



Working For Peace through Health – Ethical Values and Principles

Health professionals have wrestled with their ethical guiding principles for millennia. The sonorous oath of Hippocrates (470-410 BC) has echoed through the ages and undergone many revisions to devise an oath of ethics relevant to modern health practice. In some cases, there is no longer an oath, but a booklet or manual to guide the practitioner (1-3). There are specialists in medical ethics, institutions dedicated to the issue, and journals of medical ethics. This is as it should be in an arena of work in which there is access to patients' bodies and to their secrets, and the capacity to save lives or cause loss of life.

Peace work, though also of ancient lineage, is only recently being delineated as an area of specialist knowledge, with its own ethical principles. Access to secrets may occasionally be involved; there are fewer occasions to exert large influence for good or evil over individuals, but there is capacity to exert small influence over large numbers of people, and sometimes influence life and death. What then, are the ethical values of peace workers? How do they relate to medical ethics and how much do the two areas coincide for a practitioner pursuing peace through health?

I propose that the ethics guiding these two areas are almost identical, and that training for competence in both areas should include attention to ethics. This is frequently acknowledged in health sciences, although implementation may be patchy and perfunctory. Most of those who choose to do peace work are profoundly ethical people, but there may be clusters of exceptions as the following anecdote shows. It was told to me by an African peace worker and peace educator who was working under an African senior colleague with responsibility for programs to promote peace and maintain security in Africa. He wishes to remain

anonymous, as he continues to work with those involved.

"I argued that the top priority should be put on setting up those structures that prevent conflicts. He said my advice was "academic!" He added that very soon I should come to understand the reality that if conflicts are ended, then "we will not be able to send our children (meaning their own children) to school!" I am still baffled trying to come to terms with that "reality."

Later on, I realized that this was not an isolated case; there are many people in Africa who are "working against peace instead of for peace." No wonder solutions for African conflicts are elusive or are never implemented fully or rightly."

In this essay *health* denotes a state of complete physical, mental, and social well-being. *Peace* denotes a harmonious, cooperative relationship between entities, in which conflicts are resolved nonviolently. It would be reasonable to suggest that "social well-being" requires peaceful relationships at all levels, from family to global. Although health is an attribute of an entity – a person or a population, and peace is an attribute of a relationship between two or more entities, the concepts clearly have a large area of interdependence.

Ethical Framework

Compassion is the foundation value for work in both health and peace. It is understood here as the motivation to relieve the suffering of others. The "others" may be an individual or a population, and the suffering may be in the present or projected into the future, as in the case of preventive work in both areas.

Empathy is the means by which compassion is aroused, and informs skillful means of re-

lieving suffering. Empathy, developing from rudimentary forms of emotional resonance in babies and toddlers, involves imaginative identification with the other, "suffering with" their suffering, and wishing to relieve that suffering as one wishes to alleviate one's own.

Impartiality and nondiscrimination. Who is the "other" whose suffering is to be relieved? The ethical consensus would hold that it is all who would benefit from our help, without distinction of sex, ethnicity, sexual and every other orientation. "Impartiality" draws our attention to the ethical difficulty engendered by violent conflict, when the practitioner of peace or health may be drawn to dehumanize and exclude from their services people from the other side of the conflict. In Nepal, physicians are currently forbidden to treat rebel combatants. There is an effort now to get the Nepal Medical Association to protest this on ethical grounds.

The World Medical Association's Declaration of Geneva (4) is explicit about impartiality. An Islamic code of medical ethics (5) even refers explicitly to practice in war zones: "...extending my medical care to near and far, virtuous and sinner, and friend and enemy." Strangely, the American Medical Association's code of ethics does not include such a concept, and asserts that the practitioner is free to choose whom to serve, except in emergencies (2).

The peace practitioner is dealing with a relationship between conflicting entities and may have to wrestle with the difficult distinction between impartiality and neutrality. In this essay, *impartiality* means caring equally for all concerned, based on the principle that *all lives are of equal value*.

Neutrality means taking no position on the conflict, remaining neutral in terms of the merits of each side's (political) position. There are situations that demand such a stance, for example, when acting as a mediator. There are other situations in which such a posture may be grossly unethical, for example, in the presence of genocide or ethnic cleansing. Is it possible to be an impartial practitioner of health or peace, believing in the equal value of all lives, and to take a position on the conflict? Gandhi best exemplified this ethical genius in the nonviolent struggle against the British colonization of India. When he organized a boycott of British-manufactured textiles, he trav-

eled to the textile factories in the north of England and spoke to the workers (mainly women) whose jobs would be threatened by this action. He achieved their understanding and affection. Similarly, it is desirable for those working on the Middle East conflict to care about the lives, not only of the Palestinians under occupation, but of the Israeli occupiers, although the degrees of suffering may be different.

Having established the foundation of health and peace work as *compassion*, based on *empathy*, expressed with *impartiality*, we can proceed to look at the ethical structures of health and peace in terms of *motivating values*, *goal values* and *implementing values*.

Motivating Values

We have already established *compassion* as the core motivating value. There are many other values that may motivate a health or peace practitioner, but they need to subserve or to weigh much less in motivating power than compassion. The value of *expanding knowledge* is mainly worthy in relation to efficacy in compassionate action. The value of *serving a deity or obeying religious precepts*, undoubtedly important to many in these areas of action, also needs to subserve compassion. Health or peace work in exotic war zones may also elicit motivating values of *curiosity or excitement in exposure to danger*; health and peace work anywhere may be motivated by desire for *money* and *prestige*. None of these values is intrinsically wrong, as long as compassion is always the highest priority value.

Goal Values

The goal values being discussed here are obviously *health* and *peace*. Peace needs a little expansion. It will clearly include the value of *non-violence*. It will also include the goal value of *justice*, in both the sense of righting wrongs and the sense of being treated equally. These goal values may be furthered by other human "goods" that are both means to health and peace and goal values in their own right. Such would be *education*, *democracy*, and *ecological sustainability*.

Implementing Values

The nature of the values in the area being dealt with demands that implementing values

must be consistent with goal values – the means must be congruent with the ends.

Above all, do no harm. Both of the areas we are dealing with involve powerful interventions in the lives of people. It is vital that these are, and are seen to be, motivated by beneficence and compassion. In both areas, there are principles of using the *least intrusive intervention* before using interventions with more potential for harm (eg, surgery in the case of health or military intervention in the case of peace). In both areas, there should be an *imperative to evaluate* the outcome of interventions to make more informed judgments about what does good and harm. This principle is well developed in health, and slightly developed in peace. This principle also involves ensuring *competence* in the practitioner; again, this is far better developed in health than in peace work.

Respect is a fundamental implementing value in both peace and health. Following Kant, this will be respect for the *dignity* and *autonomy* of the other. This is of particular importance in Peace through Health work and in health work in war and disaster zones. It will mean that the goals of a project are driven by the needs of those who are suffering, that partnerships are based on equal relationships, that there is a continual need for consultative dialogue, and that it is incumbent on those intervening to gain *competence in the culture* of their field of action.

Honesty and *trustworthiness* are other implementing values of immense importance. This means integrity in dealing with financial and other resources, facilitated by transparency. It means living up to promises. It means keeping con-

fidential the secrets with which one is charged and clarifying ahead of time what cannot be kept secret, as in the case of physicians and child abuse in some countries. Trust is vital to both health and peace work.

Duty to Prevent

This is not an ethical principle in any code I have seen, in either health or peace. As our knowledge accumulates about the possibility of preventive action in both arenas, I believe the time has come for this to take its place among the ethical principles guiding both areas of action.

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References

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- 3 BMA Ethics Department. Medical ethics today: the BMA's handbook of ethics and law. London: BMJ Books; 2004.
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Peace through Health, which I teach at the University of Waterloo and have taught. at McMaster University, is an academic discipline in how. resources to promote similar principles of peace and conflict. resolution for the Canadian context, publishing brochures. that could be used in schools or physicians' offices. Medical students and other trainees in the health professions have shown an avid interest in working for peace through the health sector. For example, some have undertaken peer-training methods such as the Nuclear Weapons Inheritance Project, whereby medical students trained peers in the health consequences of nuclear weapons 39,40 . Four different roles are identified, defined by goals and values--military, development, humanitarian and peace. What does Ethics deal with? The Values relating to human conduct. Standards of conduct, states principles expressing responsibilities and defines the rules expressing duties of professionals to whom they apply. Standards. Are used to guide human conduct by stating desirable traits to be exhibited and undesirable one to be avoided. The study of the origin and meaning of ethical concepts. Seeks to understand ethical terms and theories and their application. Explores the connection between values, reasons for action and human motivation. Asks how it is that moral standards might provide us with reasons to do or refrain from doing as it demands, addresses many of the issues commonly bound up with the nature of freedom and its significance (or not) for moral responsibility. Medical ethics is an applied branch of ethics which analyzes the practice of clinical medicine and related scientific research. Medical ethics is based on a set of values that professionals can refer to in the case of any confusion or conflict. These values include the respect for autonomy, non-maleficence, beneficence, and justice. Such tenets may allow doctors, care providers, and families to create a treatment plan and work towards the same common goal. It is important to note that these four The aim of establishing ethical principles for health research is first and foremost to protect the liberty and welfare interests of individual participants (13). The ethical principle of respect for persons is grounded in the general requirements of informed consent for autonomous people and protection for those who cannot make their own decisions. The ethical principle of beneficence requires that the potential benefits and risks of a study are in reasonable relation to one another. Thus, patients participating in research must be protected from interventions known to be inferior and benefit Introduction Ethical Principles & Values Ethical Decision-Making Process Checklist of Values for Evaluating Options and Articulating a Decision References. 3 4 6 7 10. Page 2 of 10. The prioritized values are drawn from previous public health ethics work done in BC, from the Ebola and Pandemic Flu contexts. Step 1: Name the question or COVID-19 related issue you are trying to address. through the appropriate channels. Page 9 of 10. COVID-19 Ethical Decision-Making Framework March 28, 2020. (2013). Ethics-based decision process: An evidence and values-based process for working through specific issues. Retrieved from: <http://incorporatingethics.ca/wp-content/uploads/2016/11/Fraser-Health-Ethics-Based-Decision-Process-fancy.pdf>.