

HOW BEHAVIORAL HEALTH SHOULD REACT ETHICALLY IN A DISASTER



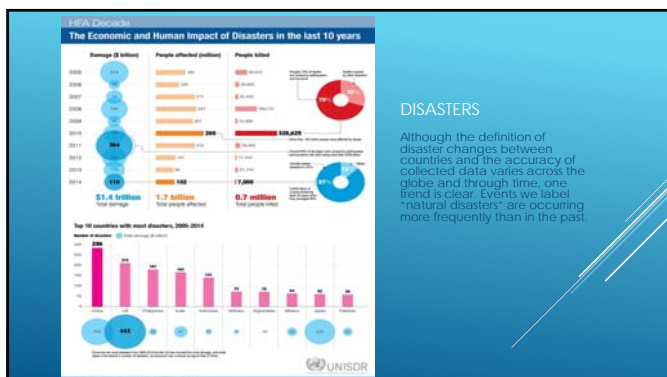
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Disaster Vignette. A major earthquake rocked the central region of the US early this morning. The US Geological Survey reported a magnitude of 7.7, the largest ever in that region since 1812. Dozens were killed instantly and hundreds trapped in the rubble of collapsed buildings. Moments after the quake we talked with Mark Withers, from a voluntary response organization who reported, all communications in the immediate and surrounding area went down. Transportation routes were also blocked. Gas and water mains ruptured igniting massive blazes. No one was there to fight the fires, because with roadways crippled, the area was cut off from medical supplies and aid. In one area, earthquake damaged levees gave way and water from the surrounding river rushed into the bordering cities. Hundreds of residents in the city fleeing from the fires and chaos, evacuated to shelters set up by the local government.

There are witness accounts of the ground opening up and swallowing whole sections of land, buildings toppling, and power lines crashing to the ground. People are trapped in their collapsed homes; early morning commuters were crushed on crumbling highways. The injured are pouring into medical facilities. Two major hospitals collapsed so injured survivors are lining the streets outside of the facilities that are still functioning. We were able to make contact with one local official who is reporting that a large power plant also exploded, cutting off power grids. It is hard to determine the extent of the damage at this point. Dozens are dead. Hundreds injured and many, many more missing and feared dead.

- Disasters and emergencies are:
 - ▶ International and local
 - ▶ Multicultural, multi-ethnic, multi-religious
 - ▶ Environmental and man made
 - ▶ Involve governments, NGO's, corporations, victims, workers, and the press
 - ▶ Ethics implications are at the core of preparation, policies, response and recovery

ETHICS AND DISASTERS:
A TOPIC OF EPIC PROPORTIONS

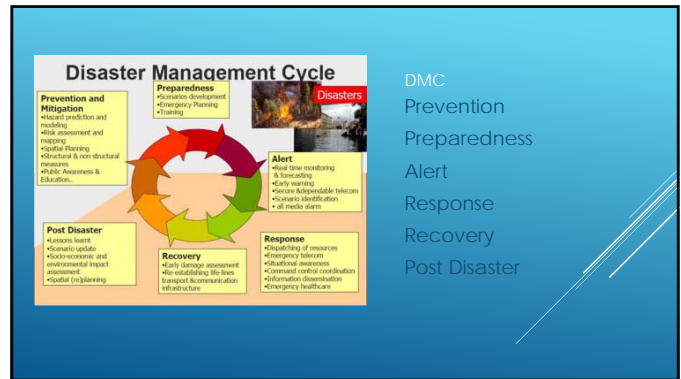


- ▶ "A disaster is an event (or series of events) that **harm or kills a significant number of people or otherwise severely impairs or interrupts their daily lives** in civil society. Disasters may be **natural or the result of accidental or deliberate human action**. Disasters include, but are not limited to, fires; floods; storms; earthquakes; chemical spills; leaks of, or infiltration by, toxic substances; terrorist attacks by conventional, nuclear or biological weapons; epidemics; pandemics; mass failures in electronic communications; and other events that officials and experts designate "disasters"

WHAT IS A DISASTER?

- ▶ “Disasters always cause surprise and shock; they are unwanted by those affected by them, although **not always unpredictable**. Disasters always generate narratives and **media** representations of the heroism, failures and losses of those who are affected and respond.”

WHAT IS A DISASTER? (CON)



- ▶ Emergencies are typically local and can be dealt with local resources
- ▶ Emergencies are typically of a shorter duration
- ▶ A declaration of a state of emergency is usually done for disasters – not emergencies.

EMERGENCIES

- ▶ “**Government has an obligation**, based on the justification of its origins, **to prepare citizens for survival** caused by disaster. Such preparation requires implementation through public policy.” John Locke
- ▶ These rights are presumed in the US Declaration of Independence and protected by the first ten amendments of the constitution.

OUR SOCIAL CONTRACT

- ▶ Basic human values of
 - ▶ Compassion
 - ▶ Patience
 - ▶ Empathy
 - ▶ Genuineness
 - ▶ Respect for dignity of others
 - ▶ Professional codes of conduct

WHAT IS SPECIAL ABOUT DISASTERS THAT MOTIVATES PEOPLE TO ACT AND RESPOND ETHICALLY?

- ▶ Ethics is not about what is - but what should be.
 - ▶ Ethical relativism: morality varies between people and societies **according to their cultural norms**
 - ▶ Universalist or objectivist moral theories: fundamental principles that are invariant through out time and space.
 - “People have a basic right to safety and it is a fundamental obligation of all governments to ensure that their citizens are protected to a reasonable degree from known risk, and that citizens are informed and warned of any risks known to governmental officials that threaten public safety.”
 - “To respect the equal dignity of all human beings, recognizing a basic right to life and subsistence”
 - “The condemnation of coarse public sector corruption”
 - “The obligation to respect human autonomy”

The Search for Principles of Disaster Management. Ethik D, Davis I

ETHICAL THEORIES AND ETHICAL PRINCIPLES

- ▶ Solidarity
- ▶ Joint responsibility
- ▶ Non-discrimination
- ▶ Humanity
- ▶ Impartiality
- ▶ Neutrality
- ▶ Co-operation
- ▶ Territorial sovereignty
- ▶ Prevention
- ▶ Fairness
- ▶ Respect for person
- ▶ Limiting harm
- ▶ Role of the media



GENERAL ETHICAL PRINCIPLES

- ▶ "Professions governed by Codes of Ethics approved by their members **function on the assumption** that these codes will not be violated in practice. When they are violated, practitioners may be guilty of malpractice, incurring criminal as well as civil and professional, penalties"

Zack, Naomi Ethics for Disaster, Rowman & Littlefield Publishers.
Series: Studies in Social, Political, and Legal Philosophy

PROFESSIONAL CODES OF ETHICS

- ▶ Deliberate and freely chosen unity among certain, groups or populations. This presupposes the awareness of unity and the acceptance of the consequences of unity. "When referring to healthcare, solidarity means **the obligation to share the financial risks of illness and handicap with others not necessarily of one's own social group.**"
- ▶ "Solidarity of interests is based on the principle of reciprocity: people share risks that are common to each other"
- ▶ The principles of solidarity will be particularly applicable to memorandums of understanding with local organizations.

SOLIDARITY

▶ Joint responsibility

- ▶ Emergency management is not solely the domain of emergency management agencies; rather, it is a **shared responsibility between governments, communities, businesses and individuals.**
- ▶ Federal civil laws require **equal access for, and prohibit discrimination against, people with disabilities in all aspects of emergency planning, response, and recovery.** To comply with Federal law, those involved in emergency management should understand the concepts of accessibility and nondiscrimination and how they apply in emergencies.

JOINT RESPONSIBILITY AND NON-DISCRIMINATION

- ▶ The Guiding Principles seek to protect all internally displaced persons in internal conflict situations, natural disasters and other situations of forced displacement
- ▶ Internally displaced persons shall enjoy, **in full equality**, the same rights and freedoms under international and domestic law **as do other persons in their country.**
- ▶ These Principles shall be applied without discrimination of any kind, such as race, color, sex, language, religion or belief, political or other opinion, national, ethnic or social origin, legal or social status, age, disability, property, birth, or on any other similar criteria.
- ▶ Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs.

THE GUIDING PRINCIPLES ON INTERNAL DISPLACEMENT

- ▶ What is the meaning of "standard of care"?
- ▶ How have disasters affect our understanding of the ethical implications of Standard of care?
- ▶ How is the concept of triage affected by crisis standards of care?
- ▶ What are the legal implications of crisis standards of care?

STANDARD OF CARE 1

- ▶ **The Standard of Care** is a case- and time-specific analytical process in medical decision-making, reflecting a **clinical benchmark** of acceptable quality medical care. This benchmark, which is **used to evaluate and guide the practice of medicine, encompasses the learning, skill and clinical judgment ordinarily possessed and used by prudent health care providers** in similar circumstances.
- ▶ The standard of care must reflect the **art** (consensus of opinion of clinical judgment) **and science** (published peer reviewed literature) of medicine and must be uniform for all health care personnel whether they are providing direct clinical care or reviewing the medical necessity of past, present or future medical care.

STANDARD OF CARE 2

- ▶ A violation of standard of care may result in under-utilization of medical care, but also occurs when unnecessary care (over-utilization) is provided.
- ▶ The standard of care has a national and clinical basis, rather than a local provider community or payor review basis.

American College of Medical Quality, policy 3 <http://www.acmq.org/policies/policies3and4.pdf>

STANDARD OF CARE 2

- ▶ Develop consistent state crisis standards of care protocols with 5 key elements
 - ▶ A strong ethical grounding
 - ▶ Integrated and ongoing community and provider engagement, education and communication
 - ▶ Assurances regarding legal authority and involvement
 - ▶ **Clear indicators, triggers and lines of responsibility**
 - ▶ Evidence based clinical processes and operations

IDM: Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report 2009
<http://www.idm.edu/~media/files/reports/20files/2009/DisasterCareStandards/Standards%20%20Car%20report%20brief%20FINAL.pdf>

RECOMMENDATIONS 1:

- ▶ Seek community and provider engagement
 - ▶ Special attention should be given to vulnerable populations
- ▶ Adhere to ethical norms during crisis standards of care.
 - ▶ Conditions of **overwhelming scarcity** limit autonomous choices for both patients and practitioners regarding the allocation of scarce resources, but do not permit actions that violate ethical norms
- ▶ Provide necessary legal protections for healthcare practitioners and institutions implementing crisis standards of care
- ▶ Ensure **consistency in crisis standards of care implementation**
 - ▶ Triage teams, etc , Palliative care, Mental health support, Attention to vulnerable populations, **Real time information sharing**
- ▶ Ensure intrastate and interstate consistency among neighboring jurisdictions

RECOMMENDATIONS 2:

- ▶ Disasters can lead to **shortages of critical medical resources**
- ▶ Shortages require **hard decisions**, *for example*—
 - ▶ Who should be at the front of the line for vaccines or antiviral drugs?
 - ▶ Which patients should receive lifesaving ventilators or blood?
- ▶ In extreme cases, **some people will not receive all of the treatment they need**
- ▶ *How do we give the best care possible under the worst possible circumstances?*

PREPARING FOR DISASTERS: *THE CHALLENGE*

Guidelines developed **before disaster strikes**—

To help healthcare providers decide how to administer...

THE BEST POSSIBLE MEDICAL CARE

...when there are not enough resources to give all patients the level of care they would receive under normal circumstances.

THE RESPONSE: "CRISIS STANDARDS OF CARE"


- ▶ **Extreme Crisis**
 - ▶ Hurricane
 - ▶ Flu Pandemic
 - ▶ Earthquake
 - ▶ Bioterrorism
- ▶ **Scarce Medical Resources**
 - ▶ Blood
 - ▶ Ventilators
 - ▶ Drugs
 - ▶ Vaccines
 - ▶ Staff

WHEN MIGHT WE NEED CRISIS STANDARDS OF CARE

- ▶ To make sure that critical resources go to those who will **benefit the most**
- ▶ To **prevent hoarding** and **overuse** of limited resources
- ▶ To **conserve limited resources** so more people can get the care they need
- ▶ To **minimize discrimination** against vulnerable groups
- ▶ So all people can **trust** that they will have fair access to the best possible care under the circumstances

POSSIBLE REASONS FOR CRISIS STANDARDS OF CARE

- **Space**
 - Put patient beds in hallways, conference rooms, tents
 - Use operating rooms only for urgent cases
- **Supplies**
 - Sterilize and reuse disposable equipment
 - Limit drugs/vaccines/ventilators to patients most likely to benefit
 - Prioritize comfort care for patients who will die
- **Staff**
 - Have nurses provide some care that doctors usually would provide
 - Have family members help with feeding and other basic patient tasks



POSSIBLE STRATEGIES TO MAXIMIZE CARE

Some options--

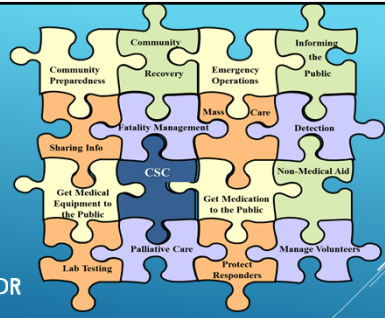
1. First-come, first-served?
2. Lottery?
3. Save the most lives possible by giving more care to people who need it the most?
4. Favor certain groups?
 - The old OR the young?
 - Healthcare workers and other emergency responders?
 - Workers who keep society running (utility workers, transportation workers, etc.)?

WHEN THERE ISN'T ENOUGH TO SAVE EVERYONE... HOW SHOULD WE DECIDE WHO GETS WHAT?

Community Conversations help policy makers:

- ▶ **Understand community concerns** about the use of limited medical resources during disasters
- ▶ **Develop crisis standards of care guidelines** that reflect *community values and priorities*

WHERE DO YOU COME IN?



Crisis Standards of Care ("CSC")--- a piece of the puzzle

PREPARING FOR DISASTER

- ▶ Introduction of **prevention measures**
- ▶ Importance of good quality healthy environment
- ▶ **Education, training and awareness raising**
- ▶ Participation – **public input** at national and local level
- ▶ Freedom of expression
- ▶ Access to justice
- ▶ Disaster prevention at the workplace
- ▶ Disaster prevention in **recreation and tourist areas**
- ▶ Disaster prevention in public places – **schools and hospitals**
- ▶ Special prevention measures for the **most vulnerable groups**
- ▶ Organization of and **participation in emergency drills**
- ▶ **Preventive evacuation of populations**

Ethical Principles on Disaster Risk Reduction and People's Resilience, Prieur M. European and Mediterranean Major Hazards Agreement (EUR-OPA)
http://www.coe.int/t/dg4/majorhazards/resources/pub/EthicalPrinciples-Publication_EN.pdf

ETHICAL PRINCIPLES APPLIED PRIOR TO DISASTERS

- ▶ **Fairness** – inherently just to all individuals
- ▶ **Duty to care** duty to steward resources
 - ▶ Duty to attempt to obtain best outcome for the greatest number of patients with available resources – does not mean save the most lives – a comfortable death may be a good outcome.
- ▶ **Transparency**
- ▶ **Consistency**
- ▶ **Proportionality**
- ▶ **Accountability**

Hick JL, Hanfling D, Cantrill SV. Allocating scarce resources in disasters: emergency department principles. Ann Emerg Med. 2012 Mar;59(3):177-87. Epub 2011 Aug 19. Review. PubMed PMID: 21855170.

ETHICAL APPROACH TO ALLOCATION OF SCARCE RESOURCES AND TRIAGE

- ▶ Concerned with populations rather than individuals
- ▶ Utilitarian: greatest good for the greatest number
- ▶ Public health interventions must be necessary and effective to address the public health issue based on currently available information
- ▶ Public health authorities must use least restrictive alternative intervention available
- ▶ Benefits and burdens of public health decisions should be distributed equitably among society: “equitable distribution”
- ▶ Need for a fair process and transparency in decision making

PUBLIC HEALTH DECISION MAKING

- ▶ Principle of social worth – people who have instrumental value – healthcare workers, government, etc
- ▶ Random Selection – Lottery
- ▶ Principle of fair chances – anyone needing resources gets them until they run out
- ▶ Allocations based on age, overall health or disability – seeks to maximize quality life years
- ▶ Life Cycle principle – child would receive preference
- ▶ Allocate resources to those most likely to survive to hospital discharge
- ▶ Sickest first
 - ▶ Resources may be used on those most likely to die

PRINCIPLES OF ALLOCATION

- ▶ Humanitarian assistance
- ▶ Information and participation during disasters
- ▶ Compulsory evacuation of populations
- ▶ Respect of dignity
- ▶ Respect of persons
- ▶ Emergency assistance for the most vulnerable persons
- ▶ The importance of rescue workers
- ▶ Measures to safeguard and rehabilitate the environment
- ▶ Necessary measures to safeguard and restore social ties

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ETHICAL PRINCIPLES APPLIED DURING DISASTERS

QUESTIONS?