

In the Wake of Tragedy: Medical Ethics and the Haiti Earthquake

A Discussion Guide

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Teacher/Discussion

Leader's Note

This guide has been written primarily for the high-school level. It is not, however, limited to use for this age group or setting. We welcome you to adapt it and supplement with extra reading materials to fit a variety of groups. These may include undergraduate and graduate level classes, as well as community forums. This is an important subject and we hope that many people can benefit from learning about it.

INTRODUCTION

On January 12, 2010 a massive earthquake hit Haiti, and medical personnel from all over the world responded to this disaster. In the wake of the quake these medical providers were forced to make difficult ethical decisions about whom to treat and how. Providers in this situation were forced to ask: How should these decisions be made? Who should make them? And how should medical aid workers deal with a limited supply of resources?

More than a year after the earthquake, Haiti is still suffering. Displaced people are living in tent cities. Those who suffered massive injuries during the earthquake are not receiving proper follow-up medical care. And a lack of sanitation and clean water has caused an extensive cholera outbreak. Haiti is still in the process of recovering and rebuilding. Ethical issues also arise in these long-term efforts. Who is responsible for continuing to provide for Haiti? Who should and should not be involved? And what is the best way to rebuild?

The story of the Haiti earthquake and what has followed can serve as an extremely useful educational tool, both in public forums and in the classroom. These short films and discussion guide can assist teachers, students, and others in examining and discussing the ethics of disaster relief, as well as the ethical issues that arise in assisting resource-poor countries.

List of Key Terms

Michel Martelly

Extreme poverty

Partners in Health

Solidarity

Community-based care

Project Medishare

Port-au-Prince

Cholera

Distributive justice

Theories of Justice

Free Market

Triage

Triage tags

Triage officer

Resource-rich countries

Resource-poor countries

Restorative justice

Human rights

Paternalistic

Community-based

HAITI: HISTORY, POVERTY AND HEALTH

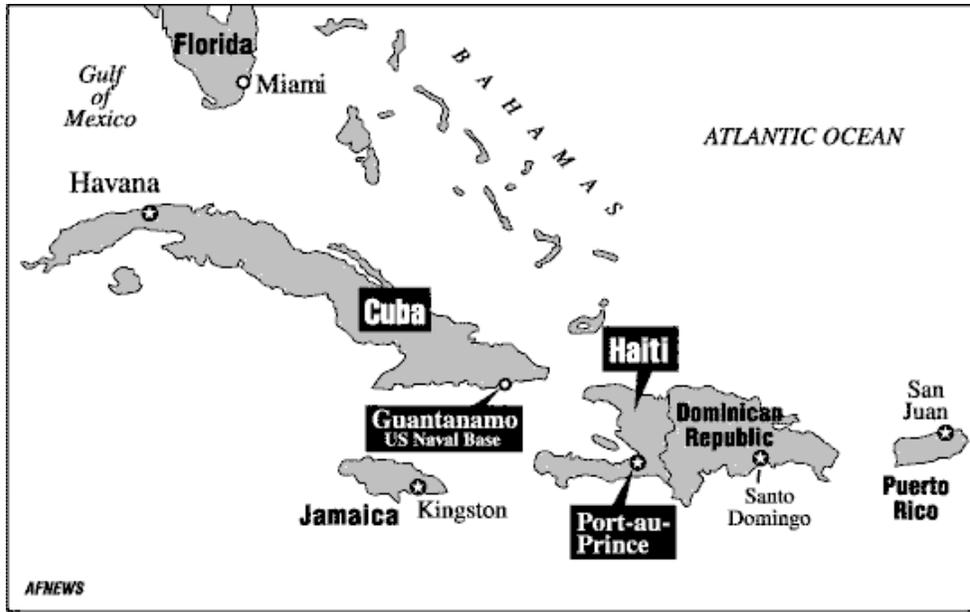
History and Politics in Haiti

Haiti's history is one full of struggle, political corruption, and violence. Most of Haiti's political history has been marked by dictatorships, revolutions, and violent government coups. More recently there has been a push for democracy in the country, and elections have been attempted on several occasions. But even when elections happen, democracy has not prevailed, and there has been a tendency for Haiti's presidents to abuse their power and ignore the country's poor.

Haiti's history and politics has also been greatly influenced by the involvement of other countries, including France, Germany, Great Britain, and the United States. The U.S. is geographically close to Haiti and so has been involved in Haiti on several occasions and for several reasons. For example, the U.S. marines began an occupation of Haiti in 1915 in order to give the country stability in a time of particularly violent unrest. The U.S. occupation lasted until 1934, and during this time U.S. marines trained a new Haitian Army. The training of this army caused a lot of controversy. Another controversial interaction was the treatment of Haitian refugees in the 1990s. Thousands of Haitians sought safety in the U.S. in the 1990s, another time of great violence in the country. However, most of these refugees were sent to Guantanamo (a U.S. navy base) or straight back to Haiti. Despite these unhappy interactions, the U.S. has always attempted to support Haiti in its fight for democracy and continues to do so.

Teacher/Discussion Leader's Note:

“Dictatorship”, “revolution” and “coup” may not be very familiar phrases for students, or students may need to be reminded of what these terms mean. Examples from history may help.



This struggle for democracy and peaceful governing continues in Haiti. In March of 2011, elections were held and **Michel Martelly**, known in Haiti as “Sweet Micky”, was the winner. In May, for the first time in Haiti’s history, presidential power was handed over peacefully from one democratically elected president to another.

Teacher/Discussion Leader’s Note:

Haiti’s political history and U.S. involvement in the country is extremely complex and far too much to cover in full here. Use the resource section at the end of the study guide to learn more. The important thing to realize for this discussion is that Haiti’s political situation is very unstable, and that it has contributed greatly to poverty and poor health in the country.

Poverty in Haiti

Haiti is the poorest country in the Western world. Most studies show that more than 75% of the population lives in **extreme poverty**. This means that they live on less than \$1 a day. More than 50% of the population live in poverty (on less than \$2 a day). Extreme poverty affects those who live in rural areas more than those who live in the cities, though it is experienced everywhere in the country. In addition, over 40% of the population is unemployed and almost 50% of the population is illiterate. Finally, the gap between the richest and poorest in Haiti is extreme and growing. There are many things that contribute to this kind of poverty, including: a lack of basic necessities, poor education and health care, dysfunctional and violent governments, and poor use (and therefore lack) of natural resources.

Teacher/Discussion Leader's Note:

Poverty statistics are things that we hear in the media a lot. Sometimes people don't take the time to think about what they mean. Make sure students really take the time to think about what it would be like to only live on \$1 a day. Maybe ask them to consider how much money they spend in a day (meals, transportation, etc.).

Health in Haiti

Extreme poverty inevitably leads to poor health. Life expectancy at birth in Haiti is about 60 years (in comparison, in the U.S. it is 76). Infant mortality is 54 deaths per 1,000 live births (as a comparison, this number is only 6 per 1,000 in the U.S.). The leading causes of death are tuberculosis (TB) and HIV. It is difficult to know the exact number of people who suffer from TB and HIV in Haiti each year because reporting and recordkeeping are difficult, but they are widespread and are certainly more prevalent among the extremely poor. For the most part, the poor of Haiti do not receive proper health care, and what they do receive is very limited. But the health needs of Haiti have not been completely ignored.

Partners in Health (PIH) is a U.S.-based organization that has been actively serving poor patients in Haiti since 1983. PIH follows a model of **solidarity** and **community-based care**, rather than charity alone. This means that the projects run by PIH encourage the Haitian people to reach out to one another and work together in improving health (community-based). It also means that members working for PIH take on the problems on their Haitian patients as their very own (solidarity). They do anything and everything they can to provide the care that is needed. PIH activities include schools, clinics, a training program for health outreach workers, a mobile unit that screens residents of area villages for preventable diseases, and an ongoing study of sickness and health.

Project Medishare is another active program in Haiti. It is a program that was started by several doctors at the University of Miami School of Medicine in 1994. They partner with health workers in Haiti to create sustainable healthcare. They do this by funding new clinics and hospitals, by training new Haitian health care professionals, and by providing supplies and equipment.

Teacher/Discussion Leader's Note:

PIH and Project Medishare are not by any means the only groups actively involved in improving the health of Haitians. They are simply the most important to this discussion.

2010 Earthquake

On January 12, 2010 a massive earthquake hit Haiti. This 7.0 magnitude earthquake's epicenter was just west of **Port-au-Prince**, Haiti's capital. In the weeks that followed, at least 50 aftershocks of 4.0 magnitude or higher were recorded. This devastating disaster killed more than 200,000 people, injured over 300,00, and left about 1.5 million homeless. There was an overwhelming initial response from the global community. Donations, aid, and emergency medical care came rolling in. Both Project Medishare and PIH (Stand with Haiti campaign) were and are still a part of this response.

It is now harder than ever to collect accurate statistics in Haiti, but when it comes to poverty and health in the country, the earthquake has only made a desperate situation worse. A year after the earthquake there is still rubble everywhere, great numbers of people are still living in tent cities, and a **cholera** epidemic is plaguing the country.

IMPORTANT ETHICAL ISSUES

Justice in Healthcare

Justice is not an easy concept to define or pin down. It generally means that things are done fairly, equally, and appropriately. In health care we most often talk about **distributive justice**. This phrase refers to the fair, equal, and appropriate distribution of health care goods and services. It can also refer to the distribution of benefits and burdens. People have proposed many different ways in which to decide who gets what; these are called **theories of justice**. Some think that each person should each get an equal share. This does not necessarily mean that each person gets the same exact thing, but that what they each get is equal in value. Others believe that things should be distributed in a way that benefits the common good, or the population as a whole. This can sometimes mean that a few go without so that the larger group benefits more. Still others believe that things should be given according to need. Those who have a greater need receive more. Another system of justice that people argue for is a **free market**. This is the system that America uses the most. Prices are set by supply and demand, and people get what they can afford to buy. Finally, some systems of distributive justice use a combination of principles depending on the situation and circumstances at hand.

Teacher/Discussion Leader's Note:

Many of these theories of justice have names. **Egalitarians** believe in an equal share for all. Proponents of **utilitarianism** believe in distributing in order to benefit the greater good. Those who distribute according to need are simply called **need-based**. Finally, **libertarians** are most often associated with free trade. Depending on the audience, you may want to introduce these terms.

It may also be useful to give a simple example in trying to explain these different forms of distributive justice. For example, say you only have 50 loaves of bread and want to distribute them to 100 people. The **egalitarian** would give each person half a loaf of bread no matter who they are. The **utilitarian** may withhold bread from the people who are not of much use to society, who do not contribute greatly to the overall good. That way more bread could be given to those who do contribute greatly. A **need-based** distributor may, for example, give more bread to the younger people because they are growing and need more nourishment. Finally, the **libertarian** would allow people to barter for the bread by setting prices and trading amongst themselves. Instead of giving an example this could also be a good place to be creative with an activity.

When it comes to justice in health care, any one of these theories of justice can be and has been used. But most would agree that every human being deserves at least a minimal amount of healthcare. This may be as simple as clean water, enough food, prenatal care, vaccinations, and antibiotics. Or it may mean that emergency care is available for everyone who needs it. Unfortunately, resources for healthcare are often limited and so people go without. Deciding how to allocate health care services and resources is one of the toughest issues those in medical ethics and health policy have to face.

Teacher/Discussion Leader's Note:

It is important to realize here how complex the distribution of healthcare can become. This complexity will become clearer as the discussion continues in covering disaster medical relief and triage. If you would like to further discuss the issue of fair distribution, a classic example may be useful:

A hospital has five dialysis machines (which patients need to use when their kidneys fail). There are at least ten patients who are in medical need of these machines. How do you decide who will have access to dialysis? Common responses include: random choice (draw out of a hat); considering past health choices (whether they should be considered responsible for their kidney failure); social worth considerations (whether they have a family to provide for, whether they have given back to their community through volunteer work or in their jobs, how old they are, etc.); and considering whether any of them can pay out-of-pocket for the treatment.

Triage: Methods and Ethics

Triage is a concrete example of distributive justice in health care. Triage is a systematic way of evaluating patients and assigning priority of treatment in emergency situations. In emergency situations, there are usually both great needs and not enough resources, so decisions need to be made about whom to treat and how. Triage mechanisms help medical personnel make these difficult decisions.

Triage was first developed on the battlefield beginning in the 18th century. It has been used on the battlefield ever since, but has expanded into other areas of medical response as well. Triage is now used in many different settings: emergency rooms, intensive care units (ICUs), multi-casualty incidents (like car crashes), and mass casualty incidents (like natural disasters). In order to categorize patients quickly and efficiently, **triage tags** or stickers are used. Different colored tags indicate different types of patients. In disaster triage, four categories are usually used: 1. The deceased or those who are beyond help (black tag), 2. The injured who need *immediate* help in order to survive (red tag), 3. The injured whose treatment can be *delayed* (yellow tag), and 4. Those with *minor* injuries (green tag). Triage categories can vary slightly depending on the country and type of emergency.

According to the World Medical Association, doctors acting as **triage officers** “should attempt to set an order of priorities for treatment that will save the greatest number of lives and restrict morbidity [the amount of disease] to a minimum.” If we look back at the theories of justice in the previous section, it seems like triage methods most closely follow the second theory: to maximize the amount of good. As noted before, this kind of approach may allow harm to some in order to benefit others. This is not always the best or most ethical approach to justice, but it is usually the best option in emergency situations like disasters. In disaster response the situation is both tragic and overwhelming, and the only thing that can be done is to use the resources available in the best way possible. Triage methods do support some important values. Human life and health are important health care values, and these are maximized as much as possible by triage systems. Efficiency in distributing resources is also an important value, especially for distributive justice, and is a guiding goal for triage as well. Triage also fulfills the value of fairness

because it is system with set rules. When rules and methods are set they apply to everyone in the same way, and no person or group is favored over another.

Teacher/Discussion Leader's Note:

Triage is the most widely accepted method for emergency response for both medical professionals and ethicists. There are, however, those who question the system. In watching and discussing the first video below hopefully some of these concerns will surface. It is also important to realize that although triage mechanisms are widely accepted, they can be very difficult and traumatizing for relief workers to actually carry out.

Long-term Efforts and Global Health Ethics

There are plenty of ethical concerns that arise in emergency and disaster medical aid. However, there are also long-term ethical issues that come up when we examine the situation of **resource-rich countries** assisting **resource-poor countries**. The most basic question to ask is: Do the richest countries of the world have a duty or obligation to provide health care for the poorest nations? To this question many would answer “yes” for several reasons. First of all, it is very likely that wealthy countries have contributed to the poverty and poor health of the members of developing countries in some way. The history of interaction between developing countries’ governments and those of rich countries is full of corruption and mistakes. This was mentioned earlier in the discussion of the U.S.’s involvement in Haiti. Because wealthy nations may be partly responsible for the problems of poor countries it could then be argued that they have a responsibility to make up for this. This is sometimes called **restorative justice**.

Second, providing for poor countries is good because it benefits all of the world’s countries. In our global society full of trade and travel, the health of one country will usually affect the health of others, especially when it comes to things like infectious disease. The duty to help countries with poor health can be pursued, at least partly, for self-interested reasons.

Finally, the need to help countries of poor health can be argued mostly out of ethical obligation. It is unfair that such large populations of the world suffer greatly only because they were born in a certain part of the world. People deserve basic health care simply because they are human beings; each deserves respect and dignity as a matter of **human rights**.

So, if there *is* some kind of duty for rich countries to help poor countries with health care, then there are two questions that follow: First, how much and what type of healthcare should be provided? And second, what is the best way to provide this care? There are no clear answers to either of these questions. In attempting to answer the first question many would say that every one deserves “basic care”. This could be as basic as food, water, and proper sanitation; these are widely considered human rights. Most would also include basic health care like immunizations,

prenatal care, and treatment for common infectious diseases. But it is difficult to know where and when to stop, and not everyone agrees.

There are generally two approaches to answer the second question: **paternalistic** approaches and **community-based** approaches. Paternalistic delivery of care means here that resource-rich countries believe that they know what is best for those in resource-poor countries. Those “in charge” make all of the important decisions without fully consulting those being served. Even with good intentions, this approach can be dangerous because resource-rich countries do not always know what is best, and risk doing more harm than good. Paternalistic approaches do, however, have their place. For example, the initial emergency response to the earthquake in Haiti was rather paternalistic but it saved a lot of lives.

Community-based approaches, on the other hand, are those that fully listen to and incorporate the voices of those being helped. They empower community members by letting them decide on, control, and implement programs themselves. The idea is that members of communities are the experts on the places they live; they know what kinds of efforts will work best and what efforts are needed the most. Community-based approaches may require an extensive commitment to community engagement and capacity-building, and thus are more useful for long-term medical assistance. For medical care after disasters, this could mean helping Haitians help themselves in rebuilding medical systems like medical schools, clinics, and hospitals. It could also mean strengthening the infrastructure necessary for clean water, sanitation, and food supply distribution.

VIDEO DESCRIPTIONS AND DISCUSSION QUESTIONS

One difficult thing about disaster relief of the kind carried out in Haiti is that much of it is temporary. Eventually, relief turns into rebuilding, and short-term efforts turn into long-term ones. For health care this means a transition from triage care to follow-up care and to the rebuilding of health clinics and hospitals. But once initial emergency efforts are completed, charity organizations (and their money, workers, and supplies) begin to leave the country. When aid organizations start to leave, they risk abandoning and worsening the conditions for the people they originally came to help. However, they cannot all be expected to support Haiti forever and without limit. This transition is complex and full of ethical problems and questions. The videos and questions that follow will take you through this transition and help you to explore the kinds of issues Haiti faced in the wake of the earthquake and the issues they are facing now.

Videos

1. Dr. Ginzburg

Dr. Enrique Ginzburg, working with the Miami-based organization Project Medishare, was one of the first American doctors to respond to the earthquake. More than a year later, he is now working to create a sustainable hospital in Port-au-Prince.

Questions:

- Why do you think doctors and nurses traveled to Haiti to help?
- *Triage* was explained above and mentioned by Dr. Ginzburg when he talked about assigning different colored stickers. What do you think of the disaster triage system in general?
- Dr. Ginzburg said that he had to make “ethical decisions” and just set people aside and give them comfort care. Is this right? Why or why not?
- Dr. Ginzburg says that he is not worried about displacement, but more concerned with education and training. What do you think about this? What do you think Haiti’s priorities should be now?
- What does it mean to have a “sustainable health system”? What needs to be done and how should it be done?

Teacher/Discussion Leader’s Note:

These last two questions lead into the next video. Students will hopefully begin to realize that education is part of creating something that is sustainable. Once this is realized, move on to video 2 to continue this discussion.

2. Jean Baptiste Jean Nickson

Jean Baptiste Jean Nickson is a Haitian medical student. After his school collapsed during the earthquake, he is struggling to help rebuild a devastated health system.

Questions:

- How important is education to rebuilding Haiti?
- Nickson says: “Most of the medical students- they died that day.” What could this mean for the future of medicine in Haiti?
- Nickson says that he is grateful for foreign doctors who have come to help, but that having teachers would be even more useful. Why?
- At the end Nickson mentions that he may go abroad for education and then come back to Haiti. Do you think this is a good system for educating future health care professionals of Haiti? Why or why not? Do you think that all who leave will actually go back?

3. Ethics short, pediatrics in Haiti:

This short film illuminates some of potential problems that arise from a lack of resources and personnel in Haiti.

Questions:

- The major reason this child could not be treated for his extra digits was a lack of antibiotics. How should we deal with the issue of scarce resources? In disasters? In other situations? The volunteer in the video expressed frustration with the lack of resources. Do you feel the same kind of frustration?
- Most volunteers went to Haiti to provide medical care for the earthquake victims and their disaster related injuries. Even if there were enough resources available to remove this child’s extra fingers, do they have a duty to provide this kind of care?
- The volunteer in this video compares what is done in Haiti to what would have been done in America. Are these kinds of comparisons fair?

4. Cité Lumière

Cité Lumière, part of the slum Cité Soleil in Port-au-Prince, continues to struggle with ongoing medical issues, despite the massive medical response in the wake of the earthquake.

AND

5. Marie Mitha Saimé

Marie Mitha Saimé, a young woman whose legs were amputated as a result of the earthquake, has benefited from international help but struggles to adapt to a new life.

Questions:

- Who is responsible for the follow-up care of those injured in the earthquake? Are those who provided initial care obligated to follow

up? Or are those who are injured obligated to seek out this care? Who else may be responsible?

- Do you think any of those injured were given instructions on how to care for their injuries long-term? Should they have been given this information? Was it even possible to provide this information? Why or why not?
- Mitha is obviously a woman of strong faith. How do you think religion and spirituality have been both good and bad for recovery in Haiti?
- The man being interviewed says that they (aid workers) could have left in a “better way”. What could have made it better?
- Mitha is still benefiting from foreign aid and expresses gratitude for her providers. In her situation the aid workers have left, but are still providing her with rent money. Did Mitha’s aid workers leave in a “better way”? Do you think they will have to provide her with rent money for the rest of her life? Should they?
- At the end of the Cité Lumière video, the man being interviewed speaks of his hopes for the future government of Haiti. Mitha also expresses this concern in saying: “I hope that God puts some changes... in the lives of the people in charge.” Since the earthquake, a lot of people have given their opinions on how the government should act now in rebuilding their country. What do you think the government should do? What changes should be made? How and what should they rebuild first?
- The man interviewed in the Cité Lumière video seems to be a natural leader. He has taken on a leadership role in the tent city. Mitha is a strong independent Haitian woman. What place do people like this have in the future of Haiti? Do they/should they have a role in the efforts to rebuild?

**Videos and study guide available online:*

<http://bioethics.wfu.edu/film-project-ethics-and-haiti-earthquake/>

These films were produced with support from the Wake Forest University Center for Bioethics, Health & Society in conjunction with the Wake Forest University Documentary Film Program. To obtain a DVD of the films provided, please contact Brad Tharpe at tharpebj@wfu.edu

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