

Training Session Plan

Dual Loyalty & Human Rights Caught between two players



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The International Federation of Health and Human Rights Organisations (IFHHRO)

IFHHRO forms a unique network of active organisations committed to the protection and promotion of health related human rights. Members and observers are human rights groups which address health-related rights violations, medical associations involved in human rights work, and organisations that have been created specifically to mobilize health workers for human rights protection.

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Learning Objectives

- To be able to recognize dual loyalty situations in health worker practice
- To know different ways to address dual loyalty situations



Target Group

Health workers



Duration

90 minutes



Materials

- White doctor's coat
- Flip chart paper
- Markers



Training Aids

1. Introductory role play script
2. Role play scripts
3. Option cards



Handouts

1. Dual Loyalty & Human Rights



Session Plan

This session plan uses role playing to familiarize participants with dual loyalty and human rights in health worker practice. Ready made role play scripts are provided for selection. The following themes are covered: prison health, sexual and reproductive rights, access to pain treatment, and health care for undocumented migrants.

The session is meant as an introduction to dual loyalty and human rights and can be followed up with a session on context-specific measures to address dual loyalty. Other relevant session plans can be found online in the IFHHRO training manual 'Human Rights for Health Workers' at www.ifhhro-training-manual.org

Preparation

Prepare the introductory role play together with another facilitator using the script (Training Aid 1).

Select one role play (Training Aid 2) and print a copy of the script for each cast member. Ask participants in advance to volunteer to prepare the role play. Provide them with a white coat for the role of the health worker.

Print and cut the option cards (Training Aid 3).

Print a copy of Handout 1 for each participant.

Read up on Dual Loyalty & Human Rights using Handout 1.

Step 1 *Introductory role play (5 minutes)*

Act out the role play from Training Aid 1 with another facilitator.

Step 2 *Dual loyalties concept (5 minutes)*

Briefly discuss the introductory role play and use it to explain the dual loyalties concept as described in section 1 of Handout 1. This can be illustrated by explaining that this role play situation does not necessarily have harmful consequences, but that comparable situations in a medical setting can have negative human rights implications.

Step 3 *Role play (10 minutes)*

Ask the volunteers to act out role play selected from Training Aid 2.

Step 4 *Discussion (10 minutes)*

Discuss the role play using the following questions:

- What happened?
- What is the main problem?
- What is causing the problem?
- What is the dual loyalty conflict?

Step 5 *Alternative options (10 minutes)*

Divide the participants into 3 groups and provide each group with an option card from Training Aid 3. Ask the participants to use their option card to come up with a specific alternative for the health worker to deal with the dual loyalty conflict from the role play.

If necessary the following questions can be used to guide the group work:

- Can the health worker do anything about this situation?
- Are there other options available to the health worker?
- Could the health worker create a better outcome for the patient?
- Is a better outcome for the health worker possible?

Step 6 *Replay scenes (30 minutes)*

Request the groups to select a volunteer to replace the health worker in the play and act out the alternative they have prepared.

After each alternative evaluate together with the participants:

- What happened this time?
- Which options from the card were used?
- Was the strategy useful / positive?
- Has the situation improved?

Ask the participant who replaced the health worker:

- What did you attempt?
- How did it feel?
- Are you satisfied with the result?

Step 7 *Evaluation (10 minutes)*

Together with the participants evaluate the three alternatives presented.

Possible discussion questions:

- Was this recognizable?
- Would this be possible in real life?
- What was the most effective strategy?
- Was the dual loyalty conflict resolved?
- Is more action necessary? When?
- What advice would you give to this health worker?

Step 8 Conclusion (10 minutes)

Explain to the participants that the role play was just one illustration of a dual loyalty situation with human rights implications that can arise in a medical setting. Use section two of Handout 1 to provide additional examples of dual practices that violate human rights. Also ask participants if they have any personal examples of a dual loyalty conflict.

Summarize the main message:

- when a health worker follows third party interests instead of putting the interests of the patient first this can negatively affect human rights in patient care
- health workers need to be aware that these dual loyalty situations can arise when third parties restrict or misuse health worker's skills for other objectives
- health workers can resist pressures from third parties, but to prevent or end dual loyalty demands additional action is usually necessary

Provide each participant with a copy of the Handout.

Training Aid 1 – Introduction play script

This introductory role play needs to be acted out by two training facilitators at the start of the session. It should be as realistic as possible, and serves to gain the attention of the participants and illustrate the concept of dual loyalties.

Facilitator 1: *(Standing in front of the participants)* This morning/afternoon we are going to do a session on Dual Loyalty
I would like everyone to get up and...

Facilitator 2: *(Standing on the side)* Shouldn't you start the PowerPoint presentation?

Facilitator 1: I thought we decided the session would work better for the participants without using that PowerPoint presentation.

Facilitator 2: Yes I know, but (name) said we should use the PowerPoint presentation s/he made about dual loyalty for this session, and s/he is our Director so...

Facilitator 1: Well I think the participants will learn more if we do not use that PowerPoint presentation. It contains too much information that is not relevant for the participants.

Facilitator 2: I agree, but I really don't want to risk getting in trouble with our Director.

Facilitator 1: Sorry, but I'm just going to continue without the PowerPoint.

Facilitator 2: Then I'm going to leave; I don't want to be held responsible for this!
(Walks towards the door)

Freeze

Facilitator 1: *Handclap*
Ok, that was the introduction to the session. Don't worry it wasn't real.
What did you see happening?

Training Aid 2 – Role Play Scripts

The following role play scripts provide options for the role play to be acted out by participants during step 3. Each of the role plays contains a health worker who is faced with a dual loyalty conflict. The role plays have different themes. Select the role play which is most relevant, adjust one of the role plays, or create a new dual loyalty role play.

Themes:

Role play 1: prison health

Role play 2: sexual and reproductive rights

Role play 3: access to pain treatment

Role play 4: health care for undocumented migrants

Role Play 1 – Misinformation

Scene 1

Setting: medical office in a prison. Two chairs and a desk.

Cast: prisoner, guard, medical officer

The medical officer is sitting behind the desk, when a guard comes in, roughly pushing a handcuffed prisoner out in front of him. The guard shoves the prisoner into a chair and goes to stand behind the door, keeping his eyes on the medical officer. The prisoner sits slumped in the chair, almost falling out of it.

Medical officer: *(addressing the guard)* What do you want me to do?

Guard: Just check if he is not dying so that I can bring him back to his cell.

The medical officer stands up and gingerly starts to examine the prisoner.

Medical officer: *(to the prisoner)* Can you stand up?

The prisoner tries to stand up, but almost immediately falls back into the seat. The medical officer continues to examine while the prisoner remains seated.

Medical officer: *(to the guard)* This would be much easier if you could just remove the handcuffs.

Guard: No can do, strict regulations. Are you done yet? Is he going to live?

Medical officer: *(rounding of the examination)* Yes, he'll be ok, provided he takes it easy for a few days.

The guard pulls the prisoner out of the chair and starts to manoeuvre him towards the door.

Scene 2

Setting: director's office. One chair behind a desk.

Cast: director, guard, medical officer

The director is sitting behind the desk when the medical officer walks in, followed by the guard. The guard stays by the door, while the medical officer stands in front of the desk.

Medical officer: *(looking afraid)* You wanted to see me?

Director: I have received information that your medical reports are not up to standard.

Medical officer: I do not understand.

Director: Your medical reports contain information about health problems of prisoners that can be interpreted in a way that could be negative for this institution.

Medical officer: I don't know what you mean, I just wrote down the facts.

Director: Let me be clear, these are the only facts I want to find in your medical reports: our prisoners are always extremely healthy and receive excellent treatment. You can go now.

freeze

Facilitator takes over.

Forum

During the next part of the session the role of the Medical officer becomes flexible, and will be played by different people.

The role of the prisoner stays the same (hurt and afraid), but the reactions can change according to the doctor's treatment.

The role of the guard also stays the same (no nonsense), but the reactions are somewhat flexible depending on how convincing the Medical officer becomes.

The role and reactions of the director stays the same (overpowering).

Role Play 2 – Things you should not know

Setting: general practitioner's office with a desk and two chairs.

Cast: doctor and young woman

The doctor is sitting behind the desk when the young woman comes into the office.

Doctor: Good morning, please take a seat. How can I help you?

Woman: *(sitting down)* I have a question and I would like some information.

Doctor: *(friendly)* Go ahead.

Woman: *(hesitant)* Are there different ways not to become pregnant?

Doctor: Do you want information about contraceptives?

Woman: Yes, I think I am too young to have children, and I would like some information about what I can do to prevent pregnancy.

Doctor: I think it would be better if you come with your husband, so that you can hear what the possibilities are together.

Woman: But my family thinks it is time for me to settle down and have children. And if I bring my boyfriend, I am afraid he will tell my parents.

Doctor: Your boyfriend? You are not married?

Woman: No, we are not married.

Doctor: In that case I cannot help you. The law prohibits me to give information about contraceptives to unmarried couples.

Woman: Is there no other place where I can get the information?

Doctor: I do not want to risk losing my job by telling you things you should not know.

Woman: Please... I will not tell anyone that it was you who told me.

Doctor: I'm sorry, there is nothing I can do about this situation.

freeze

Facilitator takes over

Forum

During the next part of the session the role of the doctor becomes flexible, and will be played by different people. The role of the woman stays the same.

Role Play 3 – Common Pain

Scene 1

Setting: bedroom at home

Cast: nurse and old man

The old man is lying in bed when the nurse knocks on the door.

Old man: *(grunting in pain)* Come in!

Nurse: Good morning, I've come to administer your pain medication.

Old man: Thank you nurse, I've been waiting and waiting for you to come.

Nurse: *(preparing to inject the medication into the old man's arm)*
How have you been feeling?

Old man: Not good, not good at all. After you give me my medication I feel fine, but the pain always comes back during the night and wakes me up. Then it becomes worse and worse until I cannot even get out of bed anymore.

Nurse: *(injecting the medication)* I'm sorry about that, have you tried taking aspirin during the night?

Old man: Yes I have, but it doesn't help enough. I was hoping you could come earlier during the day so that I don't have to wait as long for my medication.

Nurse: Unfortunately there are more patients that I need to visit and you live furthest away, so it is difficult to come earlier. You know I always try to get here as quickly as possible.

Old man: I know, I know. Then what about giving me some stronger medication or some more medication, or anything that would help stop the pain during the night!

Nurse: This pain you suffer is very common in your type of cancer, and more medication isn't always a good solution.

Scene 2

Setting: clinic office with a desk and two chairs

Cast: nurse and superior

Nurse: I have a patient, an old man, who needs more pain medication than I am allowed to give him.

Superior: I'm sorry to hear that, but you know the regulations. I cannot give my permission for more medication per patient.

Nurse: I know, but every time I come he begs me to help and I feel bad telling him no. If I could just give him a higher dosage...

Superior: This is out of my hands, the rules about medication for pain relief are very clear, and if I do not follow them we could both be in a lot of trouble.

freeze

Facilitator takes over

Forum

During the next part of the session the role of the nurse becomes flexible, and will be played by different people. The role of the old man stays the same. The reactions of the superior are somewhat flexible, depending on how convincing the nurse becomes.

Role Play 4 – The Bigger Risk

Setting: hospital office, two chairs and a desk

Cast: patient (undocumented migrant) and doctor

The doctor is finishing the examination of the patient.

Doctor: Your heart condition is stable.

Patient: My doctor in my home country gave me medicines for my heart problem. Now it feels the same way as it did the last time it went wrong.

Doctor: Are you able to pay for the treatment yourself?

Patient: No, but I was hoping, because I have had serious problems with my heart before and medication would make the risk smaller...

Doctor: You do not have health insurance and you cannot pay so I cannot provide you with the treatment if it is not an emergency.

Patient: But I am afraid it will go wrong...

Doctor: Do not worry your condition is stable. I'm sorry I cannot help you any further. Officially I should already be reporting you because you are in this country illegally without papers. This examination is as much as I can do.

freeze

Facilitator takes over

Forum

During the next part of the session the role of the doctor becomes flexible, and will be played by different people. The role of the patient stays the same.

Training Aid 3 – Option Cards

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Use one or more of the following options to change the role play so that the health worker deals with the dual loyalty conflict in a different way.

Ignore the rule / demand / practice etc.

Work around the rule / demand / practice etc.

Try to find a solution together with the patient

Only if it is necessary:

- add a character that could help change the situation
- add a scene before or after the events

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Use one or more of the following options to change the role play so that the health worker deals with the dual loyalty conflict in a different way.

Resist the rule / demand / practice etc.

Complain about the rule / demand / practice etc.

Use a human rights argument

Only if it is necessary:

- add a character that could help change the situation
- add a scene before or after the events

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Use one or more of the following options to change the role play so that the health worker deals with the dual loyalty conflict in a different way.

Try to change the rule / demand / practice etc.

Report consequences of the rule / demand / practice etc.

Use a human rights argument

Only if it is necessary:

- add a character that could help change the situation
- add a scene before or after the events

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Handout 1 – Dual Loyalty & Human Rights

Based on: *Dual Loyalty & Human Rights in Health Professional Practice: Proposed Guidelines and Institutional Mechanisms*, A Project of the International Dual Loyalty Working Group (Physicians for Human Rights and University of Cape Town, Health Sciences Faculty), 2002

1. Dual loyalties concept

A conflict between a health worker's professional duties to the patient and obligations to a third party such as an employer or the state. These obligations can be express or implied, real or perceived. When health workers give priority to the interests of a third party this can have the effect of violating individual patient's human rights.

Pressures against health workers to act in accordance with third party interests:

- laws or regulations
- sanctions or threats for non-compliance
- institutional or societal values
- a health worker's own sense of duty to the third party

Justifications of demands from third parties:

- public health objectives
- state security
- cost-saving measures
- religious or cultural values

2. Types of dual loyalty practices that violate human rights

Limiting or denying medical treatment or information

- denial or restriction of care on a discriminatory basis (gender, ethnicity, sexual orientation, immigration status)
- denial of appropriate care to prisoners, detainees, institutionalized people
- withholding information about health or health services
- limitations on access to care due to inequalities in health care and society

Inflicting harm on patients on behalf of the state or other third party

- participating in torture and punishment
- participating in the administration of death penalty
- forced sterilization, abortion, contraception
- degrading physical examinations
- female genital mutilation
- physical or chemical restraints
- intrusive examinations

Subordination of independent medical judgement to state interests

- omitting information from medical records
- withholding medical information
- falsifying medical reports
- disguising medical findings
- giving false diagnoses