Disaster Bioethics: healthcare ethics during disaster relief

Dónal O’Mathúna, PhD
Senior Lecturer in Ethics, Decision-Making & Evidence
School of Nursing & Human Sciences
Affiliated Scholar, Institute of Ethics
Dublin City University
donal.omathuna@dcu.ie
Frequency of natural disasters

Natural disasters reported 1900 - 2008
Even in Ireland

- Portugal 2010 flooding: 43 deaths; €1 bln
- Winter Storm Xynthia: 53 deaths in France
Costs

- 2010: over 260,000 fatalities
- 2010: financial losses worldwide: US$222 billion
- 2011: Japan alone: US$300 billion
Destruction
Suffering

- Haiti: 222,000 deaths
- Russia: 56,000 deaths
http://www.cochrane.org/cochrane-reviews/evidence-aid-project

Psychological debriefing

- New York post 9/11: 9,000 debriefers
- Post Tsunami 2004: hundreds of trauma counsellors to Sri Lanka to deal with estimated PTSD rates of 50-90%. Actual rate: 1.7%
- Psychologically, most (but not all) disaster survivors need ‘practical help often learned better from grandmothers than from graduate training’ (Gist & Devilly. Post-trauma debriefing. *Lancet* 2002;360:741-2.)
To amputate or not

- University of Miami Project in Haiti:
  45 amputations out of 581 patients
  (Hotz et al., *MMWR* 2011;59:1677)

- Swiss army surgical team:
  1 amputation out of 150 patients
  (Major Gen. Stettbacher, Chief surgeon of the Swiss army)

- Why the difference?
But what should we do?

- ‘much of the existing operational research related to emergencies and disasters lacks consistency, is of poor reliability and validity and is of limited use for establishing baselines, defining standards, making comparisons or tracking trends’ (p. 46).

Research as an ethical imperative

- Primary research: outcomes, effectiveness, safety
- Secondary research, e.g. Evidence Aid
Cultural issues

- Post-Tsunami Sri Lanka
- Different ways of coping: stoicism or resilience?
- Medicalization or social cohesion
- Many in Sri Lanka “would prefer to seek help from a temple rather than a therapist” (Sumathipala. Research ethics must still apply in disaster zones. Science and Development Network 2008.)
What sort of research?

- Medical intervention: randomised controlled trials
- Cluster randomised controlled trials
- Outcome measurement
- Qualitative interviews
- Surveys
- Focus on victims’ needs and future benefit to people in similar situations (not opportunism)
Informed consent

- The voluntary consent of the human subject is absolutely essential.

- Nuremberg Code, 1947

- Yet another atrocity:

- At the same time, not all research is interventional.
Burden and risk

- Needs
- Resources
- Timing

Changing needs: Haiti

trauma care

non-trauma

Day of Activity
Conflict of interest

- Therapeutic misconception
- Financial, e.g. Trovan
- Cultural
- Military
Ethical oversight

- Médecins Sans Frontières
  
  *Ethics Framework for Medical Research*

- Scientific merit
- Ethical justification
- Judged by international standards
- Cultural sensitivity
- Respect for research subjects
Clinical ethics in disasters

- Huge ethical challenges
Decisions in conflict situations
Well established ethical guidelines specific to international Emergency Medicine do not currently exist.

Formal consensus statement to be developed for the annual meeting of the International Federation for Emergency Medicine assembly in Dublin, June 2012.
Symposium at the Brocher Foundation, Geneva, April 3-4, 2011

Funding from:

- Porticus
- Fondation Brocher
- DCU
- The Cochrane Collaboration
COST (European Cooperation in Science and Technology) is one of the longest-running European instruments supporting cooperation among scientists and researchers across Europe. ▶ read more

- WHO
- UNESCO
- Red Cross
- Medicines san Frontieres
- European Master in Disaster Medicine Academy
- 12 academic partners
Questions?
Comments?
donal.omathuna@dcu.ie


http://DisasterBioethics.com