View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by MSF Field Research

Social Science & Medicine xxx (2012) 1–8

Contents lists available at SciVerse ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Ethics and images of suffering bodies in humanitarian medicine

Philippe Calain*

Unité de Recherche sur les Enjeux et Pratiques Humanitaires (UREPH), Médecins Sans Frontières – Switzerland, Rue de Lausanne 78, CH-1211 Genève 21, Switzerland

ARTICLE INFO

Article history:
Available online xxx

Keywords:
Communications media
Medical ethics
Codes of ethics
Informed consent
Non-governmental organisations
Photojournalism
Photography
Stereotyping
Bodies
Images

ABSTRACT

Media representations of suffering bodies from medical humanitarian organisations raise ethical questions, which deserve critical attention for at least three reasons. Firstly, there is a normative vacuum at the intersection of medical ethics, humanitarian ethics and the ethics of photojournalism. Secondly, the perpetuation of stereotypes of illness, famine or disasters, and their political derivations are a source of moral criticism, to which humanitarian medicine is not immune. Thirdly, accidental encounters between members of the health professions and members of the press in the humanitarian arena can result in misunderstandings and moral tension. From an ethics perspective the problem can be specified and better understood through two successive stages of reasoning. Firstly, by applying criteria of medical ethics to the concrete example of an advertising poster from a medical humanitarian organisation, I observe that media representations of suffering bodies would generally not meet ethical standards commonly applied in medical practice. Secondly, I try to identify what overriding humanitarian imperatives could outweigh such reservations. The possibility of action and the expression of moral outrage are two relevant humanitarian values which can further be spelt out through a semantic analysis of 'témoignage' (testimony). While the exact balance between the opposing sets of considerations (medical ethics and humanitarian perspectives) is difficult to appraise, awareness of all values at stake is an important initial standpoint for ethical deliberations of media representations of suffering bodies. Future pragmatic approaches to the issue should include: exploring ethical values endorsed by photojournalism, questioning current social norms about the display of suffering, collecting empirical data from past or potential victims of disasters in diverse cultural settings, and developing new canons with more creative or less problematic representations of suffering bodies than the currently accepted stereotypes.

© 2012 Elsevier Ltd. All rights reserved.

Introduction

Images of victims of trauma, illness, destitution or disasters are omnipresent and form a conspicuous part of mainstream public information worldwide. The naturalness of this social phenomenon has already been questioned or opened to ethical inquiry (Dauphinée, 2007; Ignatieff, 1985; Kleinman & Kleinman, 1996). Furthermore, specific criticisms have been addressed to humanitarian or developmental organisations acting as mediators of the representations of victims. For example, Plewes and Stuart (2007) and Kennedy (2009) argue that the imagery of victims for fund-raising purposes provokes considerable tension with humanitarian values.

My main introductory remark is that the topic is too often curtailed because of established social norms. One idea that I hope to convey in this paper is that social norms are confusing ethical debates around media representations of victims. Nowadays, the sort of public displays of 'suffering bodies' which are generally accepted by the public are supposed to fulfil at least two conditions: (i) the display should convey some precise meaning, for example through a 'communications' argument; and (ii) the display should be technically conveyed, for example through press photographs, filmed documentaries, television broadcasts, advertisements or online video clips. Taking Fig. 1 as an example, one could easily illustrate these basic conditions of public acceptance with two thought experiments. The first would be to hypothetically modify the poster and remove any explanatory content (i.e. the caption, but also the attending doctor and his affiliation). As a result, the same picture of the attended victim would become meaningless and therefore unacceptable or at least suspicious to the usual target audience. A signifier, preferably a personality or a volunteer from a humanitarian organisation should be attached to the picture to 'authenticate' the victim (Brauman, 1993, p. 150). In a second experiment, the need for technical media conveyance to ensure

* Tel.: +41 22 849 84 84; fax: +41 22 849 84 88.
E-mail address: philippe_calain@hotmail.com.

0277-9536/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.socscimed.2012.06.027

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027

ARTICLE IN PRESS

Fig. 1. Poster commissioned in 2009 by the Australian section of Médecins Sans Frontières [reproduced with permissions from MSF (Sydney) and Lavender (Sydney)].

social acceptance could easily be grasped if we imagine the following scenario: together with the attending doctor, the same victim from Aceh is displayed in person and 'immediately' to public view, this time laid behind a glass panel in a crowded street of Sydney, one among wealthy cities where the audience targeted by the poster lives. Such contempt for dignity and privacy would cause public offence beyond the reason that, for the fact of being displayed, the patient would obviously have been brought from Aceh to Sydney. The same sort of offence would be caused were a homeless and sick person from Sydney substituted for the victim from Aceh. What is going on here is a two-sided effect: pictorial display makes distant suffering not only closer to potential donors (Kennedy, 2009), but also socially acceptable by being mediatized. One should remember from an historical point of view that social norms and the limits of moral responsibility are evolving in this regard (Haskell, 1985). For example, public tours to Bethlem, an insane asylum in Georgian England, were routinely organised until 1770 so the public could observe inmates and thus 'generate good will' (Andrews, Briggs, Porter, Tucker, & Waddington, 1997, (Chapter 13: Visiting), p. 182). What counts for acceptance nowadays is the artificial distance (geographical or psychological) between the observer and the victim, and this is precisely why communications media exist. Obviously, any subjective sense of distance is enhanced if the victim and the viewer belong to socially or culturally distinct groups, an inevitable occurrence in the mediatized relationship between 'donors' and 'beneficiaries' of humanitarian assistance. While the two conditions introduced so far, i.e. meaning and technical display, are generally sufficient for pictorial representations of victims to fit current social norms, public acceptance itself does not necessarily imply moral rightness. In this paper, I argue that representations of suffering bodies displayed in the context of humanitarian medicine take on a particular significance from an ethical viewpoint and conceal unresolved divisions between different value systems.

A similar argument has already been made by others (Kennedy, 2009; Plewes & Stuart, 2007). Taking a slightly different approach, my own ethical reflection about suffering bodies and humanitarian action is derived primarily from a medical perspective, bearing in mind that images can express suffering through several sorts of bodily representations, e.g. wounds, scars, images of dead bodies, the facial expressions of mental distress or shame. These images would normally belong to the private sphere of medical encounters, were it not for the fact that they appear at the same time in the realm of humanitarian action. Moreover, following Tiktin (2006a, pp. 117–118), I am specifically referring here to 'suffering bodies' instead of 'suffering persons'. This is to emphasize what several scholars have noted, i.e. the fact that representations in humanitarian iconography are typically those of anonymous, speechless, ahistorical or generic stereotypes of victims (see for example: Butt, 2002; Malkki, 1996; Ticktin, 2006b).

Having so far outlined current social norms about the imaging of suffering bodies, I will next illustrate how such representations create problems in the practice of humanitarian medicine. To be more precise, I will use a concrete example to show how tensions arise between medical ethics and humanitarian perspectives of the representations of suffering. Finally, in an attempt to make headway in clarifying these tensions, I will try to identify what overriding humanitarian values could outweigh such reservations about the imaging of suffering bodies, as those raised by a medical ethics standpoint.

Three pragmatic reasons why images of suffering are problematic in humanitarian medicine

There are at least three important reasons why the pictorial representations of suffering bodies in humanitarian medicine need to be examined from an ethical point of view.

My first reason is normative. Such representations raise moral questions that intertwine in at least three disciplines and their incompletely codified sets of values: medical ethics (World Medical Association, 2005 & 2006), humanitarian ethics (Hunt, 2011), and the journalistic ethics (Council of Europe, 1993; UNESCO, 2012). This disciplinary segmentation leaves us without clear universal guidance as to what standards should be applied to photojournalism when used or called upon by humanitarian organisations. In this paper, I will mostly examine the clash of values between

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027

ARTICLE IN PRESS

medical ethics and humanitarian imperatives to the extent that the latter rely on the public display of images for achieving humanitarian goals. Except for a personal testimony (see below), I will provisionally leave out the perspective of journalists acting independently of humanitarian organizations in the scope of my analysis. Their perspective would probably introduce different or additional sets of values or concerns, encompassing, for example, the right of the public to be informed or other sources of professional, corporate and individual obligations endorsed by the press.

My second reason has to do with one of the most frequent moral criticisms of humanitarianism and its media representations. The argument, put forward by eminent scholars, can be summarised as follows: humanitarian action perpetuates a distinct worldview of asymmetrical power relationships, contributing to the 'humanitarian reduction of the victim' as a passive recipient of aid (Fassin, 2007, p. 517; Hours, 1998, pp. 159–167; Kleinman & Kleinman, 1996). Furthermore, from the 1970s relief agencies have entertained a symbiotic relationship with the international media, resulting in distorted representations of victims of crisis and stereotypes of Third World poverty (Benthall, 2010, (Chapter 5: Images and narratives of disaster relief, pp. 186–188); Butt, 2002; DeChaine, 2002; De Waal, 1997, pp. 82–85). Such criticism of the media representations of humanitarian actions can take trenchant expression, for example Plewes and Stuart (2007, pp. 23–27) qualifying pictures of Africans displayed by developmental NGOs as 'the pornography of poverty', or Katy Migiro (2011) writing about 'starvation pornography'. The media representations of some humanitarian crises, to which humanitarian organisations inevitably partake as necessary relief providers, can also convey questionable and partial messages about the political world order. Ideological and opportunistic biases in the reporting of the Ethiopian famine of 1984 (Sorenson, 1991) illustrate the difficulties for relief organisations to avoid the trap of being manipulated by their portrayals by the media. The same argument of political bias was put forward when the 'famine pictures' of Biafra became news in 1968 (De Waal, 1997, pp. 72–77). In diametrically opposed argument, the display of 'famine icons' and their de-contextualised appeals to emotions have been criticised as being oblivious to the root political causes of food shortages and social destitution (Campbell, 2011). Thus, humanitarian organisations proceed along a thin line of alleged political neutrality when they appeal to the media the reporting of famines and other disasters.

My third reason for undertaking this ethics review relates to overt conflicts of opinion and professional values. Interactions between humanitarian actors and the media can result in conflicting situations and moral tension, particularly in the course of disasters or other extreme circumstances. For example, in his public account of the Rwandan genocide, Philippe Gaillard (2004), head of the ICRC delegation in Kigali in 1994, expressed his fury about some members of the press and stated, *"Most, but not all, journalists are like vultures, waiting to pounce on the latest scoop, only interested in filming grim and gruesome scenes."*

The tension between members of different professions navigating in the complex circumstances of an humanitarian emergency was also documented on the occasion of an outbreak of Ebola fever in Kikwit, Democratic Republic of the Congo (formerly Zaire) in 1995. Different historical and contextual circumstances made this outbreak a source of international concern, particularly attractive to the international press (Haynes, 2002). At the time I happened to be assigned to the management of an isolation pavilion in the main hospital of Kikwit, where patients were dying in dire conditions. To collect photographs and motion pictures, members of the press made several attempts to enter the isolation ward, oblivious to the consent of patients or their families or simply to the prevailing conditions of contagion. Most of the victims were in critical condition, obviously unable to object to any unwelcome intrusion. As later reported with some accuracy by Garrett (2001, (Chapter 2: Landa-landa, p. 78)), tensions were high and verbal violence erupted on several occasions between reporters and health care professionals. There was simply no chance for a dialogue to reasonably expose the source of our diverging points of view. As an exception, which I remember vividly, one photographer from a European country came back to express his point of view after the first day of a filming expedition. This was a tense but interesting encounter for me. The photographer proffered three sets of arguments in defence of the press, arguments which I have subsequently heard on several occasions and which are worth of reflection. The first argument was one of cultural relativism, i.e. people on the African continent are allegedly less concerned by issues of privacy and autonomy. Although I feel this perspective worth mentioning, I will not go any further into it, both because of the resentment shared by Zairian colleagues when told of this conversation, and the absence of empirical evidence to dismiss the argument outright. In his second argument, the photographer claimed that victims of disasters (as individuals and as communities) gain comfort from the idea that their pleas, or their very existence, are not forgotten. With such reasoning, the act of taking pictures would be an ostensible way to express attention, solidarity, and empathy with their sufferings. His third argument was about accountability: relief organisations could not exist if there were no photographers ready to communicate the images of what is actually being achieved in the field to donors and supporters of the victims.

Although my experience is anecdotal, it shows how protagonists in different disciplines (medicine and journalism in this case) can provide humanitarian or ethical arguments to justify their own positions. It is thus important to map and specify the full scope of moral reasons put forth for or against the display of suffering bodies as part of humanitarian practice.

Medical ethics and photography

Much of the literature about medical ethics and photography draws from normative considerations established in Europe and the USA. It is generally limited in scope to the case of medical imaging for archival, forensic or educational reasons, including scientific publications (Berle, 2008; Creighton, Alderson, Brown, & Minto, 2002). For example, the International Committee of Medical Journal Editors (ICMJE, 2009) issued stringent rules requiring guarantees of privacy, confidentiality and consent in the reporting of research, including identification through photographs. In line with others (Slue, 1989), the ICMJE considers the masking of the eyes in photographing patients as inadequate in protecting anonymity. In the UK, a process for consent for the visual and audio recording of patients has been thoroughly codified (Hood, Hope, & Dove, 1998). It includes several categories of consent, drawing attention to the possibility that the image might also be used in electronic publication. Limited data from the UK indicate that a majority of patients would agree to their pictures being displayed for educational purposes (Cheung, Al-Ausi, Hathorn, Hyam, & Jaye, 2005; Hood et al., 1998; Nichol & Davies, 1998).

Commercial filming in hospitals for broadcast television seems to have become more common in the USA, where several legal or institutional rules are in place to protect individual patients' rights to privacy, confidentiality and individually informed consent (Geiderman & Larkin, 2002).

In contrast, several authors have pointed out much lower standards of ethical and legal protection in cases of clinical photography taken in the southern hemisphere (MacIntosh, 2006),

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027

ARTICLE IN PRESS

or the ignorance of medical ethics by the media in wars and disasters. For example, reacting to graphic images of Iraqi casualties displayed by Al-Jazeera Singh and DePellegrin (2003) believe that, '…doctors owe patients basic duties of care that should not be suspended during times of war. When patients enter a hospital they have legitimate expectations *to confidentiality, privacy, dignity, autonomy, and to have their informed consent solicited before their images are captured.*' Bhan (2005) expressed similar concerns about victims of the 2004 Asian tsunami and their grieving relatives, '*The public's right to information should not outweigh the right of victims of natural disasters to privacy, confidentiality and dignity*'. These and other accounts (Bhan, 2009; Roy, 2006) suggest that health personnel have professional and moral obligations to protect their patients from media intrusion, but also that fulfilling these obligations is very difficult in times of crisis. One related but unresolved question for medical humanitarian workers attending communities is to what degree these obligations of protection extend outside the premises of health-care facilities.

Applying a common moral calculus to a poster

One way to better grasp the tension between medical ethics and humanitarian representations of suffering bodies is to extend the substantive rules of moral reasoning commonly used in clinical practice to the specific case of pictorial display. What those common rules could be can be inferred from the four basic principles of biomedical ethics defined by Beauchamp and Childress (2009): respect for autonomy, beneficence, nonmaleficence and justice. In terms of respecting autonomy, rules can be gleaned pertaining to imaging, such as consent, privacy, and confidentiality. One could also add: respecting dignity and avoiding community stereotypes or cross-cultural paternalism. Justice implies the lack of exploitation and the just distribution of any ancillary benefits generated by the production of images. Nonmaleficence calls for legal protection and risk minimization. Beneficence is at the core of humanitarian arguments and will be examined in later sections by considering 'action' and 'témoignage'.

The poster displayed in Fig. 1 (Zizola, 2009) was commissioned by the humanitarian medical organisation Médecins Sans Frontières (Doctors Without Borders - MSF) and published by an online advertising community to acknowledge the merits of its design. It illustrates current trends in humanitarian communications, in that it avoids any offensive or extreme display of suffering or destitution. By applying common rules of biomedical ethics to Fig. 1 my approach is thus a conservative one based on strict moral reasoning. In other words, I am not appealing here to the kind of feelings of indecency that might be evoked by an older generation of humanitarian images (for a conspicuous historical example of the latter, see photographs by Mark and Mccall (1985) during the Ethiopian famine of 1984–1985). The MSF poster does not indicate if the victim appears in the context of war, natural disaster or otherwise chronic destitution. Nor is it clear if the setting belongs to an established health care facility, private housing or an improvised treatment centre open to the public. The caption is however unambiguous in its fundraising objectives. Following common practice in humanitarian imagery, this picture was not cleared for publication by any ethics committee. Seeing the same patient displayed in a biomedical journal, with its ethical publishing policies (Elsevier, 2012), is in itself evidence of an arbitrary segmentation of disciplines in terms of ethical review requirements. Aside from an ethics committee review, specific criteria derived from the four principles enunciated by Beauchamp and Childress can be examined in more detail in the following manner.

A breach of *privacy* is inevitable in much of humanitarian iconography. The visual intrusion extends from the photographer himself to the much broader audience who will ultimately see the poster. The fact that the poster was probably intended to be displayed abroad, away from the victim's community, should not minimise privacy concerns.

Confidentiality is not an issue here, since no information is provided as to the patient's circumstances and diagnosis. Informational harm would arise if pictorial representations are part of thematic narratives, whereby the patient's diagnosis is implicitly (or sometimes explicitly) rendered public, for example HIV infection, tuberculosis, sexually-transmitted diseases or mental conditions.

Although taking a picture might appear an innocuous act, some *risks* are not negligible in humanitarian contexts. Stigmatization through the identification of a medical condition is one risk. Rarely, but even more seriously, victims of violence might be identified by their assailants, thus putting them in danger of retaliation.

Dignity is a rich but disputed concept (Jordan, 2010). It intuitively calls for defining judgements in the representation of suffering bodies. Feelings of offence to dignity can be elicited even when victims remain totally anonymous. This can be sensed, for example, by looking at a photograph of the naked corpse of a woman being washed in preparation for a Muslim burial in the Korem camp of northern Ethiopia (Mark and McCall, 1985). The representation of stereotypical fictional characters, even through caricatures, can sometimes be seen as equally offensive. For example, a recent cartoon by renowned artist Peter Brookes (British Cartoon Archive, 2011) representing emaciated African children; it was qualified as racist, cynical and repugnant by a group of scholars (Akehurst et al., 2011). On the other hand, feelings of moral wrong created by blatant displays of suffering, power imbalances or destitution (e.g. nakedness, crippled bodies, slum environments) can be mollified by aesthetical perspectives or by a strong sense of purpose. Commenting on the tension between dignity protection and the needs of public interest, Berle (2008), a clinical photographer, claims that images of imprisoned Holocaust victims displayed at the *Yad Vashem* memorial '*honour and dignify those who were wronged*'. In other words, a strong moral purpose can outweigh the unconsented display of extreme suffering.

We could also extend the concepts of autonomy and dignity from the case of individuals whose bodies are on display to the entire community that they symbolise. Accordingly, the perpetuation of *community stereotypes* and *cross-cultural paternalism* is a frequent criticism of humanitarianism (see for example Hours, 1998), and pictorial representations can remain the most enduring remnants of a familiar narrative of western benefactors attending remote 'beneficiaries', 'those worst-off' or 'underserved'. In an interesting twist to the argument, Laure Wolmark (2010) challenges the stereotype of displaying victims of sexual violence as anonymous, faceless, powerless and ashamed.

Legal protection from breaches of privacy by pictorial recordings taken in the private and public spheres is vaguely grounded in international human rights law, but more robustly in some national laws (for the example of Switzerland, see Werly, 2009). Importantly, Singh and DePellegrin (2003) remind us that publishing or broadcasting images of prisoners of war is illegal under Article 13 of the third Geneva Convention of 1949 relating to the Treatment of Prisoners of War (Nelson, 2003). When it comes to foreign photographers reporting on humanitarian crises, it is doubtful if local law would offer similar protection and be enforceable for the benefit of civilians. In conflict zones, there is thus an imbalance in the extent of legal protection available to civilian *vs.* combatant victims.

Finally, *benefit sharing* and *ownership* have been common issues debated by ethics committees when data are collected for research purposes. They are equally relevant to clinical pictures posted in the

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027

ARTICLE IN PRESS

public domain (Hood et al., 1998). One could argue that pictures taken for humanitarian purposes express an appeal to altruism and benefit a broader community of fellow sufferers. In that sense, the concepts of financial benefit and ownership could be considered as irrelevant by victims volunteering to donate their own images. The fact that such pictures can find their way to press agencies or non-humanitarian, for-profit media shows that the risk of exploitation is not so remote and should be considered in any consent process.

The issue of consent

Most professional relief organisations and their affiliated photographers are obviously mindful of concerns of privacy, confidentiality and risks, and they can exercise caution in at least two ways: through technical adjustments to what will be displayed, and through obtaining consent. For example, MSF (2007a, 2007b) has issued a number of recommendations applicable to photographers working on the organisation's behalf. The difficulties in obtaining informed consent and creating an environment conducive to genuine choice, especially in developing countries, have been frequently discussed in research ethics (e.g. see Bhutta, 2004). Equal consideration of consent should be applied to other interventions than just research, and encompass the delivery of care as well as the taking of pictures, particularly in contexts where subjects of medical attention are utterly vulnerable. Compared to taking biological samples or conducting a questionnaire, taking someone's picture has a peculiar feature: it can be done to an unconsenting subject without direct contact by using distance and magnification devices. While having one's suffering body and death photographed can be part of a personal life project in a totally autonomous and organised way (see for example O'Connor, Schatzberger, & Payne, 2003), it is doubtful if crisis situations can ever be conducive to free consent or consent at all. Furthermore, care givers asked to allow the entry of reporters into medical facilities are not totally autonomous either insofar as they are subject to the communications policies of their own organisations. Asking humanitarian doctors or nurses to obtain consent from their patients for non-medical imaging can present them with a dual-allegiance dilemma. Generally speaking, genuine consent for a picture should be sought by all reasonable means, but as too often in humanitarian crises, circumstances realistically do not allow the full process to take place. Another reason why consent is so problematic in humanitarian imagery is that the exact purposes of representing suffering bodies are generally undefined at the moment of taking the photo. Finally, some empirical data indicate mixed but generally positive feelings from victims or grieving relatives exposed to media intrusion (Scanlon, 2006; Shearer, 1991). The amount of such data is however scant and limited to cases of disasters that occurred in certain industrialised countries where exposure to the media is more widely accepted than elsewhere.

Moral necessities, actions and moral outrage

At this point, one could argue that upholding the common values of biomedical ethics would make it difficult to justify any pictorial display of suffering bodies by humanitarian organisations, particularly in the tense circumstances of a disaster or a humanitarian crisis. Some exceptions might be justified for medical imaging, educational reasons or forensic purposes. Empirically, such a strict recourse to medical ethics would run counter to usual social norms, wherein the suffering shown by humanitarian organisations is commonly accepted by the public if it is meaningful and appropriately depicted. More importantly than this kind of pragmatic argument, many humanitarians would also claim that other necessities can outweigh the usual obligations prescribed by medical ethics. What these necessities of exposing suffering bodies entail might depend on professional perspectives or expected achievements. For example, the weight of necessity is clearly of a different nature for such endeavours as medical imaging, a commercial documentary, daily news, fundraising or artwork. But humanitarian contexts force our imagination into deeper perspectives about moral necessity. Three types of humanitarian arguments may count as moral necessity in this context: actions in response to the suffering of victims; moral outrage induced by extreme causes or circumstances; and 'témoignage'.

Reflecting on humanitarian action and its representation in the media, Boltanski (2000) claims that the sight of suffering can only be legitimate if it leads to action. A lack of action would expose the spectator to accusations of perversity. In his 'topics of pity', Boltanski examines the kind of worthwhile action that suffering bodies could provoke in a distant spectator. He enumerates: indignation, denunciation, accusation, sympathy for the benefactor's intervention or an aesthetic feeling giving rise to 'a kind of morose meditation on the human condition' (Boltanski, 2000). Such actions and even more practical ones are obviously part of the humanitarian organisations' remit.

But aside from consequent action, what other moral criteria might outweigh canonical medical ethics in this debate? In 2001, Florian Pilsczek (2001), a medical doctor and photographer, published an illustrated account of his experience as a volunteer in Cambodia in the Canadian Medical Association Journal (CMAJ).[1] The article included several pictures of clearly identifiable patients with HIV infections, together with their clinical histories. Pilsczek claimed that the photographs were taken with the permission of the patients, and that '*some of [them] expressed their desire to make people in other countries aware of the situation in Cambodia*'. In an interesting commentary, Anne-Marie Todkill (2001), a CMAJ editor, cautiously defended the publication of Pilsczek's photographs. Firstly, Pilsczek's dual roles (as a physician and a professional photographer) would oppose Susan Sontag's claim that taking a photograph is '*essentially an act of non-intervention*' (Sontag, 1978, p. 11). According to Todkill, '*...the photographic intervention merely widens it into a public and even political sphere, which is where medicine, considered as a global enterprise, actually belongs*'. Such a reason seconds with Boltanski's argument that action is a criterion for the legitimacy of representing suffering. Then Todkill considers what would have happened if Pilsczek's report had been bereft of pictorial illustrations. That would have been inconsistent with a past initiative by the same journal to publish photographs of prisoners at the infamous Tuol Sleng prison run by the Khmer Rouge. Thus Todkill sees equal humanitarian merit to give readers '*a glimpse into a new generation of suffering in Cambodia*'. She concludes that '*We should not suppose that our comfortable notions of privacy, confidentiality and consent are definitive*'.

Todkill's second argument echoes Berle's comment about pictures of Holocaust victims at the *Yad Vashem* memorial, and the strong moral message they convey, regardless of the obvious impossibility to act in the present to prevent or mitigate those victims' past ordeal. A similar opinion is expressed by Susan Sontag (1978, pp. 17–19), when she claims '*Photographs cannot create a moral position, but they can reinforce one—and can help build a nascent one*.' This sort of '*moral position*' is expressed more explicitly by Sontag as '*moral outrage*' or '*the existence of a relevant political consciousness*'.

Thus what counts here as morally powerful necessities brought about by humanitarian practice are both the capacity for the distant

[1] I am borrowing this example and part of the argument from MacIntosh (2006).

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027

ARTICLE IN PRESS

spectator to react in some way and the moral outrage evoked by the exceptional sources of the suffering being displayed. Taking the latter argument to its limits, such causal circumstances as war, disasters, exploitation, destitution and torture (Butler, 2009, pp. 63–100) could justify the unrestricted exposure of suffering bodies in the name of humanitarian action. This is an important but incomplete argument, open to the question about the limits of its interpretation. By essence humanitarian medicine deals with exceptional moral tensions (Calain, 2012). Accordingly it may be morally justified to publish representations of any victim attended by humanitarian practitioners. This is exactly the line of reasoning suggested by Todkil, when she puts the former detainees of Tuol Leng prison and the contemporary victims of HIV/AIDS in Cambodia on equal moral footing. Further insight into this controversial viewpoint can be gained from analysing the concept of 'témoignage'.

Humanitarian 'témoignage' and the multiple functions of the '*superstes*'

'Témoignage' (imperfectly translated from French as 'testimony') is above all a concept grounded in the history of MSF, and which corresponds to the onset of a 'second generation' of humanitarianism distinguishing itself from the time-honoured tradition of political silence as exemplified by the Red Cross Movement. The concept has proven eminently debatable, versatile and subject to constant reinterpretation and revisiting (Givoni, 2011). It has been much commented on, both internally at MSF and by scholars. 'Témoignage' has classically been the prominent reason expressed by MSF and similar organisations to justify the publication of narratives (press releases, typically) and pictorial representations of the victims they attend. With reference to some of the interpretations of the word 'témoignage' in past and present MSF contexts, I will examine and rank five distinct qualifiers pertaining to images of suffering bodies, i.e. giving voice, speaking out, advocacy, legitimacy and resource mobilisation.

Giving voice is the most selfless expression of 'témoignage'. A perfect example is the display of portraits and accounts of survivors of the Bisesero massacre in Rwanda in 1994 in a book by African Rights (1997). The witness here is the survivor, or what Didier Fassin (2012, pp. 204–209), following Giorgio Agamben, would call '*superstes*' in contrast to '*testis*' or third-party witnesses.[2] Testimony of this sort is a circumstance whereby the victim is in perfect command of his or her claim or appeal to the public. The organisation (if any is needed) offering to render voices public is self-effacing and unambiguously altruistic; it may also have a pedagogical and historical intention.

Speaking out is of a different nature. Here, the victim is an instrument enacting Sontag's 'moral outrage'. The voice still comes from the victim, but the outrage is an expression by the witness. As Fassin (2012, p. 206) puts it, in this case '…*humanitarian workers*, *on the basis of a moral imperative, take on the role of witness for those they assist; although they are rarely explicitly mandated to do so*, *they set themselves up as spokespeople for the oppressed in order to make their suffering public*'. Still, speaking out can become a moral necessity. For example, in the words of Orbinski, Beyrer, and Singh (2007), '*What is good or right has no moral neutrality when one is confronted with attempted or actual genocide, wilful ignorance of public-health threats, or the intimidation of care givers. Speaking out might not definitely save lives, but silence certainly kills*'. Speaking out thus expresses both outrage and a call for action.

With *advocacy* we move to another dimension of 'témoignage', typically finding substance in the outcome of vertical programs (Fuller, 2006). Advocacy is essentially a political act (Barnett & Weiss, 2008, pp. 37–38), not necessarily to the direct benefit of an individual chosen to express his or her condition of victimhood. What counts here at least is the plea by the community of victims who share the same fate as the one chosen as their symbol by any organisation powerful enough to mobilise instruments of advocacy as it sees fit. The community can either be culturally defined or be a mere nosological construction (e.g. the 'AIDS community'). More broadly, advocacy challenges '*rich and powerful leaders, institutions and nation states with the goal of mobilising resources – finance, political will or human motivations – on behalf of [a] particular health action*' (Alkire & Chen, 2004).

A further function of 'témoignage' is part of the exercise of *legitimacy*. Through their necessary commitment to publicity and accountability (for example by issuing narratives, statistics or pictures), humanitarian organisations constantly declare their informal legitimacy (Calain, 2012). In this respect, the choices of intervention by humanitarian organisations cannot generally be said to obey the 'rule of rescue' (McKie & Richardson, 2003) for the simple reason that victims become identifiable through the communication channels of humanitarian organisations, not as the result of an incidental encounter but from deliberate choices to represent certain suffering bodies rather than others (manuscript submitted).

Finally, *resource mobilisation* or, more broadly, the nurturing of philanthropic sentiments in the public is often the ultimate reason for pictorial displays of suffering bodies. This is not in itself an activity which is necessarily morally problematic, and even less to the extent that financial and operational independence contributes to the reactivity of organisations. However, this is where the risk of the objectification of victims is the most obvious (Nussbaum, 1995, p. 257), and where ethical clarity is the most needed.

My ranking of several interpretations of 'témoignage' is not a value judgement from good to bad, rather a way to realise how the subjects of pictorial displays progressively become instruments, as one moves from reasons for giving voice to speaking out to advocacy to legitimacy to resource mobilisation. In most cases, such reasons are not outrightly explicit, or several reasons genuinely coexist at the time of photo-taking. This is another reason why the exact meaning of consenting to pictures being taken in humanitarian contexts is questionable, unless (hypothetically) what exactly is being consented to can be made explicit. In addition, pictorial materials can be kept in media repositories for future and unspecified use in a way that could be compared to contemporary biobanks in its ethical implications. Accordingly, humanitarian imagery would be a similar case where 'broad consent' should be considered. However, it is still a matter of debate whether the absence – at the time of the 'sampling' – of specific information about future uses of donated materials for biobanks is ethically justified, and if broad consent is acceptable or not (Sheehan, 2011).

Conclusions

The representation of suffering bodies is a conspicuous and unavoidable trait of modern humanitarianism, which has gained the status of a social norm. When humanitarian medical organisations like MSF exercise media activities and display suffering bodies, they implicitly put the ethical norms and values of at least two overlapping disciplines into conflict: clinical medicine and

[2] The claim that humanitarian workers might be called as third-party witnesses to testify in war crime trials before the International Court of Justice is a recent and politically charged misinterpretation of the meaning of 'testimony'. In some cases, this has generated misperceptions by host authorities who question the impartiality of 'Dunantist' organisations. This is one more reason – and an important operational one – why different understandings of the word 'témoignage' must be defined as precisely as possible in their humanitarian contexts.

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027

ARTICLE IN PRESS

humanitarian action. Obtaining consent from the victims or communities is important as an endeavour, but ensuring genuine consent in humanitarian situations faces considerable practical and substantive problems when it comes to pictorial representation. On the other hand, rejecting any display of human suffering as incompatible with biomedical norms would not only be unrealistic but dismissive of highly valuable moral activities undertaken by humanitarian agents, such as giving voice to victims or creating empathy. When strict reliance on consent is impossible and the exposure of victims to media is deemed necessary as part of humanitarian action, one should first consider if there are genuinely humanitarian reasons which have equal or (preferably) higher moral weight than the strict respect of the victims' autonomy. As I have suggested, the weight of strictly humanitarian reasons increases in the scale of things if these reasons lead to: (i) significant action benefitting the victims or (ii) more primordial forms of 'témoignage' that do not manipulate the subjects or communities represented. Such a calculation is likely to be difficult and subject to different interpretations. It is however a first and essential step in bringing moral clarity, awareness and honesty to objectives and values involved in humanitarian photojournalism.

This analysis is a preliminary approach to an important moral issue associated with the public representation of suffering. It calls for deeper examination of the topic and reveals a need for more dialogue between the disciplines of biomedicine, humanitarianism and photojournalism. We should also seek more empirical data on attitudes and values with regard to representations of suffering. These should be collected from all professions working in the humanitarian fields and more importantly from the victims themselves. One shortcoming of this paper is that it fails to provide the voice of photojournalists. At the same time, it is a technical and artistic challenge addressed to them. Powerful images of suffering or destitution can certainly be captured with utter respect for the dignity and autonomy of victims, for example circumstantial or empowering representations. Obviously, not all pictorial representations of suffering bodies are problematic from an ethical point of view. Some examples of respectful and compassionate pictorial displays invite humanitarians and others to take some distance from common stereotypes conveyed by contemporary mainstream media representations.

Acknowledgements

I would like to express my gratitude to several people whose reflections and experience helped me improve this article: Jean-Marc Biquet and Natacha Buhler for their frequent and thoughtful insights; Jerome Singh for his clarifications of the Geneva Conventions; Joseph Scanlon for bibliographical references about victims' attitudes; Bruno Jochum for pointing out the issue mentioned in footnote [2]; Michael Barilan for drawing my attention to the historical case of Bethlem; and Timothy Fox for proofreading this English version. Many thanks also to Sally McMillan (MSF, Sydney) and Laila Takesh (Lavender, Sydney) for permission to reproduce Fig. 1.

References

African Rights. (1997). *Resisting genocide, Bisesero April–June, 1994*. London: African Rights.

Akehurst, T., Askew, G., Bergfeld, M., Cakirlar, C., Cooke, J., Cooper, S., et al. (2011). Read academics' letter of complaint over Times cartoon. *The Guardian*, 27 July 2011. http://www.guardian.co.uk/media/2011/jul/27/thetimes-phone-hacking Accessed 10.06.12.

Alkire, S., & Chen, L. (2004). Global health and global values. *The Lancet, 364*, 1069–1074.

Andrews, J., Briggs, A., Porter, R., Tucker, P., & Waddington, K. (1997). *The history of Bethlem*. London; New York: Routledge.

Barnett, M., & Weiss, T. G. (2008). Humanitarianism: a brief history of the present. In M. Barnett, & T. G. Weiss (Eds.), *Humanitarianism in question: Politics, power, ethics*. Ithaca, NY: Cornell University Press.

Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics* (6th ed.). New York: Oxford University Press.

Benthall, J. (2010). *Disasters, relief and the media*. Wantage, UK: Sean Kingston Publishing.

Berle, I. (2008). Clinical photography and patient rights: the need for orthopraxy. *Journal of Medical Ethics, 34*, 89–92.

Bhan, A. (2005). Should health professionals allow reporters inside hospitals and clinics at times of natural disasters? *PLoS Medicine, 2*(6), e177. http://www.ploscollections.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0020177;jsessionid=4685D265C4A092DE74BEDB6553E8D083.ambra02 Accessed 10.06.12.

Bhan, A. (2009). Media management during disasters might also require protecting patient privacy and rights. *Indian Journal of Medical Sciences, 63*, 163–164.

Bhutta, Z. A. (2004). Beyond informed consent. *Bulletin of the World Health Organization, 82*(10), 771–777.

Boltanski, L. (2000). The legitimacy of humanitarian actions and their media representations: the case of France. *Ethical Perspectives, 7*(1), 3–16.

Brauman, R. (1993). When suffering makes a good story. In F. Jean (Ed.), *Life, death and aid: The MSF report on world crisis intervention*. New York: Routledge.

British Cartoon Archive. (2011). Peter Brookes. *The Times*, 21 July 2011. http://www.cartoons.ac.uk/browse/cartoon_item/anytext=brookes?artist=Peter%20Brookes&publication=The%20Times&page=3206 Accessed 10.06.12.

Butler, J. (2009). *Torture and the ethics of photography: Thinking with Sontag. Frames of war: When is life grievable?* London; New York: Verso.

Butt, L. (2002). The suffering stranger: medical anthropology and international morality. *Medical Anthropology, 21*, 1–24.

Calain, P. (2012). In search of the 'new informal legitimacy'of Médecins Sans Frontières. *Public Health Ethics, 5*(1), 56–66.

Campbell, D. (2011). The iconography of famine. In G. Batchen, M. Gidley, N. K. Miller, & J. Prosser (Eds.), *Picturing atrocity: Reading photographs in crisis*. London: Reaktion Books.

Cheung, A., Al-Ausi, M., Hathorn, I., Hyam, J., & Jaye, P. (2005). Patients' attitudes toward medical photography in the emergency department. *Emergency Medicine Journal, 22*(8), 609.

Council of Europe. (1993). *Parliamentary assembly*. Report on the ethics of journalism. http://www.assembly.coe.int/Mainf.asp?link=/Documents/WorkingDocs/Doc93/EDOC6854.htm Accessed 10.06.2012.

Creighton, S., Alderson, J., Brown, S., & Minto, C. L. (2002). Medical photography: ethics, consent and the intersex patient. *BJU International, 89*, 67–72.

Dauphinée, E. (2007). The politics of the body in pain: reading the ethics of imagery. *Security Dialogue, 38*(2), 139–155.

De Waal, A. (1997). *Famine crimes: Politics and the disaster relief in Africa*. London: African Rights & The International African Institute.

DeChaine, D. R. (2002). Humanitarian space and the social imaginary: Médecins Sans Frontières/doctors without borders and the rhetoric of global community. *Journal of Communication Inquiry, 26*(4), 354–369.

Elsevier. (2012). *What is Elsevier's policy on using patient details/photographs?* Authors' Rights & Responsibilities. [online]. http://www.elsevier.com/wps/find/authorsview.authors/rights?tab=1 Accessed 10.06.12.

Fassin, D. (2007). Humanitarianism as a politics of life. *Public Culture, 19*(3), 499–520.

Fassin, D. (2012). *Humanitarian reason. A moral history of the present*. Berkeley & Los Angeles: University of California Press.

Fuller, L. (2006). Justified commitments? Considering resource allocation and fairness in Médecins Sans Frontières – Holland. *Developing World Bioethics, 6*(2), 59–70.

Gaillard, P. (2004). *Talk given on 18 October 1994 at the International Museum of the Red Cross and Red Crescent, Geneva, entitled "Rwanda 1994: La vraie vie est absente" (Arthur Rimbaud)*. Geneva: International Committee of the Red Cross, Accessed 10.06.12. http://www.icrc.org/eng/resources/documents/misc/5xkca5.htm.

Garrett, L. (Ed.), (2001). *Betrayal of trust. The collapse of global public health*. New York: Hyperion.

Geiderman, J. M., & Larkin, G. L. (2002). Commercial filming of patient care activities in hospitals. *Journal of American Medical Association, 288*(3), 373–379.

Givoni, M. (2011). Humanitarian governance and ethical cultivation: Médecins sans Frontières and the advent of the expert-witness. *Millenium, 40*(1), 43–63.

Haskell, T. L. (1985). Capitalism and the origin of humanitarian sensibility, part 1. *The American Historical Review, 90*(2), 339–361.

Haynes, D. M. (2002). Still the hearth of darkness: the Ebola virus and the meta-narrative of disease in *The Hot Zone*. *Journal of Medical Humanities, 23*(2), 133–145.

Hood, C. A., Hope, T., & Dove, P. (1998). Videos, photographs, and patient consent. *BMJ, 316*, 1009–1011.

Hours, B. (1998). *L'idéologie humanitaire ou le spectacle de l'altérité perdue*. Paris: L'Harmattan.

Hunt, M. R. (2011). Establishing moral bearings: ethics and expatriate health care professionals in humanitarian work. *Disasters, 35*(3), 606–622.

Ignatieff, M. (1985). Is nothing sacred? The ethics of television. *Daedalus, 144*(4), 57–77.

International Committee of Medical Journal Editors. (2009). *Uniform requirements for manuscripts submitted to biomedical journals: Ethical considerations in the*

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027

conduct and reporting of research: Privacy and confidentiality. http://www.icmje.org/ethical_5privacy.html Accessed 10.06.12.

Jordan, M. C. (2010). Bioethics and "human dignity". *Journal of Medicine and Philosophy, 35*, 180–196.

Kennedy, D. (2009). Selling the distant other: humanitarianism and imagery – ethical dilemmas of humanitarian action. *The Journal of Humanitarian Assistance*, [online]. http://sites.tufts.edu/jha/archives/411 Accessed 10.06.12.

Kleinman, A., & Kleinman, J. (1996). The appeal of experience. The dismay of images: cultural appropriations of suffering in our times. *Daedalus, 125*(1), 1–23.

MacIntosh, T. (2006). Ethical considerations for clinical photography in the global south. *Developing World Bioethics, 6*(2), 81–88.

Malkki, L. H. (1996). Speechless emissaries: refugees, humanitarianism, and dehistoricization. *Cultural Anthropology, 11*(3), 377–404.

Mark, M. E., & McCall, C. (1985, May). Cry, the pitiless land: Ethiopia's ruthless regime uses famine as a cruel weapon. *Life Magazine*125–134. http://www.maryellenmark.com/text/magazines/life/905W-000-025.html Accessed 10.06.12.

McKie, J., & Richardson, J. (2003). The rule of rescue. *Social Science & Medicine, 56*, 2407–2419.

Médecins Sans Frontières. (2007a). *Producing and using images in an ethical way: Guidelines for MSF staff*. Internal document, September 2007.

Médecins Sans Frontières. (2007b). *Photographers' sensitisation document. Taking photos with MSF – Issues for reflection and concern*. http://www.msf.org.uk/UploadedFiles/ethics_photographers_200809231432.pdf Accessed 10.06.12.

Migiro, K. (2011, July 18). *Starvation pornography: How many skinny babies can you show me?* Alertnet [online]. http://www.trust.org/alertnet/news/starvation-pornography-how-many-skinny-babies-can-you-show-me/ Accessed 10.06.12.

Nelson, A. (2003, March 25). *ICRC says PoW images breach Geneva Convention* Swissinfo.ch [online]. http://www.swissinfo.ch/eng/Home/Archive/ICRC_says_PoW_images_breach_Geneva_Convention.html?cid=3231184 Accessed 10.06.12.

Nichol, D., & Davies, D. (1998). Most patients agree to be videoed for teaching and publication purposes. *British Medical Journal, 317*, 1523.

Nussbaum, M. C. (1995). Objectification. *Philosophy and Public Affairs, 24*(4), 249–291.

O'Connor, S., Schatzberger, P., & Payne, S. (2003). A death photographed: one patient's story. *British Medical Journal, 327*, 233.

Orbinski, J., Beyrer, C., & Singh, S. (2007). Violations of human rights: health practitioners as witnesses. *The Lancet, 370*, 698–704.

Pilsczek, F. H. (2001). Hospital medicine in Cambodia: a visiting doctor's perspective. *Canadian Medical Association Journal, 165*(1), 37–41.

Plewes, B., & Stuart, R. (2007). The pornography of poverty: a cautionary fundraising tale. In D. A. Bell, & J. M. Coicaud (Eds.), *Ethics in action: The ethical challenges of international human rights nongovernmental organizations*. Cambridge: Cambridge University Press.

Roy, N. (2006). The Asian tsunami: PAHO disaster guidelines in action in India. *Prehospital and Disaster Medicine, 21*(5), 310–315.

Scanlon, J. (2006). Potential problem and potentialally: the mass media in crisis and disaster. In H. Rodríguez, E. L. Quarantelli, & R. Dynes (Eds.), *Handbook of disaster research* (pp. 413–429). New York: Springer Science+Business Media, LLC.

Shearer, A. (1991). *Survivors and the media*In *Broadcasting standard council, research monograph series 2*, . London, UK: John Libbey & Company Ltd.

Sheehan, M. (2011). Can broad consent be informed consent? *Public Health Ethics, 4*(3), 226–235.

Singh, J. A., & DePellegrin, T. L. (2003). Images of war and medical ethics. Physicians should not permit filming of their patients without consent. *British Medical Journal, 326*, 774–775.

Slue, W. E. (1989). Unmasking the lone ranger. *New England Journal of Medicine, 321*(8), 550–551.

Sontag, S. (1978). *Plato's cave. On photography*. Sixth Printing (1978). New York: Farrar, Straus and Giroux.

Sorenson, J. (1991). Mass media and discourse on famine in the Horn of Africa. *Discourse & Society, 2*(2), 223–242.

Ticktin, M. (2006a). Medical humanitarianism in and beyond France: breaking down or patrolling borders. In A. Bashford (Ed.), *Medicine at the border: Disease, globalization and security, 1850 to the present* (pp. 116–135). New York: Palgrave Macmillan.

Ticktin, M. (2006b). Where ethics and politics meet: the violence of humanitarianism in France. *American Ethnologist, 33*(1), 33–49.

Todkill, A. M. (2001). Boundary crossing: the physician and the photographer. *Canadian Medical Association Journal, 165*(1), 35–36.

UNESCO. (2012). *Professional journalistic standards and code of ethics*. http://www.unesco.org/new/en/communication-and-information/freedom-of-expression/professional-journalistic-standards-and-code-of-ethics/ Accessed 10.06.12.

Werly, S. (2009). Le droit à l'image des personnages publics. *Communication, 27*(1), [online]. http://communication.revues.org/index1333.html Accessed 10.06.12.

Wolmark, L. (2010). Portraits sans visages. Des usages photographiques de la honte. *Science and Video, 2*, [online]. http://scienceandvideo.mmsh.univ-aix.fr/numeros/2/Pages/Wolmark.aspx Accessed 10.06.12.

World Medical Association. (2005). *Declaration of Lisbon on the rights of the patient*. http://www.wma.net/en/30publications/10policies/l4/index.html Accessed 10.06.12.

World Medical Association. (2006). *International code of medical ethics*. http://www.wma.net/en/30publications/10policies/c8/index.html Accessed 10.06.12.

Zizola, F. (2009). *Médecins Sans Frontières: Aceh (poster)*. Sydney, Australia: Advertising Agency: Lavender, October 2009. Available at: ADS of the World. http://adsoftheworld.com/media/print/medecins_sans_frontieres_aceh Accessed 10.06.12.

Please cite this article in press as: Calain, P., Ethics and images of suffering bodies in humanitarian medicine, *Social Science & Medicine* (2012), http://dx.doi.org/10.1016/j.socscimed.2012.06.027