

The real Ethical Guidelines

There is no doubt that images and film are important to MSF – they help us raise awareness, témoignage and money to continue our work, they inspire people to come and work with us, they raise awareness about the plight of the people with whom we work (and thus form a core part of our témoignage mandate). Taking and using photos of patients, often in distress or pain, bring up ethical questions.

This document is a must-read for all communications MSF staff who produce and/or use images and film, including contracted photographers and film crew. It is intended to offer guidance on the use of audio-visual material and to help MSF staff use images in a truthful way that protects the rights and dignity of the subjects. This guide encourages ethical behaviour as a minimum standard when producing and using images at or for MSF.

The terms 'photo' and 'photographer' are often used in the document but also refer to moving images and camera crews. The term 'MSF audio-visual producer' refers to photographers and videographers both those employed and those commissioned by MSF.

1. **Behave with courtesy:** MSF audio-visual producers always conduct themselves with tact, sensitivity and professionalism towards medical staff, operations personnel, public authorities as well as at all times towards patients and members of the public. Always identify yourself and state your intention to gather material.
2. **Getting consent:** MSF audio-visual producers always collect freely given, specific, *informed* and unambiguous consent (written or video) of subjects to appear in audio-visual material.
Consent considerations:
 - a. Consent negotiations must be carried out in the subject's native language.
 - b. Acknowledge the right of individuals to be un-identifiable and provide them with the means to do so.
 - c. Explain any possible uses of the photo including on the Internet, internationally and in their home country. If a patient is concerned, offer solutions to film in a way that keeps the patient anonymous.
 - d. In many cultures, family consent is required.
 - e. In the case of minors, always seek out a parent or responsible guardian to inform them and obtain consent to photograph or film the subject.
 - f. Some situations make it hard for patients to give meaningful consent to be photographed. For patients who are mentally ill, unconscious, in great pain or distress, in a state of shock, a caregiver or close relative should be asked for consent on their behalf.
 - g. Consent to film should be requested by the photographer (not medical or operational staff)

Use this standard [written consent form](#) to collect informed consent (**languages are added as they become available**).

Use this [standard video script](#) for informed audio/video consent.

3. **Consider the consequences:** MSF audio-visual producers are mindful of the potential consequences of their coverage and don't seek to expose or put patients, MSF staff, or the organisation itself, at risk through the collection and/or dissemination of audio-visual material and private data associated.
4. **Fair-play:** MSF photographers do not pay their sources for information or the subjects of their photography or video. Furthermore, MSF employees will use their position to favour sub-contractors or provide access to projects for financial (or equivalent) gain.

5. **Limited post production:** MSF audio-visual producers provide truthful, accurate coverage. Post production image manipulations should be kept to a minimum and may include:
- Colour corrections that are needed to assure a good rendering of an image for print or web publishing.
 - Cropping that does not alter the content and atmosphere in the image.
 - Enhancements that do not affect the integrity of the image

All the above should be done with approval of the photographer and AV Editor.

6. **Child protection considerations:** Images of children are particularly prone to causing distress or offence and careful thought should go into the production of such images.
- Consent of child and caregiver: always get informed consent from the child and the parent/responsible guardian
 - Nudity: While babies are born naked and many of our younger patients (particularly in the developing world), happily run around with no clothes, there is a perception in many countries in the West that it is not appropriate to show a child's naked genitals. Be very careful in taking images that might cause offence.
 - Vulnerability: It is extremely important that MSF images do not twist reality. For example, a child's mother should not be cropped out of a picture in order to make a baby look more helpless. A child should not be placed on the ground in order to give the impression that it is abandoned and unloved.
7. **Taste and decency:** Through its photography and film, MSF seeks to show dignified human beings, not helpless objects of pity. How people are portrayed can make a big difference. Consider the following:
- Position of the subject: A malnourished child crawling naked on the ground and photographed from above might evoke the picture of an animal or reduce the child to an object in the eye of the viewer. If the same malnourished child is seen in its mother's arms, or shown to be taken care of or protected, the impression is more positive.
 - Perspective: a black person lying on the ground with a white doctor bent over them, taken from above, can give the impression of a helpless victim to be looked down upon. Photographed at eye level, the same person appears to be on the same level as the viewer.
 - Distance: Showing a person in emotional distress in a close-up shot might violate his/her privacy, while keeping a certain distance might show more respect.
 - Obscenity: It is not always easy to know what an audience or society would consider obscene. Be careful with images that can be seen as reducing women, or children, to objects of desire.
 - Suffering: MSF works in some terrible places where awful things happen to people. While it is right for the organization to alert donors to the truth of what is happening, it needs to carefully balance images of extreme suffering with action to alleviate it. MSF wishes to avoid simply tugging on donors' heart strings (or wallets!), leaving them with the impression that MSF's patients are helpless without us.
 - Stereotypes: Be careful not to propagate the outdated colonial image of 'incapable Africans waiting passively for help from their white saviours' or promoting other stereotypes – for example, showing matchstick-thin, black, child's fingers dwarfed by a benevolent white hand/people holding out bowls of food. Images of victimhood should be avoided where possible, preferring instead a mixture of images including MSF teams (national and expat staff) in action, capable people helping themselves.
 - Accuracy and honesty: Photos and the contexts in which they are used should avoid:
 - Wrongful attributions (false identification)
 - False information about places and people
 - Misleading juxtapositions

- Using photographs from an outdated context without making this clear
- Giving the impression that all work is done by expatriate staff
- Using appeal/campaign photographs to make false generalisations

- 8. Cultural sensitivity:** Before travelling to another culture, talk to colleagues or consult a guidebook to learn about the culture's views towards photography and the issues the photographer wants to document. Find out if photography is considered rude or sacrilegious. Take particular care and sensitivity when photographing taboo practices (e.g. abortion/prostitution), or stigmatised populations (e.g. unveiled women in Afghanistan). Photographing patients and other people involved in certain activities (e.g., abortion, prostitution) or any military environment is sensitive in most societies.
- 9. Obtaining relevant permissions:** MSF is not generally the "owner" of the medical facility in which we work – often the structure belongs to the Ministry of Health or local community authority. It is vital that the AV producer gets permission from the necessary authorities running the facility before starting to work.
- 10. Fair use of photos:** MSF must represent patients fairly. If someone were suffering from one disease (e.g. malaria), it would be wrong to use his or her image to illustrate an article about a different disease. If a child is not an AIDS orphan, (e.g., his parents died in a car crash), it would be wrong to describe him as one.
- 11. Appropriate audiences:** MSF trusts that communications and fundraising staff around the movement will choose different images according to the audience they are targeting. For example, a graphic photo of childbirth may be used in a midwifery magazine, but not in general donor material. When visual material is used without accompanying context information or text (posters, TV spots, fundraising brochures), audio-visual producers should be particularly careful as the images will carry the whole message. Consider the following:
- a. General public: be careful not to use an image purely for shock value. Careful thought should be given before using images of:
 - Severely emaciated children
 - Serious medical conditions such as open wounds, ulcers, eczema
 - Large quantities of blood
 - People in great emotional distress
 - b. Medical audience: Pictures of critical medical conditions may be acceptable for a medical audience.
 - c. MSF internal training: The pictures selected should provide an appropriate preparation for the conditions the expat might find. Upsetting pictures might be appropriate to use if the right kind of context information is provided.

Read the [AV Best Practices](#) for more guidance on producing quality audio visual material.