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ARTICLE (ÉVALUÉ PAR LES PAIRS / PEER-REVIEWED)

Ethical Issues Arising in Humanitarian Work and Possible Responses to Them: Results from a Critical Literature Review

Louis Pierre Côté[a], Marie-Josée Drolet[b]

Résumé

Bien que le travail humanitaire soit lié à des questions éthiques parfois préoccupantes, aucune revue de la littérature n'a jusqu'à présent décrit ces questions et les réponses possibles. Suivant la méthode proposée par McCullough, Coverdale et Chervenak, une revue critique de la littérature a été réalisée afin de combler cette lacune dans la littérature existante. 83 articles ont été sélectionnés pour être analysés et 25 unités de sens ont émergé, qui ont été regroupées en trois grandes catégories de questions éthiques : 1) expériences éthiques subjectives, 2) problèmes éthiques pratiques et 3) politique et pouvoir. En termes de réponses possibles à ces questions, six articles proposent des réponses de nature préventive ou réparatrice. Au final, bien que le corpus de textes étudiés soit dominé par les expériences souvent riches, parfois anecdotiques, des acteurs de terrain du travail humanitaire, peu de recherches empiriques ont été menées à ce jour pour identifier les enjeux éthiques liés à cette pratique et les réponses possibles à ces enjeux. De même, aucune des réponses proposées n'a été testée empiriquement afin d'en déterminer la pertinence et l'efficacité.

Abstract

Although humanitarian work is linked to ethical issues that are sometimes of concern, no review of the literature to date has described these issues and their possible responses. Following the method proposed by McCullough, Coverdale and Chervenak, a critical review of the literature was conducted to fill this gap in the existing literature. 83 articles were selected for analysis and a total of 25 units of meaning emerged, which were grouped into three broad categories of ethical issues: 1) subjective ethical experiences, 2) practical ethical problems, and 3) politics and power. In terms of possible responses to these issues, six articles propose responses that are either preventative or restorative in nature. In the end, although the corpus of texts studied is dominated by the often rich, sometimes anecdotal experiential experiences of field actors in humanitarian work, little empirical research has been conducted to date to identify the ethical issues related to this practice and the possible responses to them. Also, none of the proposed responses have been empirically tested to determine their relevance and effectiveness.

Mots-clés

travail humanitaire, éthique humanitaire, expériences éthiques, problèmes éthiques, politique et pouvoir, revue de la littérature

Keywords

humanitarian work, humanitarian ethics, ethical experiences, ethical problems, politics and power, literature review

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INTRODUCTION

The overarching aim of humanitarian work to provide assistance and protection to affected people does not shield it from ethical issues. In this article, following Swisher et al. (1), we contend that ethical issues arise in situations where at least one moral value is compromised; and in humanitarian work, which we understand broadly to include varied activities with humanitarian purposes (e.g., humanitarian healthcare, relief action in crisis or disaster, or development aid), such situations abound. Indeed, humanitarian work may give rise to a variety of complex ethical issues (2) that shape the day-to-day practice of humanitarian workers, be it at individual, pragmatic, or organizational levels. We do not focus specifically on one group of humanitarian activities or individuals. Rather, we consciously embrace a very broad and inclusive understanding of humanitarian work, its activities and workers, to extend as widely as possible the scope of ethical issues to be documented and addressed.

Humanitarian work comprises a considerable history of aid responses and has stimulated an ever-growing body of research and literature surrounding its complexities and issues. Despite this work, and even though a recent article provided an overview of how the ethical issues arising in humanitarian work are conceptualized (3), no study has yet produced a comprehensive overview of what *are* the issues arising in humanitarian work and their possible solutions. Given this gap in the literature, we sought to identify and describe the ethical issues arising in humanitarian work as they are discussed in the literature, as well as possible responses to them. Being able to detect and clearly conceptualise ethical issues is a fundamental step towards their resolution.

The following section explains the research methods used to respond to the questions that prompted our systematic literature review. We then present the results of the review and the ethical issues that were discussed in the literature, and some possible responses discussed by some authors. Before concluding, we critically discuss and interpret these results.

METHODS

Following McCullough, Coverdale and Chervenak's (4,5) method, an efficient means to address ethical concepts, we critically and systematically reviewed the literature discussing ethical issues arising within humanitarian work contexts. We first developed pertinent research questions: (a) What are the ethical issues facing humanitarian actors? (b) What means are proposed to address these issues? (c) How are the ethical issues arising in humanitarian work conceptualized in the literature? (d) How are these concepts defined, if any? (e) What theoretical foundations do the authors use? (f) What typologies do the reviewed documents develop or discuss issues? In this article we focus on questions (a) and (b) as questions (c), (d), (e) and (f) have been the object of a separate paper (3).

From our research questions, we then identified keywords to be used in database searches to find relevant literature. Both French and English keywords were used to broaden the scope of our research. Keywords were related to three categories: "issue", "ethics", and "humanitarian".
- *Issue*: issue/enjeu; challenge/défi; difficulty/difficulté; problem/problème; tension/tension; dilemma/dilemme; discomfort/malaise; trouble/trouble; distress/détresse
- *Ethics*: ethics-ethical/éthique; moral/morale
- *Humanitarian*: humanitarian aid/aide humanitaire; international aid/aide international; humanitarian emergency/urgence humanitaire.

We then sought out the relevant literature in 22 databases (see Table 1), and from the Université du Québec à Trois-Rivières' library catalog.

Table 1. Databases Used

Databases
Academic Search Complete; Cairn.info; CambridgeCore; Canadian Periodical Index; CINHAL; Érudit; Eureka; Google Scholar; JSTOR arts & sciences; MEDLINE; Open Edition Freenium; Oxford Academic; Periodicals Archive Online; Persée; Philosopher's Index; Project Muse; PsychINFO; REPÈRE; ScienceDirect; Scopus; Springer; Taylor and Francis

Any reference that 1) was written in French or in English, 2) answered at least one of our research questions, and 3) was accessible either physically or electronically (without additional fee) was included. Publication date was not a basis for exclusion. The review comprised peer-reviewed articles, books and book chapters, as well as non-peer reviewed articles whether published in professional or academically sources.

Figure 1. Database Search Research Steps
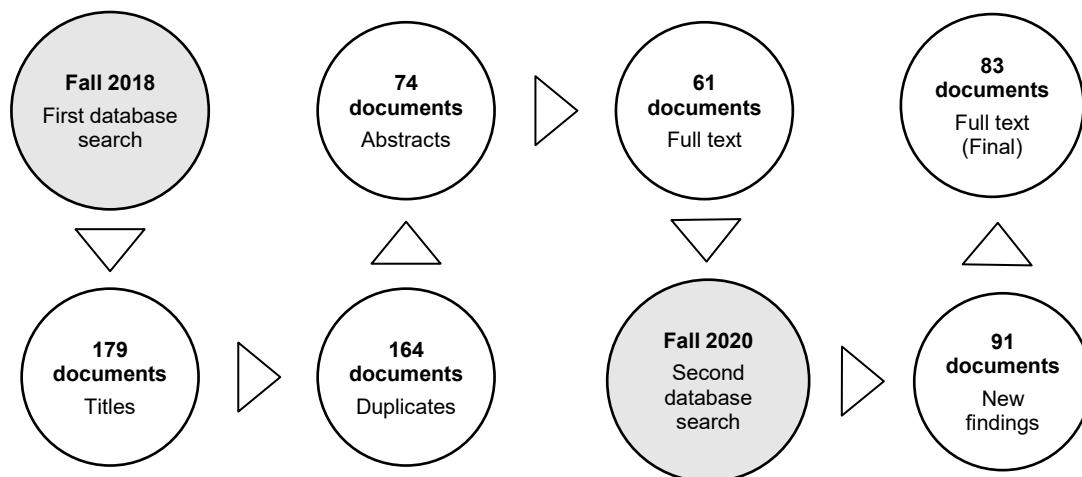
We first reviewed the databases in the Fall of 2018. Preliminary exclusionary criteria were deployed early in our database searches, with keywords to be included in the titles of the publications reviewed. If searches sometimes generated thousands of results for each database visited, we believed early exclusionary criteria based on the titles of the publications could prove efficient to target the most relevant texts. This generated 179 *a priori* relevant publications. We screened the corpus to assess relevance before further analysis, removing duplicates (n=15), so the initial corpus went from 179 to 164 publications. We also removed 90 publications judged irrelevant based on their summary, thus reducing the number of publications to 74. Finally, we removed 13 additional documents because they proved irrelevant to answering at least one of the research questions, for a final number of 61 publications. In the Fall of 2020, using the same research criteria, we again searched the same databases to update the publications corpus. This second review generated 30 additional *a priori* relevant publications. Using the same

screening processes, only 22 of the 30 publications were relevant for further analysis, increasing our corpus to 83 relevant publications.

The second step involved the extraction from the publications of information related to our research questions. We created data extraction tables for each publication to target information thought relevant to our research. Compiled together, the tables provided an encompassing view of the ethical issues discussed in the literature that arise in humanitarian work contexts.

Lastly, we critically assessed the information in the tables with regards to our research questions. To classify the humanitarian ethical issues discussed in the literature, we generated several meaning clusters based on the descriptions of the issues presented in the publications reviewed. Gradually, by linking certain clusters to others that were closely related, we narrowed down categories to provide a broad representation of the humanitarian ethical issues, as they are discussed in the literature. We separated issues into micro-, meso-, macro-level categories; a similar process was carried out to analyze proposed responses to such issues.

RESULTS

Bibliometrics

Table 2. Bibliometrics*

1. Type	N (%)
Peer-reviewed papers	62 (74.7%)
Books and book chapters	12 (14.5%)
Non-peer reviewed papers	9 (10.8%)
Total	83
2. Year	
[2010-2020]	61 (73.5%)
[2000-2009]	16 (19.2%)
[1990-1999]	6 (7.2%)
3. Language	
English	76 (91.6%)
French	7 (8.4%)
4. Themes	
Health & Medicine	35 (42.2%)
General Issues	27 (32.5%)
Conflicts & Crises	15 (18.1%)
Development	4 (4.8%)
5. Types of Research	
Theoretical	55 (66.3%)
Empirical	18 (21.7%)
Literature Review	12 (14.5%)
6. Where Authors Write From	
USA	25
Canada	22
UK	15
France	7
Australia	5
Switzerland	5
Netherlands	4
India	2
Ireland	2
South Africa	2
Sri Lanka	2
Sweden	2
Other**	17
Total	110***

* The complete list of references is available on request.

** Includes the following countries: China, Croatia, Denmark, Estonia, Ethiopia, Germany, Italy, Japan, Lebanon, Malawi, Nepal, Pakistan, Saudi Arabia, Serbia, Singapore, and Turkey. They were grouped because exactly one author wrote from each of them.

*** This number is greater than that of the reviewed publications because some had multiple authors coming from different countries.
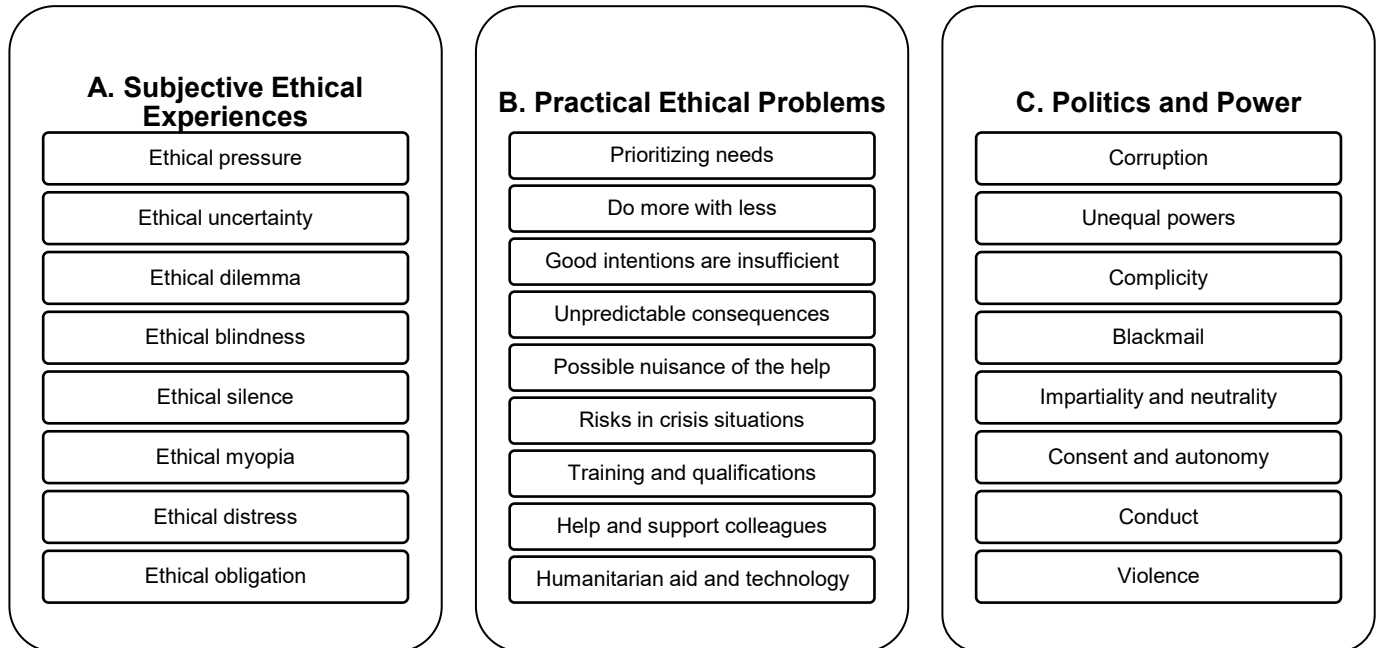
As Table 2 makes evident, almost 75% of the publications were peer-reviewed articles; the rest were book chapters and non-peer-reviewed papers (25.3%). Additionally, most of the publications reviewed (73.5%) were published after 2009. The dominant language was English, with only 7 publications (8.4%) written in French. In section 4 of Table 2, we divided the publications based on the general themes of humanitarian work on which they touch. Publications dealing with health and medicine, and those discussing humanitarian issues in general terms (e.g., pertaining to broad humanitarian principles, research in or about humanitarian settings) made up 60.3% (n=50) of the corpus, with the remaining 39.7% (n=31) addressing issues in conflicts and crisis situations or issues in humanitarian development. Of note, 6 of the 7 publications written in French discuss humanitarian issues in general terms. Most (66.3%) of the publications employed theoretical approaches to discuss ethical issues in humanitarian work contexts. The rest of the publications were literature reviews (14.5% of all publications) and empirical research (21.7% of all publications). All the empirical publications presented qualitative studies based on

interviews with humanitarian workers. The authors (i.e., all the authors of all the publications) included in the review mostly came from institutions (universities or NGOs) in the USA, Canada or the UK, accounting for 56.3% of all the authors. Also notable were author-affiliations in France, Australia, Switzerland and the Netherlands (19%). The remaining 24.7% of authors are distributed amongst 21 countries of Europe, Asia and Africa. Overall, the literature reviewed included 30 years of publications on ethical issues in humanitarian work.

Ethical Issues Arising in Humanitarian Work

In analyzing the texts included in our literature review, many ethical issues emerged. We classified these issues under 3 broad categories: (A) *Subjective Ethical Experiences*, (B) *Practical Ethical Problems*, and (C) *Politics and Power*. Figure 2 provides an overview of how these categories relate to each other, from A to C, i.e., from the most pragmatic to the most systemic or macro-oriented. The categories bring together issues that begin with the subjective experience, in the humanitarian actor's interiority, over which they may have (or the impression of having) more control and extend to more structural issues linked to humanitarian organizations or policies, over which they may have (or the impression of having) less immediate control. The meaning units are arranged in a *logical progression of themes* and not according to the frequency of their occurrence. The three categories are interrelated, and not mutually exclusive. As such, while we have made clear distinctions between them to facilitate readability and understanding, the distinctions may not always be as apparent within actual humanitarian work contexts, where such issues arise.

Figure 2. Dimensions of Humanitarian Ethical Issues

A. Subjective Ethical Experiences	B. Practical Ethical Problems	C. Politics and Power
Ethical pressure	Prioritizing needs	Corruption
Ethical uncertainty	Do more with less	Unequal powers
Ethical dilemma	Good intentions are insufficient	Complicity
Ethical blindness	Unpredictable consequences	Blackmail
Ethical silence	Possible nuisance of the help	Impartiality and neutrality
Ethical myopia	Risks in crisis situations	Consent and autonomy
Ethical distress	Training and qualifications	Conduct
Ethical obligation	Help and support colleagues	Violence
	Humanitarian aid and technology	

Subjective Ethical Experiences

The first category, which emerged from our reading of selected publications, pertains to the subjective experiences of humanitarian workers as they operate in the practical contexts previously identified. This first category of ethical issues includes eight themes, illustrated in Table 3.

Table 3. Ethical Issues Discussed in the Publications under Subjective Dimensions

Themes	References
A. Subjective ethical experiences of humanitarian workers	
1. Ethical pressure	Aarcharya et al. (6); Asgary & Junck (7); Asgary & Lawrence (8); Civaner et al. (2); Delgado Luchner & Kherbiche (9); Draper & Jerkins (10); Gotowiec & Cantor-Graae (11); Hunt et al. (12,13,14); Lebouc (15); Tarvydas et al. (16); Zarka et al. (17)
2. Ethical uncertainty	Gotowiec & Cantor-Graae (11); Meldrum (18); Simm (19); Sinding et al. (20); Slim (21,22).
3. Ethical dilemma	Delgado Luchner & Kherbiche (9); Gasper (23); Harris (24); Hunt (25); Kiddell-Monroe et al. (26); Le Coconnier & Pommier (27); Pasic & Weiss (28); Remer (29); Schloms (30); Sheather & Shah (31); Simm (19); Sinding et al. (20); Slim (32,21,22); Smith (33); Tobin (34)
4. Ethical blindness	Fraser et al. (35); Kiddell-Monroe et al. (26); Slim (21)
5. Ethical silence	Ayimpam et al. (36); Brauman (37); Haver (38)
6. Ethical myopia and cultural tensions	Asgary & Junck (7); Ayimpam et al. (36); Bell & Carens (39); Bruno & Haar (40); Eckenwiler & Hunt (41); Funk et al. (42); Harris (24); Harroff-Tavel (43); Hunt (25); Hunt et al. (44); Mftuso-Bengo et al. (45); Moley (46); Rubenstein et al. (47); Schnall et al. (48); Schwartz et al. (49); Scott-Smith (50); Slim (21,22); Tobin (34); Yacoub et al. (51); Yimer et al. (52); Zarka et al. (17)
7. Ethical distress	Delgado Luchner & Kherbiche (9); Broussard et al. (53); Eckenwiler & Hunt (41); Kiddell-Monroe et al. (26); Simm (19); Smith (33)
8. Ethical obligation	Gustavsson et al. (54)

Ethical pressure

Present in 17 of the publications reviewed, ethical pressure is defined as "a situation in which the employees feel pressured by their peers, supervisors, and other members of the organization to compromise their personal values in order to achieve organization goals" (55, p.159). Ethical pressure may also arise "within oneself" and be exerted upon one's psyche, namely through the internalization of values, norms or obligations, particularly in situations of urgency and scarcity. This is at play, for instance, in Asgary and Lawrence's article, where they discuss how some ethical situations may pressure humanitarian workers to act outside the scope of their competencies (8). Such pressure is exacerbated by the incapacity to accurately predict the consequences of the aid. Aarcharya et al. (6) highlight the pressure associated with having to protect resources and make sure that they remain usable. Ethical pressures also come from organizations, which can question workers' professional autonomy (2). Significant pressures are also associated with bearing the burden of choice: "emotional suffering that emerged during and after decisions that became ethical challenges", experienced as "inescapable feelings of stress […] both psychologically and professionally" (11, p.5). This burden is also expressed through pressures of having to take responsibility for those choices (14). Moreover, Lebouc (15) highlights the fact that the practical and theoretical knowledge of humanitarian work may not prevent workers from feeling isolated and pressured by "the need to act, alone with one's experience, knowledge and conscience", and faced with the need to act quickly, with no time for deliberation (15, p.46; our translation). Lastly, Tarvydas et al. (16) address institutional and professional pressures: "In mass trauma counseling, counselors often must confront clinical, interprofessional, institutional, and public policy forces that may have marked effects on their ethical judgments and boundaries" (16, p.261; for similar ideas see 17).

Ethical uncertainty

Ethical uncertainty is present in six of the publications reviewed. It can refer to "an inability to apply appropriate moral rules" (56, p.894), or, more broadly, a self-doubt regarding the best way to apply ethical principles or how to best direct ethical decision-making. As Simm eloquently puts it "moral uncertainty […] pertains to situations where one is unsure what moral principles, values, or rules to apply" (19, p.2; for similar ideas see 20-22). In their 2017 article, Gotowiec and Cantor-Graae note that preparations for ethical challenge of humanitarian work come with much uncertainty: "participants expressed challenges within the self when they were unsure of which values to apply in a given situation. Uncertainty can be created when one is hesitant about crossing professional ethics guidelines" (11, p.5). Also noteworthy is how Meldrum addresses uncertainty with regards to spiritual concerns in humanitarian work, highlighting that fact that "physicians remain highly uncertain about how to conduct themselves in spiritual discussions with patients" (18, p.27).

Ethical dilemma

In the philosophical literature, a dilemma is broadly understood as a situation in which the agent 1) has to make a decision between at least two alternatives, 2) has the ability to do each of them, but 3) is unable to do all of them because they are incompatible (57). Such an issue is present in sixteen publications. As Slim puts it, "moral dilemmas have a terrible symmetry about them. Whichever path you choose will inevitably involve serious moral losses of some kind" (21, p.165; for similar ideas see also 19,30,32). This view is consistent with that of Gasper, who notes that "aid personnel often face painful dilemmas, where whatever they do will involve severe moral costs" (23, p.32). For instance, Hunt notes that selecting which patients to give aid may result in dilemmas for which workers are not prepared: "participant expressed that this type of decision-making was one of the responsibilities that she felt least prepared for" (25, p.65). Sinding et al. discuss humanitarian work in extreme settings and lack of resources: "[such] limitations set up two sorts of dilemmas […]: having to choose one patient over another, and having to choose between the needs of current patients and the (possibly more acute) needs of future patients" (20, p.149). In discussing humanitarian work within detention facilities, Forsythe (58) acknowledges that dilemmas may arise: 1) in treating with partial access (p.138); 2) "in accepting routine visits over a long period of time when other places of detention,

accompanied by credible reports of ill-treatment, are off limits to the ICRC [International Committee of the Red Cross]" (p.138); 3) accessing patients "only after a period of isolated confinement during which the detaining authority" can torture prisoners to gain information (p.141). Moreover, Harris explains that there is a dilemma in recruiting local staff: "If […] the most suitably qualified personnel [are targeted,] they risk depleting local emergency response capacities by drawing resources away from domestic organizations. However, if they recruit people with little or no emergency related experience, the effectiveness of the international agency's assistance is likely to be compromised" (24, p.293). For Le Coconnier and Pommier, 'fundamental dilemmas' arise in situations of unequal powers "where the ruling power is particularly brutal towards its population or a part of it, while aiming to impose a tight or even exclusive control over the way aid is granted [to] beneficiaries" (27, p.105-106; our translation). Finally, in their 2011 article, Sheather and Shah address four possible dilemmas faced by humanitarian health workers. First, since "stigma around HIV can be high", the personnel "can fear informing or counselling individuals who test positive for HIV" (31, p.162). Second, should workers "turn a blind eye to the use [by local community] of MSF [Médecins Sans Frontières] equipment?" (31, p.163). Third, with regards to "MSF oppos[ing] re-infibulation and work[ing] to ensure that it is not undertaken in its delivery facilities", the authors note that "not performing [it] risks jeopardising community trust" (31, p.163). Fourth, having an inexperienced doctor "confronted with doing something that she has never done before" (i.e., caesarean section): "she could do a lot of harm by doing the operation badly, but doing nothing guarantees that the baby will not survive" (31, p.164).

Ethical blindness
Ethical blindness was implicit in three publications and can be defined as a "temporary inability to see the ethical dimension of a decision at stake" (59, p.324). For instance, Fraser et al. discuss the idea that it may prove difficult to properly identify what the issue is in a given situation: "participants found it difficult to identify what constituted an ethical issue[;] […] one group spent time […] debating whether the central problem […] was 'ethical' or 'pragmatic' before concluding by describing the scenario and their decision as 'quasi ethical'" (35, p.412).

Ethical silence
Ethical silence, also sometimes referred to as "moral muteness", "occurs when people witness unethical behavior and choose not to say anything [or] […] when people communicate in ways that obscure their moral beliefs and commitments" (60). Notably, in his 1999 paper, Brauman criticizes the silence that NGOs maintain with regards to situations that are problematic in terms of human rights. These silences or refusals to 'take sides' could be "a precious help for authorities [...] because their silence was transformed into approval […]" (37, p.244). Also of great importance, Haver discusses how talk of corruption is often silenced: "Technically, 'zero tolerance' policies stress the requirement not to tolerate corruption – i.e., insisting on accountability when corruption happens. But 'zero tolerance' has often been understood to mean 'zero discussion' of corruption" (38, p.11). In Ayimpam et al., finally, highlighted a particular kind of silence. In contexts where research can cause cultural disturbance within local communities, "it was important to train interviewers to address the subject of excision indirectly in the survey sites, using the participants' personal reflections on human rights as an entry point […]" (36, p.34; our translation). In this scenario, workers had to silence themselves, as well as the real goals of research, to be able to conduct this work.

Ethical myopia and cultural tensions
Closely related to ethical silence, ethical myopia means that one is incapable of seeing and understanding ethical issues clearly, as the perception of the issue is related to cultural biases (61). Under the umbrella of myopia, we have included issues directly concerned with such an incapacity, as well as issues related to cultural differences that may create conflicts, misinterpretations, stress or other problems. For instance, Asgary and Junck remark that culturally insensitive humanitarian work can potentially harm the populations one wishes to help (7). Further, Ayimpam et al. discuss intercultural tension in conducting humanitarian research: "a first type of difficulty associated with field investigation is the experience of (psychologically risky) intercultural tension, [experienced in] managing [...] the distance and proximity relationships in daily interactions" (36, p.25; our translation). Hunt points out that ethical issues arise in humanitarian work because of "different cultural understandings of health, illness, and death between the local population and the NGO workers" (25, p.64). Psychological difficulties may also arise when workers need to deal with conflicting values and beliefs. For instance, Bell and Carens discuss workers who must sometimes 'sacrifice' deeply held values to promote the mission (e.g., downplay gay people's rights in Nigeria to better connect with local populations) (39, p.307). Such conflict may also arise when trying to 'challenge' local cultures. If humanitarian norms conflict with local cultures, on the one hand, attempts can be made to bring pressure in order to try to improve vulnerable people's lives; but on the other hand, this may be perceived as cultural imperialism or undervaluing of local norms (39, p.307). In a similar perspective, Funk et al. note "that services oriented towards women, especially reproductive health and gender-based violence services, are often difficult to implement; male gynecologists often face harassment and family planning interventions must be implemented in secret" (42, p.142). Likewise, Rubenstein et al. acknowledge the existence of "challenges in respecting norms while providing equal and appropriate services for women's health when few female providers were available. When services were provided by females, organizations faced challenges in addressing harassment and gender-based violence against female staff" (47, p.17-18). Harroff-Tavel addresses the need for humanitarian workers to respect local populations and their cultures, and to remain self-conscious about their potential limitations (maintain a humble perspective) (43; for similar ideas see also 17,24,44,46,48,51). In the same vein, Bruno and Haar note that, regarding cultural differences, workers ought to gain a "strong appreciation, humility, and understanding of local culture" (40, p.13). Mftuso-Bengo et al. warn that it may be "impossible for researchers from another social environment to know all the acceptable and unacceptable cultural practices in another area" (45, p.47). Cultural tensions can be exacerbated by trying to balance neutrality and the defense of human rights, "since speaking out usually involves 'taking sides' in some way" (50, p.6). In their article, Schwartz et al. highlight challenges pertaining to differing health norms in communicating with

patients: "conflicts about expected communication between [workers] and patients, and between professionals, generated ethical struggles for respondents" (49, p.50).

Ethical distress

The notion of ethical distress first arose in the nursing literature to describe situations "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (62, p.5). Simm, following Jameton (63), defines moral distress as "the painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting medical power structure, institution policy, or legal considerations" (19, p.1; for a similar idea, see 33). For Kiddell-Monroe et al., moral distress can arise for humanitarian workers "in their response to crises", as they "are witness to tragic and inhumane situations" (26, p.259). In their 2020 paper, Gustavsson et al. identify three types of moral distress in disaster response. The first type occurs "when the individual is hindered from doing what he/she perceives to be the right course of action in the situation, is characterized by external obstacles that prevent the responder from helping as intended" (54, p.217). The second type presents itself "when the individual cannot live up to his/her own ideals, derives from situations where moral values are encroached irrespective of action taken" (p.217). The third type takes place when "failing to do what is perceived as right even if possible, is related to the individual's weakness of will (*akrasia*) to act upon moral values" (p.217). They identify a fourth type of distress: a "reactive distress developed in the aftermath of the situation that involved moral challenges" (p.217). For Eckwenwiler and Hunt, moral distress can be the result of a constant "struggle to provide care for populations that may perceive them as untrustworthy and avoid them entirely" (41, p.13).

Ethical obligation

Especially common in philosophical discussions of ethics, an 'ethical obligation' refers to a form of duty to follow principles, values or norms, be they the result of coercion or due to a person's own volition. Broussard et al. (53) review eight main ethical obligations arising in humanitarian work contexts, that is, to: 1) provide high quality care; 2) appropriately acquire and manage assets; 3) protect and care for workers; 4) support local responses; 5) equitably distribute benefits and burdens; 6) recognize and incorporate local knowledge and cultural norms; 7) minimize harm; and 8) interact and communicate with honesty and transparency (53).

Practical Ethical Problems

Among the ethical issues we identified in the literature, many have to do with the practical, day-to-day setting of humanitarian practice (see Table 4). For this category, we identified nine themes of ethical issues, each of which is present in at least one publication.

Table 4. Ethical Issues Discussed in the Publications under Pragmatic Dimensions

Themes	References
B. Practical Ethical Problems	
1. Prioritizing needs	Asgary & Lawrence (8); Bhan (64); Civaner et al (2); Geale (65); Hunt (66); Hunt et al. (14,44); Le Coconnier & Pommier (27); Leider et al (67); Michael & Zwi (68); Sinding et al. (20); Sommers-Flanagan (69); Yacoub et al. (51)
2. Doing more with less	Aarcharya et al. (6); Asgary & Junck (7); Asagary & Lawrence (8); Chung & Hunt (70); Delgado Luchner & Kherbiche (9); Draper & Jenkins (10); Ford et al. (71); Funk et al. (42); Geale (65); Hunt (66); Hunt et al. (12,14,72); Landman (73); Lebouc (15); Leider et al. (67); Michael & Zwi (68); Moodley et al. (74); Richards (75); Schnall et al. (48); Schwartz et al. (49,76); Sommers-Flanagan (69)
3. Good intentions are insufficient	Gasper (23)
4. Unpredictable consequences	Gasper (23); Le Coconnier & Pommier (27); Pasic & Weiss (28); Schloms (30); Slim (21,22)
5. Possible nuisance of helping	Asgary & Lawrence (8); Delgado Luchner & Kherbiche (9); Hunt et al. (77); Rubenstien et al. (47); Zientek & Bonnell (78)
6. Risks in crisis situations	Ayimpam et al. (36); Binns et al. (79); Bruno & Haar (40); Cardozo et al. (80); Delgado Luchner & Kherbiche (9); Geale (65); Hall-Clifford & Cook-Deegan (81); Haver (38); Moley (46); Sumathipala et al. (82); Tarvydas et al. (16); Yacoub et al. (51); Yimer et al. (52)
7. Training and qualifications	Asgary & Lawrence (8); Maxwell et al. (83); Pal et al. (84); Remer (29); Slim (21); Tobin (34)
8. Help and support colleagues	Bhan (64); Hunt et al. (72); Le Coconnier & Pommier (27); Meldrum (18); Rubenstein et al. (47); Scott-Smith (50); Sommers-Flanagan (69); Vaux (85)
9. Humanitarian aid and technology	Mftuso-Bengo et al. (45); Slim (22); Yacoub et al. (51); Zientek & Bonnell (78)

Prioritizing needs

Prioritizing needs is one of the most recurrent ethical issues that arise in humanitarian work, identified in 17 of the publications reviewed. In general, this refers to the fact that, in times of crisis, humanitarian workers are faced with sometimes harrowing choices regarding the allocation of available resources. In part, that means having to decide how best to allocate resources. For instance, in their empirical study, Asagary noted that humanitarian aid workers "struggled with how best to allocate resources to communities" while acknowledging that "in a resource-limited setting, meeting the needs of one constituency would likely mean taking away resources from others" (8, p.3; for similar ideas, see 27,51). Indeed, as Geale notes, prioritizing aims to "allow for the best possible use of the limited resources" (65, p.447). What is more, Bhan suggests that the need to prioritize needs may influence whether to continue or stop an intervention: "there often have to be choices made about pulling

the plug or not intervening because of triage considerations and the need for resource prioritisation" (64, p.145). In fact, Leider et al. argue that while "[triage] will typically exclude those who are 'too far gone,' as well as those who do not need substantive medical attention imminently", there is "disagreement" in prioritizing since some "argue that, among those who can be helped, prioritizing the worst off is the most appropriate, as others could potentially be treated later" (65, p.e6). However, they note that this approach may not be the most efficient, especially if resources are lacking. Additionally, while Civaner et al. discuss the possible risks associated with doing poor triage (2), Hunt et al. (44) note that in extreme cases, humanitarian missions may especially prioritize life-saving objectives. Similarly, Hunt proposes that, in extreme cases, "there may be little opportunity to do other than promote a utilitarian approach to decision-making regarding the selection and prioritisation of patients" (66, p.614). Finally, Sommers-Flanagan eloquently identifies how justice is intertwined with prioritizing needs: "In medicine, and in crisis, individuals will not have exactly equal needs, and the available resources will never be sufficient. Therefore, determining a just method of offering services and goods can be a most challenging task" (69, p.196).

Doing more with less

The necessity to do more with less, closely related to the previous issue, surfaced in more than 20 publications. It relates to tough choices that humanitarian workers must confront in contexts of great need and a lack of resources. Schwartz et al. put this idea eloquently: "[humanitarian workers] persistently were confronted by situations in which the resources available were insufficient or inadequate […]. The choices that scarce resources presented were a recurring source of ethical struggle. The narratives indicate that the respondents wrestled with distributive justice challenges in their urgency to provide care in contexts of extreme scarcity" (49, p.47). For Schwartz et al., the ethical struggle is about being able to work most efficiently while lacking sufficient resources. Schnall et al. point to a similar idea in proposing that "scarcity is a significant concern for providers of humanitarian aid" as they "are frequently faced with situations in which available resources are insufficient to sustain life, or inadequate to meet patient needs" (48, p.6). In such cases, the fact that one ought to do more with less may interlink with issues of distributive justice: "the fair distribution of scarce resources, can be especially difficult to uphold" (7). Additionally, Funk et al. (42) provide an encompassing view of how a lack of resources can both require that workers to do more with less and also drain available resources:

> challenges included those related to staff shortages, which resulted in the overworking of staff, or practices that were beyond an individual's scope of training and knowledge; hospitals operating over capacity; and gaps in service provision, such as a lack of gender-based violence interventions or psychological support for children. *These challenges all raised concerns about adherence to obligations to provide quality care and deliver humanitarian aid*. (42, p.139, italics in original; for similar ideas see 68,74)

Hunt et al. reflect along similar lines when they propose that "resource limitations" may make humanitarian workers act "outside their ordinary sphere of practice or near the margins of their competency, due to a perception that better options are not available" (12, p.503; for similar ideas see 14,67). What is more, Asgary and Lawrence believe such an issue can exacerbate systemic and infrastructure problems (8). In such contexts, it may prove particularly difficult to draw bridges between theory and practice (9). In sum, Aacharya describes the chaos that may emerge from the need to do more with less: "Having to manage a large number of injured people in a short time, with limited resources, amid the disruption of the regular mechanisms and resources, results in chaos" (6, p.26).

Good intentions are insufficient

Explicitly expressed as such in a single text, the idea that good intentions are not enough runs (implicitly) through many publications and involves subjective issues such as moral distress or ethical uncertainty (see Table 3). This generally refers to the idea that while humanitarian workers' intentions may be commendable, they are not immune to unforeseen harm. In his 1999 article, Gasper notes that, in humanitarian work, ethical guidelines may amount to no more than good intentions, which are seldom enough in themselves to prove helpful (23).

Unpredictable consequences

The idea that the consequences of actions may be hard to predict surfaced in four of the publications reviewed. This issue addresses the difficulties that aid workers may face in adequately predicting the effects of some of their practices on the populations they assist. In this sense, Le Coconnier and Pommier interrogate the possible consequences of humanitarian work: "Should we proceed or not? Who is the primary beneficiary of the action? To whom does the aid go?" (27, p.105; our translation). They additionally highlight how aid, since its consequences are difficult to predict, may "feed combatants, even torturers of a population, and so risk further fuelling conflict" (27, p.105; our translation). In a similar perspective, Slim discusses 'ambiguous aid' that risks making things worse (21,22), in line with Hassner (86) and Sommers-Flanagan (69). He also argues that such choices can be "shrouded in an 'epistemic veil' […], [i.e.], people do not know enough or cannot know enough to make an informed choice between various alternatives" (21,22), which correlates with Gasper (23) and Pasic and Weiss (28).

Possible harm of helping

In relation to the idea that it is difficult to accurately predict consequences, some humanitarian decision-making may cause harm. This concern surfaced in five of the publications reviewed. Asgary and Lawrence (8) note that humanitarians can potentially harm local populations, notably if they are manipulated. For instance, the aid can be manipulated as a political tool when medical aid is used preferentially. Humanitarian workers with little field experience may be unaware of the socio-political consequences, so relationships with some communities can be severely damaged, undermining collaborative and effective

medical aid (8). Additionally, Delgado Luchner and Kherbiche highlight a need for humanitarian workers to "evaluate the risks associated with their work both for themselves (in terms of physical harm, the consequences of accepting armed protection, etc.) and for beneficiaries (preventing aid dependency, maintaining dignity, ensuring participation, etc.)" (9). Discussing the need to properly close humanitarian projects, Hunt et al. emphasize a need to "avoid or minimize harms for individuals and groups who have been receiving assistance, and to be proactive in anticipating and addressing sources of potential harm" (77, p.10). They note that the risks "of harm are diverse, and include loss of services, feelings of abandonment, heightening of community tensions or misuse of project data, as well as risks for wider communities due to economic disruption or insecurity during and after closure, for project staff due to loss of employment or feelings of distress, or for the organization if there is reputational harm" (p.10). In their 2020 article, Zientek and Bonnell address several 'sins' humanitarian aid may commit, which in turn can lead to unpredicted harms: 1) the risk of "leaving a mess behind", 2) the possibility of "going where we are not wanted, or needed and/or being poor guests", and 3) risking "doing the right thing for the wrong reason" (78, p.336).

Risks in crisis situations

The issue pertaining to risks in crises situations is present in thirteen publications, and refers to the possible danger or harm that humanitarian workers may have to face in their practices and decision-making. In their 2014 article, Ayimpam et al. propose a list of risks which may arise in humanitarian work contexts (36; for a similar idea see 40). First, they highlight risks related to particular social contexts: "researchers find themselves caught up in very tense struggles of meaning" because of cultural tensions (36, p.26-27; our translation; for a similar idea see 52). Second, they describe risks associated with authoritarian contexts, "in which the study is taking place, as in the case of a civil war that makes access to the land impossible" (36, p.27; our translation). Third, they point out risks pertaining to socially stigmatized populations: "these risks are also related to the populations and categories of people who are despised, abandoned or stigmatized and who are concerned by the survey. [...] This type of situation generates personal emotions that must be managed […]" (36, p.27; our translation). Fourth, they emphasize risks associated with conducting research in a highly monitored environment: "manage to collect information that is as free from manipulation as possible in a very unfavourable context" (36, p.28; our translation). Fifth, they propose that risks may be exacerbated in conflicts (36, p.32), which is consistent with problems highlighted by Cardozo et al. (80). Indeed, they assert "that humanitarian aid workers are increasingly at high risk for experiencing violence and being exposed to terrorism development opportunities, low salaries, or unsafe living conditions, which may also lead to burnout and other negative mental health outcomes" (80, p.1-2; for similar ideas see 16,81). What is more, in discussing disaster crises, Geale highlights how they risk negatively affecting humanitarian work "due to pollution, risk of epidemic, and psychosocial issues" (65, p.447; for a similar idea, see 82). Also, Moley discusses risks of violence that local populations may face: "an inherent risk of violence or other physical harm that threatens researchers as well as the people with whom they work" (46, p.363). Finally, Haver notes that deviating from ethical principles can lead to undue risks that may prevent the desired assistance from being properly carried out (38).

Training and qualifications

Issues pertaining to training and qualifications encompassed challenges or problems related to the effective transmission of humanitarian knowledge and practice. For instance, Maxwell et al. remark that the promotion of organizational value can be made through training: "grounding staff in organizational values such as integrity and good stewardship through training and integrating these values into staff appraisals, while a challenge in the context of rapid recruitment, promote honesty" (83, p.155). Asgary and Lawrence note, however, that humanitarian workers sometimes must carry out tasks that are beyond their competence, and organizations have to fill structural voids that are sometimes unexpected, which could perhaps be solved with better training and supervision (8). In the same perspective, Yacoub et al. suggest that "lack of expertise, training, and guidance for field practitioners to situate palliative care in crisis settings" can lead "to either abandonment or futile invasive interventions for patients who will only experience them as burdensome and not beneficial" (51, p.7).

Help and support colleagues

Finally, helping colleagues is part of a particular perspective of caring for others and ensuring the preservation and well-being of the people with whom one works. This idea is ingrained in the principle of beneficence, eloquently captured in Sommers-Flanagan: "beneficence refers to doing good when the opportunity is available [and] […] exhorts us to seek and promote the benefit of others, prioritizing this benefit over any potentially gained for ourselves" (69, p.193). To this point, Hunt et al. note that "collegial and team relationships are key sources of support as health professionals respond to ethically challenging circumstances, including mentoring by respected senior colleagues and mutual support among peers" (72, p.59). Rubenstein et al. highlight organizational problems pertaining to protecting workers (47; see Table 5).

Table 5. Protection and Caring for Workers

Protect and care for workers	• Organization cannot reasonably assure the safety of health workers in the field, and transfers risk to them • The organization has difficulty addressing the psycho-social needs of health workers • Contingency, safety, or emergency plans difficult • Violence against and devaluation of women and vulnerable groups • Health workers' families may not be compensated if the health worker is killed

Source: abstracted from Table 2 in Rubenstein et al. (47, p.27-28)

Humanitarian work and technology

Issues pertaining to the use of technologies in humanitarian work were addressed in four publications. The use of technologies in humanitarian work can bring about unforeseen problems. For instance, Mftuso-Bengo et al. discuss the use of genetically modified food: "An example could be the introduction of genetically modified (GM) food as therapy for malnutrition in a humanitarian crisis. While there are significant benefits to be accrued from such GM crops, the sensitivities and opposition to such technology cannot be easily neglected" (45, p.48). Hunt et al. also remark that the use of "digital data collection […] raises questions about informed consent and ownership of information, including whether individuals know and accept the purposes for which their information will be used and how it will be stored" (13, p.42). Zientek and Bonnell discuss the failure "to match technology to the local environment", which can occur when "visiting groups […] bring technology that they are accustomed to using in their home environment, such as electronic records or advanced surgical tools" (78, p.335). "These technologies become useless to the intended beneficiaries when reliable electricity or water supplies may not be available, and training local clinicians to use devices that will not be available is a waste of the limited time available to train them in more practical techniques" (p.335). In the same perspective, Slim warns that technology must not "become a barrier to engaging and communication with people who need protection and assistance" (22, p.224).

Politics and Power

On a systemic level, a third category of humanitarian ethical issues has to do with power structures and organizational politics. This last category of ethical issues includes eight themes, summarized in Table 6.

Table 6. The Ethical Issues Discussed in the Publications under Cultural Politics Dimensions

Themes	References
C. Politics and Power	
1. Corruption	Asgary & Lawrence (8); Maxwell et al. (83); Pasic & Weiss (28); Remer (29); Slim (21); Tobin (34)
2. Unequal powers	Funk et al. (42); Gotowiec & Cantor-Graae (11); Hunt (87); Hunt et al. (14); Jayasinghe (88); Mftuso-Bengo et al. (45); Slim (22); Zientek & Bonnell (78)
3. Complicity	Buth et al. (89); Michael & Zwi (68); Slim (21); Sommers-Flanagan (69); Yacoub et al. (51)
4. Blackmail	Brauman (37)
5. Impartiality and neutrality	Bhan (64); Eckenwiler & Hunt (41); Funk et al. (42); Hunt et al. (13,72); Le Coconnier & Pommier (27); Meldrum (18); Pal et al. (84); Rubenstien et al. (47); Scott-Smith (50); Sommers-Flanagan (69); Vaux (85)
6. Consent and autonomy	Aarcharya et al. (6); Bruno & Haar (40); Civaner et al. (2); Hunt et al. (13,72); Jayasinghe (88); Maglio & Pherali (90); Mftuso-Bengo et al. (45); Moodley et al. (74); Sommers-Flanagan (69)
7. Conduct	Buth et al. (89); Michael & Zwi (68); Slim (21); Sommers-Flanagan (69); Yacoub et al. (51)
8. Violence	Funk et al. (42)

Corruption

In humanitarian settings, corruption generally refer "a claim that certain policies and practices are subverting the 'proper' working of the humanitarian apparatus" (91, p.S161). Such corruption may include "bad" practices that would be seen as (moral or otherwise) failures. Of the 83 publications reviewed, seven discussed issues of corruption. Maxwell et al. distinguish important "features of humanitarian assistance that make it particularly vulnerable to corruption": 1) "pressure to act quickly, and to be seen (by management and in the media) as acting rapidly"; 2) humanitarian work "is by definition going to be needed in places […] legal system may be dysfunctional or itself extremely corrupt"; and 3) "senior management of agencies may be operating in places of which they have little personal knowledge and there is limited institutional memory" (83, p.143-144).

Likewise, Asgary and Lawrence discuss corruption both at the national and program level, and at the level of governmental and international agencies (8). At a micro level, bribery can be used to facilitate practical work in communities. Indeed, Remer discusses a team who, upon arriving in a community, "seeks out the local police chief and offers him a monetary payment to keep the corrupt officers from harassing the team during their stay, as long as the team is behaving legally. This payment saves thousands of dollars in terms of work time" (29, p.238). Lastly, Tobin warns that "Humanitarian assistance can be manipulated by warring factions and unscrupulous regimes, for their own political purposes" (34, p.573).

Unequal powers

Eight publications dealt with issues of unequal powers: this corresponds to the fact that, in humanitarian 'transactions' (be they social, material, etc.), different people hold different degrees and types of power, which can influence the possibilities of action or put pressure on people or organizations. Slim discusses the systemic issues pertaining to unequal power relations in humanitarian work. To begin, humanitarian work is likely to greatly alter (and thus leave its mark on) the locations of its intervention, even long after departure (21,22). He also notes that while aid is increasingly framed by narrow codes of conduct and management parameters, this can prove counterproductive if the emphasis is on achieving objectives and not on the quality of aid (21,22). In other words, the systemic and organizational powers that direct humanitarian projects, while precise and adequate in many respects, at times deprive humanitarian workers of more meaningful control over their immediate work environment because, as Slim explains, the focus is often mainly on achieving organizational goals and not necessarily on providing adequate assistance. In a similar perspective, Gotowiec and Cantor-Graae review possible issues arising with regards to 1) the risk of being "held hostage by institutional constraints"; 2) "being silenced by the organization"; 3) "organization feigning ignorance"; 4) using "bureaucracy as an alibi"; 5) "struggling against orders" (11, p.4; for a similar idea see 42). All of these issues can contribute to making workers feel powerless. In effect, Hunt discusses how humanitarian healthcare

professionals "feel powerless in some situations […] in which assistance to needy communities is impeded by local powers, such as armed groups or the military, bureaucratic structures that delay the implementation of programs, or corrupt officials" (87, p.521). Similarly, Hunt et al. discuss working under systemic constraints: "efforts to provide palliative care were circumscribed by systemic constraints inherent to humanitarian operations and to the wider context of global inequality in healthcare access" (14, p.7). Moreover, in his 2007 paper, Jayasinghe discusses the unequal powers between workers and local populations: "is this ethical when one considers the asymmetric power relationship between the aid worker and a recipient? Having provided assistance at a time of dire need, the aid worker has considerable power over the individual and family" (88, p.624-25).

Complicity

Broadly speaking, 'complicity' refers to one's involvement, with others, in harm or some wrongdoing; this issue surfaced in five of the publications reviewed. For Buth et al., complicity brings about moral wrongs that ought to be counterbalanced with the goods arising from them (89). In their 2002 article, Michael and Zwi ask: "Does providing health care prop up a repressive regime?" (68, p.117). In effect, they note that "in many instances, service provision is very much part of a process of 'winning hearts and minds' [and] […] political and religious groups worldwide make a point of providing services as one way of winning recruits to their cause" (p.117). Lastly, Yacoub et al. discuss how the emphasis on saving lives can make workers feel complicit when no care is available: "the rush to rescue and the emphasis on saving as many lives as possible sometimes leads to feelings of complicity when only end-of-life care can be provided." (51, p.6).

Blackmail

Blackmail is defined as "extortion or coercion by threats" (92), namely through the use of fear, defamation, the withholding of resources or fund, etc. It has surfaced explicitly in one publication but is implicitly discussed in others. For instance, Brauman discusses how "in Korem, the main camp where MSF worked, the organization's members witnessed the blackmail by the new head of the Party", without being able to say anything for fear that things would get worse for the locals (37, p.240; our translation). Such witnessing makes salient the links that exist between many issues. Indeed, witnessing blackmail may have ties with forms of complicity or may even involve ethical pressures, which in turn exacerbate workers' stress levels.

Impartiality and neutrality

In humanitarian contexts, while neutrality generally means refraining from taking side in conflicts in order to provide assistance and protection to all affected people, impartiality means that "humanitarian aid must be provided solely on the basis of need, without discrimination" (93, cf. 94). Rubenstein et al. observe that impartiality "stipulates that humanitarian actors must not discriminate or give preference to any nationality, race, religious belief, class, political opinion, or similar status" in their work (47, p.3). Furthermore, according to Vaux there is "a widespread expectation that aid agencies will not take sides in conflict" (85, p.243). However, for Le Coconnier and Pommier "neutrality is put to the test when humanitarians are called upon to react to a change in the situation provoked or encouraged by one party" (27, p.102, our translation). In those cases, Hunt et al. observe that neutrality sometimes "creates dilemmas where care may be viewed as incompatible with justice" (72, p.6). While Bhan discusses the need to remain neutral in providing care, he recognizes that part of being impartial means protecting populations with proper regulations: "the need to protect their patients from research which might not have received adequate regulatory and ethics approval, and might not be designed to protect the rights of the patients" (64, p.146-147). On the organizational level, Eckenwiler and Hunt remark that humanitarian workers can sometimes be used as tools in counterterrorism frameworks, which "threaten[s] their professional autonomy and their commitment to neutrality and independence" (41, p.13; for a similar idea, see 42).

Consent and autonomy

To ask for and gain someone's autonomous consent is to ask for someone's free, informed and uncoerced permission to perform an act (95). Bruno and Haar note, for instance, that "Western norms of written consent might be impossible if research is carried out in a population with low literacy rates or when written consent can violate the need for complete anonymity or expeditious research" (40, p.12; for similar ideas see 6,74,90). Further, they show that, sometimes, frameworks to gain informed consent had to be culturally and locally modified (40, p.12). Likewise, Hunt et al. note that disaster situations "challenge traditional approaches to obtaining informed consent, including provision of information and time for discussions, consideration of information, support from others, continuity of care, and confidentiality (among other details). All of these features affect people's ability to exercise their autonomy" (72, p.4; for a similar idea see 69). Civaner et al. point out paternalistic attitudes in gaining informed consent of people affected by disasters: "participants usually defend a paternalistic approach based on the extraordinary conditions of disasters: '[…] people exposed to disasters cannot think rationally, I am there to help them and they know this already, therefore I can and I should decide on behalf of them'" (2, p.10). For Jayasinghe, respecting autonomy relates to respecting dignity (88). Finally, Mftuso-Bengo et al. warn about possible undue inducement of people into accepting to deal with humanitarian workers (45).

Conduct

Under 'conduct' were included issues of *how* one ought to behave in humanitarian work contexts, which is closely related to ethical obligations and ties into humanitarian principles. Related to such principles is the question of responsibility, which is highlighted in Michael and Zwi: "The moment [workers] get involved […] they become contributors to the health effort in that particular area, and share some responsibility for what is delivered, how, and with what level of quality" (68, p.123). As well, Slim notes that humanitarian conduct is often expressed through compromise: "[Some losses] may involve matters of principle,

material interest or humanitarian impact. These choices are frequently posed and solved as moral compromises. In humanitarian action, they often emerge in judgements and decisions around political operational association" (21, p.157-158).

Violence

In broad terms, violence occurs when one person or group causes harm (emotional, physical, etc.) to another person or group. It can be occasional (random acts of) violence (e.g., two people fighting in a bar) or systemic violence (e.g., femicide). It is not difficult to see how many instances of violence, in humanitarian contexts, are profoundly systemic. If most publications reviewed did not explicitly discuss this concept per se, it nonetheless reflects many publications that address ethical issues arising in humanitarian crises situations. Funk et al. explicitly discuss how violent targeted attacks on humanitarian healthcare facilities raise serious ethical concerns for workers: "Respondents reported instances in which workers were injured, kidnapped, killed or threatened with violence, as well as situations where their organisation's facilities had been deliberately and systematically targeted […]" (42, p.137).

Possible Responses to the Ethical Issues of Humanitarian Work

Few of the publications reviewed proposes possible responses to the ethical issues presented in the literature. Indeed, only six publications (out of a total of 83) discuss possible responses, which can be divided into two broad categories: 1) responses meant to prevent potential harms associated with ethical issues (prevention), and 2) responses aiming to address the negative consequences of these issues (restoration).

Some publications offer critical reflections that comprise the beginnings of solution frameworks, as is the case of Smith (33) and Kiddell-Monroe et al. (26). In his article, Smith offers a relevant reflection on *resistance* and the ethics of refusal, which "seeks to promote structural justice by refusing to bow to systemic causes of inequality" (33, p.17). Smith draws on the works of Rubenstein (47), who develops "an ethics of resistance" framework in order take into account "the multiple and often conflicting responsibilities of humanitarian organisations, and necessarily prompts that they justify their actions – and similarly any corresponding inaction – in any given setting" (33, p.17). For Smith, resistance is not simply about rejection as a simple refusal would entail; rather, it invites humanitarian workers to stay alert and open-minded about the struggles that come with making the best possible ethical decisions. Such resistance, for Smith, comes with a "continuous reflection and evaluation" of one's actions and decisions and requires "transparency and accountability". Thus, Smith's proposition is mostly preventive, i.e., it seeks to respond to humanitarian ethical issues before they arise or to counter them at the outset (whereas reparative responses would aim to respond to issues that have occurred and currently cause problems). It could even serve as the groundwork for future research on the topic, especially for work that seeks to develop comprehensive decision-making frameworks to guide and help humanitarian workers in the field. On this, Kiddell-Monroe et al. provide interesting insights into future ethical plans by MSF. They highlight how the organization is currently reflecting on how to create "a simple framework for ethical reflection that can be easily used at both project level and headquarters alike" (26, p.265). Such a framework could, according to these authors, facilitate much needed dialog within all levels of the organization about "complex and often emotional issues" (p.265).

Other publications propose practical responses to one or some of the problems that they discuss. This is true for Wright (96) and for Yimer et al. (52). Wright proposes an ethical compass to guide decision-making by humanitarian workers who conduct research in the field. The compass draws extensively on the results of the international working group established by the Nuffield Council on Bioethics, the aim of which was to explore the ethical challenges arising in conducting research in emergency settings. The ethical compass comprises three core values: 1) "equal respect (respect for others as moral equals)"; 2) "fairness"; and 3) "helping reduce suffering" (96, p.516). Wright mentions that, following the values presented in the compass, the report highlights "four key recommendations": 1) "work closely in partnership with emergency responders"; 2) "invest in community engagement mechanisms"; 3) "promote fair collaborations between research institutions in low- and high-income countries"; 4) "support emergency planning, including helping secure robust health and research systems" (96, p.517). While this ethical compass is meant to help humanitarian workers' decision-making when conducting research in emergency settings, it is worth noting that it could be used as a guiding tool in many more humanitarian settings. This is also the case for the solution identified by Yimer et al. (52). In addressing crisis situations in which multiple ethical issues may arise, especially harm to humanitarian workers, the authors emphasize the importance of training and preparations "in conflict resolution […] community engagement", and "in principles of ethics [and] consent" (52, p.5), to minimize risks and help make the better resolve ethical issues.

Finally, Rubenstein et al. (47) and Zientek and Bonnell (78) develop holistic solution frameworks meant to address ethical issues in general, as they arise in humanitarian work contexts. While both publications provide steps to follow to address ethical issues, Rubenstein et al.'s aim is mainly preventive whereas Zientek and Bonnell's aim is mostly restorative. Rubenstein et al. (47), in discussing the ethical challenges arising for humanitarian healthcare providers workers in settings of extreme violence, propose five recommendations to help ethical decision-making. First, they recommend to "commit time and resources to addressing key ethical issues" faced by the organization and its workers (47, p.32). Second, they recommend articulating "clear ethical and humanitarian principles as a foundation to address the challenges" faced (p.32). The third recommendation emphasizes the need to "provide regular training and support in ethics to staff within the organization" (p.33). Fourth, they highlight the need to "create processes and mechanisms within the organization to support ethical decision-making and recording and disseminating the decisions" (p.34). And fifth, they recognize the need to "provide support for mental health and psychosocial support needs of staff and others supported by the organization who must make ethically challenging

decisions" (p.33). Similarly, Zientek and Bonnell (78) suggest four steps for managing and rectifying ethical harm inflicted within humanitarian medical practice. For them, these steps identify what is "an appropriate response to harmful events when they occur" (p.337). First, they highlight the need for "prompt recognition of the harm caused by an intervention" and encourage actions attempting "to correct or minimize the harm" (p.338). Second, they suggest that workers involved in the harm should "investigate the possible causes of the adverse event" (p.338). Such investigation should lead them, in step three, "to a determination of additional measures to mitigate the harm" as well as an understanding of the possible "changes in practice for future missions to help prevent harm from recurring" (p.338). Finally, "The fourth step in responding to adverse events when they result from a preventable error is an apology to the patient or surrogates" (p.338).

DISCUSSION

The purpose of our systematic literature review was to identify the ethical issues arising in humanitarian work and some possible responses to them. Regarding the ethical issues discussed, our research revealed a predominance of ethical issues shaped by subjective experiences, which are themselves formed by a singular context, specific to humanitarian work. In other words, ethical issues arising from subjective experiences (e.g., ethical myopia or ethical distress) are particularly evident when they are situated in the practical context of their development in humanitarian work (e.g., doing more with less). Many of the subjective experiences identified overlap either with other subjective experiences (e.g., ethical silence overlapping with ethical myopia, cf. 36), or with other pragmatic (e.g., ethical pressure overlapping with the possible nuisance of helping, cf. 9) or even organizational issues (e.g., ethical dilemma overlapping with impartiality and neutrality, cf. 27). The ethical issues identified in the literature point to pervasive problems inherent to humanitarian practice itself. This is consistent with a previous step of our review (3), in which we observed that, for some authors, humanitarian work contexts can profoundly shape the use and meaning of ethical concepts.

Regarding solutions to ethical issues, only a minority of publications (n=6/7.23%) propose solutions to the issues that they raise. Nevertheless, it is worth noting that possible solutions, while sometimes innovative and elaborate (in that they had both preventive and restorative aims), appear to stem only from the authors' theoretical considerations. In fact, none of the publications that discussed solutions document the concrete actions that could be implemented in actual humanitarian practice and by the key humanitarian actors involved, in order to address the problems raised (beyond strictly theoretical frameworks). Moreover, it is interesting to note that the solutions identified in this research consider the structural causes that allow ethical issues to persist, which is different from previous analogous research findings by one of the present authors (97), in which occupational therapists tended to focus on micro-environmental solutions despite their acknowledgement of the macro-environmental nature of their problems. Finally, although only 18 out of 83 publications (21.7%) have empirical foundations, most of the literature discusses ethical issues arising from the lived, day-to-day work experiences of humanitarian actors. One might have expected, given the large theoretical proportion of the corpus reviewed, that the issues identified would have focused more on the structural or organizational dimensions of the issues.

One of the major strengths of this article is that it provides a broad and systematic overview of the humanitarian ethics literature, something that has seldom been approached in this way. By reviewing a large body of texts, including peer-reviewed and non-peer-reviewed publications and book chapters, and in both French and English, we were able to address some important elements that might otherwise have been overlooked. Further, in this article, we did not merely point to ethical problems discussed in the literature, but also highlighted relevant responses to humanitarian ethical issues proposed by various authors. Nonetheless, while the body of texts included in our study is bilingual (French/English), relevant publications written in other languages may have been missed – a limitation based on our own linguistic competencies. This predominantly Western perspective could thus bias the results of this review, which thus points to the pertinence of similar studies being conducted in other languages.

While the picture of ethical issues, and their possible solutions, presented here are broad, stemming from the large number of publications consulted (and which were published between 1990 and 2020), we recognize that they may reflect a gap between actual fieldwork and research. In fact, the relative paucity of empirical research points to a need for greater attention by scholars of humanitarian health ethics. Further, we acknowledge that in humanitarian work there may arise issues pertaining to independence. Indeed, while there may be situations of ethical drift related to dependence of humanitarian work on political, spiritual, religious or commercial aspects, it is unfortunate that our review found virtually nothing to say about this, *per se*. Finally, we recognize a limitation in grouping together vast and sometimes exclusionary areas of humanitarian (such as humanitarian research under general humanitarian issues). Perhaps if we had used better targeted keywords, we would have found more targeted articles that would have allowed for better precision in separating humanitarian areas. Our priority was to use the broadest possible definition of humanitarian work in order to best identify the full range of issues we were looking, i.e., ethical issues arising in humanitarian work, and in this we succeeded.

CONCLUSION

This article presents the results of a critical systematic review of the literature, which provided a comprehensive overview of the ethical issues arising in humanitarian work, and possible responses to these issues. A large and diverse number of ethical issues were identified, which we classified according to three dimensions: a subjective dimension, a pragmatic dimension and a cultural-political dimension. While the majority of the issues can be classified in both the subjective and pragmatic dimensions, we noted that 1) most publications deployed theoretical perspectives (see Table 2) and 2) solutions, when present,

focused primarily on structural causes. The results of this study will, we hope, support the ethical practice of humanitarian workers and the operation of humanitarian organizations, by providing them with the words to name the ethical issues that are susceptible to arise in their work. Making more accessible this ethical language is an important step toward enhanced ethical awareness and preparation. Considering that this study identified important gaps in the literature (i.e., a seeming lack of empirical research on these issues and, above all, the possible responses to them), it would be relevant to evaluate empirically the responses that we have reviewed, an important step in assessing their effectiveness to adequately address the ethical issues experienced by humanitarian actors in various contexts. Longer term, such research could then promote better documentation and understanding of which solutions work best, and be an important step towards alleviating problems such as ethical distress (54).

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