary Session II

14:00 - 17:30

## End-of-life care: Military and Conflict Contexts

Chair: A. Wildi / B. Koch

**14:00 - 14:30**

*Mercy Killing, Euthanasia and Constrained Choice on the Battlefield*

S. Chamberlin

**14:30 - 15:00**

*Should Battlefield Euthanasia be Legalized?*

D. Perry

**15:00 - 15:45**

*Plenary Discussion of the two papers*

*Coffee Break*

**16:15 - 17:15**

*Dying at Peace in War*

P. Gilbert

18:00

*Dinner*

*Drinks at the "Remise"*

07:30 - 08:30 *Breakfast*

**Plenary Session III.1**

09:00 – 12:00

**End-of-life care: Humanitarian Contexts**

Chair: J. Crouse / T. Schaay

**09:00 – 10:00**

*Providing end of life 'care' during the 2014-2015 Ebola outbreak:  
insights gained from the British Military response*

H. Draper

*Coffee Break*

**10:30 – 11:30**

*Medically assisted dying and public health:  
a brief overview of legislation, attitudes and practices*

J. Cohen

**11:30 – 12:00**

*Update on the MME Scenario Collection Project  
→ <http://scenarios.militarymedicaethics.ch/>*

D. Messelken

12:15

*Lunch*

**Plenary Session III.2**

14:00 – 17:45

**End-of-life care: Humanitarian Contexts (continued)**

Chair: S. Fournier / H. Esmeiran

**14:00 – 14:30**

*Palliative care during international humanitarian action:  
A multi-sectoral global survey*

E. Nouvet

**14:30 – 15:00**

*Moral experience and palliative care provision in humanitarian contexts*

M. Hunt

**15:00 – 15:45**

*Plenary Discussion of the two papers*

*Coffee Break*

**16:15 – 17:15**

*Dying in the Sun*

G. Schofield

18:00

*Dinner*

*Drinks at the "Remise"*

**Saturday 06 May 2017**

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07:30 - 08:30 *Breakfast*

## **Plenary Session IV**

09:00 – 12:00

## **Prison Health: Hunger strike/ end-of-life in prison**

Chair: I. Kholikov / P. Ermuth

**09:00 – 10:00**

*Care for hunger strikers at the end of life*

M. Gross

*Coffee Break*

**10:30 – 11:30**

Health care and end-of-life situations in detention

A. Chebly

## **Closing Remarks**

**11:30**

Closing Remarks

R. Bruhin

12:00

*Lunch*

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## **Proceedings from previous workshops**

Messelken, Daniel; Winkler, David (forthcoming), editors. **Military Medical Ethics during Asymmetrical and Hybrid Warfare** (Proceedings of the 6th ICMM Workshop on Military Medical Ethics). *Forthcoming 2017/2018*

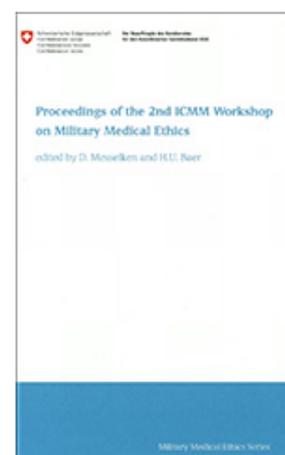
Messelken, Daniel; Winkler, David (2017), editors. **Ethical Challenges for Military Health Care Personnel: Dealing with Epidemics** (Proceedings of the 5th ICMM Workshop on Military Medical Ethics). *Forthcoming 2017*

Messelken, Daniel; Winkler, David (2015), editors. **Proceedings of the 4th ICMM Workshop on Military Medical Ethics**. Bern, 2015. ISBN 978-3-905782-98-1

Messelken, Daniel ; Baer, Hans U (2014), editors. **Proceedings of the 3rd ICMM Workshop on Military Medical Ethics**. Bern, 2014. ISBN 978-3-905782-97-4

Messelken, Daniel ; Baer, Hans U (2013), editors. **Proceedings of the 2nd ICMM Workshop on Military Medical Ethics**. Bern, 2013. ISBN 978-3-905782-94-3

Available via → <http://publications.melac.ch/>



### Sheena M. Eagan Chamberlin – *Mercy Killing, Euthanasia and Constrained Choice on the Battlefield*

#### Abstract

According to the Geneva conventions, injured combatants must be offered aid—whether friend or foe, they are to be helped and not harmed. However, the realities of war create scenarios that challenge this universalist principle. Mercy killing or euthanasia on the battlefield has been a topic of military ethics since antiquity. In fact, requests of this nature can be traced as far back as biblical times. In 2016, mercy killing on the battlefield has received much attention as famous cases have gone to court in both Canada and Israel. In the United States, there have been several cases of battlefield mercy-killing that have gone to court in the last decade of war. These cases, as well as the ongoing debate, raise important and relevant questions regarding military ethics. What should soldiers do when faced with fatally wounded enemy combatants? Is mercy killing ever ethically permissible? Beyond that, how does this moral question change when considering military physicians? The United States military, and many others, explicitly condemn mercy killing, physician-assisted death, and euthanasia by way of policy. However, this position does not consider contextual variables that may be key to moral analysis. This paper will present some of these cases, analyzing the moral agent's intent and motivation, as well as providing policy and ethical analysis of the issue.

#### 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 medical ethics, military medicine, and military history in North America, Europe, and Asia. She now teaches with the Department of Nursing & Health Sciences at California State University.

**Email**      [contact@sheenaeanagan.com](mailto:contact@sheenaeanagan.com)

### Amalid Chebly – *Health care and end-of-life situations in detention*

#### Abstract

Health Care in Detention is a commonly neglected part of the Public Health system in a country. It has its specific and unique problems like the impact of overcrowding on health for example. Health in Detention requires a constant interchange, at different levels, between detainees, health staff and detention authorities. The International Committee of the Red Cross (ICRC) works, with all concerned authorities, onto improving the health care services in detention (access and quality) mainly by encouraging the Ministry of Health to play its natural role in the health care in detention arena. In the case of hunger strike in prisons, ICRC encourages both the detaining authority and the hunger strikers to resolve their issues without loss of life. As a humanitarian organization, ICRC strives to ensure that the hunger strikers receive proper care and treatment by meeting international standards and respecting medical ethics; and that their dignity, humanity and any choices they freely make— for example, to continue or to abandon the hunger strike – are respected.

#### Biographical Note

Amalid Chebly is a Public Health expert with 8 years of experience in Health Care in Detention field. She covers different thematic in Health Care in Detention from outbreak control, to implementing Primary Health Care projects, to strengthening National Penitentiary Health Care System by working with governments on creating/updating National Policies in respect of the international norms and standards. During her mission to

Tunisia, she assisted authorities in setting a “National Protocol of the Medical Follow up of Detainees on Hunger Strike”. Currently, she works at the International Committee of the Red Cross as a Regional Health Care in Detention Doctor managing health staff and programs in Burundi, Ethiopia, Rwanda, Somalia, South Sudan, Zimbabwe, Madagascar, Ivory Coast, Guinea, Central African Republic, and Congo.

**Email**    achebly@icrc.org

## **Joachim Cohen – Medically assisted dying and public health: a brief overview of legislation, attitudes and practices**

### **Abstract**

The increasing legalization of euthanasia and physician-assisted suicide worldwide makes it important to understand related attitudes and practices. This presentation will review the legal status of euthanasia and physician-assisted suicide and the available data on attitudes and practices.

The presentation will take a public health approach by providing:

- (1) A mapping of policy developments (through an overview of current legislation)
- (2) An assessment of practices (using published data from mortality followback surveys and official country and state databases)
- (3) An evaluation of whether practices adhere to legal due care criteria (using survey data)
- (4) Insight into the wider cultural and societal determinants of euthanasia acceptance.

### **Biographical Note**

Prof. Joachim Cohen is a medical sociologist and a professor of the End-of-Life Care Research Group of the Vrije Universiteit Brussel and Ghent University. His program of research focuses on end-of-life care and related issues or trends. He graduated in 2001 as a Master in Sociology and in 2007 as a PhD in Social Health Sciences.

His research has been awarded with the Kubler Ross Award for Young Researchers and the Young Investigator Award from the European Association of Palliative Care 2010. Both prizes were awarded to him, mainly because of his large-scale cross-national research on euthanasia and end-of-life care.

Prof. Cohen has published over 100 articles in international peer reviewed journals, co-edited the Oxford University Press book: “A public health perspective on end of life care”, and authored a chapter on ‘Euthanasia and Public Health’ for the Elsevier International Encyclopedia of Public Health (2nd edition).

**Email**    jcohen@vub.ac.be

## **Heather Draper – Providing end of life ‘care’ during the 2014-2015 Ebola outbreak: insights gained from the British Military response**

### **Abstract**

Twenty British military medical and medical support personnel who deployed to Sierra Leone during the Ebola outbreak were interviewed about the ethical challenges they had faced. Concerns around end of life care were reported to have caused particular difficulties, even though most participants were accustomed to dealing with the dying and dead. Specific issues included: uncertainty about the course of the disease in individuals (patients who were recovering died unexpectedly/ patients thought to be ‘hopeless’ survived) – this resulted in, amongst other things, a ‘hybrid’ approach to palliation; the trade-off between infection control and providing ‘normal’ end of life care and comfort; moving dying patients long distances to receive palliative care; preparation of the dead for burial.

The study participants worked in an Ebola treatment unit (ETU) that was well staffed and resourced. It aimed to provide a standard of care as close as possible to that provided in the UK. Nonetheless compromises had to be made between three imperatives: public health measures (containment), the need to protect staff from infection

(obligations to employees/self/colleagues) and the duty to care for patients ('normal' professional obligations). Elsewhere local and NGO health carers were working in much more austere ETUs, with similar mortality rates and larger numbers of patients. As well as managing these competing imperatives they had to balance providing care for the dying against channelling energy and resources to those with the best chance of living. The paper will conclude by commenting on how palliative care fits into a disaster response, and in particular whether/when placing an obligation on responders to provide meaningful palliative care (emphasis on the meaning of 'care') in a severe infectious disease humanitarian disaster is an obligation too far.

#### Biographical Note

Heather Draper was appointed to a newly created chair in Bioethics at the University of Warwick in January 2017. She is widely published and a recognised expert in several research fields. Of interest to this audience, she is lead investigator on the project 'Military Healthcare professionals' experience of ethical challenges whilst on Ebola humanitarian deployment (Sierra Leone)'. Data from the project informs this paper. She was also lead investigator on a project evaluating an ethical decision making tool (the four quadrant approach) in a Role 3 hospital and co-investigator on a project exploring the ethical issues faced by Deployed Medical Directors. She was Vice Chair of the COST action Disaster Bioethics (2012-2016). Professor Draper is a member of the UK Defence Medical Service Ethics Committee and ethics consultant to the Royal Centre for Defence Medicine's programme of research on military medical ethics.

**Email**     h.draper@warwick.ac.uk

#### Paul Gilbert – *Dying at Peace in War*

##### Abstract

When servicemen dying of their wounds are brought into a military medical facility their needs are not only for medical attention and pain relief but, as palliative care guidelines vaguely express it, emotional, psychological and spiritual. In untangling these factors, we focus upon the idea of dying at peace, seeking to describe its conditions and to explain its value. Different philosophical models of what it is to come to terms with death in the context of one's life are explored and these are applied to the specific circumstances of military service.

While acknowledging the risk of idealisation, it is argued that death in war has a salience for servicemen that most deaths do not possess for those who suffer them, providing opportunities for dying at peace not open to e.g. hospice patients, whose deaths are an alien intrusion lacking any significance in relation to their lives. It might seem, however, that the typically premature death of mortally wounded servicemen counts against this, and it is undoubtedly a factor that those caring for them will need to take account of.

We turn, then, to the duties of military medical staff in providing whole-person care to dying servicemen and helping them to die at peace where this is possible. Military medical staff do this in several roles: 1/ as doctors and nurses with experience of treating the dying; 2/ as comrades sharing the war aims of mortally wounded combatants on their own side; 3/ as fellow members of armed forces on whichever side who have to act under orders whatever their own values and beliefs. The specific value of helping wounded servicemen to die at peace is emphasised, although in the difficult circumstances of war it will need to be set against the obligation of military medical staff to treat the other wounded and to prevent their deaths.

#### Biographical Note

Paul Gilbert is Emeritus Professor of Philosophy at the University of Hull. His last 4 books are: *NEW TERROR, NEW WARS* (Edinburgh U.P. 2003, and in Chinese translation), *THE WORLD, THE FLESH AND THE SUBJECT* (with K. Lennon, Edinburgh U.P. 2005, and in Portuguese), *CULTURAL IDENTITY AND POLITICAL ETHICS* (Edinburgh U.P. 2010) and *AN INTRODUCTION TO METAPHILOSOPHY* (with S. Overgaard and S. Burwood, Cambridge U.P. 2013,

and in Korean). Most of his recent articles have been on the ethics of war, with three on military medical ethics for ICMM workshops. He is currently working on the philosophy of ageing and dying.

**Email** P.H.Gilbert@hull.ac.uk

### **Michael Gross – *Care for hunger strikers at the end of life***

#### **Abstract**

Hunger striking by prisoners or detainees presents fascinating end of life issues. Hunger strikers in Israel, Turkey and the US in recent years are often captured insurgents protesting their incarceration or promoting a political agenda. As they refuse food, their condition worsens and they approach death. At that point, the authorities are left to decide whether to force-feed them or allow them to die. This is a bioethical, political and a military dilemma. From a bioethics perspective, many would argue that respect for autonomy should require physicians to allow hunger strikers to die. But, medical ethics may also dictate force feeding patients to save their lives (a basic ethical norm) or because physicians are unsure that hunger strikers made truly autonomous decisions to refuse food. At the same time, military necessity may support force feeding hunger strikers if their deaths galvanize insurgents or their supporters and elicit support from the international community for their cause. Physicians struggling with the conflicting demands of military and medical ethics sometimes search for innovative solutions such as Vitamin B injections that can revive an unconscious hunger striker to the point where doctors can try to elicit their consent. Others regard this practice as at best unnecessary or at worse a torment for the patient and his family who have already denied their permission to feed the hunger striker. As hunger striking continues in many places around the world, it is imperative to develop an ethically sound plan when hunger strikers face imminent death. This paper investigates and proposes ethically sound guidelines based on patient rights, military interests and the duties of medical and prison officials to ensure the welfare of those entrusted to their care.

#### **Biographical Note**

Michael L. Gross is Professor and Head of the School of Political Science at The University of Haifa, Israel and has published widely in military ethics and military medical ethics. His recent books include: *Bioethics and Armed Conflict*; *Military Medical Ethics for the 21st Century*, *Moral Dilemmas of Modern War* and *The Ethics of Insurgency*. His articles have appeared in the *New England Journal of Medicine*, *American Journal of Bioethics*, *The Journal of Military Ethics*, *The Cambridge Quarterly of Healthcare Ethics*, *The Hastings Center Report*, *The Journal of Medical Ethics*, *the Journal of Applied Philosophy*, *Social Forces* and elsewhere. Michael Gross has been a visiting fellow at The University of Chicago, MacLean Center for Clinical Medical Ethics and the European University Institute. He serves on regional and national bioethics committees in Israel and has led workshops and lectured on battlefield ethics, medicine and national security for the Dutch Ministry of Defense, The US Army Medical Department at Walter Reed Medical Center, The US Naval Academy, the International Committee of Military Medicine and the Medical Corps and National Security College of the Israel Defense Forces.

**Email** mgross@poli.haifa.ac.il

### **Jeremy Henning– *Intensive Care on Operations – a personal perspective***

#### **Abstract**

The military doctor is both a soldier and a doctor with often conflicting loyalties to the patient and the mission. Nowhere is 'dual-loyalty' this this brought into sharper focus than the Intensive Care Unit, where high logistic demands and limited number of beds provide a uniquely ethically stressful environment.

Although many would point to Florence Nightingale as the first proponent of Intensive Care, the British Army first deployed an ICU at the turn of the 21<sup>st</sup> century, but it was not until more recent conflicts that the ethical dilemmas

came to the forefront. Although arguments can be made using the well-known principles of medical ethics, these rarely give a complete answer in times of conflict, where military necessity goes against clinical need. All too often it is the context in which these dilemmas present that leads to the greatest stress.

It is therefore vital that robust, well-argued and policed rules of engagement are applied to ration access to ICU. These need to be agreed beforehand, and impartially administered otherwise allegations of non-adherence to health-care codes of conduct could be made, especially if different discharge pathways are followed for different nationalities. They must have buy in from the whole fighting force, and not be deviated from.

It is equally vital that adequate medical intelligence of local health-care facilities, along with local health-care expectations / beliefs is understood by uniformed medical staff. Without this, quality decision making will never be possible.

It is therefore clear that decision to admit a patient into the Field ICU is rarely clear cut, especially if they are non-entitled civilians – despite the fact it is nearly always done with the intention of saving lives. It is therefore vital the issues are understood so that good ethical decision making can occur.

### **Biographical Note**

Jeremy Henning has been a consultant in Intensive Care for 15 years, and a doctor in the British Army for nearly 25 years. He is the veteran of many operational tours, from the Balkans to the desert and most recently to West Africa and has therefore looked after the critical ill combat casualty in many different guises. He has also been the Medical Director of a Deployed Field Hospital and had to deal with the ethical issues from all departments.

His primary interest is Trauma Care, although as a military Intensivist he has maintained proficiency in most fields. Having been on deployment so often, he has developed an interest in military medical ethics, and has published several papers on the subject. He has served on National Ethical Advisory Groups and advised the UK Military Medical Services Ethical panel.

His most recent appointment is as Defence Consultant Advisor to the Surgeon General in Intensive Care Medicine.

**Email**     [Jeremy.Henning@stees.nhs.uk](mailto:Jeremy.Henning@stees.nhs.uk)

## **Matthew Hunt – *Moral experience and palliative care provision in humanitarian contexts***

### **Abstract**

Humanitarian healthcare response often occurs in high mortality contexts of armed conflict, natural disaster or disease outbreak. In all humanitarian settings, a proportion of those presenting for care will face life-threatening illness or trauma. In a landscape of humanitarian action where the dominant discourse is one of rescue, and response capacities are stretched, addressing the needs and suffering of patients who are beyond cure risks “falling through the cracks” of care delivery.

This paper uses as its point of departure 15 qualitative interviews conducted with individuals with experience of humanitarian healthcare as clinicians, policy-makers or operational managers. The aim of these interviews is to investigate perceived needs, challenges, experiences and possibilities for palliative care integration into healthcare delivery in humanitarian emergencies.

Narratives of participants provide a portrait of current palliative care practices and needs in diverse humanitarian contexts and organizations, as seen from the perspective of individuals involved in providing and coordinating care. The narratives also illuminate the possibilities of providing palliative care in ways that are culturally appropriate and feasible in the midst of emergencies, and ethical and practical challenges for doing so.

There is currently a lack of evidence-based guidance regarding palliative care provision in humanitarian emergencies. In crisis settings, as elsewhere, clinical and ethics guidelines for healthcare delivery that are developed without input from those on the front lines of this delivery may lead to frustration, failure, or less than optimal

adaptations. This interview set provides important insight into the ethical and practical considerations of care for the dying in diverse humanitarian settings from the perspective of humanitarian health professionals, program coordinators and policy-makers.

#### Biographical Note

Matthew Hunt is the Director of Research and an Associate Professor in the McGill University School of Physical and Occupational Therapy, and an Associate Member of the McGill Biomedical Ethics Unit and Institute for Health and Social Policy. Matthew's research interests are at the intersections of ethics, global health and rehabilitation. He currently leads research projects related to palliative care in humanitarian emergencies, oversight of research in situations of disaster, and ethics of humanitarian healthcare and public health responses. Matthew also heads a capacity building project for rehabilitation providers in Haiti and co-leads the Humanitarian Health Ethics Research Group ([humanitarianhealthethics.net](http://humanitarianhealthethics.net)).

**Email**     [matthew.hunt@mcgill.ca](mailto:matthew.hunt@mcgill.ca)

### Gwion Loarer & Julien Viant – *Morituri soldiers on operation theatres. The French Approach & a case analysis*

#### Abstract

This presentation, dealing with the French approach of the medical cares delivered to the morituri soldiers on operation theatres, is split in two parts:

The first part is quite theoretical, explaining what is the French military medical approach for the cares delivered to the morituri soldiers (respect of LOAC, priority and eligibility rules, medical protocol with pain killers and sedation...). To go further, the "Val-de-Grâce" academy pedagogic referential for this subject is exposed: it represents what the young military doctors learn before being deployed on operation theatres.

In a mirror image, the second part is a practical implementation, drawn from the Afghan experience. In Kapisa, on the 4th of September 2009, an IED attack on a French convoy resulted in several wounded and dead soldiers. The first medical doctor on place explains how he took care of the victims of this complex attack (3 morituri + 7 wounded soldiers), in accordance with the French concept previously exposed.

#### Biographical Notes

Dr (OF4) Gwion LOARER served during 10 years as medical doctor on French navy ships. Since 2013, he works at the surgeon general's office of the French military medical service in Paris. He was auditor of the ICMM LOAC course in august 2016.

Dr (OF4) Julien VIANT served during several years as medical doctor in the French army. He experienced a very harsh mission in Afghanistan in 2009, during which he had to deal with many wounded and dead French soldiers. He is currently employed at the surgeon general's office of the French military medical service in Paris. He was auditor or the ICMM LOAC course in 2014.

**Email**     [gwion.loarer@gmail.com](mailto:gwion.loarer@gmail.com) | [julienviant@neuf.fr](mailto:julienviant@neuf.fr)

### Elysée Nouvet – *Palliative care during international humanitarian action: A multi-sectoral global survey*

#### Abstract

**Background:** There is a lack of evidence on the ethical and practical possibilities of palliative care being integrated into humanitarian healthcare response. This ELRHA (R2HC) funded survey provides a baseline of current palliative care practices in humanitarian action.

**Objective:** To inform realistic, context-sensitive guidance, education, and practice for the provision of palliative care during humanitarian emergencies.

**Methodology:** The survey was developed for a QUALTRICS tri-lingual (English, French, Arabic) platform in dialogue with content experts from the Humanitarian Health Ethics Research Group, the Palliative Care in Humanitarian Contexts Research Group, and the World Health Organization Eastern Mediterranean Regional Office (WHO EMRO). Participant recruitment combined purposive and snowball methods, with sampling across 100+ organizations involved in the delivery of humanitarian healthcare and including individuals involved in training, operations oversight, policy development, and/or healthcare service delivery. Minimal inclusion criteria required participants be over 18 years of age and have recent (past two years) involvement in a humanitarian emergency. Survey items assessed participants' perceptions of the ethical need for, importance, and challenges of integrating palliative care into humanitarian healthcare in emergencies (disasters, conflict areas or areas of acute violence, public health emergencies, epidemics), as well as their perception of actual and ideal personal and organizational preparedness for delivering palliative care in humanitarian response.

**Conclusion:** Preliminary results of this global online survey highlight areas of greatest need and potential for improvement in the provision of palliative care in humanitarian emergencies, from the perspective of front-line providers and policy makers.

#### Biographical Note

Elysée Nouvet is a medical anthropologist and an Assistant Professor in the Department of Health Research Methods, Evidence, and Impact at McMaster University in Hamilton, Canada. Her research in Latin America, Canada, and West Africa centers on social suffering, the politics of care, and the ethics and politics of global health research. She is a core member of the Canadian Humanitarian Health Ethics Research Group (HHERG).

**Email**    [nouvete@gmail.com](mailto:nouvete@gmail.com)

### David Perry – *Should Battlefield Euthanasia Be Legalized?*

#### Abstract

In previous publications and conference presentations, I have explored cases of battlefield euthanasia spanning several centuries, and analyzed some recent scholarly literature addressing relevant ethical and legal issues and concerns. I've concluded with confidence that active euthanasia can be morally justified in rare instances, both on and off the battlefield. But although some nations have managed to legalize euthanasia in domestic clinical settings without producing the appalling results predicted by its critics, I've been pessimistic that international laws of armed conflict and related rules of engagement could be modified to permit the practice, at least without potentially leading to more harms than occur under the current legal prohibition. However, I'm not entirely happy with that anticlimactic conclusion, in part because I don't think it's been evaluated by enough relevant experts.

#### Biographical Note

Dr. David L. Perry is Professor of Applied Ethics and Director of the Vann Center for Ethics at Davidson College in North Carolina. He previously served as Associate Professor of Ethics at the U.S. Army War College in Pennsylvania. He's the author of *Partly Cloudy: Ethics in War, Espionage, Covert Action, and Interrogation*, 2nd ed. (Rowman & Littlefield, 2016), and over 50 articles published in journals such as *Parameters*, *Journal of Military Ethics*, *Armed Forces Journal*, *Ethics & International Affairs*, *Hastings Center Report*, *Journal of Conflict Studies*, and *Cambridge Review of International Affairs*.

**Email**    [davidlperry@earthlink.net](mailto:davidlperry@earthlink.net)

## Guy Schofield – *Dying in the sun: Identifying Ethical Challenges in the Delivery of Palliative Care in a Ugandan setting*

### Abstract

Palliative care services, the modern form being developed in the United Kingdom (UK), are expanding across the globe. Researchers are working on evaluation of these services to help in the work of implementation of appropriate models of clinical practice, service design and evaluation methods in these new settings. An area of focus that is yet to receive significant levels of examination is the transfer of the ethics that underpin the provision and design of these services.

In this presentation, I critically examine contemporary approaches to translating palliative care ethics cross-culturally. In particular I shall argue that there needs to be an evaluation of the transfer or translation of the ethos itself, for example: in terms of the normative concepts and values that structure the concept of palliative care. This is important in order to identify culturally contextualized ethical considerations that may be overlooked and thereby not incorporated into the service provision in a different geographical and cultural setting.

In light of limited evidence that documents the ethical challenges faced by palliative care clinicians in different global settings—for example there is no academic literature focusing on sub-Saharan Africa—palliative care health workers may be facing undisclosed ethical issues in relation to their on the ground clinical practice.

At the request of the Institute of Hospice and Palliative Care in Africa (IHPCA), this paper is the start of a research process to help provide some of this much needed evidence. This paper will report some pilot data from a questionnaire survey of Uganda palliative care clinicians and academics working at Hospice Africa Uganda (HAU) and the attached IHPCA. I will bring cases from my clinical and research experience in Uganda, Sierra Leone, and London, and will then conclude that the continued global development of palliative care needs to place critical and cross-cultural evaluation of the ethos of palliative care into the core of ethics frameworks.

### Biographical Note

Guy Schofield is a Teaching Fellow in Global Health, Medical Ethics and Law at St George's, University of London (SGUL), and a specialist registrar in palliative medicine at the Royal Marsden Hospital in London.

He currently teaches and examines medical ethics and law, palliative care and global health in a range of institutions, including medicine and global health programmes at SGUL, the Diploma in Tropical Medicine & Hygiene at the University of Liverpool, and the Diploma in the Philosophy of Medicine at the Worshipful Society of Apothecaries of London. He sits on the ethics committee of the Association of Palliative Medicine and has been a member of various clinical ethics committees.

Following on from completing the DTM&H, overseas work in Sierra Leone, and an MA's in both Healthcare Ethics and Law and later Philosophy, he has a research interest combining palliative care, medical law and ethics, and global health. The data from this presentation comes from pilot work undertaken for an upcoming PhD at the University of Bristol examining the ethical challenges facing clinicians working in specialist palliative care services in Uganda.

**Email**    [guy.schofield@doctors.org.uk](mailto:guy.schofield@doctors.org.uk)



## Practical Information

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### Registration

<b>Contact</b>	Adele Renfer: Adele.Renfer@vtg.admin.ch General contact: workshop@melac.ch
<b>Workshop Fee</b>	<b>600 CHF</b> (includes accommodation in a single room on 04./05. and 05./06.05.2017 at Forum Lilienberg, all meals during the workshop, and the shuttle from and to the airport)
<b>Early Arrival</b>	If you arrive on the day before the workshop, the additional night 03./04.05.2017 at Forum Lilienberg can be booked for <b>+198 CHF</b> (includes the dinner on 03.05.2017 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

Contact: Ms. 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 dress code

### Arrival to the venue: Forum Lilienberg

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

## Venue: Forum Lilienberg, Ermatingen (CH)

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### Map of the venue



- |     |                      |   |
|-----|----------------------|---|
| (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

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

Internet <https://www.melac.ch/>  
Email [info@melac.ch](mailto:info@melac.ch) (general)  
[workshop@melac.ch](mailto:workshop@melac.ch) (workshop)

### Swiss Armed Forces Medical Services Directorate

Internet [www.armeesanitaetsdienst.ch](http://www.armeesanitaetsdienst.ch)  
Email [loac.icmm@vtg.admin.ch](mailto:loac.icmm@vtg.admin.ch)

### ZH Center for Military Medical Ethics | Fachzentrum Militärmedizinethik

Internet [www.cmme.uzh.ch](http://www.cmme.uzh.ch)  
Email: [messelken@ethik.uzh.ch](mailto:messelken@ethik.uzh.ch)

### Emergency numbers (during the workshop only)

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