Experience of Ethics Training and Support for Health Care Professionals in International Aid Work

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Health care professionals who travel from their home countries to participate in humanitarian assistance or development work experience distinctive ethical challenges in providing care and services to populations affected by war, disaster or deprivation. Limited information is available about organizational practices related to preparation and support for health professionals working with non-governmental organizations. In this article, we present one component of the results of a qualitative study conducted with 20 Canadian health care professionals who participated in international aid work. The findings reported here relate to expatriate clinicians' experiences and perceptions of ethics preparation, training and support. The strategies examined include pre-departure training and preparation, in-field supports and retrospective debriefing of ethical issues. Participants experienced a range of training and supports as beneficial for addressing ethical challenges in humanitarian assistance and development work. Participants also expressed ambivalence or scepticism about the benefits offered by specific modalities. This analysis can contribute to informing discussions of how organizations and individual practitioners can best develop, implement and utilize ethics training and support for international aid work.

Introduction

During acute or chronic humanitarian crises and in their aftermath, individuals and communities experience a range of pressing needs. Where crises occur in the context of underlying resource limitation and fragile infrastructure, meeting these needs is especially difficult. In such settings, international non-governmental organizations (NGOs), and their national and expatriate staff, work with a range of actors including local governments and agencies to address needs of the population. In other situations, NGOs are involved in development-oriented projects to strengthen health care systems in low-resource countries and among impoverished communities. These activities are associated with a range of ethical issues that are experienced by different groups and individuals implicated by these situations. Among these actors, expatriate health care professionals who work with NGOs experience distinctive ethical challenges in providing care and services to populations affected by war, disaster or deprivation. NGO strategies for supporting health care professionals to address these challenges vary.

In this article, we present research findings related to expatriate clinicians' experiences and perceptions of ethics training and support. These findings are one component of the results of a qualitative study examining ethical challenges in humanitarian assistance and development work that was based on interviews with 20 Canadian health care professionals who participated in international aid projects. In this study four key sources of ethical challenges were identified and are discussed in detail elsewhere: (i) scarce resources and the need to allocate them in settings of elevated health needs; (ii) inequalities and injustices associated with historical, political, social and commercial structures; (iii) aid agency policies and agendas that were perceived as constraining 'right' actions by clinicians and (iv) divergent

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expectations and norms around health professionals' competency and roles (Schwartz *et al.*, 2010; Sinding *et al.*, 2010). Responding to ethical challenges arising from these sources had important repercussions for the sense of professional and personal identity of expatriate health care professionals and they struggled to address these issues.

Many of the supports that clinicians rely upon in responding to ethical issues in clinical practice in their home countries are less available or may seem less applicable in humanitarian or development work. Clinicians may also be faced with new roles and expectations, such as the responsibility to make micro-level resource allocation decisions. However, there are a range of resources that health care professionals can consider in assessing and responding to the ethical dimensions of their work. At a broad level, discussions of ethics in humanitarian health work can draw on several health ethics literatures with their own sets of values and principles. In particular, both clinical ethics and public health ethics provide insight for this field of practice. Health-related humanitarian and development work often necessitate attention to both the needs and concerns of individual patients and those of larger communities. From the perspective of moral frameworks, this situation creates a dynamic tension between integrating concern for individual well-being and autonomous decision-making, and concern for the collective well-being and common good of populations. The persistent challenge remains how to negotiate between these concerns (Mann, 1997). Another important reference point for international aid work is the fundamental humanitarian principles of humanity, impartiality, independence and neutrality (Pictet, 1985, Leader, 1998). Uncertainty can arise for clinicians when it is unclear which framework to apply or prioritize in a given situation, particularly when guidance from these sources appears to conflict.

There are also a range of ethics codes, policy statements and tools that offer guidance for reflection, decision-making and action for clinicians in international aid work (Hunt, 2011). A primary source of ethical guidance for clinicians is a diverse set of articulations of professional ethics. Expatriate health professionals who participate in international aid work are members of professional organizations in their home countries. These organizations have standards of ethics and professional practice, typically articulated in codes of ethics that members are required to uphold. In humanitarian and development work, international codes of ethics for health professionals (ICN, 2006; WMA, 2006) are also important touchstones, as are guidelines developed within the humanitarian community such as the ICRC and NGO Code of Good Conduct (IFRC, 1994) and the Humanitarian Charter of the Sphere Project (2004). In addition to codes of ethics and good practice, explorations of several topics can also help orient clinicians for the ethics of their work. Discussions of human rights and aid (O'Neill, 1999; IASC, 2002; Darcy, 2007), the psychological health of humanitarian practitioners (Bryce, 2001; Ehrenreich, 2002) and cultural dimensions of health care practice in global health projects (Parfitt, 1999; Crigger and Holcomb, 2007) illuminate aspects of the ethical dimensions of international aid work. Familiarity with these codes and topics can help orient clinicians during their participation in field projects.

Ethical issues can also be addressed during the pre-departure training provided to health care professionals prior to induction in a local project. There is considerable heterogeneity among NGO practices in regards to staff selection and preparation (McCall and Salama, 1999; Moresky *et al.*, 2001). Many NGOs offer specialized training for their staff prior to being deployed to field projects. Other NGOs encourage or even require that staff participate in training offered by external organizations or agencies, whereas other organizations do not have specific training expectations for new staff. It is also the case that some health care professionals independently organize to travel to a low-resource country and participate in global health activities without establishing links to an NGO or other agency that might provide training, support or oversight. Beyond training organized or sponsored by organizations, many health care professionals take initiatives to learn about the cultural, political and social context of the locale where they will conduct their international work, expand their knowledge of clinical conditions relevant to the health situation in that setting, as well as learn about ethical issues associated with international aid work. Preparation and support for ethical dimensions of humanitarian health work can take many forms, and practices vary between organizations. There is limited knowledge about how these modalities are experienced and perceived by clinicians in humanitarian health work.

Methods

We conducted a qualitative study based on interviews with 20 Canadian health care professionals who worked with NGOs to provide assistance to communities in a range of international aid settings, including contexts of

armed conflict, post-conflict or post-disaster rehabilitation or extreme poverty (Schwartz *et al.*, 2010). In conducting this research we drew on grounded theory methods (Glaser and Strauss 1967). Three objectives guided the inquiry. We sought to identify the types of (i) ethical challenges experienced by participants, (ii) how participants responded to these challenges and (iii) how participants experienced and perceived the value of different resources and supports in the face of ethical challenges. In this article, we present findings related to the third objective of the study.

Participants

Participant recruitment was initiated by the distribution of an information sheet through investigator contacts and NGOs. The research coordinator contacted all individuals who responded to the call for participation. Snowball sampling was then employed and participants were asked to suggest others who might be interested to participate in the research. Purposive sampling was employed to recruit a diverse group of participants and was guided by duration and frequency of missions and discipline.

The participants included 20 health care professionals who had received their primary clinical training in North America and had provided health services during international development, post-disaster or post-conflict reconstruction or humanitarian relief projects. In total, 10 nurses, 7 physicians and 3 allied health professionals participated in the study. The number of field projects per participant ranged from 1 to 12 missions, with an average of 4. Collectively, the participants had taken part in 60 missions and worked with 20 different NGOs. Two participants had experience working with NGOs but also organizing independent projects in global health.

All participants signed a consent form. The study was reviewed and approved by the McMaster/Hamilton Health Sciences Research Ethics Board.

Data Collection and Analysis

Semi-structured, in-depth interviews were conducted with each participant based on an interview guide. Questions focused on the nature of the participant's involvement in humanitarian and development work, experiences of ethical challenges during fieldwork and experiences of and perspectives on preparation and support for responding to ethical issues. Interviews were tape-recorded and transcribed. Data gathering and analysis were undertaken concurrently so that insights could inform and be tested in subsequent interviews.

A synopsis of each interview was created. The investigators collaboratively developed a preliminary coding scheme, and coded data using NVivo software (Bazeley and Richards 2000). Constant comparative techniques were used to compare coded data within a single transcript and across transcripts. Inductive analysis of the data relating to ethics training and support was initiated by MH and reviewed by LS and LE.

Findings

In recounting experiences of ethical challenges during international aid work, study participants described leaning on a range of supports as they addressed, and struggled to resolve particular situations. These narrative accounts help illuminate ways in which ethical resources or supports were implemented by clinicians when faced with particular challenges. As part of our interview guide, we also specifically asked participants to talk about experiences of training and support relevant to ethics, and to discuss the range of resources that they experienced as beneficial or felt would have been helpful had they been available or been used. As well as identifying supports and resources that were perceived as useful, some participants also expressed ambivalence or scepticism about the benefit offered by certain modalities. Here, we present findings related to supports and training during three temporal phases of international aid work: pre-departure preparation and training, supports that were implemented for responding to ethical issues in the field and retrospective debriefing of ethical challenges subsequent to completion of a clinician's involvement in a project.

Pre-departure Preparation and Training

The participants in the study worked with NGOs that varied in size, mandate and institutional structures. The pre-departure training received by the participants in this study varied significantly among these organizational contexts. Some received preparatory training of several weeks duration, whereas others were not offered pre-departure training at all. Even for those who received more extensive training opportunities, participants reported that ethics was rarely focused on during these activities, though ethical considerations were often implicitly present in different topics covered in the

training and aspects of the training would be useful for managing ethical challenges and moral distress. Where ethics was specifically addressed, the approach was often more general and theoretical. For example, ethics discussion might be limited to more abstract notions of humanitarian principles.

In discussing pre-departure training, several participants expressed scepticism regarding the benefits that would be derived from formal and abstract ethics lectures. In contrast, participants favoured case-based training that gave priority to interaction and discussion over a didactic approach. Case studies were helpful at several levels. This modality allowed integration of theoretical knowledge and the opportunity to discuss practical issues in responding to ethically challenging situations. One of the participants expressed that the benefit of pre-departure training using case studies was not in knowing 'what was right and what was wrong but it helped me in the sense that I knew what to do for support'. The case discussions also reinforced the idea of being part of a team:

> . . . I knew that I didn't have to make a decision by myself right now, that I had a whole network of support that I could call upon and that I should call upon in fact and give regular updates too. Because this is a team mission I'm not by myself.

This perspective was shared by other participants who expressed that pre-departure training provided an opportunity to think through ethical issues and respond to ethical dilemmas, but also learn how to seek support and work collaboratively as a team to address such issues.

Questions were also raised between generalized training that will be relevant across settings and responsibilities, and specific training needs arising due to the particularity of individual projects. Several of the participants expressed that at least some components of training should be customized to address issues that are likely to arise in particular settings and projects. These participants were concerned that staff training and project briefings should be designed so as to anticipate and address likely ethical challenges. This did not occur in some settings. For example, a nurse reported that a key ethical challenge in her project, and one which she felt ought to have been anticipated by the NGO based on their experience with analogous projects, was not discussed in advance. In the nutrition centre where she worked, a difficult ethical issue arose for the team related to questions of whether to test children for HIV or TB who did not respond to their nutritional program despite the team's inability to provide treatment for these diseases. She expressed:

> I think if it had been discussed before hand it would have been a bit more easy to deal . . . it was sort of something that we were discovering ourselves and it should have probably been anticipated when the project was signed.

As described by the participant, not only might this issue have been identified during training, aspects of the issue might also be anticipated and addressed in the design of the project to diminish some of the moral uncertainty created for those involved. This is consistent with the view expressed by other participants that the content of training be adapted to the specific needs of those who take part.

Beyond topics explicitly related to ethics, discussion and learning about the local cultural, political and social context was proposed as an area that could be expanded in many training programs and would assist health care professionals to provide better adapted and culturally relevant assistance. Participants identified knowledge in these areas as crucial for responding to ethical dimensions of their work. In addition to formal training activities, participants suggested that health care professionals take responsibility prior to beginning their fieldwork to learn about the culture, history and politics of the country and region where they would be posted.

Some participants also stressed the limits of pre-departure learning and training. A participant noted that, 'You could only absorb so much information right at the outset anyway'. Another participant reflected on the diversity of humanitarian healthcare practice: 'Given the fact that all missions are quite unique and different from one another it would be hard for someone to say OK this is what you're going to encounter because you never know what you're going to encounter'. Pre-departure training was seen as valuable but only one facet of ethics support for health care practice in humanitarian and development work.

Supports for Addressing Ethical Issues Encountered During International Aid Work

Within local projects and teams, forms of informal collegial support were experienced as beneficial for responding to ethical dimensions of health care practice. Many participants underlined the importance of strong relationships both among expatriates and with local staff. Such relationships were key sources of psychological, practical and professional support for clinicians. Multiple participants presented relationships among the

local team as the most important source of support for addressing ethical issues in the field. Such relationships provided opportunities to discuss and evaluate ethically challenging situations with others who were familiar with the local context and the parameters of the issue that needed to be addressed. The importance of support within the team was emphasized by a participant who expressed:

> My feeling is that I think it is more important to have support in the field than necessarily before and to have an environment where you can have these discussions and get feedback.

Another participant asserted that 'a lot of it I think is communicating though and sort of being open with the team and sharing feelings and yeah just discussing situations that you've been through'. Discussion of ethically challenging issues also allowed for sharing of the burden of decision-making among colleagues. The moral weight of difficult decisions appeared to be increased when the team was less cohesive or a clinician felt isolated in making a decision. As well as informal discussion with close colleagues, more deliberate mentoring relationships were proposed by several participants who viewed these relationships as valuable for less-experienced personnel and those new to a project.

Several participants asserted that having opportunities to discuss ethical issues with others within the organization, but who were not part of the local project team was a potentially valuable source of support. However, there were few instances described by participants where this avenue of support was utilized. A participant did describe the value of an informal discussion with colleagues outside of the project when he left the region for 1 week in the middle of his mission:

> . . . it really helped when I was able to get back to the capital and sit down and have a few beers and talk about it . . . I can't overemphasize how important it is to sit down with a group of people that have experienced this their whole humanitarian careers.

The participant reported that discussing with more experienced colleagues, his limited ability to provide assistance given stark resource constraints helped him to live with his sense of malaise that he was only able to help certain individuals and not others.

Seeking to develop and sustain relationships with local staff and other health professionals was a priority for participants. This also related to the participants' concerns with maintaining and promoting trusting relationships with local communities. The importance of relationships with local colleagues for addressing ethical issues is illustrated by a highly fraught situation at the rural hospital where a Canadian nurse was working (Schwartz *et al.*, 2010). She described how members of an ethnic group associated with previous violent attacks against civilians arrived at a hospital staffed by health professionals from the ethnic group that had been the principal victims of the violence. The Canadian nurse struggled with how to respond when local clinicians appeared slow to come to the aid of the ill and injured. She reported being 'at a loss' and 'hurt, I just didn't know what to do'. Discussions with a local nurse with whom she had developed a close working relationship helped her to decide how to respond. She described how the situation was 'something bigger than you' and that discussion with her colleague was crucial for orienting her response in a situation with antecedents and ramifications that she did not comprehend. There were multiple instances when expatriates and local staff held different views of what was ethically required in particular circumstances. Such situations were sometimes difficult to resolve. When perspectives diverged, participants expressed that communicating about the rationales that supported particular viewpoints was important.

In discussing ethics resources, the participants did not identify particular tools (such as guidelines, models or frameworks) that they utilized for analysing and responding to ethical issues in their global health work, although they were specifically asked to do so in the interviews. Some participants did suggest that having such tools at their disposal, including ones they could take with them into the field, would help support reflection and deliberation. A participant expressed the following in relation to ethical deliberation and decision-making in a crisis setting: 'But in the . . . emergency, low resource humanitarian disaster situation, we really need some quick and ready tool and process that could help us'. Another participant described the need for a framework that would help clinicians to navigate their potentially conflicting ethical responsibilities towards populations and individual patients.

Forms of Retrospective Debriefing and Support

Debriefing after the completion of a project, or after a challenging event, was seen as a further support for processing experiences, including those with ethical implications. While these modalities address issues and concerns that extend beyond ethical considerations, and are broadly designed to support psychological

well-being, several participants specifically described debriefing as a modality relevant to a range of ethical issues encountered. These participants identified debriefing as a potential support for evaluating and working through potentially morally troubling experiences and lingering experiences of discomfort or distress.

Some NGOs also have policies whereby returning staff are contacted early after their return home with an invitation to discuss their experiences with someone who has participated in similar work in the past. However, some participants expressed that it was also later on, after they had had time to process their experiences further, that it would be helpful to debrief their experiences with the goal of working through unresolved issues. Several participants even described the experience of being interviewed for the study as an opportunity to re-examine certain experiences that remained morally and emotionally unsettled.

Discussion

The participants in this study experienced a range of ethical challenges arising from multiple sources. These ethical challenges had impacts on the participants' senses of personal and professional identity. Some of these ethical challenges are inescapable aspects of international aid work given the reality of resource scarcity and heightened need in local settings where clinicians provide assistance. The international and cross-cultural dimensions of this work also contribute to the ethical complexity of this domain of clinical practice for expatriate health professionals.

How best to support clinicians who participate in international aid work is an important concern for NGOs. The results of this study help illuminate how ethics supports and training are experienced and perceived by clinicians in humanitarian and development work. From participants' narratives of responding to ethical challenges, and the reflections participants offered regarding the value of different modalities, it appears that no single resource or type of support is sufficient for assisting health care professionals to address the ethical dimensions of their work in humanitarian and development aid contexts. Multiple approaches deployed at different points in the involvement of the participants in their international work, and adapted to the particular realities of projects and teams, were identified as potentially valuable. This observation corresponds with the inherent heterogeneity of humanitarian health care practice, the range of ethical issues encountered and the complexity and diversity of settings in which international aid projects are carried out.

An emphasis on diverse sources of support, including the importance of relationships with colleagues in local projects, is consistent with results of a previous study by one of the authors and based on interviews with 15 Canadian health care professionals. In this inquiry, constraints and facilitators were identified for expatriate health care professionals as they responded to ethical issues arising in humanitarian relief projects (Hunt, 2009). Factors that functioned as facilitators or resources for reflection, deliberation and ethical action included: opportunities for discussion with colleagues, accessing and understanding local perspectives (including discussions with local colleagues and community members), access to outside perspectives, attitudes such as humility, reflexivity and open-mindedness and development of good moral 'reflexes' to respond to urgent situations when opportunities for reflection and discussion were limited. In the present study, and in this earlier inquiry, health professionals experienced local teams as a primary source of ethical support. However, reliance on colleagues within the project team for support to address ethical issues can also present challenges, given the small number of individuals involved and the difficulty to 'step away' from an issue that may be of direct concern for all members of the team. Also, not all teams function effectively or are supportive. A lack of collegial support can present a significant challenge to clinicians and enhance the burden of ethical issues.

Many local teams also develop and implement a range of formal and informal structures that support clinicians as they respond to the ethical dimensions of their work. Team meetings and mentoring of newly arrived team members may function as structures that assist individuals as they respond to ethical issues by providing opportunities for discussion and deliberation. The study participants also discussed how relationships with local staff and national clinicians were important sources for enhancing understanding of ethically challenging issues. The capacity for expatriate clinicians to understand a local social, cultural and political context will always be partial and fragmentary. Relationships with local clinicians can be a crucial source of guidance and insight for expatriate clinicians as they address ethical issues.

While participants expressed that seeking perspectives from outside the project would be beneficial and could contribute positively to reflection around ethical issues, it is interesting that in the participants' narratives such approaches were rarely reported as having been

implemented. It is unclear whether participants did not think of this approach in the midst of ethically challenging situations, did not think it would be pertinent to do so when faced with specific challenges, were faced with logistical obstacles to doing so or some other reason. Seeking outside perspectives within the organization may be more feasible for addressing a recurrent issue or for retrospective debriefing of a challenging issue, and less feasible for prospective evaluation of an ethically challenging situation. Discussing recurrent ethical issues with representatives at the national or international level may present additional possibilities beyond support to clinicians for decision-making. In situations where ethical issues are associated with organizational policies or mandates, such feedback can also function as a form of advocacy for local project needs, recalibrating policy, or 'internal témoignage' (Hurst *et al.*, 2009: 97). This information could be used to refine or restructure projects. It could also be used to develop training and policy initiatives to respond to ethical issues.

Individual clinicians who participate in international aid work have a responsibility to ensure that they have the necessary skills and capacities to positively contribute to the goals of their particular humanitarian or development project. As has been described in the disaster relief context, clinicians have a responsibility to 'first, be prepared' (Merchant *et al.*, 2010) as poorly prepared clinicians in international aid work can be a source of harm or an impediment to providing quality care to vulnerable and needy populations. Organizations that send clinicians to participate in international aid work also have responsibilities towards the individuals that they recruit and employ, in addition to their responsibilities towards communities and patients to whom they provide assistance. One aspect of an organization's responsibility in supporting their staff includes ensuring that the NGO establishes clear and defensible policies for a range of situations including security protocols, lines of accountability and decision-making and program mandates.

Organizations can also develop systems for preparation and support of clinical staff, including ethical dimensions of this field of practice. Pre-departure training that includes discussion of cultural, political and social contexts, as well as discussion of ethical issues, including case discussions, is one modality that can assist clinicians prepare to respond to ethical issues they will encounter during their field projects. Learning about ethical issues and theoretical approaches will be enhanced when supported and illustrated by interactive discussion of cases, and when cases are explored in small, interactive groups. This proposal is consistent with educational strategies that have been identified in the educational literature as preferred methods for teaching and learning professional ethics (Consensus statement by teachers of medical ethics and law in UK medical schools, 1998). A particular topic that should be addressed is the integration of public health ethics and clinical ethics perspectives, as is discussion of ethical aspects of micro-level resource allocation decision-making. Discussing pandemics, Kirby (2010: 759) notes 'some health professional codes of ethics make brief reference to members' obligations to support public health initiatives and to use health resources prudently, health care providers receive little training and practical guidance about how to actualise these responsibilities'. These divergent responsibilities are also central concerns in international aid work. Ethics training can also serve the function of encouraging and preparing clinicians to raise ethical concerns and questions and seek support from within the organization for ethical issues that they experienced in the field. As described by the study participants, pre-departure training is not a panacea and is best thought of as a first step toward supporting clinicians for the ethics of their work. Those conducting this training can also discuss with clinicians the reality that they may experience morally troubling situations and, in some cases, tragic choices such as various forms of triage in settings of resource scarcity where care is prioritized to the neediest individuals over others who are somewhat less needy (de Waal, 2010). In discussing tragic choices and the possibility of moral distress it is pertinent to highlight sources and mechanisms of support within and beyond the local team.

A range of avenues for further research is revealed by the present inquiry. Evaluation of the effectiveness of different approaches to ethics training and support for international assistance work would assist agencies to identify best practices in this area. While the participants emphasized modalities such as pre-departure training and supports such as strong collegial relationships (both with expatriates and with local staff and health professionals), they reported little knowledge or use of ethics resources such as frameworks or instruments during their field projects. This may in part be explained by a lack of tools specifically addressed to supporting decision-making in the context of clinical and public health practice in international aid work. A range of tools might be developed to support ethical dimensions of clinical practice in development and humanitarian work. Elsewhere, Hunt (2011) has proposed a set of questions to support ethical decision-making by health care professionals in humanitarian settings. As tools are

developed, it is important that they are tested and refined in collaboration with practitioners in order to maximize their usefulness. Other relevant directions for developing resources include aids for resource allocation decision-making in humanitarian health assistance and triage in disaster response. This study focused on clinicians working directly with NGOs. Clinicians who are not affiliated with an NGO are a distinct group and research focusing on the experiences of this group is likely to reveal other issues related to preparation and support.

Several limitations of the present inquiry should be highlighted. This study consisted of interviews with a small group of Canadian clinicians from multiple clinical disciplines and working with many different organizations. The participants had taken part in projects that ranged from humanitarian relief to development-oriented projects in settings of severe poverty. The core mandates, structures, missions and cultures of the NGOs with which the participants worked were heterogeneous. This diversity was an objective of the sampling strategy. It also represents a key limitation of the analysis developed here. The study is also limited by the nature of recollecting and narrating past experiences. Particularly in their descriptions of pre-departure training that they had taken part in, several participants acknowledged uncertainty regarding the accuracy with which they were able to recollect the specific content of these activities.

Conclusions

Health care professionals who participate in humanitarian assistance and development work experience ethical challenges that arise from sources including scarcity of resources, inequalities associated with historical, political, social and commercial structures, organizational policies and agendas and norms around health professionals' roles and interactions (Schwartz *et al.*, 2010). In this article, we have presented empirical findings related to Canadian health care professionals' experiences and perceptions of training and support for responding to ethical challenges encountered during the provision of care and assistance to communities affected by conflict, disaster or extreme poverty. Participants in this study related experiences and perceptions of pre-departure training, in-field supports and retrospective debriefing and benefited from a range of supports and resources when responding to ethical challenges. As evidenced by the study findings, there is a range of possibilities for supporting clinicians in international aid work. There remains a need to continue to develop modalities for ethics support. Efforts to test, develop and further implement ethics training and support in international aid work can assist health care professionals as they provide care and aid to patients and communities. These initiatives represent an opportunity for fruitful collaborations between practitioners, NGOs and academics.

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Conflict of Interest

None declared.

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