

Despite some similarities, research in these environments has additional requirements designed to preserve the informed consent rights of servicemembers, ethical standards, and classified information. Studies approved for conducting research in current combat operations were reviewed. **Methods:** This is a descriptive, retrospective study of protocols that currently have been approved for conducting research in Operation Iraqi Freedom and Operation Enduring Freedom.

Results: During the period of July 2005 through October 2006, seven retrospective chart review protocols and six prospective, observational studies were submitted to the Research Committee in Iraq for review and approval at the Brooke Army Medical Center Institutional Review Board (IRB). All protocols were approved by the IRB for implementation in Iraq. Most of these protocols involved trauma care treatment. One prospective study investigating the effects of blast-concussive injuries on US soldiers in Iraq that required informed consent was reviewed and approved.

Conclusions: The conduct of military medical research will continue to make an important contribution to the civilian and military medical communities. Although policies and regulations to conduct research and release associated findings often seem cumbersome and stringent, these added hurdles serve to ensure protection of human subjects, and to prevent unintentional aid to unfriendly forces.

Keywords: combat; ethics; institutional review board (IRB); Iraq; research

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Medical Ethics in Mass-Casualty Incidents and Disasters: The Tel Aviv Medical Center Experience

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Healthcare providers face ethical dilemmas nearly on a daily basis and follow codes that lead them in their daily functions. Because health providers deal with critical issues, the code of ethics should be clear and easily understood.

During a mass-casualty incident (MCI), many ethical dilemmas present. The aim of this paper is to provide an overview of the attitudes and beliefs of nurses and physicians during a MCI caused by a terrorist attack and to expose them to the ethical dilemmas that may be encountered. These dilemmas were presented to the medical staff in the Emergency Department, Intensive Care Unit, and Trauma Department of the Tel-Aviv Sourasky Medical Center (TASMC).

More than 100 nurses and physicians from five departments in the TASMC were interviewed. The questions included:

1. Are there any differences between ethical dilemmas during “regular” time and ethical dilemmas during MCIs or following wartime?
2. How will we continue and keep our professionalism while treating a terrorist that was admitted into the department after he or she killed children in the attack?

Keywords: ethics; healthcare providers; mass-casualty incident (MCI); professionalism; terrorism

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The Need for a World Association for Disaster and Emergency Medicine Ethical Code

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The number and magnitude of disasters, both human-made and those caused by natural hazards, have increased in recent years. Unfortunately, disasters will never cease to exist. The modern revolution in information management and communications has turned the world to a small village. Therefore, it is common to see many governmental and non-governmental humanitarian aid organizations, and sometimes military forces, responding to a disaster with the intention to rescue and help victims. These groups may find themselves in a different country with a different language and culture. Previous experiences have demonstrated that despite good intentions the time has come to develop an internationally recognized and agreed upon Ethical Code for the World Association for Disaster and Emergency Medicine (WADEM). This code should define the following:

1. The duties of the different groups;
2. The relationship between different groups and hosting countries;
3. The rights of the victims; and
4. The relationship between the different humanitarian, non-governmental aid groups.

Keywords: disasters; ethical code; humanitarian aid groups; non-governmental organizations; World Association for Disaster and Emergency Medicine (WADEM)

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Poster Presentations—Theme 4: Ethics and International Law

(96) Organization of Surgical Hospital in Case of Ethical Distrust

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In June 1999, after bombing stopped in Serbia and Montenegro, 1,463 medical staff members of non-Albanian origin were dismissed from the clinical center in Pristina. There are areas in Kosovo that are primarily inhabited by Serbs who did not have access to medical care after the bombing. To meet this need, a small hospital was built in the village of Gracanica, several kilometers from the Clinical Center in Pristina. The hospital was built with help from Greece and staffed by Albanians. It contained two operating theaters and a four-bed intensive care unit two ventilators and invasive monitoring capability. General, pediatric and orthopedic surgeries were performed at the hospital, as well as obstetrics.

This small hospital was technically and professionally equipped to perform all urgent interventions. The hospital was surrounded by villages with an Albanian majority. Frequent power and water outages, attacks by terrorists, and limited movements were just a few of the challenges the staff of the hospital faced. Under difficult conditions,