

Ethical Disaster or Natural Disaster? Importance of Ethical Issue in Disaster Management

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Abstract

Background: Since modern disasters, natural or human-made occur more frequently, causing more deaths, affecting more people and increasing economic loss. This becomes making difficult on healthcare system and personnel while assisting and ensuring the lives of the disaster population because of lack of medical resources in conjunction with a mass casualty situation, that can present specific ethical challenges in disaster management. Understanding the nature of the ethical challenges specific to disaster settings is becoming more important to prevent ethical conflicts are to be helpful to all parties to find the least negative option for action under severe conditions. **Objective and Method:** The purpose of this paper is to describe the importance of ethics in disaster management. The reviewed literature for this paper was based on the related data sources of ethics of disaster management, extensive review ethics and disaster medicine, public health and disasters in CINAL plus, Google scholar and research gate. **Discussions:** This paper will discuss about the authorized person who can make ethical decisions in disaster, the ways of making ethical decision and the principles and values that guide on ethical decision making in disaster. **Conclusion:** As Ethical decision making in disaster cannot be carried out by any one person or community. It requires open discussion and a commitment between the experiences and perspectives of those who are different in the community. Mutual critique will lead to a more adequate ethical foundation in guiding our action in the management of disasters.

Keywords: ethical issue, disaster management, disaster, authority, ethical decision

I. Introduction

Ethics is a complex area. If it is concerned with the kind of people we are, this could be "ethic of being" or if it is concerned with the things we do or fail to do, this could be "ethics of doing". Therefore, ethics focus on what we do, and how we decide what we ought or ought not to do. Ethics is about right and wrong in human conduct. Ethics is about choices, dilemmas and grey areas. 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 wrong³. Moreover, 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. 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.

Because disasters pose unique and unusual problems and place people in unfamiliar situations, ethical issues often come to the front of the management of such diverse and constantly changing situations. According to the World Medical Association (WMA) (2010), disasters, regardless of cause, are characterized by a sudden and, for the most part, unexpected occurrence that demands timely actions to alleviate the situation. Disasters have unfavorable effects on public health due to pollution, risk of the epidemic, and psychosocial issues. Disasters require a coordinated multidisciplinary response to ensure that the necessary relief, which can include transportation, food and water, and medical supplies, arrives at the right place at the right time. The three-pronged approach to disaster response involves medical treatment in the form of paramedics, physicians and nurses, fire department personnel, and security forces that can include the military. Disaster responders can be faced with unusual situations in which the professional ethics that apply in routine emergencies and health care situations may be tested. According to the WMA, 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 motivations¹¹. While insufficient and often disordered medical resources, in conjunction with the mass casualty situation, can present specific ethical challenges, it is important that the basic ethics of beneficence and respect for autonomy and justice complement the individual ethics of the health care provider despite the chaos of the situation¹.

II. Methods

The purpose of this paper is to describe the importance of ethics in disaster management. The reviewed literature for this paper was based on the related data sources of ethics of disaster management, extensive review ethics and disaster medicine, public health and disasters in CINAL plus, Google scholar and research gate.

III. Discussion

3.1 WHY ETHIC IS IMPORTANT IN DISASTER MANAGEMENT?

Disasters are unpredictable, acute situations which cause extensive damage, destruction, and suffering, and which often cannot be dealt with by the local community on its own. The people responding to disasters (victims, health care personnel, humanitarian aid workers or military personnel) often record disillusionment and a kind of ethical frustration with making ethical decisions during disasters. Ethical practices help to provide stability for organizations in a rapidly changing and increasingly complex world. In contrast to day-to-day emergencies, disasters are characterized by a relative lack of time and resources and many people are trying to do quickly what they do not ordinarily do, in an environment with which they are not familiar.

According to reports, electricity was lost, the basement was flooded, the temperature was over 100 F, backup power failed and the ventilators could no longer be operated, and the lights were out. In such circumstances, the very ethical foundations of routine, patient, and family-focused health care are threatened¹. Therefore, it is important to understand such ethical concepts as utility, justice, and fairness. Disaster management requires that the health care providers go beyond the standard of bioethical principles and consider the codes of ethics and ethical conduct to guide decision making at the patient, provider, and societal levels.

3.2 WHO HAS THE AUTHORITY TO MAKE ETHICAL DECISION IN DISASTER?

Ethical management of disaster and emergencies is a complex business that involves communication, education and training, awareness building, resource acquisition, and planning and allocation as part of the disaster management cycle of mitigation, planning, response, and recovery³. When disaster does occur, a timely, effective, culturally sensitive, and gender-appropriate response must be enacted. Such a response must recognize that those affected by the disaster may have standards of justice and ethical traditions that differ from those of the responder. This point is especially true in the international environment. Recognition and appreciation of such differences help to maintain the dignity of the victim and helps to work toward sustainable recovery.

There is also 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 tied by their professional goals and norms, but, according to Schweitzer's view, 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 an accepting cultural difference when helping in countries with the different cultural and religious backgrounds.

3.3 HOW SHOULD ETHICAL DECISION BE MADE?

Disaster ethics are usually addressed in three phases such as pre-disaster, disaster and post-disaster phase⁶. 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, division of labour, healthcare workers` duty to treat, obligations to disaster relief workers, participation of health-care workers in war crimes/torture/death penalty, relations with industry and media, disaster response and development, and disaster research.

Developing a preventive ethics approach in this pre-disaster phase, also helps to reduce conflicts during the crisis phase¹⁰. Within this scope, capacity building to increase knowledge and skills of disaster relief professionals and the populations at risk, 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^{8,10}. 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 (e.g. setting up camps, organizing disaster relief and health care teams, collecting resources, materials and food). Many decisions are made collectively.

In focusing on Disaster Ethics, the following phases in dealing with disasters will be discussed: Prevention, Preparation, Response, and Mitigation. At present, disasters are unpredictable, so it is not possible to prevent them for the most part. In addition, the variation in what we consider to be disasters means that it is difficult to make a detailed list of what to do and what ethically ought to be done to prevent all disasters. However, those in political power and groups such as healthcare professionals together have the ethical responsibility to discuss issues that may create or add to the possibility of 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 plan to lessen the harm to citizens in a disaster; the concept of a risk: benefit ratio must be used. By using the ethical principle of distributive justice, so that burdens and benefits are shared fairly in society. Health care professionals commit to an 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 should not be violated.

On the other hand, a lot of barriers and drawbacks regarding ethical decisions in disaster management. The mass media mindset and public authorities' attitude have been the irritating issue, stating that images of dead and wounded people might be published without any respect to personhood rights. In addition, public authorities facilitate hiding the sensitive information from the public such as outbreaks of cholera, H1N1. International relief organizations might approach in a paternalistic and imperious manner to local organizations, health care workers, and society. They might act inattentively for referrals of patients to other provinces or abroad, neither sharing information nor writing epicrisis. Unjust resource allocation and mismanagement due to unpreparedness that become the situation more complicated in disasters where access to services is already diminished in addition to the pre-existing availability and accessibility problems. In this condition, implementation of the ethical principles is strictly linked to disaster management.

One of the main reasons for mismanagement is stated as the lack of rapid health assessment to determine actual needs, which 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. In addition to lack of rapid health assessment, the participants emphasize that 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 thinking” which contributes to chaotic conditions.

3.4 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, reaching the disaster site as quickly as possible is the most crucial step. In line with the principles of the ethical practice of public health, 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. The WMA Declaration of Lisbon on the Rights of the Patient (1981) states that “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 a legally entitled representative 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”^{11,12,13}.

On the other hand, there might be exceptions to informed consent, such as in disaster and other public health emergency situations. According to Last (2004), scientists working in emergency situations like an epidemic, have an ethical duty to be open in dealing with the public. Last (2004) argues that 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-groups⁵. The ethical approach should be to 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 labours according to the expertise of each

organization. According to the UNDP (1997), 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 constitutes one of the principles of the ethical practice of public health. Besides interfering with optimal health care; cultural, religious and linguistic barriers may also have significance with respect to creating ethical dilemmas. If health care professionals and patients do not speak the same language, every effort should be made to find interpreters⁹.

According to the WMA Statement on Medical Ethics in the Event of Disasters (1994), the physician must respect the customs, rites and religions of the patients¹³. 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. According to the principles of the ethical practice of public health, public health institutions should protect the confidentiality of information that can bring harm to an individual or community⁷. WMA Statement on Medical Ethics in the Event of Disasters (1994) states that the physician has a duty to each patient to ensure confidentiality when dealing with third parties. All ethical values and principles that were mentioned in pre-disaster and an early response phases should also be recognized in the aftermath of disasters. 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 respected¹³.

IV. 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. These measures should be taken both at the local level as well as the country level. In conclusion, it is not only by making great efforts before disasters but also should have a positive attitude is necessary during disaster that ethical challenges can be minimized in disaster responses.

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