

Ethical Considerations during Disasters

Dr Saurabh Dalal¹, Dr Chandrasekhar Krishnamurti, M.D²

¹*Consultant Medical Preparedness & Biological Disasters National Disaster Management Authority
New Delhi*

²*Associate Professor Department of Anesthesiology NRI Institute of Medical Sciences
Sangivalasa, Visakhapatnam-531162, A.P., India*

Corresponding Author: Dr Saurabh Dalal

*“In law a man is guilty when he violates the rights of others. In ethics he is guilty if he only thinks of doing so”
Immanuel Kant*

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I. Introduction

Ethics is the foundation on which societies and cultures are based and are fundamental to political, social and economic decision making. Ethical dilemmas have created controversy and heated debate over the years. Disasters have been defined in public health terms as destructive events that result in the need for a wide range of emergency resources to assist and ensure the survival of the stricken population. Lack of medical resources, in conjunction with a mass casualty situation, can present specific ethical challenges. (1)

Ethical practices provide stability to the various organizations in a rapidly changing and increasingly complex scenario, with responders trying to complete tasks expeditiously – tasks that they are ordinarily unaccustomed to do, in an unfamiliar, changing, and sometimes hostile environment.

Understanding the nature of the ethical challenges specific to disaster settings is vital to prevent ethical conflicts and assist all parties find the least negative options for actions under severely testing conditions.

Ethical decision making in disasters cannot be carried out by a single individual or community. The experiences and perspectives of the entire population surviving the disaster is required for a more ethically-based action in the management of disasters. Health care providers may have to go beyond the standards of bioethical principles to guide decision making at the patient, provider, and societal levels.

Ethics is concerned with the kind of people we are. The two broad based ethical issues are the "ethic of being" and the "ethics of doing". These decide what we ought to or ought not to do. Ethics is about right and wrong in human conduct. It is about choices, dilemmas and grey areas.

Definition

Ethics is the study of standards of conduct and moral judgments, as well as the study of what is right or acceptable behavior and what is considered wrong. Professional ethics are the accepted principles or moral codes that are applied to the practice of a specific profession, and ethical behavior is behavior that conforms to the accepted standards of that profession. (2)

Ethical Considerations in Disasters

Disaster ethics are concerned with all issues related to moral decision-making and actions taken within the context of disasters. The distinctive characteristic of disaster ethics is found in the specific challenges presented by disasters, and the way in which they differ from everyday situations.

Disaster responders often face unusual situations in which the professional ethics that apply in routine emergencies and health care situations may be tested. It is necessary for all disaster responders to ensure that the treatment of disaster survivors conforms to basic ethical tenets and is not influenced by other motivations. While insufficient and often disordered medical resources, in conjunction with the mass casualty incident (MCI), can present specific ethical challenges, it is important that the basic ethics of beneficence, respect for autonomy and justice complement the individual ethics of the health care provider.

Ethical management of disasters and emergencies involves communication, education and training, awareness building, resource acquisition, planning and allocation at all levels of the disaster management cycle of mitigation, planning, response, and recovery. In the acute phase of a disaster, a timely, effective, culturally sensitive, and gender-appropriate response must be enacted, bearing in mind that victims may have standards of

justice and ethical traditions different from those of the responders, especially when relief personnel are from a culturally different environment. Recognition and appreciation of such differences helps to maintain the dignity of victims and helps to work toward sustainable recovery. There also exists a discernible conflict here between the professional and personal choices made by health care professionals, humanitarian aid workers, members of emergency and disaster relief teams, and other professionals involved in disaster relief. All professionals are bound by their professional goals and norms but, they must be humans first; humans with their own moral standards. Professional norms need not always correspond to the personal values and norms of the professional and vice versa. Professionals at some point in their careers make decisions based on professional conduct rather than on their own ethical ideals, simply because they are professional and act professionally. Yet the ethical guidelines are important for disaster relief teams and related professionals as they state the required minimum of professional ethical conduct like accepting a cultural difference when aiding victims in countries with the different cultural and religious backgrounds. (4)

The humanitarian charter upholds the right of people affected by disaster or armed conflict to life with dignity to meet their basic needs. This right is enshrined not only in international humanitarian law but also in international human rights and refugee law. It is up to governments to guarantee this right, while humanitarian agencies can provide assistance where it is needed.

The minimum ethical standards specify the required levels of service in water supply, sanitation, nutrition, food aid, shelter, site planning and health care.

Impartialty

Implies no discrimination based on nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, guided solely by their needs, and to give priority to the most urgent cases

ETHICS DURING TRAUMA

Many ethical dilemmas arise during the care of a trauma victim. Death, dying, futile care, care of the indigent and uninsured, quality of life issues, conflicts between family members, or family members and care providers, and other issues based on religion and nationality are commonly encountered. Hospital ethics committee or multidisciplinary teams may resolve these issues.

Family members need to be informed at the first possible opportunity after victim arrives in a healthcare facility. This can be made by telephone or in person by the key physician or any designated individual who is a good communicator. Help of a family priest or pastor can be helpful. This is best done in a quiet, private space near the primary treatment area. Daily short, frequent interaction with a few key family members after rounds is advisable and summary of discussion recorded in case sheet. Important information to be transmitted include:

- (a) Simple overall summary in plain non medical terms
- (b) Nature of injuries, all significant events since admission, key services involved, and a prediction of the possible course.
- (c) Reasons for sedation or ventilation and emergency procedures undertaken.
- (d) Pain relief assurance
- (e) Invite questions from family for clarification.

Unpleasant or bad news regarding iatrogenic problems, mishaps, complications or death must be transmitted empathetically by the attending physician, and ward nurse to family members, away from patient care areas using clear language. Be willing to answer questions if any. (5)

HOW SHOULD ETHICAL DECISIONS BE MADE?

Disaster ethics are usually addressed during the three phases, pre-disaster, disaster and post-disaster phase. Although each phase may pose different ethical dilemmas, the main topics of interest in these phases can be summarized as follows:

Preventive ethics, disaster triage, informed consent, communicable disease surveillance, risk communication, quarantine/ isolation, vaccinations, refusal of medical treatment, euthanasia, allocation of resources, linguistic, religious and cultural differences, vulnerable groups, community participation and division of labour. Healthcare workers have a duty to treat, there are binding obligations of disaster relief workers, non participation of health-care workers in war crimes/torture/death penalty and maintaining good relations with industry and media.

Developing a preventive ethics approach in the pre-disaster helps to reduce conflicts during the crisis phase. Capacity building to increase knowledge and skills of disaster relief professionals and the populations at risk is important. Developing disaster recovery plans, practicing and updating these plans as needed, building strong partnerships among organizations and institutions with potential duties in disaster relief, preparing

legislations and manuals as to better respond to the ethical conflicts in disasters, as well as informing all partners about this ethical framework are crucial.

During disasters, there is often a need to track the responsibility of professional organizations or governmental bodies for the ethical decisions and actions they make. In the chaos of disaster, there is a need to establish order and the basic mechanism for relieving the community from the negative effects of the disaster by setting up camps, organizing disaster relief and health care teams, collecting resources, materials and food. Many decisions have to be made collectively. (6)

Disasters are unpredictable, and it becomes difficult to make a detailed list of what to do and what ethically ought to be done. However, those in political power and groups such as healthcare professionals together have the ethical responsibility to discuss issues that may aggravate the situation during a disaster. The government and other parties that are involved with planning and responding to disasters have an ethical obligation to do no harm and heed the risk: benefit ratio in all actions planned. By applying the ethical principle of distributive justice, the burdens and benefits are shared fairly in society. Health care professionals are committed to the Hippocratic ethical code of “do no further harm”. Even in disaster scenarios where resources are limited, health providers may be required to limit the care given to mitigate any potential harm. To achieve the greater good, the basic rights of another victim should not be violated.

There are barriers and drawbacks regarding ethical decisions in disaster management. The mass media mindset and attitude of public authorities may prove irritating. Images of the dead and wounded might be published without any respect to personhood rights. In addition, public authorities may try to withhold sensitive information from the public such as outbreaks of cholera and H1N1. International relief organizations might adopt a paternalistic and imperious manner towards local organizations, health care workers, and society. They might ignore referrals of patients to higher centres. Unjust resource allocation and mismanagement due to unpreparedness make the situation more complicated. One of the main reasons for mismanagement is the lack of rapid health assessment to determine actual needs. This can cause misallocation of resources while excessive and useless resources pile up in one place, but no care in another, eventually leading to preventable suffering and death. The other dimension of unpreparedness is the lack of disaster-specific organization. Therefore, when a disaster strikes, health care workers(HCWs) and resources are sent to the area without forethought which contributes to chaotic conditions. (7)

WHICH PRINCIPLES AND VALUES SHOULD GUIDE THOSE ENGAGED IN ETHICAL DECISION MAKING IN DISASTER?

Main ethical principles in the provision of health services during the event and an early response phase of disasters are the principles of non-maleficence, beneficence, justice, and the respect for autonomy. In this phase, accessing the disaster site as quickly as possible is crucial. Public health institutions should act in a timely manner on the information they have, within the resources and the mandate given to them by the public. Triage, as the second most crucial step, is often considered critical in the distribution of limited medical resources, where highest priority should be given to the principles of beneficence and justice. Informed consent, which is used frequently in daily medical practice, is another important ethical challenge in disasters. If the patient is unconscious or otherwise unable to express his/her will, informed consent must be obtained, whenever possible, from a legally entitled representative. If this person is not available, but a medical intervention is urgently needed, consent of the patient may be presumed, unless it is obvious and beyond any doubt based on the patient’s previous firm expression or conviction that he/she would refuse consent to the intervention in that situation. There are exceptions to obtaining informed consent in public health emergency situations. Personnel working in emergency situations like an epidemic, have an ethical duty to be open in dealing with the public. The public has the right to know what the experts know. Within this scope, implementing the principles of risk communication to avoid unnecessary fear and anxiety among the public is of vital importance. One of the ethical issues that arises in risk communication is the risk of stigmatization in certain sub-groups. The ethical approach should minimize generalizations about the high-risk groups, whenever possible. The ethical guide includes ten substantive values, which are; individual liberty, protection of the public from harm, proportionality, privacy, equity, duty to provide care, stewardship, solidarity, trust, and reciprocity. Allocation of resources, as mentioned in guidelines, also create ethical dilemmas in disasters. The division of labour among organizations is considered as one of the ethical aspects of disaster response. Accordingly, every effort should be made to assign labour according to the expertise of each. (8)

Relief institutions have special ethical obligations to their staff during humanitarian emergencies. Adequate preparation and training beforehand, and effective counselling and support during and after operations are strongly advised. Respect for diverse values, beliefs, and cultures in the community is important. Besides interfering with optimal health care, cultural, religious and linguistic barriers may create ethical dilemmas. If health care professionals and patients do not speak the same language, every effort should be made to find interpreters .

Every physician must respect the customs, rites and religions of the patients. In this respect, community participation in disaster relief efforts is a useful approach in planning services, which are ethically sound and widely accepted by the affected community. Ensuring an opportunity for input from community members is also one of the principles of the ethical practice of public health. In line with the ethical principle of justice, it is also crucial for relief workers to try avoiding actions that may cause stigmatization and discrimination of vulnerable groups.

Public health institutions should protect the confidentiality of information that can bring harm to an individual or community. In the post-disaster period, the needs of survivors must be considered. Many may have lost family members and may be suffering psychological distress. The dignity of survivors and their families must be respected. (9)

II. Conclusion

Disasters vary considerably with respect to their time, place and extent; therefore, ethical questions in these situations may not always have one-size-fits-all answers. On the other hand, embedding ethical values and principles in every aspect of health-care is a vital importance in disasters. For the very reason, reviewing legal and organizational regulations, developing healthcare related guidelines, protocols and disaster recovery plans by taking potential ethical dilemmas into account, establishing on-call ethics committees as well as adequate in-service training of healthcare workers for ethical competence are among the most critical steps to take in pre-disaster phase. (10) These measures should be taken both at the local level as well as the country level. A positive attitude is necessary during disasters so that ethical challenges can be minimized in responses. A pre-determined framework for ethical decision-making is essential for optimal outcome during disaster response. The five procedural values to guide ethical decision-making are that it should be reasonable, open and transparent, inclusive, responsive and accountable at all times. This will ensure that disasters are managed in an ethical manner that respects the rights and privileges of all those involved.

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