

Dear Editor:

The article "Haiti Disaster Tourism—A Medical Shame", by van Hoving *et al* talks precisely about the ethics of medical responses at the time of disaster. The way fellow doctors responded keeping regular morbidity and mortality meetings, continuous quality improvement programs, and the patient's right and respect in their mind even during hostile conditions. Defining disaster tourism is a difficult task, especially for the medical responders who come to treat patients in such disastrous conditions. Judging the responses of a few persons on their own set of standards and criticizing their efforts in an emergency situation in which there are no unified mechanisms of responses raises some pertinent questions.

One must understand in all aspects of medical care, especially in context of a developing nation. When the authors say "we followed best practices and worked in conjunction with the local health system", my question to them is did they go back to see the results of their "best practices" before blaming any response team? A follow-up study conducted by Roy *et al* that analyzed the surgical outcomes two years after the Gujarat earthquake showed a 19% infection rate, 12% further amputations, non-union rate of 23%, and 30.5% of patients had to be re-operated on at least once. The response team was comprised of local, national, as well as international doctors. The point of raising such an issue

becomes important, since disasters are unpredictable, and good motives need not necessarily yield good outputs. Risk is always measured in terms of vulnerability and hazard. Haiti, being a developing country, when affected by an earthquake of such magnitude, escalated the effects of the event manifold. In such circumstances, there is a high likelihood for the influx of the media and non-specialist doctors from every corner of the world.

At this time, concern of the community should be to work on developing a framework for action in emergency situations at the macro level. Formulating a set of standards in disaster response is highly essential. Society lacks lacks guiding principles for the volunteers to respond during a complex emergency. Even the Hyogo Framework of Action talks about the preparedness aspect of disaster, not the response. Healthcare volunteers can enhance their effectiveness by preparing for a disaster before it occurs, and thinking critically about their ability to respond. Formal training in disaster medicine can enhance a healthcare professional's ability to be useful during an emergency.

Sincerely,

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#### Bibliography

1. Merchant RM, Leigh JE, Lurie N: Health care volunteers and disaster response—First, be prepared. *N Engl J Med* 2010;362(10):872–873.
2. Roy N, Shah H, Patel V, Bagalkote H: Surgical and psychosocial outcomes in the rural injured—A follow-up study of the 2001 earthquake victims. *Injury* 2005;36:927–934.
3. Roy N, Shah H, Patel V, Coughlin RR: The Gujarat earthquake (2001) experience in a seismically unprepared area: Community hospital medical response. *Prehosp Disaster Med* 2002;17(4):186–195.
4. van Hoving J, Wallis LA, Vries SD, *et al*: Haiti disaster tourism—A medical shame. *Prehosp Disaster Med* 2010;25(3):201–202.