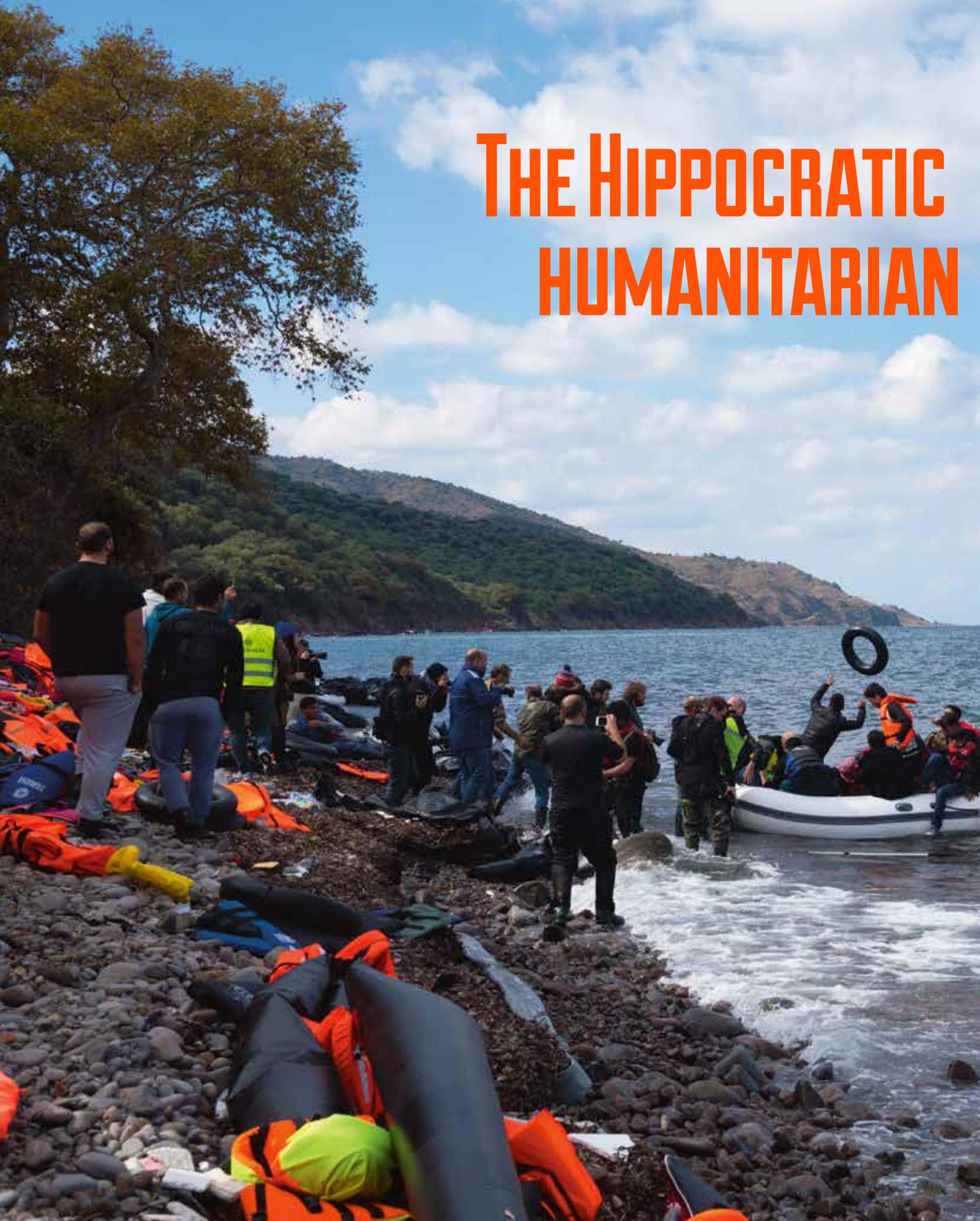


THE HIPPOCRATIC HUMANITARIAN



ODATH FOR AID WORKERS



Migrant boat lands on Lesbos, Greece.

Joel Carillet

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With refugees fleeing war-torn Syria, famine-plagued East Africa, and ethnically oppressed Myanmar, current migrations surpass anything seen since the end of World War II. Meanwhile, the humanitarian aid community faces the crisis with its own epidemic of trauma and burn-out. The George Washington University Global

The Hippocratic Oath for humanitarian aid workers



Dr. May (in a white dress and red necklace), and Eric Kocher (on the right with a white shirt and red tie), work with a small group of humanitarian aid workers. Courtesy Allen Dyer MD

Mental Health Program takes a unique approach to this problem by offering mental health support and education to humanitarian aid workers. In journeys to Iraq, Japan, China, Haiti, and Greece, the program's academic and community clinicians offer direct care to refugees along with psychological first aid, mindfulness, and crisis intervention to aid workers. Little can be achieved if colleagues on the front lines are not supported.

Post-traumatic symptoms affect humanitarian aid workers in the same manner as refugees. Meta-analyses show a clear increase in trauma rates, burn-out, depression, and anxiety among aid workers—even after the end of their tours.^{1,2} Effects on volunteers can be greater than on professional rescue personnel, with post-traumatic stress disorder (PTSD) rates ranging from 24 percent to 46 percent among those working with natural disasters or airline crashes.³ This is a confirmation of the very human response to crisis.

During the Global Mental Health Program's 2016 visit to the refugee camps in Greece, and its accompanying workshop on resilience,⁴ there was strong interest in the professional requirements of current humanitarian aid work. Among the 45 Greek representatives of 19 non-profits that attended, there was a simultaneous commitment to humanitarian ideals and Hippocratic scholarship that addressed both the risks and rewards of their work. Because of the Program's own interest in the Hippocratic

writings and their place in the region's history, program members joined this group of Greek professionals in a modern-day reenvisioning of the Hippocratic Oath. A structured discussion reviewed the Oath and its potential application to the work with refugees, and updated it for issues that could not have been anticipated by the Ancients. Later, a coding team categorized the discussion and molded it into a combined expression of Hippocratic and humanitarian ideals.

The Global Mental Health Program believes that the Hippocratic Oath offers an established and recognizable standard for humanitarian aid efforts. Still heard at commencement exercises in the United States, Greece, and elsewhere, the Oath offers grounding in a tradition that has frequently been updated for contemporary practice. Scholars updating the Oath address many of the modern challenges arising in medicine (e.g., multidisciplinary teams, organizational accountability, social justice), but have not tied core principles to the normal stress responses and vicarious trauma of humanitarian aid work.

In its original version, the Oath underscored the importance of the patient-physician relationship, education, appropriate treatment, confidentiality, and honor. Classic admonitions to enter patients' homes only to benefit the sick, avoid exploitation, and know one's limits formed the basis for a series of permissions and prohibitions that created an ethic of "competence, caring, and commitment."⁵ It

is an ethic that resonates for humanitarian work, but does not yet encompass global crises.

Where critics of the Oath have seen this absence of responsibility to the broader community, to multidisciplinary teamwork, and patient safety,^{6,7} others recognize a “proto-professionalism” and a shaping of medical expertise.^{8–10} Workshop participants were no different, recognizing classical efforts at professional grounding and survival. Similarly, modern revisions retain commitments to patients, education, and non-exploitation while removing appeals to the Greek pantheon (“I swear by Apollo...”), or the prohibition of surgery (“I will not cut for the stone”). It was not hard for international colleagues to find the kindling of humanitarian principles in both old and new versions of the Oath.

Workshop participants found that the original invocation of the gods and the punishment of fate were part of a broader social commitment.¹¹ The prospect of divine retribution for breaking the professional covenant was a clear appeal to communitarian principles. This extension of responsibility can also be found in other parts of the writings. The Hippocratic Aphorisms, for example, provide exhortations to care for those around patients as well as for the patient’s affairs.⁵

Beginning the discussion with foundational principles, participants drew on both the Hippocratic corpus and their resilience training to set a new tone. Treating people with dignity and respect, especially for their culture and religion, moved the guild-protective and dyadic Hippocratic ethic into a modern context of human rights and social tolerance. The discussion responded unexpectedly to criticisms of the classic writings.

Eager to underscore their shared humanity, aid workers noted their efforts to ease the culture clash as Muslim refugees entered a Christian region and as people of color entered a homogeneous white community. Same-faith and same-race advisors were valued partners on the beaches and in the camps. Conference participants did not complain of the poverty on the Greek islands where fishing nets were torn by abandoned life-jackets, and roads were ravaged by non-governmental organization trucks. In the midst of an economic crisis themselves, Greeks requested medical aid for their own communities, an appeal that created a shared bond.

Most aid workers poignantly described their own migratory narratives dating back generations—their families had been part of the ruthless “exchange of populations” following World War I, or the brutal fall of Smyrna. Others had married immigrants from distant parts of the world.

The Hippocratic Oath for Humanitarian Aid Workers

Section I

- I will treat all people as dignified human beings rather than hopeless victims, because what I offer is for the sake of humanity.
- I will give precedence to people who require more urgent care, while attending to the needs of all, leaving no one behind.
- I will welcome refugees to my community with open arms, allowing them to acclimate to their new environment at their own pace.
- I will stand up for the rights of vulnerable people, honoring their independence and autonomy, and respecting their privacy.
- I will treat refugees with compassion and empathy, understanding the suffering they have experienced.
- I will advocate for fair treatment whenever I can, aiming to rectify the injustices I may witness.
- I will be hopeful for positive change and a brighter future, offering hope to grieving refugees who have lost so much.
- I will not disclose the secrets confided to me, unless fear of imminent danger requires me to do so.
- I will serve to the best of my ability, striving to offer individualized emotional assistance.

Section II

- I will work with others as part of a team, recognizing the importance of self-care for my fellow aid workers and for me.
- I will treat my fellow humanitarian workers with respect and humility.
- I will seek counsel from more well-informed colleagues, not hesitating to seek assistance, guidance, and advice.
- I will not deliver false hope, admitting the limits of my knowledge and disclosing information as accurately as possible.
- I will extend the depth of my knowledge, educating myself on how to work more effectively in a crisis.
- I will not expect praise or monetary gain.
- I will learn to handle stress the best way I can, so that I am more prepared to ease suffering and recognize my own.
- I make these promises solemnly, freely, and upon my honor.

Their shared narrative gave them special incentive to look, listen, and learn, witnessing and professing what they saw so that history could record its judgment. This was an unspoken hope for rectifying injustice, and an aspect of witnessing and public advocacy that advanced the writings of the Hippocratics while retaining their core.

Aid workers recognized the capacity for harm if they were resentful or cross-culturally inept. The theme of a common humanity gave “voice to the voiceless:” this was one aid worker’s articulation of the vulnerability of refugees and aid workers alike.

Turning from general principles to the virtues and rules of self-care, participants recognized that they could not be effective without taking care of their team. Checking on their colleagues’ break and sleep schedules, connecting with family by Skype, and using self-reflection and meditation to maintain their equilibrium became critical strategies for nurturing resilience. Most had seen death on the beaches, but did not want to give up on hope. Instilling hope, a particular focus of resilience training, was a critical goal for refugees and aid workers, even when the goal was incremental and hope was fleeting.

Virtues like empathy and transparency echoed the Hippocratic texts, especially because information was at a premium in the camps, and updates about borders and visas was hard to come by. Participants were deeply sensitive to the temptation to provide false hope and partial information.

As the program’s coding team fit these statements into an oath-taker’s framework, they began with the discussion’s foundational ethics: the language of respect, human rights and social justice, and fair treatment and positive change. The language of striving underscored the impossibility of being everything to everyone. Acknowledging common suffering and grief confirmed shared virtues of compassion, empathy, and hope for a better future.

Like the original Oath there are two sections to this effort, with the second section turning mainstream principles toward the common functioning of humanitarian teams—applying the respect and humility of the general principles toward individuals and their colleagues. Self-care, consultation, and education are the focus now, just as in resilience training. The new Oath moves steadily toward the essence of resilience work—recognizing one’s own suffering in order to ease the suffering of others. Closing with language of the Declaration of Geneva the new Oath concludes, “I make these promises solemnly, freely, and upon my honor.”¹²

Turning Hippocratic ideals to modern use was a deeply

meaningful experience for Greek aid workers collaborating to underscore self-care and resilience. Self-care was readily acknowledged as the origin of a cascade of caring that could apply to both refugees and to professional ideals.

To do so in one of the cradles of modern medicine was profound for us as well.

Acknowledgments

We would like to thank the US Embassy in Athens for their logistical support and the Greek NGO METAdrasi for their support and inspiration for the project.

References

1. Connorton E, Perry MJ, Hemenway D, Miller M. Humanitarian relief workers and trauma-related mental illness. *Epidemiol Rev.* 2012; 34: 145–55.
2. Cardozo BL, Crawford CG, Eriksson C, Zhu J, et al. Psychological distress, depression, anxiety, and burnout among international humanitarian aid workers: A longitudinal study. *PLoS One.* 2012; 7(9): e44948.
3. Thormar SB, Gersons BPR, Juen B, Marchang A, et al. The mental health impact of volunteering in a disaster setting: A review. *J Nerv Ment Dis.* 2010 Aug; 198(8): 529–38.
4. GW Resilience Workshop. <https://sites.google.com/site/gwresilienceworkshop/>.
5. Bulger RJ, Barbato AL. On the Hippocratic sources of Western medical practice. *Hastings Cent Rep.* 2000 Jul-Aug; 30(4 Suppl): S4-7.
6. Pellegrino ED. The medical profession as a moral community. *Bull NY Acad Med.* 1990 May-Jun; 66(3): 221–32.
7. Cruess R, Cruess S. Updating the Hippocratic Oath to include medicine’s social contract. *Med Educ.* 2014 Jan; 48(1): 95–100.
8. Dyer AR. The Hippocratic Tradition in Medicine and Psychiatry. In: Dyer AR. *Ethics and Psychiatry: Toward Professional Definition*, First edition. Washington (DC): American Psychiatric Press. 1988: 29–44.
9. Heubel F. The “soul of professionalism” in the Hippocratic Oath and today. *Med Health Care and Philos.* 2015; 18: 185–94.
10. Emery AE. Hippocrates and the oath. *J Med Biogr.* 2013 Nov; 21(4): 198–9.
11. Herrell HE. The role of spirituality in Hippocratic medicine. *South Med J.* 2011 Apr; 104(4): 289–91.
12. The World Medical Association Declaration of Geneva. *World Medical Journal.* 2006; 52(2): 29.

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