

whom have remained in the country. JICA investigated whether Moldova's healthcare needs were burdened by accepting a large number of Ukrainian refugees, and examined the way to support them.

Method: JICA dispatched the 3rd team as a survey team. The 2nd team consisted of two medical doctors, one nurse/midwife, one clinical engineer (CE), one Japan DMAT logistician, and two JICA staff. The dispatch period was three weeks when five major hospitals were visited in the capital, evaluating the current situation and the need for support for the future.

Results: As of April 6, 2022, 3,853 people were staying in refugee accommodation centers, while the rest lived in ordinary Moldovan families. Evacuees, like Moldovan citizens, were covered by health insurance, and evacuees had access to medical care. Medical institutions were not overwhelmed by medical needs due to the Ukraine crisis. There was no epidemic of infectious diseases even at evacuation centers. However, since there was no system to share emergency information between hospitals, we held a disaster medical seminar to introduce the current situation of disaster support in Japan and supporting EMTCC.

Conclusion: As a survey team, not only doctors but also nurses, midwives, and CEs surveyed, making it easier to understand the specific medical needs at medical facilities. Most of the evacuees stayed in ordinary Moldovan homes, and it is possible that avoiding a crowded environment at the evacuation shelters prevented the epidemic of infectious diseases.

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“We decide according to the protocol”: Humanitarian Healthcare Workers’ Moral Experiences of Palliative Care-Related Decision-Making in Cox’s Bazar, Bangladesh

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Introduction: 919,000 Rohingya refugees live in overcrowded camps in Cox’s Bazar, Bangladesh after fleeing violence in Myanmar. The Médecins Sans Frontières (MSF) Goyalmara Hospital offers the highest level of pediatric and neonatal care serving the Rohingya refugees and palliative care is gradually being integrated due to high mortality and medical complexity of patients. The purpose of this study was to understand the moral experiences of staff involved in providing palliative care to inform program implementation at Goyalmara Hospital and in other humanitarian contexts.

Method: This focused ethnography was conducted between March–August 2021 at Goyalmara Hospital. Data collection involved participant-observation, individual interviews (22), focus group discussions (5), and analysis of protocols and other documents. Interviews and focus groups were audio-recorded, translated, and transcribed. A coding scheme was developed, and data coded using NVivo 11.

Results: A key finding of this study was the important yet contested role of clinical guidelines and policies in palliative care related decision-making which was shaped by the authority and impermanent presence of international staff in the project. Staff saw clinical guidelines as a valuable resource that supported a consistent approach to care over time, and some locally hired staff used clinical guidelines as a tool to support their point of view during care planning discussions with international staff. Others felt that palliative care guidelines and other policies were inappropriately or rigidly applied, particularly surrounding decisions to refer (or not refer) patients to a higher level of care, or to discontinue certain medical treatments at end of life.

Conclusion: MSF staff experienced tension between the need for clarity and consistency, and the need to tailor guidelines to the context, patient, and family. Open discussion of staff concerns may alleviate moral distress and alert teams to areas where advocacy, staff psycho-social support, training, or clinical mentoring are needed.

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Utilization of Regular Ships as Hospital Ships in a Disaster Situation: A Trial Report from Japan

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Introduction: Japan is an island nation surrounded by the ocean. Seventy percent of the country is mountainous, and there is no abundance of habitable flat land. Japan is a disaster-prone country, with an average of 25 typhoons per year occurring near Japan and 20% of the world's earthquakes of magnitude six or greater occurring in Japan. The Great East Japan Earthquake (2011) destroyed many medical facilities in coastal areas. The government is seeking ways to continue medical services using ships in preparation for future Nankai Trough Earthquakes. This study introduces the current status of studies for installing hospital ships in Japan.

Method: Based on materials on hospital ships published by the Cabinet Office and reports on training exercises conducted by various organizations, this report summarizes the current status of studies on introducing hospital ships in Japan.

Results: In 1991, a committee was established to gather domestic experts to study a multi-purpose ship, and various studies have been conducted intermittently. The current policy focuses on utilizing existing resources such as Self-Defense Force cargo ships, civilian car ferries, etc. The demonstration training for a hospital ship with the Self-Defense Force's field surgery system and the Red Cross Emergency Response Unit has been conducted. Other studies are underway to provide medical support to remote islands by ocean tugboats. Future issues for utilizing existing ships include 1) maintaining medical personnel and medical equipment and materials in times of disaster, 2)

