



## 13. Different ethical viewpoints in Nepal



*Summary: This case study stimulates field workers to examine their own ideas and actions, and those commonly found in society, by considering how they may contribute to enabling or disabling people with disabilities. The case study is based on the opinions of two different people; people from entirely different cultures; people having a different religious background and people who have both been so kind to write down their "lived" experience in a small village in Nepal.*

Ethics addresses questions about morality; i.e. concepts such as good and evil, right and wrong, virtue and vice, justice etc. Ethics could be described as the reflection on one's actions, such as the action of you as a health professional towards persons with disabilities and their families. These actions could be largely influenced and determined by the socio-economic environment in which these actions take place. The environmental factors can be harsh; something which we learned during our stay in Nepal. We were part of a team of physiotherapists, doctors and other rehabilitation staff on a fieldtrip. Among the team members were a Pakistani doctor, drawing our attention with his sound and critical questions, and a western reverend, visiting the country for the first time. Heavy rainfall had turned the roads into muddy tracks. The driver of our 4-wheel vehicle was not certain that we could cross the river and these conditions forced us to walk the last hours towards the village that we intended to visit.

Soon after arriving in the village we were offered a huge meal, as hospitality is a big value. After a word of

welcome by the leader of the local disabled people's organization we went to a farm. The owner had two children with disabilities: a young man and his younger sister. The young man returned home from the fields where he had been harvesting. He was deaf, but managed to communicate with his family members without much problem. Behind the farm was a little shed, where the mother moved in and out every few minutes. Inside, we found out, sat a woman in a squatting position on a simple bed.

This woman was the deaf man's sister. For almost 30 years already she lived apart from her family. She had an intellectual disability and was not able to go the toilet within time. Therefore, long ago, she had been allocated in the little shed. The Pakistani doctor asked whether he was allowed to see the woman and he got permission to do so. After coming back he seemed emotionally touched. He asked the mother why she was keeping her daughter in these conditions that she didn't deserve. He stated that situations like this should be avoided and were not necessary at all.

He indicated that with proper diagnosis and treatment she would be able to do much more and contribute much more to the family. A translator was asked to inform the mother about his views.

After this encounter with the mother the western reverend took the Pakistani doctor aside. He said he thought the doctor wasn't in the position to be critical towards the mother. He asked him: "Did you notice the mother's love and tenderness when she brought her daughter some food?" The doctor took it generously, saying he had noticed it and that he understood that both of them wanted a better life for these women. They, however, looked both from a different perspective, which is formed by their different social backgrounds, their different professions and experiences in life.

Afterwards the situation was discussed among the team members. They said that most likely in Pakistan (and elsewhere) the doctor was entitled to speak with authority. The reverend said that he understood this, but that a doctor may only make use of his authority when he is able to reflect upon his own position as well. If the doctor (or other rehabilitation professional) takes into account all the other signals that are part of the relationships in the particular family, he may use his authority in order to act adequately and appropriately. If the doctor, however, only makes use of his authority because of his professional position or socio-cultural background, then he could easily ignore other people's signals and views and may easily misjudge situations.

Ethics should be examined thoroughly and especially in situations where socio-cultural or religious differences exist. Ethics are not only formed by a core set of ideas,

values or opinions. Ethically correct interventions and actions should always be viewed against the socio-economic background in which they take place. In many situations, for instance, it wouldn't be justified to restrict movement of a child with behavioral problems. If, however, the child is so violent that he or she attacks other siblings and relatives it could be justified to some extent that parents decide to restrict movement of such a severely mentally and behaviorally disabled child. Ethics demands from us that we try to understand people and their actions in order not to apply only our own norms and value systems, but to view them through the lens of their situation and background.

## Assignment

### Competencies

*The participant:*

- becomes more aware of own norms and values as well as possible prejudices and discriminatory ideas about disability
- enhances skills to reflect on his or her own behavior from the viewpoint of ethics

### Session preparation

*Setting:*

all parts of this assignment are prepared individually. Following the individual assignment participants present and discuss their ideas in a plenary session.

*Approximate duration:*

- individual preparation: 45 minutes
- plenary session: 60 minutes

*Required materials:*

- coloured cards and markers

**Suggested session design:**

using propositions, description of a day of a person with a disability, reflection on attitudes towards disability

**First part**

Answer for yourself the following 10 propositions within one minute at the maximum.

PROPOSITION	YES	NO
1. I would buy cakes from a person whose hands are affected by leprosy	<input type="checkbox"/>	<input type="checkbox"/>
2. If a group of 5 children with mental disabilities sits in the bus that I am about to take, I would try to find a place somewhere else	<input type="checkbox"/>	<input type="checkbox"/>
3. I would allow my child to marry a person who sits in a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
4. There should be special regulations for persons with physical disabilities so that they can get jobs more easily	<input type="checkbox"/>	<input type="checkbox"/>
5. I would feel happy if a boy with Down's syndrome joined my child's primary school class	<input type="checkbox"/>	<input type="checkbox"/>
6. A person who has been in a mental hospital can drive a car	<input type="checkbox"/>	<input type="checkbox"/>
7. I would appreciate if a person who has a spastic arm and leg took my order at a restaurant	<input type="checkbox"/>	<input type="checkbox"/>
8. Disability is sent from God	<input type="checkbox"/>	<input type="checkbox"/>
9. I would feel uncomfortable when a spastic boy would touch my hair	<input type="checkbox"/>	<input type="checkbox"/>
10. I would leave my three-month-old baby with a neighbor who uses two crutches to walk	<input type="checkbox"/>	<input type="checkbox"/>



Reflect on what you have filled in. Are you surprised with your own ideas? Why or why not?

**Second part**

Think about a particular person with a disability whom you know quite well.

Describe an ordinary day, from morning till evening. What does he or she do in the morning; the afternoon; the evening? How long does it take to do his or her daily activities? Which struggles does he or she have? Could you consider if he or she would have certain worries for the future? Which ones?



**Third part**

Write down in large letters on colored cards in keywords how you think the people in your own community view persons with disabilities. Stick the cards to the wall. Each group member is asked to give a brief presentation about what he or she has written down. Have a plenary discussion about similar and different attitudes and cultures.

**Considerations**

Even if we don't want to discriminate, even if we think we do not have any prejudices, we all have restrictive thoughts and ideas about disabilities at times. These ideas prevent us from seeing abilities and opportunities and might be formed unconsciously. They may be a result of past experiences, or of common ideas that exist in our community and/or culture. It is not wrong to have these ideas, everybody has them, but at least we have to be aware of their existence. Only then can we approach people with an open mind to observe the person just as he or she is. Especially in the field of CBR, where we are confronted with different people in different situations, enabling thoughts will lead to enabling approaches. In the above case study it is likely that the doctor understood that he would not be able to visit this family again. If he would have said nothing, or even if he would have spoken so gently that no impact was made, the situation would not have changed and it would have remained in his conscience for the rest of his life. The doctor might have used his authority purposively, because the situation left him little choice to act differently.