

Conclusions: Injured children are treated with more empathy and sensitivity than adults. Among MCI victims, differences in treatment and hospitalizations were found.

Keywords: children; ethics; injury; intensive care unit; terrorism; trauma

Prehosp Disast Med 2009;24(2):s88–s89

Ethical Problems for International Health Volunteers

Richard M. Zoraster

Los Angeles County Emergency Medical Services Agency, Commerce, California USA

Health care in the developed world is the realm of skilled and highly trained personnel who utilize advanced technology and work within developed systems. These professionals are in great demand and have multiple opportunities, good incomes, and high prestige. Less affluent regions often have great unmet healthcare needs, insufficient personnel, and undeveloped health infrastructure. Following disasters, non-governmental organizations and government-sponsored agencies may have salaried administrative personnel, but there often is a shortage of practicing, clinically skilled professionals. There often is an influx of international volunteers, many working in post-disaster curative services. Frequently, these providers have limited international experience. Providing health care during emergencies, ecological disasters, and in impoverished societies has many difficulties; the logistical ones include the absence of running water, electricity, or radiology equipment, are predictable. What may be more difficult to prepare for and to deal with are the ethical challenges that may be faced in resource-poor settings; especially in regions with chronic disparities in health care and the allocation of social resources. The purpose of this presentation is to raise awareness of these potential conflicts, and with this awareness, allow providers to predetermine how to deal best with these issues.

Keywords: awareness; ethical problems; health care; international volunteers; personnel

Prehosp Disast Med 2009;24(2):s89

A New Ethical Model for Examining Emergency Medicine

Omar Ha-Redeye

University of Western Ontario, London, Ontario Canada

Emergency responses typically have employed an ethical approach of rule consequentialism. However, this approach is highly susceptible to paternalistic tendencies, as it ignores the bio-ethical principle of autonomy, and undermines informed consent and joint decision-making. Rule consequentialism also can perpetuate injustices, provide an impersonal view of life, and ignore cultural relativism in certain settings.

A review of the different types of ethical models used in emergency medicine, their characteristics, and their shortcomings was conducted. A proposed model that combines bio-ethical principles with classic ethical theory will be suggested, that demonstrates the intricate relationship between all of these principles.

The model can be utilized in any emergent medical care setting to identify overlooked ethical principles and ideals that can be modified into care plans. A graphical representation of ethical theories and their overlap is especially useful in emergent settings requiring quick decision-making, but also during planning and in appraisal during debriefings.

In the modern era, a greater emphasis on autonomy emerged that considered the choices and preferences of patients. Client-centered care is becoming more predominant in medicine, and medical advances mean that most emergency responses quickly progress to rehabilitative care. These principles of autonomy must be incorporated in emergency medical relief to create a more balanced approach toward emergency medical response.

Keywords: bio-ethics; emergency medicine; ethics; response; theory

Prehosp Disast Med 2009;24(2):s89

Regulating the Helping Hand: Improving Legal Preparedness for Cross-Border Disaster Medicine

David Fisher,¹ Jean-Luc Poncelet,² Gail Neudorf³

1. International Federation of the Red Cross/Red Crescent, Geneva, Switzerland
2. Pan-American Health Organization/World Health Organization, Washington, DC USA
3. Canadian Red Cross, Ottawa, Ontario Canada

Introduction: Medical care is a highly regulated field in nearly every country. Therefore, it should not be much of a surprise that legal issues regularly arise in cross-border disaster operations with the potential to profoundly impact the effectiveness of international assistance. Little attention has been paid to preparing for and addressing these kinds of issues.

This paper will report on research undertaken by the International Federation of Red Cross and Red Crescent Societies (IFRC) on International Disaster Response Law, discussing new developments in the international legal framework for addressing these issues.

Methods: For seven years, the IFRC has studied legal issues in cross-border disaster assistance. Its activities have included several dozen case studies, a global survey of governments and humanitarian stakeholders, and a series of meetings and high-level conferences.

Results: The IFRC has found a consistent set of regulatory problems in major disaster relief operations related to the entry and regulation of international relief. These include some issues specific to the health field, including regulation of drug donations and the recognition of foreign medical qualifications. To address the gaps in domestic and international regulatory structures, the IFRC spearheaded the development of new set of international guidelines.

Conclusions: The legal risks for international health providers in disaster settings are real and should be better integrated into program planning. For their part, governments must become more proactive in ensuring that legal frameworks are flexible enough to mitigate these problems.

Keywords: cross-border operations; ethics; international law; international relief; legal framework; legal preparedness

Prehosp Disast Med 2009;24(2):s89