

Conclusion: It is important for humanitarians to identify and discuss ethical challenges and problems, to ensure responses to emergencies are not disconnected or lead to negative impacts. While this paper cannot show saturation of the types of ethical challenges facing humanitarian healthcare organizations, it is a move to bring stories forward and formalize and capture histories so we can learn from them.

Prehosp Disaster Med 2017;32(Suppl. 1):s48–s49
doi:10.1017/S1049023X1700139X

Aid - When There is “Nothing Left to Offer”: A Survey and Qualitative Study of Ethics and Palliative Care During

International Humanitarian Emergencies

Lisa Schwartz¹, Matthew Hunt², Elysee Nouvel³,
Humanitarian Health Ethics Research Group Hhe¹

1. Clinical Epidemiology And Biostatistics, McMaster University, Hamilton/ON/Canada
2. School Of Physical And Occupational Therapy, McGill University, Montreal/QC/Canada
3. Clinical Epidemiology And Biostatistics, McMaster University, Hamilton/Canada

Study/Objective: How can humanitarian organizations support ethically and contextually appropriate palliative care in humanitarian crises? This ELRHA (R2HC) funded study explores the ethical complexities of doing so, asking how existing standards of palliative care may be adapted to support delivery of ethically and contextually appropriate palliative care in humanitarian action.

Background: There is a lack of evidence clarifying ethical and practical possibilities and consequences of humanitarian organizations, addressing or failing to address patients’ palliative needs. This study seeks to inform realistic, context-sensitive guidance, education, and practice for the provision of palliative care during humanitarian emergencies. Beginning with a survey of international aid organizations, we aim to identify a baseline of current palliative care provisions for clinical and psychosocial care in humanitarian action.

Methods: Concurrent exploratory mixed-methods involving 1) survey to investigate to what extent humanitarian organizations enable staff to provide palliative care, 2) interviews with stakeholders (local/expatriate humanitarian staff, local care providers, community members) to better understand lived experiences of palliative care needs in humanitarian emergencies.

Results: Survey results and preliminary analysis of interviews will be shared. Responses cover: preparedness to deliver palliative care in humanitarian emergencies (disasters, conflict areas, epidemics); resources currently available to support the delivery of palliative care in humanitarian contexts, and ideas/concerns related to integration of palliative care into humanitarian healthcare.

Conclusion: Palliative care is an area of growing global concern. It is increasingly recognized as necessary, yet simultaneously seen as outside the realm of possibility, particularly in humanitarian settings, where care in life threatening conditions may be logistically and ethically challenging. The 67th World Health Assembly resolved on “strengthening palliative care as a component of comprehensive care throughout the life course.”

Our study helps illuminate ethical and practical concerns for applying palliative care in humanitarian crisis.

Prehosp Disaster Med 2017;32(Suppl. 1):s49
doi:10.1017/S1049023X17001406

Developing the Disaster Medical Assistant Team Education and Training Program (DMAT)

Soon-Joo Wang

Hallym University, Hwaseong/Republic of Korea

Study/Objective: The study objective is to create the contents and program in disaster medical training system.

Background: Disaster medical education and training were not mandatory in Korea, but several kinds of programs existed. The disaster medical education and training has been mandatory in Korea since 2014. The newly developed official disaster medical education and training system, which should be applied from 2015, was necessary.

Methods: We reviewed the disaster medical education and training program in advanced countries including the US, EU and Japan, and compared them with the existing programs in Korea. After analysis and comparison, a new contents and program for Korean situations was developed, and they were applied to the pilot program repeatedly for confirmation of adequate educational effect.

Results: First, the official national disaster medical manual was developed, and the contents and programs were developed after that. The program includes the following;

- disaster medical system
- Disaster Medical Assistance Team (DMAT) operation
- logistics
- sample activities of DMAT
- radiologic disaster
- chemical disaster
- disaster mental health support
- communication system in disaster
- in hospital disaster
- equipment preparedness for EMAT
- table top simulation
- comprehensive disaster drill The pilot program operated appropriately.

Conclusion: For medical response in a disaster, the standard minimal requirement for disaster medical education and training should be developed, and disaster medical personnel should participate in this program.

Prehosp Disaster Med 2017;32(Suppl. 1):s49
doi:10.1017/S1049023X17001418

Vulnerable Populations: Investigating Ethical Implications for Policies and Practices of International Humanitarian Organizations

Lisa Eckenwiler¹, Ayesha Ahmad², Ryoa Chung³, Matthew Hunt⁴, Jackie Leach Scully⁵, Lisa Schwarz⁶, Nina Wild⁷

1. Philosophy, George Mason University, Fairfax/VA/United States of America
2. University College London, London/United Kingdom

3. University of Montreal, Montreal/AB/Canada
4. McGill University, Montreal/QC/Canada
5. Newcastle University, Newcastle/United Kingdom
6. McMaster University, Hamilton/ON/Canada
7. University of Munich, Munich/Germany

Study/Objective: To explore how the notion of “vulnerable populations” is understood and used in the policies and practices of international humanitarian organizations, and to consider its ethical implications for crisis-affected populations and humanitarian actors.

Background: Humanitarian organizations have responded to evidence that particular groups may be differentially affected in crises by adapting their policies and practices to better promote equity. Women and disabled people are two “vulnerable populations” who have been the focus of recent efforts. We wish to examine how the concept of “vulnerability” is understood and operationalized in humanitarian health assistance, and its ethical implications. To what extent does the concept of vulnerability promote equity (eg, through improved access to services), and to what extent does it generate other kinds of ethical concerns for recipients and humanitarian actors?

Methods: We propose to: (1) interview humanitarian health workers and policy makers about their expectations and experiences concerning assisting vulnerable populations, and (2) to review relevant humanitarian guidance documents and policies. We also (3) propose to interview aid recipients, especially women and the disabled. We will use the theoretical lens of “epistemologies of marginalization” to examine how humanitarians understand and operationalize vulnerability, and consider possible implications for humanitarian actors and aid recipients. Might constructions of vulnerability threaten the moral agency of recipients and perpetuate notions of otherness? Might they obscure background conditions of justice? Might they forestall other models of relations between humanitarian actors and crisis-affected populations? How do responses to one category of vulnerability shape responses to others (eg, how do responses to gender shape responses to disability)?

Results: Pending.

Conclusion: Our study will inform humanitarian policy and practice to better support all people in need of assistance. It will contribute to the evidence base on the efficacy and ethics of interventions targeting “vulnerable populations” and inform future policy and practice for humanitarian actors.

Prehosp Disaster Med 2017;32(Suppl. 1):s49–s50

doi:10.1017/S1049023X1700142X

Human Right to Healthcare: Equitable, Evidence-Informed Policy on Refugee Healthcare in Canada

Valentina Antonipillai¹, Lisa Schwartz¹, Andrea Baumann², Olive Wahoush¹

1. Clinical Epidemiology And Biostatistics, McMaster University, Hamilton/ON/Canada
2. McMaster University, Hamilton/ON/Canada

Study/Objective: This study aims to examine how the Interim Federal Health Program changes impacted the health and availability of care for refugee populations, particularly by

assessing how the rates of ER admissions and/or adverse events are associated with reduced health care service access, before and after policy reform implementation.

Background: In 2012, the federal government limited access to essential healthcare services through retrenchments to the Interim Federal Health Program (IFHP), a policy of healthcare coverage for refugees. In response to the federal court’s decision, some services were restored in 2014 for select categories of refugee populations through a more complex system of health coverage. However, health care coverage gaps continued to exist for refugees and refugee claimants under the new program, resulting in the formulation of provincial government-led programs and clinics for newcomers, aimed to bridge the gap for refugees to access healthcare. As of April 2016, the newly elected federal government of Canada has reinstated comprehensive coverage provided through the IFHP, restoring fairness and equity to refugee healthcare. However, there is no evidence regarding the efficacy of the 2016 reforms, and the impact the 2014 reforms have had on the health and availability of care for refugees.

Methods: A quantitative analysis will retrospectively analyze the 2012 and 2014 reform periods, examining Emergency Room admission rates and adverse outcomes, such as in-patient stays, for refugee populations before and after reform implementation.

Results: The findings expect to reveal the relationship between policy reformation, specifically the retrenchment of health services and ER visits.

Conclusion: With the global refugee crisis on the rise, and the nation’s active efforts to receive thousands of refugees, examining the IFHP reforms will reveal lessons learned on which to build to provide equitable access to a vulnerable population of future Canadians.

Prehosp Disaster Med 2017;32(Suppl. 1):s50

doi:10.1017/S1049023X17001431

ETHICS in Disaster Response: The Development of an Ethics Disaster Response Program.

Annekathryn Goodman¹, Hilarie Cranmer², Shauna Murray², Miriam Aschkenasy²

1. Obstetrics And Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston/MA/United States of America
2. Massachusetts General Hospital, Boston/MA/United States of America

Study/Objective: Report on the development of an Ethics curriculum for disaster responders.

Background: In addition to treating the acute injuries of survivors in the aftermath of a disaster, health care workers must confront significant ethical issues that are unique to the disaster setting. This can lead to moral distress and uncertainty about appropriate responses. Massachusetts General Hospital (MGH) has delivered first responders to disasters since the 1917 maritime harbor explosion in Halifax, Nova Scotia. The department of Global Disaster Response at MGH (MGH GDR) was formed in 2011 after the Haitian earthquake to centralize training and certification of MGH providers as disaster responders. This report summarizes our establishment