



VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

Working to Help The Sick and Injured Receive Healthcare During Armed Conflict:

A Teaching Guide for Healthcare Professionals

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The stories referenced in this study guide can be downloaded for free. Please see the "Healthcare Under Fire: Stories from Healthcare Workers During Armed Conflict" volume of VOICES <https://nibjournal.org/voices/>.

Art Frank has written a short reflection piece on learning from narratives for *Narrative Inquiry in Bioethics*. Please see the [Narratives Page](#) under the Education tab on the [NIB website](#) to download the piece.

General Questions:

1. In what ways does armed conflict change the role of the healthcare professional? How are the responsibilities to patients or clients different (or not) in areas experiencing armed conflict?
2. Some stories mention that a patients' allegiance should not influence how or if they receive medical care. How feasible is it for healthcare professionals to provide impartial and neutral treatment to all patients without discrimination or judgment? Is this a reasonable expectation to have for healthcare professionals? Why or why not?
3. Many authors contend with balancing job responsibilities to patients, clients, and colleagues and those owed to family, friends, and self. How did you manage competing responsibilities and obligations? Was it expected that your role as a healthcare professional would come above all else? If so, how were those expectations communicated and by whom?
4. Caring for patients with chronic illnesses during armed conflicts may necessitate rationing of resources (e.g., access to needed healthcare professionals, laboratory equipment, hospital beds, and medications). Who should be responsible for the rationing of scarce resources? Why? If you had to ration resources, what was that experience like for you, and what helped your decision making?
5. If you could offer advice to someone going to work in armed conflict for the first time what would it be? Was there anything in particular you wish you had been told before you began your work that you think would have been helpful to hear or offered guidance or comfort?

Story Questions:

An Unsettling Affair

Zohar Lederman

1. Lederman writes that all individuals have a “responsibility to remember, attend to, and prevent” “unjust and untimely deaths” but that “the responsibility of healthcare workers and academics to do so is even greater.” Do you agree with this sentiment? If so, what does it mean to you to have this “greater” responsibility? How has your sense of responsibility to yourself and others changed after working in areas of armed conflict?
2. According to Lederman, the work he does now was influenced by caring for a baby whom he was unable to save and who died in a terrorist attack. Lederman writes, “Everything I do, both as an academic and as a physician, I do for him.” Was there an event you witnessed or a specific person you cared for, that similarly has stayed with you and influenced your career? If so, why do you think it had such an influence on you?

How We Keep Caring While Walking Through Our Pain

Ola Ziara & Rachel Coghlan

1. The lead author, Ola Ziara, writes about a baby who arrives at the hospital when there are no more ventilators or beds. Ziara is able to keep the baby alive through the night using manual ventilation. Ziara writes that the system is “fragile.” She and her colleagues work hard to keep children alive “in a place that can barely offer them the basics.” Ziara writes, “Dare I even ask—*is it worth it?*” Throughout your career, have you similarly questioned whether your work was “worth it?” Was there a specific experience that made you question it? What made you feel like your work was (or was not) worth doing?
2. The authors write about “how to bear guilt” as they talk of going from direct patient care in the hospital to working in the offices of humanitarian health organizations. They talk of the guilt they experience over not being with their patients in the hospital and their feelings of worthlessness. In what ways, if at all, has guilt affected your life during and after working in armed conflict? Is there anything in particular you have done to help you manage it?

Adjusting Laboratory Practices to the Challenges of Wartime

Oksana Sulaieva, Anna Shcherbakova & Oleksandr Dudin

1. The authors write that the resilience of the laboratory staff came in part from “mutual affection” and staying motivated to care for patients who needed their services. Did working in armed conflict make you feel more or less connected to your colleagues? Where do you think your own resilience came from while working in such a challenging and demanding environment?
2. The authors write about things like ensuring employee safety during bombings and the challenges around damage to infrastructures that result in loss of water and power, which are necessary to keep a lab running. What are other challenges to keeping hospitals or clinics open during armed conflict that people may not think about? How did you confront challenges such as these?

Why We Stay

Vladyslava Kachkovska, Iryna Dudchenko, Anna Kovchun & Lyudmyla Prystupa

1. Through telling the stories of Patient M and Patient K, we are reminded that even during armed conflict, people are still managing chronic illnesses that require routine medical care and how chronic illness can be exacerbated due to the impact of war. How do you treat patients with chronic illness differently who are living through armed conflict in contrast to areas with no conflict? In what ways does chronic illness expand the role of the healthcare professional beyond managing the physical symptoms or disease?
2. The authors write about using distributive justice to help with managing scarce healthcare resources during times of war. Describe a time in which you had to make decisions around a scarce healthcare resource. What tools did you use to help make the decision? How did you feel about making such a decision?

A Semi-Personal Story from a Ukrainian NGO Professional (or a Semi-Professional Story from a Ukrainian Person) Living through the War

Yuliya Nogovitsyna

1. Nogovitsyna raises an interesting ethical dilemma in her story around “whether the safety needs of the existing patients prevail over the needs of future patients in diagnostics and treatment.” As a professional who has lived through armed conflict, what do you think of this question? Do you think there is an inherent tension between supporting existing patients versus new ones? What are your thoughts on how to best serve both groups?
2. Nogovitsyna writes about how “out of touch” international donors were with their current situation. Nogovitsyna describes a meeting where she is hoping to get a grant from a large international charity foundation and the charity wanting to enforce procedural changes that Nogovitsyna describes as “irrelevant” particularly while living in a home with no power, water, or heat. How do you think the process of getting needed donations to assistance programs can be improved and made more accessible? Was there a time in which you also were discouraged by the lack of outside understanding of what was going on around you?

When Ethics Survives Where People Do Not: A Story from Darfur

Ghaiath Hussein

1. Hussein writes that he hopes while looking at survey data we “see, hear, and feel” the stories of the people behind that data who have had their lives upended by armed conflict. What does it mean to you to remember and “feel” people’s stories? How do you think we can help individuals who have not experienced armed conflict to also “see, hear, and feel” the stories of individuals who live in armed conflict?
2. Hussein writes about the concern he experienced while his team was missing but also that he had to continue to do his job and keep the survey running. Describe an experience in which you also had to balance concern for patients or colleagues with continuing your day-to-day work. What was this like for you? How did you manage to continue with your daily tasks?

Burma’s Healthcare Under Fire: My experience as an Exiled Medical Professional

P.P. Kyaw

1. Kyaw's story sheds light on the emotional and physical risks healthcare professionals take on when continuing to work in an area of armed conflict. Kyaw writes that there are many medical professionals in Burma who are doing medical work without getting paid, but Kyaw is driven by the desire for "true democracy, the right to health, and for people to live peacefully." What drove you to accept such physical and emotional risk and work in areas of armed conflict? Are your reasons now the same as when you started this type of work?
2. Kyaw made the difficult choice to leave Burma and feels guilty for leaving family and friends behind and for no longer doing "on-the-ground medical work." Is there a time when you questioned whether you needed to leave the area you were in? What choice did you make and why?

When a Conflict Collapses on a Child: An (Aborted) Medical Evacuation of a Hazara Toddler During the Kabul Airport Blast and the Taliban Takeover

Ayesha Ahmad

1. Ayesha Ahmad writes, "I perceive the inadequate focus on recognizing the mental health needs born from living in war as a moral injustice and a form of silencing the suffering." What does this mean to you? How do you think individuals living in armed conflict are silenced? In what ways do you think we can bring focus and attention to those suffering from mental health concerns? This can include for those who struggle with mental illness brought about as a result of living in war and for those who deal with mental illness that was already present (and not caused by living in an area of conflict.)
2. Ahmad tells the story of Azad, a young boy from a discriminated ethnic minority group who was injured in a bombing and in desperate need of medical care. The author tries to get Azad evacuated to the UK along with his family. Because of their ethnicity, Azad's father had to face a particularly dangerous journey to the hospital in order to get his son's medical records, only to be denied. Was there a time in which medical intervention could have helped to save a patient, but the patient was unable to access care due to paperwork, rules, or other non-medical reasons? How far do you feel your professional responsibility goes to save a life? What is the experience like to know that for reasons outside of your control, you are unable to get care for a patient?

The Vagaries and Vicissitudes of War

Richard W Sams II

1. Richard Sams II writes about what it felt like to deploy to Iraq while hearing the protests and criticism about the US military's Operation Iraqi Freedom. He recounts feelings of uncertainty about whether going to Iraq was the right thing to do. Did you similarly ever question your presence in an area of armed conflict? Have you dealt with criticism from others for being in an area of armed conflict? What were those experiences like?
2. Sams quotes Pope Saint John Paul II, who stated, "[War] is always a defeat for humanity." How do you maintain your own health and hope for humanity while witnessing firsthand the impact of war and armed conflict? In what ways has living and working through armed conflict changed the way you see and relate to other people?

Providing Care to a Potential Aggressor: An Ethical Dilemma

Handreen Mohammed Saeed

1. Handreen Mohammed Saeed writes about the medical staff's concern over providing healthcare services to militants who had potentially engaged in great violence against people. Was there a time when you had to decide whether to help someone who you knew or suspected had engaged in violence against other people? What did you decide to do and why?
2. Much of Saeed's story revolves around fulfilling the roles of a healthcare professional and recognizing that healthcare professionals are human beings with their own emotions, histories, and thoughts. There is a contrast between this desire for the healthcare professional to remain neutral and impartial while also recognizing that behind each healthcare professional is a human being. Saeed writes that at first, "finding a balance between emotional reactions and medical ethics was challenging." How can we use medical ethics to support healthcare professionals who are working in these conditions? What role does medical ethics play in your day-to-day work?

One Surgeon's Experience During Armed Conflict in Ukraine

Artem Riga

1. Artem Riga writes about how working in Ukraine during armed conflict changed what medical procedures he was required to perform. As a surgeon, he now needed to function as a pediatrician and obstetrician and perform surgeries fundamentally different from traditional surgeries done outside of military conflicts. How (if at all) did working through armed conflict change your professional duties? Were those changes long-lasting?
2. Riga expresses "the sense of duty to save the injured prevailed over my fears" and writes, "If not me, then who will help these people?" How did you manage your own fear while working in areas of armed conflict? Did you feel a sense of duty to stay? Why or why not?

The Limits of Our Obligations

Ryan C. Maves

1. Ryan C. Maves writes of the various medical follow-up options available to different patient groups (including NATO civilian contractors, Afghan soldiers, and Afghan civilians). Did you experience a similar situation in which different patient groups received different types of follow up care? Describe a time when you had to let a patient leave your care when you knew they would either not get the follow up care they needed or were unsure. How did that situation feel for you?
2. As is the title of this story, have you considered what the limits of your obligation to your patients are? Did your idea of the limits of your obligations change from before you started working in armed conflict to after?

A Liberating Breath

Elizabeth Dotsenko

1. Elizabeth Dotsenko writes about her patient, Lady S. She and her team wondered if they were "crossing boundaries" by providing more medical support to Lady S that could have gone to other IDPs (Internally Displaced Persons). Have you experienced a situation in which you provided

extensive medical care to someone and wondered if the care should be extended to others instead?

2. Dotsenko writes, “The ethics of the situation were ambiguous—if we helped one patient to shortcut the patient route system, should we be prepared to help all our patients in the same way?” Did you ever find yourself in a situation that was similar? What did you decide? Should it be solely up to the healthcare professional to determine the scope of help provided?

Soldiers of the Invisible Front: How Ukrainian Therapists Are Fighting for the Mental Health of the Nation Under Fire

Irina Deyneka & Eva Regel

1. Irina Deyneka describes her goals for psychotherapy with her clients. She never knows if she will only get one session or many months, so she treats each session like it’s the last. How does an element of uncertainty change the way you interact with clients or patients?
2. Eva Regel writes that living through armed conflict like the one in Ukraine “demands a significant reorientation of personal and professional identity.” In what ways has living in armed conflict changed your personal and professional identity?

Stories of Families with Chronically Ill Pediatric Patients during the War in Ukraine

Vita Voloshchuk

1. Vita Voloshchuk writes about how the hospital that she worked in became a “clinical hub” for patients and their families. They received many questions from parents about how to safely evacuate with their children and described how families were often “petrified,” and evacuation convoys were “terrifying.” How did you aim to communicate with your patients and clients while working in armed conflict? Was it difficult to portray confidence in your answers when working in such an uncertain time and place? Was there a time when you withheld the truth from a patient or their family in order to offer comfort or reassurance?
2. In what ways is it different to care for pediatric patients instead of adult patients during armed conflict? Do you think differently about treatment decisions for pediatric patients?