

Symposium: Ethical Issues in Disasters and Emergencies

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Bio-Ethical Codes for Physicians and Medical Staff for Disaster Medicine

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In a disaster situation:

1. Rescuers are duty-bound to protect their life, and not expose themselves to unnecessary hazard — prevention: training, personal protective equipment, inoculation, early change of exhausted staff.
2. It is not possible to observe usual, everyday patient's rights — free choice of physician, individual treatment.
3. Medical care is provided for patients without regard to their customs, race, religion, or political views.
4. There is a disproportion between needs and available resources — necessity for triage to be performed by the most experienced doctor on-site) — repeated triage essential after a time.
5. During rescue activities a shift of competence with regard to medical outputs is permitted, e.g., when the medical staff is able to perform it without damage to the patient. ("Primum est non nocere") It is not possible to break the laws of the country — only a possibility to convince governments to change these rules, and to include these principles into international conventions.
6. An ethical approach must be taken — mistakes in management of rescue activities are mistakes from ethical standpoint — prevent amateur rescue activities that can damage the patient.
7. During rescue activities, discipline must be observed fully.
8. Observe the dignity of death and dying — dignified handling of human bodies and body parts — keep documents for use in future identification procedures.
9. Do not permit enrichment by a property of victims.
10. The confidentiality of personal data may be impossible, but prevent its abuse (e.g., by mass media).

Keywords: choice; codes; culture; dignity; disaster medicine; ethics; mistakes; needs; physicians; race; religion; rescue; resources; rights; triage

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Mundane to the Critical: Need for Transition from Individual Care to Population Health Maintenance and Support

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In today's world, the concept of "standard of care" and best individual care is pervasive, and is the only guide used in determining the type of healthcare to be provided. However, in a disaster or mass casualty incident, it no

longer is sufficient to think in terms of "best care"; instead, we must transition to the concept of "sufficient care." During an "unconventional" incident, this concept is driven primarily by constraints in resources (material, personnel, time) and also by the necessity to maintain the population, or even society, beyond the relatively simple needs of the individual. Thus, "sufficient care" protocols can serve as a basis for triage decisions.

This presentation considered these issues and discusses some aspects of the problem for thought and evaluation. Case studies and recommended doctrine also are presented.

Keywords: care; disaster; healthcare; resources; standards; triage

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Ethical and Logistical Challenges of Conducting Research Involving World Trade Center Survivors

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There is a small but important body of literature that examines the impact of research involving survivors of disasters that underscores the potential harm to study participants through revisiting the disaster events. Yet, in order to make important policy and procedural changes that may help both current and future disaster victims, such research is vital. The difficulty lies in how to balance the needs for research with the needs of the survivors. There is a concern that disaster survivors may need special protections because they may be especially vulnerable to harm related to the research process itself.

This issue is of immediate concern to us as one of several teams of investigators exploring various aspects of the New York City World Trade Center (WTC) disaster. In our case, we are examining the individual and organizational factors that may have served as barriers or facilitators to timely and effective evacuation of the WTC on 11 September 2001. The difficulty of ensuring that survivors are not overburdened by multiple requests for participation in numerous studies is an important consideration, as are the logistics required for contacting survivors in order to recruit them into the various studies. This is difficult especially using the WTC example, since the businesses formerly located in the towers have since relocated throughout the tri-state area, and many employees have moved on to other jobs and no longer are employed by the same firms. These and other ethical and logistical considerations of conducting disaster research are addressed with practical solutions identified that may serve to help other researchers.

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Keywords: barriers; disaster; ethics; logistics; New York City; participation; research; studies; survivors; vulnerability; World Trade Center (WTC)

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