
2.1 Ethics and Conflict

Humanitarian action is a moral activity grounded in the provision of emergency assistance to those in need [1]. The principles of charity and equity are central tenets of humanitarian ethics.

In 1997, the Geneva-based Sphere Project established minimum standards for the provision of humanitarian medical aid. The primary focus is promotion of the right to life with dignity [2]. These principles and documents can help in identifying the parameters of ethical practice.

2.2 Humanitarian Aid Standard

Humanitarian work is characterized by contexts in which the available resources of personnel, supplies, and health infrastructure are insufficient to meet the needs of patients and populations. These limitations are often severe and are not

restricted to health care. In an acute emergency, the level of achievable care is likely to be much lower than the familiar standard [3]. At the broadest level, all humanitarian action can be seen as a response to the right to a minimum standard of health for individuals affected by a humanitarian emergency or disaster [4].

For the abovementioned reasons, humanitarian aid as defined by the WHO [5] aims to save life and is applied for a short time after a disaster has happened. This aid is provided using temporary (tents) and less well-equipped facilities (usually different from those that offer continuous medical support to the civilian population under normal circumstances).

At Ziv Medical Center, humanitarian medical support has been provided to refugees from the Syrian civil war within the permanent structure of a civilian hospital, using the same facilities (buildings, equipment, manpower, etc.) as are used to treat Israeli people. This context differs markedly from the temporary structures typically employed in delivering humanitarian aid and is associated with the emergence of new ethical issues.

Before discussing the influence of this setup on ethical issues related to humanitarian aid, however, it is first important to clarify that consideration was given to the allocation of separate facilities and staff to treat Syrians but that this option was rejected. Had that course of action been pursued, Syrians would have been treated to

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a lower standard than Israelis: whereas the treatment of Syrians in temporary emergency facilities would have had the aim of saving lives, the treatment of Israelis aims both to save lives and to improve quality of life. Accordingly, an ethical problem would have been created for staff in that they would have been forced to reach decisions regarding the treatment level on the basis of the identity of the patient and not the severity of the disease. The decision to treat Syrians and Israelis to the same standard of care ensured that this ethical issue did not emerge and avoided what would have been a slippery slope.

All the patients at Ziv, regardless of their country and nationality, are treated to an identical standard, at the same facility and by the same staff, in accordance with the severity of the situation. Thus the treatment for the Syrian refugees similarly had the goal of not just saving lives but also improving the quality of those lives in terms of both physical and mental health.

2.3 Agreement to Treatment—Legal and Bioethical Aspects

According to the Israeli law, every patient has to sign an agreement to be hospitalized. The same standard has been adopted with the Syrian wounded, who have been asked to sign the same agreement in their mother language, Arabic. As a part of the Israeli Patient's Rights Law, each Syrian patient receives the information about every procedure that he or she is to undergo and can ask for additional clarifications from the medical staff. When a Syrian patient does not agree to a suggested treatment, others are suggested, and the patient can also exercise a right to be discharged from the hospital if he or she deems the suggested treatment not to be acceptable.

According to the Israeli Patient's Rights Law, in emergency cases in which it is not feasible to obtain agreement from the patient (owing to unconsciousness), three physicians have to sign the agreement before the treatment. In nonemergency situations, court approval is needed for medical procedures; this is relevant especially in pediatric cases when the child's parents are not present.

With the exception of children, the Syrian wounded are hospitalized alone, without their families, and rely on Ziv's staff for all their needs. It is important to note that in this respect there is a difference in the treatment of Syrians and Israelis, in that Israeli citizens are accompanied by their families, who provide support both at the hospital and later at home. Furthermore, when an Israeli patient is released from the hospital, the sick fund will continue to cover the provision of health care within a community setup.

Based on the previous experience of others, published in the professional literature, we knew that culture-related humanitarian aid has a far higher likelihood of success. An Arab-speaking social worker, who is a member of Ziv's staff, accompanies the Syrian wounded and tries to help them, in place of their families, in matters of language and culture.

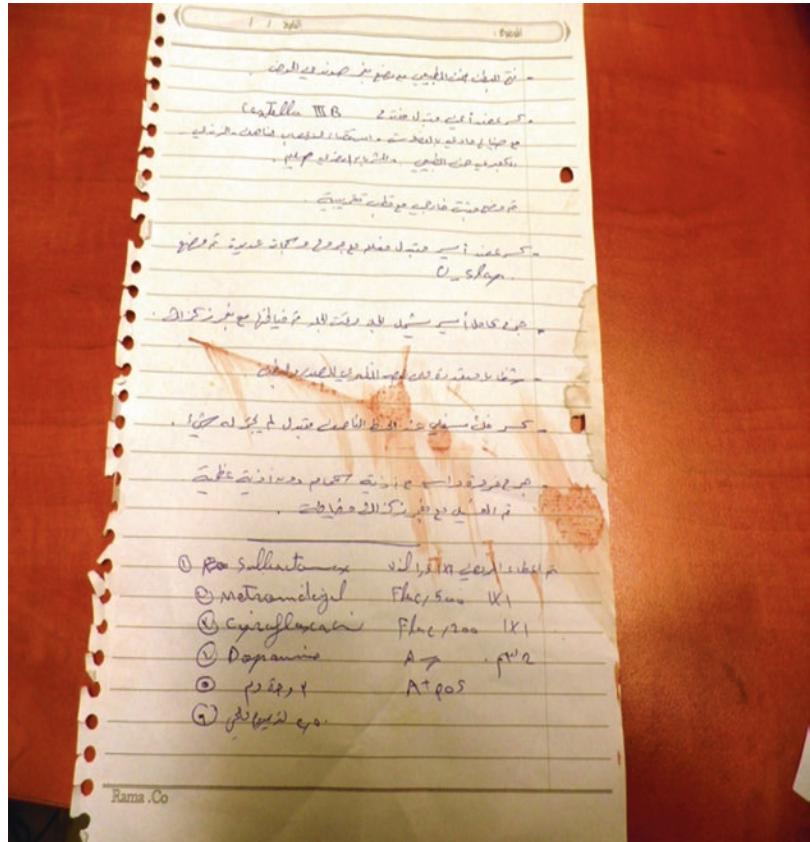
2.4 Partial Information

Initial understanding of the medical condition is based on information provided by the patient. The staff asks about the mechanism of injury as part of the anamnesis. However, sometimes the patient provides insufficient detail, and the staff have no other resources to learn about the event. Usually the patient has no idea about drug sensitivity, vaccination status, and previous health status. On rare occasions, letters are received from Syrian medical staff regarding prior treatment (Fig. 2.1). There is, however, no connection between the Ziv and the Syrian staff, and this represents a large obstacle in obtaining medical details.

The Syrian patients who come to Ziv Medical Center arrive without identification, and reliance is placed on the details that they provide, for instance, regarding their name. These details may not be accurate and cannot be used for cases of readmission according to Israeli standards of risk management.

In order to deal with the problem of identification of patients upon readmission, several options have been considered, including biometric, photographic, and other means. Until now, however,

Fig. 2.1 Notes from Syrian physicians



all these options have been excluded owing to security and logistic considerations on both sides, the Israeli and the Syrian.

2.5 Treatment Priority

As the Syrian patients are treated in local Israeli facilities and not in their own country, as would be usual in humanitarian operations, there is an element of competition for medical care between Israeli citizens and the Syrian patients. This raises ethical considerations concerning the value of human life versus the basic rights of Israeli citizens to receive the available health services. Israeli citizens are not always willing to accept the situation whereby Syrian people are being treated at “their” facilities. Sometimes they complain that their medical services are being delayed due to the Syrian wounded, and they want priority as citizens of Israel. The addi-

tional load on the Israeli government medical system is a further important ethical question that has been discussed since 2013. According to the Israeli laws, Israeli citizens have the right to receive medical treatment, and they pay tax for that purpose. Treating others who are not Israeli citizens at “their” facilities could give rise to legal issues. On the other hand, preferentially treating Israeli patients merely because they are Israelis would represent an ethical problem, especially when the Syrians have more urgent problems. At Ziv Medical Center, priority for medical treatment is set according to the emergency of the case and not according to other considerations.

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