



## Legal and Ethical Aspects of First Medical Response to Disasters – WORKSHOP REPORT



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Centre for Science, Society and  
Citizenship

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## **For the project: Identifying the Needs of Medical First Responders in Disasters**

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- *Ambulance Zorg Nederland (NETHERLANDS)*
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- *Croce Rossa Danese (DENMARK)*
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- *SAMUR Servicio de Asistencia Municipal de Urgencia y Rescate (SPAIN)*
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# Workshop on Ethical, Legal and Societal Implications of Disaster Response

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## ***Executive Summary***

A workshop was held by the Center for Science, Society and Citizenship (CSSC), to identify and explore some of the ethical, legal and social implications of disaster response and to collaborate ideas on future topics for exploration within this field of research. The workshop was attended by over 40 participants made up of experts from academia, civil protection, military forces among which representatives of UNESCO, NATO and European Commission.

The workshop covered a range of topics including: the ethical context of disaster response; choices and challenges for decision makers in times of disasters; ethical decision making in emergencies and issues concerning citizens during disasters. It also consisted of two networking sessions in which attendees suggested proposals for new research and development for areas where further research is required.

The workshop discussion has stressed the need of sharing best practices to disaster response inside and outside Europe. Standards of care, that also include legal and ethical implications, are becoming crucial to enable first responders to face different healthcare provisions, diverse cultural realities in order to ensure an effective response to crisis management.

The NMFR Disaster project, also through its workshops, establishes the basis of a further and in-depth research at European level aimed at sharing knowledge and setting up policies on this topic.

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## 1. Background

This was the third workshop from a series of five being carried out for the project: 'Identifying the Needs of Medical First Responders in Disasters' otherwise known as 'NMFR Disaster' (grant agreement number: 218057). This is a project under the Seventh Framework Programme of the European Commission. The purpose of this workshop was to explore the ethical, legal and social implications of disaster response and to identify areas for further research and collaboration.

The workshop was considered to be important and timely. Both law and ethics are inextricably linked to good public health practice in emergencies, but despite a rich literature on legal and ethical dimensions of health emergency, there is still a lack of comprehensive guidelines concerning the new issues created by world globalization, the impact of global warming and modern-day terrorist threats. In particular, there needs to be a realization that disasters and health emergencies, whether natural or provoked, do not know borders. It was hoped that this workshop would highlight areas that need further clarification and that some of these could pave the way for future collaborations on disaster-related projects.

The workshop brought together people from universities, research centers, government institutions, NGO's and private companies whose diverse backgrounds ensured that a wide range of viewpoints were taken into consideration and led to some interesting discussions. A list of participants, along with contact details, can be found in Appendix One.

The workshop consisted of plenary sessions and networking sessions. The four themes to structure the plenary sessions were: 'Disaster Response, the Ethical Context', 'Choices and Challenges', 'Ethical Decision Making in Emergency' and 'Victims or Citizens?'. The networking sessions gave participants a chance to discuss their ideas of topics in the disaster arena that require further research. A number of ideas for future collaborations were discussed. The agenda for the workshop can be found in Appendix Two.

## 2. Welcome Introduction

The conference was opened by Mr. Emilio Mordini Director of CSSC. Mr. Mordini introduced the purpose of the workshop and encouraged participants to interact, stressing the importance of conversation rather than a more formal gathering. He also took the opportunity to thank contributors. He then introduced General Michele Anaclerio, of the Italian Presidency of the Council of Ministers who gave a welcome on behalf of the Italian Ministry of Defence. The General noted that in Italy, the army play an important role in incident response and that ethics are paramount. The importance of ethics was further stressed by Chaim Rafalowski of Magen David Adom (Israel). As project coordinator, Mr. Rafalowski gave a warm welcome to all present and highlighted the need for this workshop and for the sharing of many different ideas and opinions. He noted that at present, not much research is generated from the field and more is needed. He highlighted that a key aim of the workshop would be in the recognition of issues that are currently under-represented in the EU in order to create a ROADMAP for future research. Of course, ethics are closely linked to the law and one of the areas to concentrate on in future projects will be in exploring what clarifications need to be made concerning legal aspects of disaster response. Indeed there is a definite need for such a ROADMAP as reflected in the comment made by the International Federation of Red Cross and Red Crescent Societies (2000);

*“At the core is a yawning gap. There is no definite, broadly accepted source of international law which spells out legal standards, procedures, rights and duties pertaining to disaster response and assistance. No systematic attempt has been made to pull together the disparate threads of existing law to formalize customary law or to expand and develop the law in new ways. . . . There are no universal rules that facilitate secure, effective international assistance, and many relief efforts have been hampered as a result.”*

**International Disaster Response Law Project – Chapter 8, p.145**

Following Mr. Rafalowski’s welcome, Mr. Mordini introduced Mr. Alfredo Mantici of the Civil Protection Department of the Italian Government. Mr. Mantici, whose office deals with environmental and industrial health risks, noted that the department are used to approaching the issues from a technical viewpoint and that he was glad for the opportunity to explore ethical aspects at this conference. Monsignor Giorgio Nencini, Episcopal Vicar for the Italian Air Force then gave his message of welcome and his hopes that the conference would open a good force of change and highlight valuable lessons to be learned. He commented that the heart of the problem with disasters is the way in which they slow down opportunities for peace, and that this needs to be tackled.

Ms Gila Livnat Rosiner from the Embassy of Israel in Rome expressed her happiness to be at the workshop and the honour it is for Israel to have Magen David Adom as project coordinator. She noted that Israel is the only non-EU member of the Framework

research programmes and have been involved since the 5<sup>th</sup> FP (full members in the 6<sup>th</sup> and 7<sup>th</sup>). She commented on the relevance of the workshop; since the creation of the State of Israel, there have been many disasters to deal with and the Israeli social health system places a high priority on ethics.

## 2.1 Opening Speech

The Opening Speech was given by Maurizio Salvi of the Bureau of European Policy Advisors in the European Commission. Mr Salvi noted that the political line of the EC is based on the values of solidarity, justice and human dignity. Concerning disasters, the position of the European Union is that regardless of the nature of a crisis, the erosion of fundamental human rights is not excusable. In order to be better prepared for any potential crises that may occur, the Commission are implementing a number of activities to understand the ethics of issues such as epidemics and research trials. They are also promoting the sharing and creating of synergies and are advocating the relevance of fundamental values in disaster response. As such, there could indeed be interest from the Commission in the type of ROADMAP that this conference is aiming to lead towards.

Mr. Salvi stressed the importance of the binding role played by the Treaty of Lisbon (currently under ratification) which highlights human dignity as well as specifying new actions and common financial resources between countries. He said that there is a political trend to look not only at Governmental powers but also individual citizens. Mr. Salvi called for consistency at the Member States level and said that there needs to be a common platform of understanding in knowing how to react to disastrous events.

## 2.2 Introductory Lecture

The Introductory Lecture was given by Mr. Stefano Rodotà, Chairman of the Scientific Committee of the EU Fundamental Rights Agency. He started his talk by making the distinction between terrorism and other types of disasters. He noted that natural disasters can often be considered as a temporary situation – they can be thought of as finite and it can be seen that eventually things will improve. In comparison, terrorism carries a seemingly endless threat. Thus, whereas some changes to legislation placing limits on rights could be justified for the duration of a natural disaster, permanent changes to legislation of the ‘Big Brother’ genre, brought in in response to terrorism are risky and transform society into a ‘nation of suspects’. He noted that whilst the US Civil Liberties Union claim that they “..want to join Europe, not to have them join us”, the EU approach is contradictory and discussion is needed on how to protect rights in the era of the ‘War on Terror’. He spoke of the new idea of person that has become popular: it includes the physical body AND any technological support used. Thus it is considered that technology of this nature should have the same guarantees as the physical person – this concerns data protection and communication in particular.

## 3. Day One

### 3.1 Plenary Session 1 – ‘Disaster Response, the Ethical Context’

This session provided some initial insights into how we define and conceptualise the word ‘disaster’ and started to consider the ethics of disaster response. It was chaired by General Anaclerio. Presentations were made by;

***Vincenzo Martines***, *Vice Admiral, Surgeon General of the Italian Armed Forces and Chief of the Medical Corps of the Military Italian Navy*

Vice Admiral Martines spoke of the inevitable suffering that results from disasters and noted that every war has psychological and psychiatric implications. He commented that ethics is important in the principles of the Croce Rossa (the Italian Red Cross) and for the Italian Navy who both play important roles in disaster response. His talk paved the way for further discussion concerning the role of ethics in disaster response.

***Badaoui Rouhban***, *Director of the Section for Disaster Reduction, UNESCO*

Mr. Rouhban gave a presentation on UNESCO’s approach to disaster risk reduction. His talk focused on natural disasters provoked by climate change which was ranked as being the fourth main human security threat/risk in the UNESCO Human Security Questionnaire, filled out by 233 people. In fact, it is undisputable that global warming will lead to an increase in the number of disasters witnessed – particularly in poorer countries – the international disaster database, EM-DAT highlights the vast increase in numbers of disasters for the period between 1900 and 2000 alone. The crux of Mr. Rouhban’s argument consisted of the fact that we need to shift from post to pre-disaster action. Currently of every \$100 spent on disasters, \$95 go on relief. Mr. Rouhban argued that by spending more on preparedness, the number of disasters could be lowered by reducing vulnerability. This would mean that less spending was needed on recovery efforts. A problem with this, as raised by the floor, is that it could be difficult to educate governments and the media to focus attention elsewhere.

***Laura Elena Pacifici***, *Head of the International Health Cooperation and Development Unit, Italian Red Cross HQ, Rome*

Ms. Pacifici spoke of the need for flexibility in disaster response. She argued that on arrival at a disaster scene, it is common to have to change priorities because plans that were made do not reflect reality. She also highlighted the importance of data collection during disasters and the role that epidemiology could play in humanitarian aid – namely that it can provide a tool for re-assessment. As examples of this she spoke of two cases, one in Sri Lanka after the 2004 Tsunami and one in Haiti. Her examples demonstrated how effective communication and advocacy between different response groups can be vital for effective early detection of communicable diseases – they also reduce the likelihood of overlaps and wasteful use of resources. However, it was noted that every country has their own programmes for implementing change and it could be difficult to

integrate these. This is another reason why advocacy and flexibility of approach are important.

**David Alexander**, *Professor of Disaster Management, CESPRO, University of Florence*

Mr. Alexander gave a presentation on the misconceptions that people have about disasters. He spoke of the fact that disaster myths prevail even amongst professionals who work in the field and that these need to be tackled in order for responses to be effective – he provided evidence for the fact that experience, knowledge and training about disaster situations led to skepticism in the myths. A question was raised concerning whether completely ‘debunking’ the myths could lead to complacency and it was agreed that conceptions must not go too far the other way. It was also highlighted that the ‘myths’ may in fact be a reality in certain instances – there can be no generic response to disasters as each is individual. One very interesting point was raised concerning the notion of ‘paternal care of citizens’ being needed in disasters due to the panic and chaos. Such paternal care would be the grounds for imposing various measures that might reduce the liberty and rights of people during disaster situations. However, if the panic response is largely a myth, we should consider what implications would this have on the right of governments to impose legislation of a ‘paternal’ nature.

**James James**, *Director of the Center for Public Health Preparedness and Disaster Response, USA, Editor-in-Chief of the Journal of Disaster Medicine and Public Health Preparedness*

Mr. James gave his presentation on policy in disaster planning. He picked up from where Mr. Alexander left off and noted that disaster myths are problematic because they drive policy. He then went on to discuss the role of public health which he claims is every physician's secondary specialty. He noted the importance of a mindset of preparedness for physicians during disaster response. Currently, though 80% of medical practitioners feel that they have an ethical duty to respond during a crisis, only 20% feel trained to do so. A key message from Mr. James' talk was that whilst it may be impossible to plan for individual events, it is possible to plan for casualty types that are likely to crop up in most disaster situations. For example, respiratory problems and burns.

## 3.2 Networking Session 1

The first networking session was introduced by its Chair, Mr. **Assad Ramlawi**, Director General of the Department of Primary Health Care and Public Health in the Ministry of Health, Ramallah. Mr. Ramlawi noted the importance of the conference for providing the opportunity to network and work towards achieving objectives and the goal of ‘one world, one health’. He stressed that diseases don't need borders and because of globalization, anything in one part of the world can rapidly transmit to another part of the world. However, because not all countries have the same infrastructures and experience, communication and networking is needed; indeed it is vital, to ensure that humanity is able to deal with any medical disasters thrown at it.

To provide more food for thought and stimulation for discussions, short presentations were then given by:

***Aaron Richman, Shield Group, Tel Aviv***

Mr. Richman noted that different parts of the world would have very different responses to the same disaster (e.g. a train accident or a hurricane). He posed the question of how we could go about picking out areas of success or failure in general which is made harder by the difficulties arising from attempting to compare different incidents or regions. But if it could be achieved, it would enable better preparation of 'pre-incident' measures in the future, rather than 'post-incident' response.

***Paloma C. Rey Paterna, SAMUR, Madrid***

Ms. Rey spoke specifically about the post-incident response to the Madrid plane crash of 2004. She noted that operational response to disasters is not enough and that compassion and psychological aspects are also vital.

Following Ms. Rey's talk, discussion was opened up to the floor. This started with a follow-up to Ms. Rey asking how the responders dealt with media needs following the disaster. This was a pertinent question. Evidently, after an incident such as the Madrid crash, there will be a need for news. However, victims and relatives of the tragedy are unlikely to be comfortable with having their grief caught on camera. The issue of media was further discussed noting that it would be helpful if there were guidelines concerning media practice and organization during disasters. It was pointed out that very often, the media are intrusive, sometimes without protecting and respecting the needs of the victims of an incident. Media are crucial and are a vital tool for effectively conveying news to a wider audience, however at present, the lack of international guidelines concerning this issue means that often the media can become more of a burden than a blessing. It was asked whether there could be a way to control such coverage to avoid people being confronted with involuntary exposure to traumatic images.

Another question posed was whether SAMUR was aware of any other air-crash responses from which they could draw useful lessons and information. The consensus from the floor and Ms. Rey was that, at present, there are no mechanisms in place in Europe for the sharing of best practices. This is somewhat surprising as it is surely vital that responders are able to duplicate examples of good practice and to avoid making mistakes which have been made before. In Japan following the Kobe earthquake of 1995 there was a meeting for 'lessons learned' and 'best practice' consortiums can be found in the United States. This seems to be an important route for Europe to follow and it was agreed that it would be helpful to have a collective database of 'lessons learned'. It is also important to encourage dialogue and interaction between different disaster disciplines. For example between 'responders' and 'preventers'. Responders may be able to offer important insights to those concerned with attempting to prevent disasters in the first place and vice versa.

It was also pointed out the importance of recognizing cultural diversity during a disaster. Responders are there to help and must be aware of diverse cultural traditions to better assist. It was suggested that it could be extremely helpful to create a small manual of cultural differences concerning issues such as mourning rituals; for example, is it appropriate to look someone in the eye, touch them (provide a hug/pat on the back etc) within the norms of their culture.

Another issue that came up concerned handling sensitive data that responders could potentially come across with in the course of their duties. Is it the duty of the responders to pass this information on? Some legal reflection and guidance could be helpful for issues such as this one.

Mr. Mordini commented on the number of ideas that had been put forward from this first networking session and proposed that it could be helpful to aim at creating a larger project or enterprise in a couple of years which could incorporate several different dimensions – a ‘project of excellence’ to provide answers to or at least further discussion on some of these issues.

### 3.3 Plenary Session 2: ‘Choices and Challenges’

Mr. Mordini acted as chair person for the second plenary session which consisted of a series of talks on some of the choices and challenges facing responders to disasters.

**Lennart Malmström**, *Head of Emergency Medical Services, Disaster Medicine Karolinska University Hospital, Stockholm*

Mr. Malmström gave a presentation on a model of triage that is used by the UK military – in particular he concentrated on the ethical and legal aspects of using the ‘blue’ triage label. The blue label basically tells responders to ignore treatment as the victim is so wounded that either they cannot survive or their treatment would compromise the care of others. Clearly the question can be asked as to whether it is ethical to put these people aside. Mr Malmström spoke of one instance where relatives altered the triage labels at a site to ensure treatment for their loved ones. So far this blue label has only been used during the Falkland War but there may well come a time when it could be required again, and when that time comes, responders will need to be confident in using it being aware what the ethical and legal implications are. A point was raised as to whether in disasters treatment decisions should only be made concerning medical issues or whether other criteria such as age and social status may apply. It was felt that there was not a clear answer to this and that it would depend on issues such as what resources were available.

**Michael Colvard**, *Director of Disaster, Emergency Medicine Readiness Training, University of Illinois, Chicago*

In his talk, Mr. Colvard spoke of the role that allied health professionals could play in disaster response and of the decision in the USA to select and include a number of key providers who are now legally able to contribute vital assistance in terms of disaster response. He provided a convincing example of how a dental surgery could become a useful 'alternative treatment site' in a time of disaster by providing basic medical supplies such as oxygen, inoculations, minor triage care and a bed. Mr. Colvard's main argument was that, by including allied professionals in the response who are able to provide vital lower level care, you are both increasing the number of people able to respond and simultaneously freeing up physicians and nurses to deal with more pressing and complex medical cases that require fuller attention. Overall this seems like a sensible initiative and an excellent way of increasing human resources during times when they are so needed.

**Marc Guerrier**, *Vice-Director of Espace éthique/AP-HP, Paris*

Mr. Guerrier gave a presentation on whether ethics should be considered in pandemic preparedness plans and in the decisions of who to prioritise for vaccinations. He talked of the ethical considerations in developing a public health response to pandemic influenza as laid out by the World Health Organisation, in particular relating to access to healthcare/vaccinations/drugs during the pandemic (i.e. triage plans and priority setting for inoculations). One key idea is that those performing 'essential functions' should receive the vaccine but others have argued that the most ethical solution would be to set up a 'vaccine lottery'. The crux of Mr. Guerrier's talk revolved around the question of how preparedness for a pandemic challenges democratic processes. Naturally, everyone wants the chance to receive potentially lifesaving treatment. How we decide who gets priority requires a lot of ethical consideration. A comment pointed out that Avian Flu is most likely to start in Thailand or Egypt, however the majority of vaccines are developed in the USA and Europe. Should an outbreak occur, the latter are likely to vaccinate their own people first however, in terms of the overall good, surely it would make more sense to send the vaccine to where it was more needed – the point of outbreak and surrounding areas. This raises questions over issues concerning what aid should be provided to other countries and also stockpiling and border closing.

**Carlo Petrini**, *Senior Researcher – Bioethics Unit, Office of the President, National Institute of Health, Rome*

Mr. Petrini gave a presentation on the public health perspective to ethical implications of disasters. He spoke of the conflict between public health emergencies and traditional bioethics and provided an impressive number of quotations and arguments concerning the values at stake in the carrying out of disaster triage. Basically, a physician has two options; to follow either the utilitarian principle, or the justice principle. Mr. Petrini then attempted a synthesis of public health and traditional bioethics via the principle of solidarity. Overall he concluded that a broad perspective could be the best attempt at resolving the ethical issues concerning emergency situations affecting large numbers of people. This would involve paying attention both to individuals and those around them.

## 4. Day Two

### 4.1 Plenary Session 3 – ‘Ethical Decision Making in Emergency’

Marian Ramakers-van Kuijk acted as Chair for this session which covered various talks concerning decisions that need making for disasters/emergencies.

***Nikolaos Stilianakis, Senior Research Fellow, Joint Research Centre, Ispra***

Mr. Stilianakis gave a presentation on tools for public health decision making. In particular he concentrated on surveillance systems, web-based information systems and epidemiological modelling. He spoke of the allure of ‘real-time modelling’ which would be highly useful in the case of an epidemic as it would enable up-to-date information to be used for the monitoring of hospital capacity, functioning of control methods and adaptation of strategies. Benefits include the fact that it is user friendly and effective at estimating future incidence. However, it also comes with problems such as data delays and noise. And Mr. Stilianakis pointed out that though some models come close, it is not possible to have a perfect real-time model. It is also hard to implement, particularly in terms of the creation of a European modelling system similar to the USA’s ‘MIDAS’ as currently, not many countries in the EU are capable of carrying out the required modelling. Despite problems with this technique however, Mr. Stilianakis stressed that, used as a complementary tool to expert opinion and with surveillance and web-based medical systems, modelling can provide useful insights. European policy development and establishment of a necessary infrastructure for the European Health System need to be more driven by modelling.

***Raffaella Ravinetto, President, Médecins Sans Frontières, Italy***

Ms. Ravinetto gave an insightful presentation on some of the ethical issues facing groups like Médecins Sans Frontières when they go in to respond to disasters. She pointed out that all operational decisions have an ethical element to them. One example given was that of how necessity can sometimes lower the quality of care in disasters. For example, the drug used to treat AIDs in Africa is no longer used in Europe as it causes bad side effects. It’s use in Africa is justified by the fact that it is cheaper and so by using it, despite the side-effects, more lives can be saved. However, Ms. Ravinetto argued that we must not become blasé or complacent about such issues. We must aim to raise the standard. Another key point of her presentation was how views can differ between headquarters and the field. Due to financial or organizational issues, headquarters may order the removal of an aid team from a particular area before the team feel they should be leaving. This highlighted the need for internal organisational ethics to be considered as well as the ethics applied to the victims being assisted. It was asked whether local communities were involved in priority setting as this could assist with

some of the ethical dilemmas faced. The response was that this is being learnt over time.

**Pierluigi Ingrassia**, *Centro di Ricerca Interdipartimentale in Medicina d’Emergenza e dei Disastri e di Informatica Applicata alla Didattica e alla Pratica Medica (CRIMEDIM), Turin*  
Mr. Ingrassia spoke on the ethical considerations to be considered when carrying out research after a disaster. He pointed out that research is needed in order to better understand the psychological, medical, economic and social difficulties that face a community following a disastrous event, however, all disaster victims are vulnerable and thus it is vital that research is carried out in a sensitive manner. Therefore, risks should be assessed and informed consent should always be obtained from those taking part. He also spoke of the use of tools to assess the Decision Making Capacity of an individual which he recommended should ideally be included during the recruitment phase of every disaster research study. Mr. Ingrassia made a good case for the necessity of disaster research and of the ways we can make it ethically acceptable. In fact though we may be able to guess at the vulnerability of an individual (for example based on mental health problems etc), we can never truly know. And though there are potentially numerous benefits to taking part in research studies it could bring negatives including psychological discomfort. It is vital that researchers always strive to go about their work in as sensitive a manner as possible.

**Tom Sorrell**, *Professor and Director of the Centre for the Study of Global Ethics, University of Birmingham*

Mr. Sorrell gave a presentation on emergency ethics particularly in relation to a potential pandemic influenza outbreak. He gave examples of various ‘before’ and ‘after’ ethical responses required in the face of such a pandemic and argued that emergency ethics of this nature are utilitarian in principle. He noted that though declarations of emergency can be opportunistic acts by governments taking advantage of a situation, they are not always sinister - particularly in relation to medical emergencies where measures are normally deemed acceptable by the public who consider welfare issues as key. Mr. Sorrell then talked specifically through the UK plans for dealing with a pandemic influenza outbreak. The notion of anti-virals for essential workers was picked up on from the floor and it was asked how you would define ‘essential workers’. Mr. Sorrell noted that if the priority in a health emergency is saving lives then essential workers would be those who, quite simply, could save lives.

## 4.2 Networking Session 2

The second networking session was chaired by **Stepan Vymetal** of Charles University, Prague. He introduced the two speakers who aimed to focus the discussion towards how future projects could develop on the issues raised in NMFR Disaster.

***Sergio Sterpone, Sinergie, Torino***

Mr. Sterpone highlighted topics from previous NMFR Disaster conferences, in particular relating to the education and training of responders. He commented on the fact that there is currently insufficient research into areas such as training efficacy and research methodologies and that there needs to be more consensus regarding the content of courses. He also stressed the importance of 'interoperability' which will be vital for raising professional standards. However, this leaves us with a question concerning how we can get different organizations to cooperate effectively. Mr. Sterpone referred to this as 'impermeability amongst structures'.

***Avi Tiger, Magen David Adom, Jerusalem***

Mr. Tiger was not able to be present and so **Chaim Rafalowski** spoke on behalf of MDA. For the benefit of those present, Mr. Rafalowski gave an overview of the NMFR Disaster project. He also highlighted some of the issues that had arisen during the workshop on 'Use of blood and blood components in disaster' held at the end of November. This included a few ethical dilemmas including;

- 1) Who takes the decision to use blood that has not been tested for diseases during an emergency/disaster? The need for blood could be such that medical workers have to work with whatever supplies they can get, and in a disaster situation, there won't be time to carry out all usual sanitary checks.
- 2) Recruitment of blood donors. In Israel the number of men donating blood outdoes women by 5:1, however in Spain, donation is equal by the two genders. Is this due to cultural differences? Could Israel learn lessons from Spain? And what are donation rates like in other countries?
- 3) How to time donations. In the immediate aftermath of a disaster, there is often an influx of blood donors eager to assist in whatever way they can. However, it would be far more useful to send half the willing donors away and get them to return at a later date. The problem is, how to turn them away and how to ensure that they will come back?

Mr. Rafalowski also spoke about standards of care. He noted that the differences in third world countries were obvious but he asked the consortium to consider an instance where an earthquake occurred in the sea between Italy and Albania. In such an instance, would the level of care provided differ for the two countries to match their usual state of healthcare? What would be the implications of two European countries with differing healthcare provisions being involved in a mutual disaster?

Finally Mr. Rafalowski commented that International Disaster Law must keep being developed. He noted that the SPHERE Code of Conduct, currently the most comprehensive existing document in terms of disaster guidelines, is too generic and that we need a more refined approach. We also need to consider that different guidelines may be required for different types of disasters and an important starting point is simply in defining these different types.

Following these though provoking presentations, discussion was then opened up to the floor. Concerning the issue of using untested blood in disaster situations, it was pointed out that such a decision should not be taken by 'experts' but rather, would be a good time for democracy to be used and for citizens to be asked to contribute to the decision. This seems sensible as if the public feel they have been involved in the decision making process they are more likely to accept the final decision.

Another topic that came up was the idea of training responder managers to deal with ethical issues at the scene of a disaster. However, some noted that it would be too overwhelming for responders to have to consider the ethical impact of their actions at a disaster scene and that guidance should come from organizational heads and the responders code of conduct. Thus in a disaster, the mechanics of providing the response could take over and there would be no need for pauses to contemplate the ethical rights and wrongs of actions being taken.

A key idea to emerge was that basically, ethics in disaster situations concerns the taking of decisions which could be seen as controversial. It could be useful to identify the different decisions needed relating to the different headings of the NMFR Disaster project. So for example, it could be explored in terms of the human impact decisions that need making, decisions regarding blood and equipment, those relating to legalities and key ethical dilemmas and decisions concerning training needs.

This second networking session led to the decision that it could be useful to write a consensus page of recommendations which could be passed on to the European Commission's Bureau of European Policy Advisors.

### 4.3 Plenary Session 4 – 'Victims or Citizens?'

This session explored various issues concerning citizens during disasters and emergencies. It was chaired by **Gerald Dompig**, Managing Director of the Shield Group Inc., Aruba, Netherlands.

**Didier Bigo**, Professor, Science Po, Paris

Mr. Bigo gave a presentation based around the notions of liberty and security in a 'worst case scenario'. In particular, he asked whether people are viewed as victims or citizens with choices to make. How to protect people from uncertain future events is a difficult issue, particularly when combined with the notion of human rights. Knowledge of experts can be flawed – mixing it with statistical data may provide some greater reliability but it is still risky to make recommendations. For example, if you cause a mass evacuation of a shopping centre based on a flawed premise and it later becomes clear that you were wrong, who pays for the decision? At present this is not clear. Another problem can arise from the use of simulation software leading to a false confidence relating to approaching events as if they are not unpredictable, which in fact, they are.

Mr. Bigo related this to the French language tense of ‘future interior’ where you talk of the future as if it is already in the past. You may be given a false confidence.

**Kobi Peleg**, Director, Israeli National Center for Trauma and Emergency Medicine Research. Head of the Department for Disaster Medicine, School of Public Health, Tel-Aviv University

Mr. Peleg gave his presentation on whether children received a different standard of care compared to adults and the elderly. He gave details of a study which showed that physicians are more emotive about dealing with terror attacks than motor vehicle accidents, even when the injuries sustained are of equal magnitude. He then provided some compelling statistics to show that despite the elderly being the group with the highest number of head injuries caused by terrorism (61.8% compared to 55.5% of children) and highest number of body regions injured – both factors leading to a higher likelihood of mortality, a higher number of children were admitted to the Intensive Care Unit. The mortality rates for children and the elderly were 7% and 50% respectively so it would seem that the elderly population are suffering as a result of this apparent ‘preference’ or sensitivity to treat children. Though this could result from a ‘Walt Disney Effect’ (tender feelings for children), there could also be more practical reasons behind this treatment bias. Perhaps lifetime costs have an impact and perhaps there is an additional sensitivity to children because physicians and nurses are aware that they are less well emotionally developed and so require more care. More thought may need to be given to this issue to ensure fairer treatment for all. It could also be interesting to note whether there are any cultural differences in the treatment of different age groups.

**Jean Marc van Gyseghem**, Research Centre on IT and Law, University of Namur. Attorney of Law at the Bar of Brussels

Mr. Van Gyseghem spoke on data protection in health emergencies. He said that there are two types of data relevant to health emergencies, that of the workforce and that of the patient. In times of emergency, there is the risk that ‘national security’ may be used as an excuse to invade the private spheres of individuals. Mr. van Gyseghem gave information on convention n°108 on data protection which is applicable to individuality and requires data processors to choose the least invasive method for using the data and to give a clear reason for their need to process the data. He spoke in depth about data protection law in Europe which revolves around Directive 95/46, Article 8. In order to work with the data it is important that any sensitive information is separated from the non-sensitive information in order for it to be impossible to identify a particular individual from their information.

**Manfred Green**, Head of the School of Public Health, Haifa University

Mr. Green gave a presentation on the ethical and legal issues relating to infectious disease emergencies – in particular at the start of an outbreak when there is not even absolute certainty that the outbreak is happening. He discussed the timing of actions to carry out following a report of a suspected outbreak and the legal and ethical issues to be implemented (e.g. isolation with immediate effect, quarantine on day two and so on...). He also considered issues concerning first responders (i.e. ‘are their legal

measures in place to force them to work?') He used the example of the spread of SARs to Canada as a look at how important it is to respond quickly to an emergency at to put effective measures in place. He highlighted that there needs to be more legislation clarifying quarantine, social distancing and travel restrictions. It was noted that there should be different protocols created for each disease as all are different and would require different measures.

**Toby L. Merlin**, *Deputy Director, Influenza Coordination Unit Centers for Disease Control and Prevention, USA*

Mr. Merlin gave a very insightful talk about pandemic influenza. He said that it is not being hyped up – the virus is active and aggressive and is still evolving. Predictions based on previous pandemics such as the one of 1918 have the number of worldwide fatalities estimated at 62 million. However, this is likely to be a conservative estimate as the virus from 1918 had a 2% fatality rate in humans whilst the current virus has a 60% death rate of humans infected. Thus it seems like a much more aggressive and dangerous strain. Mr. Merlin spoke of the importance of mitigation to diminish the impact of the virus. In particular he stressed the importance of social distancing as a mitigation strategy. He also gave three excellent reasons as to why responders should be prioritized for vaccination. First, they put themselves at risk of infection just by doing their job. Second, they are a valuable resource that we don't want to lose. Third and finally, they would be capable of transferring the virus on to many people. It would seem that the public (at least in the USA) also support the priority treatment of responders. Despite some queries concerning what would happen if the responders were unwilling to take the medication, Mr. Merlin said that he didn't believe it would be an issue as most of the responders questioned were more interested in whether they could also obtain vaccines for their families.

#### **4.4 Concluding Round Table and Closing Remarks**

The concluding round table was introduced by Mr. Mordini. The purpose of the presentations for this section of the conference was to provide some sort of final framework from which to hang the rest of the workshop together.

**Simon Langdon**, *Director of Cedarthree Limited, Crisis Management Specialists, Bath*

Mr. Langdon spoke of the importance of the 'Golden Hour' for disaster response. This is the time immediately after the disaster has occurred in which, if the response is positive and effective, the course of the resolution and return to normality from the disaster will be significantly positively influenced. He spoke of the importance of having an effective disaster management plan in place. It was interesting to be able to make some comparisons with the medical response needs. The most obvious is that the initial reaction to the disaster must be fast and efficient and that this means having a plan in place. When pandemic influenza hits, responders will have to be quick off the mark and may have to implement certain security/response measures before they are even sure

what they are dealing with. The other parallel comes from the need to review plans and update them according to lessons learned.

**Renzo Pegoraro**, *Fondazione Lanza, Padova*

Mr. Pegoraro spoke of the effect of climate change on disasters – namely that it will lead to an increase in disastrous events which will particularly affect those in the third world and in vulnerable areas such as coasts and flood plains. He claimed that the knowledge of such disasters increasing in frequency leads to two types of ethical responsibilities; 1) immediate/urgent ones and 2) mid/long-term ones. In other words, though it is important to act now to diminish the likelihood of such events occurring by good international communications and installing measures to take better care of the planet, we must also plan for the future and look at ways to improve the long-term potential of climate change related disasters. Mr. Pegoraro emphasized the need for strong coordination between different agencies (i.e. governments/religious groups/responders) and a focus on justice and solidarity which would see richer countries assisting those less well off. He also noted the importance of including future generations in discussions.

Mr. Mordini noted that it was important to conclude with the notion of future generations: the conference had progressed from the concepts of liberty and fundamental rights at the start, to the ideas of liberty and future; between those concepts Mr. Mordini believes lays everything important to the purpose of this project.

Mr. Rafalowski thanked everyone for their presentations and said that he believed the conference had provided useful and impressive ideas for potential future projects.

## 5. Proposals for Future Research Development

From the general discussion, a few areas emerged as being worthy of further exploration. Below is a summary of the key points that participants felt it could be worth focusing on.

### Research Development Ideas

1. MEDIA – there is the need to develop of guidelines for media practice in disasters, a form of control of the type of coverage to be shown in news reports and the need to ‘re-educate’ the public and media providers in their ideas of disasters in order to change the mentality and the approach taken in the reporting of such events.
2. CULTURAL DIVERSITY –it could be helpful to clarify cultural differences that could have an impact on disaster response. It would be useful for responders to have some sort of manual or guide on different mourning traditions amongst various cultures in order for their response to be as appropriate and inoffensive as possible.
3. BEST PRACTICE CONSORTIUM – there is a clear need in Europe for some type of method for different organizations to share lessons, information and best practice tips with one another. To open up this necessary dialogue, it would be highly useful to set up some form of database or annual conference/report.
4. BLOOD DONATION – the topics highlighted by Mr. Rafalowski indicate some important areas concerning the issue of blood and its uses in disasters. Things such as who decides on using un-tested blood and how to encourage donors at different phases of the disaster response need further explorations.
5. STANDARDS OF CARE – is it realistic to expect the same standards of care for all? Is it possible to provide this one day? What different circumstances could impact the standard of care received? All these questions need to be investigated in greater detail.

As well as the research development ideas proposed in the box, a few more practical 'action oriented' suggestions can also be made. These will be explored over the following few paragraphs.

There is a need to develop better collaboration and partnership between different groups involved in first response issues at the planning phase of response protocols. Thus those involved in operational aspects and working in the field, need to communicate with those considering ethical issues so that the ethics of response plans are clear from the outset. If ethical matters are clear from the planning phase then problems should be easier to avoid when response is required during a disaster.

So for example, collaboration is paramount in the following areas;

- Determining culture appropriate responses. This will ensure that the response effort does not mistakenly cause offence/distress to victims of the disaster who may hold particular beliefs or practices that are different to those of the first responders. In particular concerning issues such as treatment of the dead and of the grieving but also concerning matters such as appropriate physical contact, culture appropriate methods for comforting the distressed and so on. It would be helpful if there could be an easily accessible document released by the Commission providing a cultural outline and guide for Best Practice in different countries around the world (with perhaps particular emphasis on the differing traditions in Europe where most European First Responders will be providing aid).
- Finding methods to enable disaster stricken communities to become self-reliant again. It is important that responders are able to enable a community to stand on its own feet again. Thus there needs to be some consideration in the planning phase of responding as to how responders can improve the capacity of victims to carry on the recovery phase once aid is withdrawn. Developing protocols with the goal in mind of capacity building within the disaster-stricken community will ensure a more effective long-term recovery strategy. In order to understand the areas in which a community needs to become more self-reliant and to determine best practice, first responders must communicate with organizations which have the long-term welfare and ethical interest of the stricken regions in mind.
- Consideration of responders needs. It is vital that first responders are prepared for the situations they will face. Whilst it is impossible to prepare for any eventuality and situation that a disaster may throw up, it is possible in a broad sense to imagine the distress that may hit responders in a dismal situation. It is important that a culture is built up whereby responders do not consider themselves 'weak' to seek emotional/psychological support for themselves. In order to do this, response organizations need to collaborate with organizations capable of providing psychological support.

There also needs to be careful consideration of the issue of standards of care. We need to consider existing standards (for example – those outlined by SPHERE<sup>1</sup> or the International Federation of Red Cross and Red Crescent Societies<sup>2</sup>) and their applicability to the European reality. Though both of these are extremely useful documents, they are not legally binding and as such, there is no strict imperative for the EC to adhere to the guidelines. It would be of great use if work could be undertaken to assess how relevant the guidelines provided by these two organizations are in real terms and whether the existing standards are realistic in the face of real disasters (and relevant within Europe as opposed to a more 'global' or 'third world' context). Such research could also explore whether current European disaster legislation and guidance is adequate and up-to-date with what is required (as gauged by how well it covers the topics outlined by SPHERE and the IFRC) or whether more effort is needed to reach optimum levels of preparation as outlined by SPHERE.

There is a need for a "code of conduct" for responders in disasters so that they can enter response situations with clear ideas of appropriate behaviours in mind. In return there is also a need for a commitment from society to those responders, to respect what they are there for and also to assist as they can by for example taking care of their relatives. Existing codes of conduct tend to be fairly generic whilst not providing specific guidance about situation specific behaviours. For example, the World Medical Association<sup>3</sup> advises physicians that in the aftermath of a disaster;

*1. 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.*

*2. The physician must respect the customs, rites and religions of the patients and act in all impartiality.*

However, it does not provide specific guidance on *how* the physician should go about respecting these diverse customs. How is a physician entering a disaster situation necessarily to be expected to know what behavior is appropriate? A clear code of conduct that could be disseminated to all first responder groups giving clear guidance of appropriate behaviours would be beneficial. It would also enable different responder groups to come together and work in an environment, knowing that they were all following the same behavior codes and so on which could allow them to work together in harmony with a little more ease.

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<sup>1</sup> SPHERE (2004) Chapter 5, Minimum Standards in Health Services. The SPHERE Project Handbook; Humanitarian Charter and Minimum Standards in Disaster Response p.249-310

<sup>2</sup> Fisher, David. (2007) Law and Legal Issues in International Disaster Response: A Desk Study – Summary Version (International Federation of Red Cross and Red Crescent Societies)

<sup>3</sup> WMA - Policy : Statement on Medical Ethics in the Event of Disasters; <http://www.wma.net/e/policy/d7.htm> (1 of 2)12/11/2007 1.32.01