Ethical Considerations for Doctors in Disaster Response

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This position statement is derived from the AMA Position Statement on Ethical Considerations for Medical Practitioners in Disaster Response in Australia.[1]

Preamble

Public health emergencies can arise from natural or man-made disasters such as disease pandemics and terrorist activities. A disaster has been defined as a serious disruption to community life that overwhelms the innate immediate capacity and resources to cope.[2] It usually requires special mobilisation and organisation of resources other than those normally available to local authorities.

From a medical standpoint, disaster situations are characterised by an acute and unforeseen imbalance between resources and the capacity of medical professionals, and the needs of survivors who are injured or whose health is threatened, over a given period of time.

During a disaster, it is likely that doctors and other healthcare professionals will be called upon to respond by supporting the healthcare needs of those directly and indirectly affected. This includes responding to both the immediate (acute) response to a crisis and any associated long-term health effects in the population.

Duty of care during disaster response

During a disaster, doctors may face difficult ethical dilemmas that do not generally arise during normal clinical practice. While doctors have a duty of care to look after the health and well-being of individual patients, they also have a duty to protect themselves as well as other patients, staff, colleagues, and the wider public from harm. Further, doctors have a personal interest in protecting their own families and whānau from harm.

During 'ordinary' clinical practice, these multiple duties generally co-exist harmoniously as the duty to care for individual patients does not usually directly compete with the duty to protect oneself and others from harm. During a disaster, however, these multiple duties may come into conflict. For example, in 'ordinary' clinical circumstances, those who are sickest or most severely injured generally receive treatment first followed by others in order of severity. During a disaster, there may be limited resources immediately available in relation to a large number of sick and/or injured individuals in varying states of health. Doctors have to prioritise which individuals receive treatment over others. This may involve decisions to not actively treat

[1] AMA. Ethical Considerations for Medical Practitioners in Disaster Response in Australia. Position Statement. Available from https://ama.com.au/position-statement/ethical-considerations-medical-practitioners-disaster-response-australia-2008

[2] Australasian College for Emergency Medicine. Policy on Disaster Health Services. Revised March 2012. Available from https://acem.org.au/getmedia/f955b382-891c-46d1-aaf6-11f9a695ee35/P33-Policy-on-Disaster-Health-Services-Mar-12-v02.aspx

gravely ill or injured individuals who cannot be saved in the specific circumstances of time and place in order to treat others who can be saved.

In addition to protecting others from harm, doctors have a duty to protect themselves from significant harm and should not be expected to exceed the bounds of reasonable personal risk.

Supporting the medical profession during and after a disaster response

Doctors may face personal and professional challenges while responding to a disaster including (but not limited to):

- greater professional duties
- increased occupational risks
- physical, emotional and psychological stress
- isolation from colleagues, friends, family and whānau
- risk to their professional liability
- discrimination and possibly stigmatisation
- risk of personal injury, illness, or death
- the possibility of exposing family or whānau and others to increased risk of personal illness, injury, or death
- loss of income.

Employers, governments, and the public have a reciprocal obligation to protect and support doctors responding to a disaster. This includes (but is not limited to):

- protecting the health and well-bring of the medical workforce (and their families and whānau) during the crisis response
- providing immediate and ongoing healthcare and other support, including financial support and psychological care to doctors (and their families and whānau) who are harmed or die as a result of the disaster response
- protecting the privacy of doctors and their families and whānau (for example, doctors undergoing quarantine during a disease outbreak may face stigmatisation, along with their families and whānau, from their community)
- ensuring provisions are made to have affected medical facilities up and running as quickly as possible
- ensuring the fair and appropriate designation of doctors' roles and responsibilities
- providing doctors with sufficient education, information, guidance, training, resources and support required to fulfil their duties.

In order to ensure the medical workforce's preparedness to respond to a disaster, the medical profession must be involved in the development, implementation, and review of disaster response protocols. Such protocols should:

- include standards regarding triage, resource allocation, treatment, and quarantine, as well as consent, privacy, and confidentiality
- be promulgated to the public so they understand the process, rationale, and justification for clinical decision-making before a disaster actually occurs.