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Disasters global humanitarian assistance and ethical challenges

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What is a disaster ?

- ⑩ **Media** Sudden dramatic events
 - ⑩ **Needs > Resources**
 - ∞ Daily life for very many in poor countries
 - ⑩ **WHO** “the result of a vast ecological breakdown in the relationships between man and his environment, a serious and sudden (or slow, as in drought) disruption on such a scale that the stricken community needs extraordinary efforts to cope with it, often with outside help or international aid”
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Disaster categorisation

ONSET

- Sudden
- Slow
- Mixed

CAUSE

- Natural
- Man made
- Mixed



Complex emergencies

Disaster outcome, a combination of factors

Disaster outcome

= Context x “Hazard” type, location, magnitude x No of affected
Coping+ outside assistance

Context is everything!

- Socioeconomy
 - Vulnerability
 - Age distribution
 - Burden of disease
 - Health system capacity

Health effects of Man made disasters

172 millions affected 2013

- **Direct**

- Trauma

- Mental health problems

- **Indirect**

- Due to destruction of health facilities

- Lack of access

- Displacement

- Increased vulnerability

Natural disasters

- Increases, more costly, affect more people, but kill less
- Varying health effects

<i>Effect</i>	<i>Earthquakes</i>	<i>Strong Winds</i>	<i>Tsunamis and Flash floods</i>	<i>Ordinary Floods</i>	<i>Landslides</i>	<i>Volcanic and Lava Activity</i>
Loss of lives	<i>High</i>	<i>Low</i>	<i>High</i>	<i>Low</i>	<i>High</i>	<i>High</i>
Severe injuries requiring complex treatment	High	Moderate	Low	Low	Low	Low
Major risk of communicable diseases	<i>Potential risk following all significant phenomena (Likelihood increases with crowding and the degradation of sanitary conditions)</i>					
Damage to health facilities	<i>Severe (structure and equipment)</i>	<i>Severe</i>	<i>Severe but localized</i>	<i>Severe (equipment only)</i>	<i>Severe but localized</i>	<i>Severe (structure and equipment)</i>
Damage to water supply systems	<i>Severe</i>	<i>Light</i>	<i>Severe</i>	<i>Light</i>	<i>Severe but localized</i>	<i>Severe</i>
Food scarcity	<i>Infrequent (generally caused by economic or logistical factors)</i>		<i>Common</i>	<i>Common</i>	<i>Infrequent</i>	<i>Infrequent</i>
Large migrations	<i>Infrequent (common in severely affected urban areas)</i>		<i>Common (Generally limited)</i>			

Japan 1995 Kobe earthquake

	1995
Injured	44 000
Dead	6 500
Ratio injured/dead	7

Japan 2011 earthquake + Tsunami

	1995	2011
Injured	44 000	5 000
Dead	6 500	25 000
Ratio injured/dead	7	0,2

Different disasters create different needs but always in relation to determinants for health

1. Water and sanitation
2. Food
3. Shelter
4. Health care
5. Security

Triage

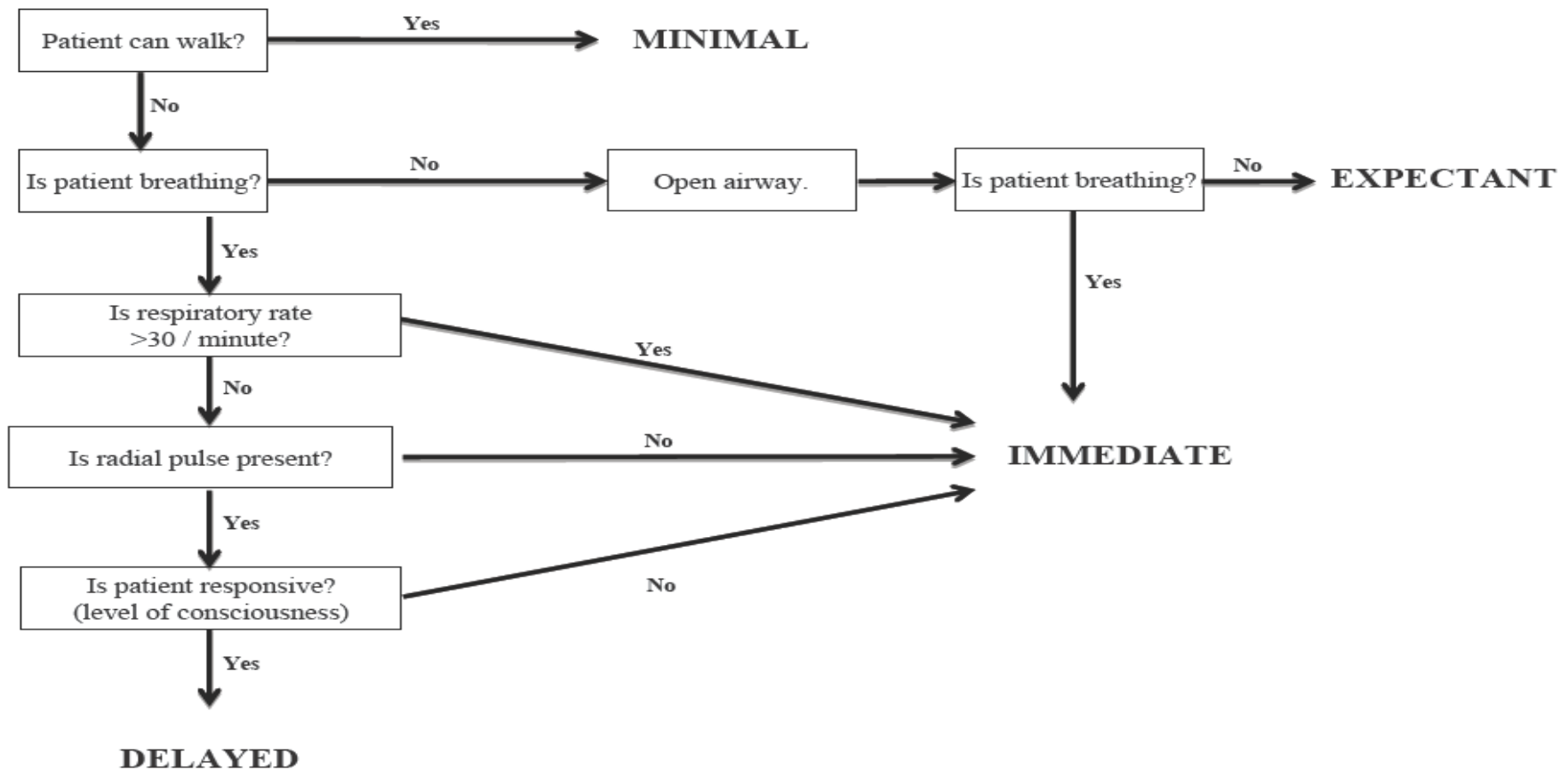
- Baron Dominique-Jean Larrey 1812
 - treating the most severely wounded first without waiting for the battle to end,
 - Vietnam war
 - Rapid transport of wounded changed warfare strategy
 - Well developed system, varies between countries
 - A tool to organise and prioritise in chaos with the aim is to optimize the use of available resources.
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Triage

- **Red** Triage Tag (“Immediate” or T1 or Priority 1):
Patients whose lives are in immediate danger and who require immediate treatment;
 - **Yellow** Triage Tag (“Delayed” or T2 or Priority 2):
Patients whose lives are not in immediate danger and who will require urgent, not immediate, medical care;
 - **Green** Triage Tag (“Minimal” or T3 or Priority 3):
Patients with minor injuries who will eventually require treatment;
 - **Black** Triage Tag (“Expectant” or No Priority):
Patients who are either dead or who have such extensive injuries that they can not be saved with the limited resources available
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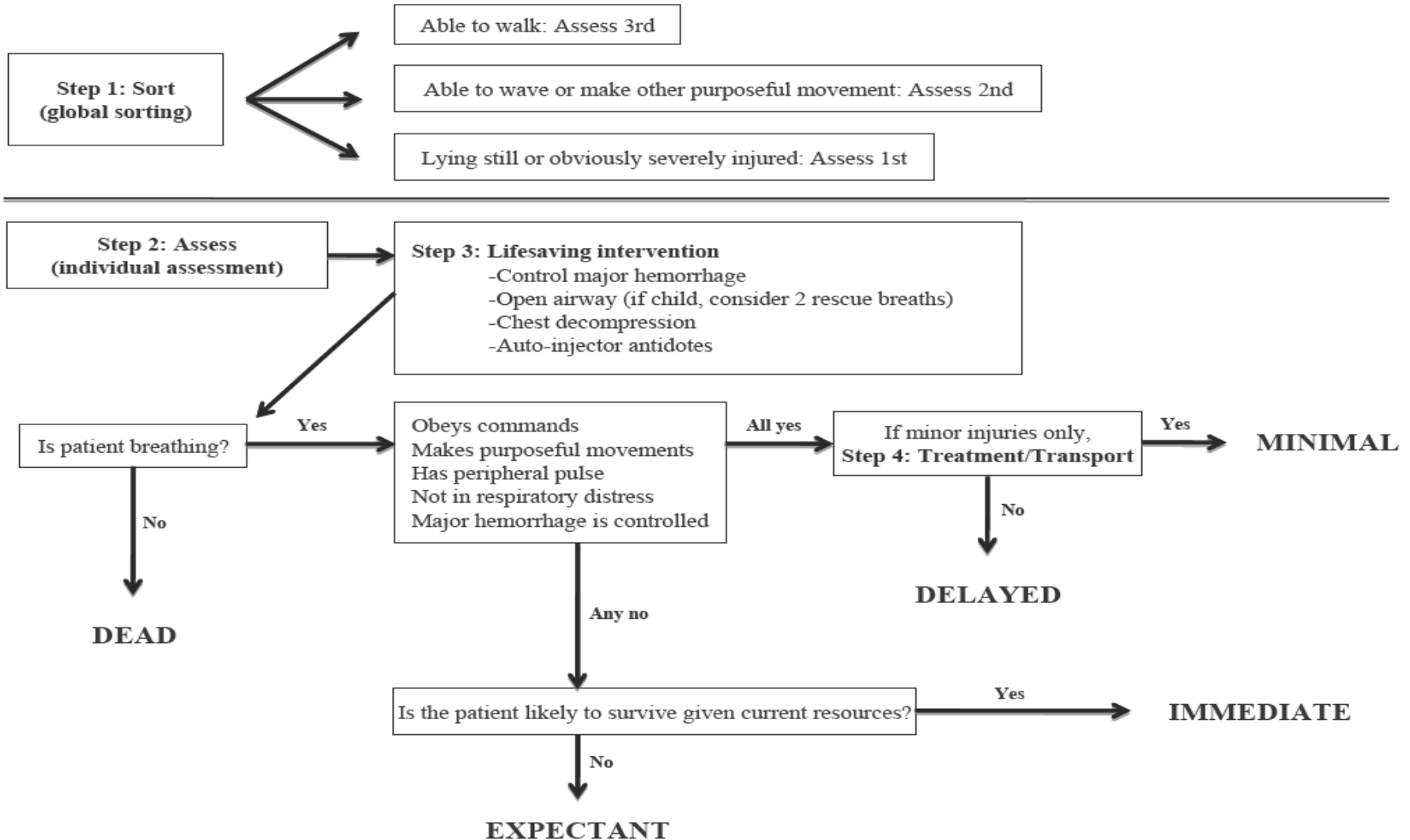
START (Simple Triage and Rapid Transport)

START Algorithm



SALT (Sort-Assess-Lifesaving Interventions-Treatment/Transport)

SALT Algorithm



Ethical challenges to Triage

- World Medical Association *“It is unethical for a physician to persist, at all costs, at maintaining the life of a patient beyond hope, thereby wasting to no avail scarce resources needed elsewhere”*
- Distance between theory to practice
 - The chaos
 - The smell
 - The pressure
- In practice difficult and uncommon with “classical triage” (Beslan 2004)

Emergency Care following the Terrorist Attack in Beslan, North Ossetia, Russian Federation, 2004
INTERNATIONAL JOURNAL OF DISASTER MEDICINE 2004; 2: 41 ± 47





But in reality.....

- Most “mega disasters” in low-middle income countries
 - Pre-disaster context = lack of resources
 - Main challenges in not about classical triage-rapid transport and treatment
 - Lack of resources
 - Lack of skills
 - Lack of communication and leadership
 - International assistance?
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Ethical challenges with international humanitarian assistance following global disasters

- Lack of legal framework
 - Accountability?
 - “But we are here to help”
 - Voluntarism vs Professionalism
 - Deontology vs consequentialism
 - Professional standards
 - Arrive late, evidence?
 - Cultural/ethical norms
 - Amputations
 - Individual vs family/society
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Ethical aspects

- **Equity**

- Deontological principles,
- Medical ethics

- **Utilitarian**

- Maximize the total sum of well-being in the universe.

- **Saving of lives**

- Who stand the biggest chance of survival ?

I do exactly as I do at home!

Sophie Grosclaude, une jeune chirurgienne orthopédiste française, engagée dans la **Chaîne de l'Espoir**, opère à la clinique Lambert, à Pétionville, dans la banlieue de Port-au-Prince.

Elle non plus ne mâche pas ses mots. Elle revient "effarée" d'une discussion avec un chirurgien américain rencontré à l'hôpital israélien, qui pliait bagages. "Je lui racontais que pour réparer les fractures, **je faisais exactement comme en France**, en posant des clous et des fixateurs externes dont on dispose désormais en grand nombre.

"Et alors? "Il trouvait ça fou! Il me disait: "A quoi bon? Ce pays est trop pauvre. Il n'y aura pas de suivi médical sérieux de vos patients. C'est tellement plus simple de les amputer. C'est **propre, définitif...**"

Ethical challenges, the practice

- In practice, there must be an understanding of the ethical aspects as they influence the operational strategy
- Ensure that the strategy is based on a analysis of the situation (needs assessment) and available resource and capacities.
- Understanding that it is not about providing “second class” care but a professional adaptation to the situation
 - We would make the same choices in any other setting
- Setting priorities require experience and should be made in an inclusive process.
 - TALK WITH PATIENTS AND STAFF!!
- Things change! Re evaluate