


Disaster Bioethics. Preparing and taking care of the carers.

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Outline

- Who are the carers ?
 - What are the ethical issues/dilemma's ?
 - How to prepare ?
 - How to take care ?
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1. Who are the carers ?

1° The sequential development of disaster management:

- 1960's: response
- 1970's: systematic preparedness approach
- 1980's: mitigation, protection of infrastructure
- 1990's and early 2000: risk reduction, build resilience

Who are the carers ?

2° The development of different kinds of activities:

Risk assessment

Legislation

Logistics

Organisation/coördination

Education/training

Communication

Evaluation/research.

Who are the carers ?

3° The development of activities at different levels:

International

National

Regional

Local: community

Matrix

	legislation	logistics	Organisation	training	Communication	Evaluation
international			X			X
national	X	X	X		X	X
regional		X	X	X	X	
local			X	X	X	X

Who are the carers ?

- Growing number of volunteers, semi-professionals and professionals are involved.
- Including those who go in the field
 - + those who investigate the risks and prepare from a multidisciplinary and multi-hazard perspective.

Who are the carers ?

All these players are to be considered as

CARERS !

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.

Stakeholders = Carers.

- An ethical framework to guide decision making is robust to the extent that it reflects the values and beliefs of the decision makers who refer to it and the values and beliefs of those affected by the decisions being taken.

2. What are the ethical issues/dilemmas ?

➤ Last decade:

The vast majority of publications are concerned with issues related to preparedness planning and decision making for pandemics and bioterrorism.

What are the ethical issues/dilemmas

➤ Last decade:

The rest of the publications are mainly concerned with issues related to funding/donations, vulnerability and public accountability.

Macro-ethical Issues:

- Inequality in funding/resources: ex. tsunami versus HIV
- Access to care: the issue of social/distributive justice and solidarity
- Barriers as a result of cultural/religious background
- Need for public information/participation
- NGO's leaving one country/region to provide assistance in a different one

Micro-ethical issues:

- Triage: -order of care
-access to intensive care/ventilation
- Surveillance/reporting versus privacy
- Protection of privacy from the media/research
- Containment/isolation/quarantine versus autonomy/personal freedom
- Duty to care versus risk for person/family/environment

Non-issues:

The requests for:

- Legal regulation/limitation of responsibility of health care providers
- Legal definition of the reduced level of care to be applied in a disaster and the cut-off point for application

These requests are the result of medico-legal concerns, a means to avoid legal responsibility, rather than the result of ethical reasoning

- The standard of care for a physician is what a reasonably prudent physician would do in the same or similar circumstances, taking into account the resources available.

Marc A. Rothstein. Currents in Contemporary Ethics. J of Law, Medicine & Ethics. Spring 2010; 149-153.

George G. Annas. Standard of Care. N. Engl.J.Med 2010,362;22, 2126-2131.

Non-issues:

The allocation of respiratory support through the use of ventilators.

“First medical data then ethics”

To consider CPAP as a means to avoid the use of ventilators.

Medical data:

- 1970: George Gregory (SF) introduced the use of CPAP as an alternative for controlled PEEP ventilation for Neonatal Respiratory Distress Syndrome.
- Adult intensive care adopted CPAP as a means of weaning.
- 1980's: ED University Hospital Leuven introduced the use of CPAP for thoracic trauma.

Issue not considered:

- Eliminating useless practices as a means of cost containment is an ethical obligation towards patients and society.

Herman H. Delooz, Ethical issues in critical care: criteria for treatment. In K. Wim. Wildes(ed.) Critical Choices in Critical Care, 79-101. 1995 Kluwer.

The bioethicist.

- The role of the bio-ethicist does not involve concrete decision making, but concerns the study of the circumstances and issues at stake and the instruction of the physician and other decision makers as to the criteria and procedures to follow in decision making.

3. How to prepare ?

WHO:

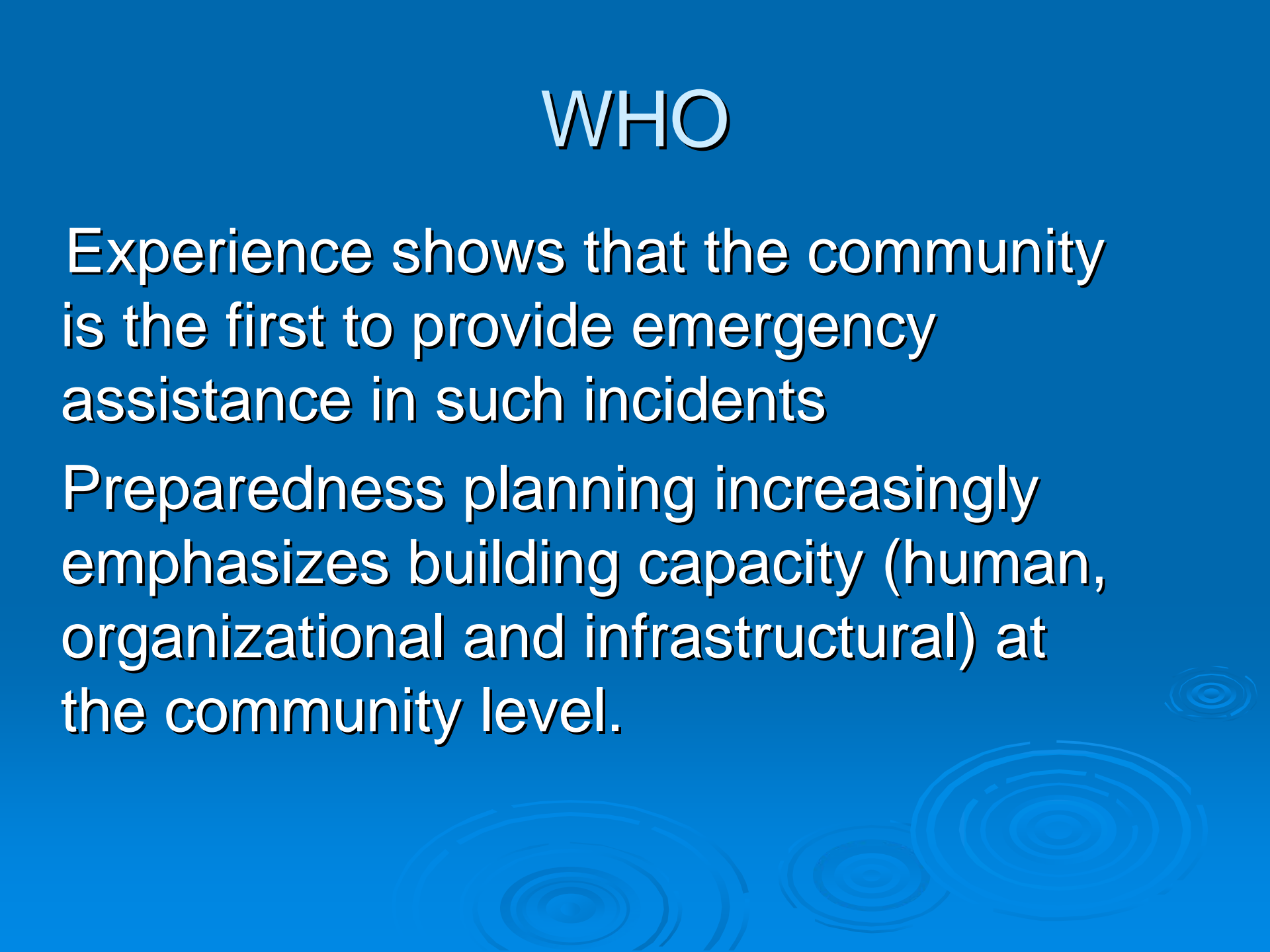
Experience teaches that on average, it takes between 48 and 72 hours for assistance from other countries to be mobilized and set up operations at a mass casualty scene.

What is done during this critical period is vital in determining the outcome of the incident in terms of mortality, morbidity and control of disabilities

WHO

Experience shows that the community is the first to provide emergency assistance in such incidents

Preparedness planning increasingly emphasizes building capacity (human, organizational and infrastructural) at the community level.



The Community is defined as a division of a country **small enough** to permit effective participation and **large enough** to have the necessary resources to implement planned activities (WHO 2006)

Local / regional Council EMS

- **basis = EMS is medical pillar of disaster preparedness**
- **initiative = gouvernor / lord major**
- **form :**
 - = every facility confronted with emergency care**

ambulances	regional health officer
intervention teams	head of regional dispatching “112” system
emergency departments	fire brigade
family physicians	police
 - = monthly meeting**
- **activity**
 - = disaster preparedness**
 - = organisation of EMS (locally – regionally)**
 - = education for EMS**

WHO.

➤ Sixtieth World Health Assembly, May 23 2007:

“improved organisation and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, plays an important role in preparedness for and response to mass-casualty incidents, and can lower mortality, reduce disability, and prevent other adverse health outcomes arising from the burden of everyday injuries.”

WHO basic message:

Emergency Care as part of an integrated health care delivery system, is essential in the response in cases of all emergencies.

Strengthening existing health systems !

How to prepare ?

We have to create

A CULTURE OF ETHICS,

through implementation of bio-ethical debate
in everyday practice of health care.

Matthew R. Hunt. Ethics beyond borders. *Developing World Bioethics*.
Vol 8 No 2, 2008, 59-69.

Culture of Ethics: Example 1 :

- Decision making in Critical Care.
- Procedure: Question of limitation of care can be raised at any time by the patient, his close family and any team-member involved in the care of the patient.

Herman H. Delooz, Ethical Issues in Critical Care: criteria for treatment. In K. Wim. Wildes (ed.) Critical Care and Critical Choices, 79-101. 1995 Kluwer.

Triage Critical Patient:

- Code 0: all care as indicated.
- Code 1: DNR: no thoracic compression, no defibrillation in case of circulatory arrest.
- Code 2: no extension of therapy in general, or in a limited, well defined way.
- Code 3: stop intensive therapy in general, or in a limited, well defined way. Comfort therapy is assured.

Decision making in Critical Care.

- The process includes broad consultation at staff level, information and clear communication of the basis for the decision with the patient, the close family of the patient and all involved in the care of the patient.
- The final decision is unequivocally posted in the patient's record.

Decision making in Critical Care.

- As in triage it is always a dynamic process: any decision can be reviewed at any time.
- If a therapeutic trial is considered, a time-limited trial of a therapeutic intervention where upon is agreed by all involved, may increase the certainty of the prognosis.

Culture of Ethics:

➤ Systematic coding of critical patients:


1989 introduced in ED, Univ. Hospital Leuven.
Reported to Bioethics Committee of Medical Faculty.

1990 presented during Academic Lecture, Univ. Leuven. Picked up in the Media.

1992 introduced in the Univ. Hospital by Bioethics Committee.

1994 introduced in curriculum of Medical School and of Master in Nursing.

Culture of Ethics: Example 2:

- The question of access to care and the distributive justice.
 - The issue of solidarity.
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- The background of the slide features several sets of concentric circles in a lighter shade of blue, resembling ripples in water. These circles are positioned in the lower right and bottom center areas of the slide.

Access to care:

- Natural and social lottery cannot be denied. Vulnerable population groups are a reality.
- Society has the moral duty to correct the effect of these lotteries to a certain extent, through the assurance of equal access to basic human needs, such as health care.
- If this correction is not provided, the negative effects of these lotteries will amplify each other and will produce a downward spiral leaving the subject without any prospect.

Herman H. Delooz, Ethical Issues in Critical Care: criteria for treatment.

In K. Wm. Wildes (ed) Critical Choices in Critical Care, 79-101. 1995, Kluwer

Access to care:

- Society can only achieve this goal through an insurance system based on SOLIDARITY, in which all citizens are required to participate according to their revenue.
- Of course such a system, while assuring access to basic needs, such as health care, should preserve an acceptable difference in revenue and financial status, in order to safeguard human incentive.

How to prepare ?

- We can not expect to base access to health care on solidarity in times of disaster, if solidarity is not part of our planning for access to health care in everyday life !

How to prepare ? Education.

An educational curriculum for medical students, residents and practicing physicians is required to best prepare all physicians who might be called upon, in the future to triage patients, allocate resources and make difficult decisions about treatment priorities and comfort care.

The issues at stake should be addressed in advance as part of ethics education of the medical and nursing profession.

How to prepare ? Education.

- Cultural/philosophical background differences:

Western notion of caring seems to be aiming at developing a more integrated empathic view of this relationship – one of sharing and partnership.

Eastern notion translates into trying not to treat people as if they have an illness, but letting them be – the deepest ethical motive of caring involves respect for the absolute dignity of the human being.

H-H Chiang et al. To have or to be: ways of caregiving identified during Recovery from the earthquake disaster in Taiwan.
J. Med Ethics 2005;31:154-158

How to prepare ? Organisation.

- Public and private bodies should have their ethical commitments stipulated in their mission statement and objectives.
- When establishing their staff, these ethical commitments should be taken into account, in order to assure the necessary expertise in ethical issues.

How to prepare ?

Organisation:

- All Committees/Boards of Public Institutions and NGO's, must include on the agenda for all meetings, the ethical implications of whatever decision-making issue/process.

Membership of the Committees /Boards should assure ethical expertise.

4. How to care ?

- Both ethical good and aesthetical good are experienced as a feeling of wellbeing:
“a feeling of having done well”
“a thing of beauty is a joy forever”.

The carer's confrontation with ethical dilemmas will create “emotional” involvement and may create distress.

How to care ?

- Training in ethics and teamwork strategies not only can assist responders in optimizing decision-making, but also can decrease the psychological stress imposed on them by difficult choices.

How to care ?

➤ Israeli field hospital in Haiti:

“ To deal with the ethical aspects of decisions regarding patient placement and treatment options, we created a system of ad hoc ethics committees. The physician directly in charge of the patient presents the case to a panel of three senior physicians....relieve individual physician of burden... decisions recorded in patient’s file.”

“Guidelines for triage, management and discharge were subject to continuous re-evaluation and revision.”

Ofer Merin et al. Ethical Dilemmas in Early Disaster Response.
New Engl J of Med. 2010; 362.38.

How to care ?

Culture of resilience building.



Resilience.

- Resilience is the ability to reduce the effect of a distressing event by anticipation and preparation or to “bounce back” once it has occurred.

Individual resilience building.

Folkman and Greer's framework describes a sequence of appraisal and coping processes that are designed to recover positive emotions and effective adaptation.

Psychological first aid teaches a respectful approach to reducing distress through enhancing safety and comfort, helping to identify needs, providing information and facilitating social connection.

Organisational resilience building.

➤ Cfr Magnet hospitals:

Decentralised decision-making

Care-givers among institutional executive

Flexible scheduling

Continuous education

Unit-level self-government

Organisational resilience building.

➤ Organisational justice:

Employees viewpoints are taken into account : relational justice

Fairness in formal decision-making procedures: decisional justice

Conclusion: messages

- 1/ All involved are carers
- 2/ Differentiate issues and non-issues. First medical data then ethics.
- 3/ Culture of ethics based on everyday handling of ethical issues in health care.
- 4/ Ethical training and resilience building integrated in professional education.