Cancer Research UK (CRUK) wants people to “show us your fight face” by posting their selfies on Twitter to raise money for its “life-saving research to bring forward the day when all cancers are cured.” In Glasgow, earlier this year, an advertising agency working for the Beatson Cancer Centre declared on billboards, “Be full of hope. Be courageous. Be ready to fight,” adding that it was “determined to beat cancer.”

CRUK says it has a “war chest” for research funding. Many patient-bloggers on its website describe “victories” over cancer. The charity describes research that “recruits viruses for cancer battle,” under the heading “Let’s research that.”

The advertising agency for CRUK’s fun runs said that it aimed to transform them “from a gathering of women in pink” to an “army who run, dance, and sing.” The agency said lines like “Cancer! We’re coming to get you” and “Oi! Cancer! You. Me. Outside. Now.” were “designed to have cancer quaking in its rubber boots.”

Military metaphors appeal because they make grey shades distinct and the “enemy” clear. But they are also prejudicial. Susan Sontag pointed this out in her Illness as Metaphor in 1978; we have not made much progress since. The late journalist John Diamond wrote, “My antipathy to the language of battles and fights has . . . everything to do with a hatred of the sort of morality which says that only those who fight hard against their cancer survive it or deserve to survive it—the corollary being that those who lose the fight deserve to do so.”

It’s astonishing, then, that Diamond’s view has gained so little respect among fundraisers. It’s one thing to accept individual patients’ use of war metaphors for themselves; it’s another to encourage their widespread use.

And what of the potential harms? How many patients fear that they are not “a fighter” and will be damaged by that kind of pressure? One series of interviews found that patients thought that doctors had promoted a “positive attitude” but that this left little room to express fear, shock, or sadness.

Many types of cancers are not curable; thousands of people are living with “the enemy.” In the unlikely event that “all cancers are cured,” humans will still die. No one needs to be told what their attitude to illness should be—least of all by advertising agencies.

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Is it ethical to hire sherpas when climbing Mount Everest?

A medical ethical approach may be useful, but the jury’s still out, writes Emily Largent

The Everest climbing season that has just ended was marred by the worst accident in the mountain’s history. On 18 April 2014, 16 Nepalese sherpas died in an avalanche, and subsequent climbing expeditions were cancelled. The deaths of men from poor communities, hired to perform dangerous tasks for the sake of mountain climbing, provoked controversy.

I used data on deaths above base camps from the Himalayan database, and definitions from a prior study. The aggregate risk of death for sherpas during a climbing season was 0.8% between 1922 and 2013. Including the recent disaster, 73% of all sherpas’ deaths resulted from objective hazards (avalanche, ice-fall collapse, crevasse fall, or falling rock or ice) (see the figure and table on the bmj.com).

The question of whether it is acceptable to pay porters to assume risks for the benefit of others is an extreme variant of cases—common in medical ethics—where compensation and assumption of risk coincide. Consider debates about the sale of vital organs, paid gestational services, and material incentives for participation in clinical studies. Five concerns that routinely arise in these debates are those of adverse risk-benefit ratios, undue inducement, coercion, exploitation, and effects on potential safety measures. How sound are these concerns in the context of Everest?

Firstly, is the aggregate 0.8% risk of death in each climbing season “worth it” to the sherpas, given the benefits? A high altitude sherpa can earn up to $5000 (£3000; €3700) a season; a porter at lower altitudes earns substantially less. Although the mere offer of employment cannot—by definition—coerce, it is less unfair advantage of another’s unfairly bad background. How sound are these concerns in the context of Everest?

Secondly, is the aggregate 0.8% risk of death in each climbing season “worth it” to the sherpas, given the benefits? A high altitude sherpa can earn up to $5000 (£3000; €3700) a season; a porter at lower altitudes earns substantially less.

Thirdly, is the aggregate 0.8% risk of death in each climbing season “worth it” to the sherpas, given the benefits? A high altitude sherpa can earn up to $5000 (£3000; €3700) a season; a porter at lower altitudes earns substantially less. Although the mere offer of employment cannot—by definition—coerce, it is less

Fourthly, is the aggregate 0.8% risk of death in each climbing season “worth it” to the sherpas, given the benefits? A high altitude sherpa can earn up to $5000 (£3000; €3700) a season; a porter at lower altitudes earns substantially less. Although the mere offer of employment cannot—by definition—coerce, it is less unfair advantage of another’s unfairly bad background. How sound are these concerns in the context of Everest?

Fifthly, is the aggregate 0.8% risk of death in each climbing season “worth it” to the sherpas, given the benefits? A high altitude sherpa can earn up to $5000 (£3000; €3700) a season; a porter at lower altitudes earns substantially less. Although the mere offer of employment cannot—by definition—coerce, it is less unfair advantage of another’s unfairly bad background. How sound are these concerns in the context of Everest?

A high altitude sherpa can earn up to $5000 a season... this would not justify assuming severe risks for most people in developed countries

We lack evidence that payment to sherpas creates cognitive distortion. Money clearly induces impoverished guides, but perhaps not unduly so. If sherpas are fully informed about the consequences of their choices, in light of their limited alternatives, they may make a perfectly rational choice to work on Everest.

Coercion is usually thought to occur only when one person implicitly or explicitly threatens another with harm in order to obtain compliance. Even if sherpas have no reasonable alternative except to work on Everest, they have not been coerced because they have not been threatened with harm. The remorseful climber admitted to experiencing the “guilt of hiring somebody to work for me who really had no choice.” Although the mere offer of employment cannot—by definition—coerce, it is less clear if, in “no choice” situations, offers violate some other right to autonomy.

Exploitation occurs when one person takes unfair advantage of another’s unfairly bad background conditions. By this definition, wealthy climbers are exploiting sherpa guides. However, this is mutually advantageous exploitation. The employment agreement makes both parties better off than they would be without it. Few Western expeditions would make it to the summit without a sherpa, and sherpas gain financially. Although wealthy climbers can shift risk to sherpa guides cheaply only because the sherpas lack decent employment alternatives, wealthy climbers are not personally the source of this background injustice. That is, they did not cause the income inequality, and it would be worse for many sherpas not to be thus exploited. It is an open and difficult moral question as to what, if anything, is the problem with mutually beneficial exploitation. So the correct policy response to this exploitation is not obvious.

The ethics of employing sherpas on Everest are complex. The solution that would be best for everyone is probably to make climbing Everest as safe as possible. Given the difficulty of predicting and avoiding objective hazards, however, it might be impossible in practice to improve safety greatly. Insofar as there is much demand to climb Everest and sherpas are essential to successful ascents, the sherpas could “exploit” this demand to claim higher wages and insurance payments than they currently do. Might increased compensation be perceived as a sufficient benefit to offset risk and therefore drive down investment in safety measures (a “crowding out” effect)? Perhaps. But higher insurance payments could also force Western guides and the Nepalese government to take risks to sherpas more seriously.

It remains unclear whether it is ethical to hire Everest sherpas under existing conditions. However, the close connection of the relevant considerations to mainstream medical ethics provides a framework for approaching this problem.

References are in the version on the bmj.com.

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