

Ethical and Legal Aspects of Disaster Response

Day 1 Captions

Recorded 8/23/2012

Please stand by for realtime captions.

I am going to mute the lines, if you need to unmute, press star 6. >> This is Siobahn we are having some technical issues with our speakers. Can you each chime in so we can hear you?

I will go ahead and get started, this is Siobahn representing the national Library of medicine and Deb Cavanaugh is on for the Medical Library Association this is a joint endeavor to bring in these classes, I am going to turn it over to Patti Reynolds, you are all here for the Medical Library Association course ethics in disasters so go ahead, Patti.

Thank you very much, Siobahn, I appreciate it and thank you for logging on I hope we can present a very, airy complex topic -- very complex topic, and give you some insight into things I have run across in the last four years that may have some personal labor to the topic -- personal flavor to the topic. If there is anything you need, please I am on the phone and I just want to make sure am I not being heard correctly? Please let me know.

I am seeing the notes okay people can hear me. So, we will start with ethics in disasters. I started working on this topic about four years ago and with the national Library of medicine in a pilot project which we embedded into our emergency management teams in our hospitals with a group of five people. So, first I am going to discuss ethics in disasters and to go into some definitions and we will make it interesting. Disasters and emergencies are international and local, they are multicultural, both the ethnic, multireligious. Environmental and man-made as you all know. They involve government, NGOs, corporations, victims, workers and the press. The ethical locations are at the core of everything in preparation policies, response and recovery. We are going to go into all of these aspects.

What is a disaster? These are my goals and questions I want to discuss as we go along. Why do we need to know the ethical basis of disaster preparation? .is special about disasters that motivate people to ask -- act in certain ways and respond ethically? What are the relevant ethical principles that form the basis of our actions and reactions? And, I am going to move on your. I want to pay attention and give a word of thanks to Naomi Zack at the University of Oregon who wrote the book ethics for disaster, it came out in 2000. It is -- came out in 2009 -- it is a wonderful book I highly recommend it and she gave us permission to post it in PDF format right now on moodle.

I hate to read some of this because I know nobody likes to have somebody read slides but, these are very specific terms. Bear with me. A disaster is an event that harms or kills a significant number of people or otherwise severely impairs an interrupt daily life and civil society. Disasters may be natural or the results of accidental or deliberate human action. They can include or are not limited to buyers, as we know today out West, love, storms as we are watching the storm, from the Caribbean here, earthquakes, chemical leaks, infiltration by toxic justice, terrorist attacks by conventional nuclear or

biological weapons, epidemics, pandemics, mass failures in electronic indication and other event officials and experts designated as disasters.

Disasters are always -- come along with surprise and shock and they are unwanted by those affected by them. Although not always unpredictable disasters always generate narratives and media representation of heroism, failures and losses of those who are affected and respond. I am sure you can all relate the entire -- those two paragraphs. Emergencies or something else again. Emergencies or local and they can be dealt with with resources, local resources. They are shorter duration and a state of emergency is done for disaster snow emergencies and if you heard the news today I believe four counties in northern, -- California have been designated as emergencies because of the fires. I think that was in Northern California. It seems like so much going on but let's get back to why we engage in disasters and why it is important for us. Doctor Zack said in her book about we are not going to talk about human conflict, armed conflict of the disaster because they really generate different responses.

In armed conflict people usually run away from it and the government is usually always involved. In disasters we are drawn to it. We want to help people make we run into the disaster to see what we can do to help so it's a big difference in our sense of responses to what we can do. In discussing these, we will discuss those disasters that are not involved with armed conflict and call on the very basis of our basic instincts that we have. And we know our social contract with our government in which our government has an obligation based on the justifications of its origins to prepare its citizens for survival in second state of nature caused the disaster.

Such preparation requires invitation to public policy and that was a statement by John Locke. These rights are present in the US Declaration of Independence and protected by the first ten amendments of the Constitution.

Is the basis of how we form our ethical attitudes towards our responses to disasters. What are special about disasters that motivate people to act and respond ethically? Basic human values, compassion, empathy, respect and dignity for others. Professional codes of conduct. There but for the grace of God go I and we brought up the other day religious values as well. Are behind what motivates us to get involved and to help out. Ethical theories in principle, hold on one second here, sorry, ethical theories and principles is not about what is that what should be and ethical relativism is one ethical idea or principle that morality varies between people and society according to the cultural norms. The second principle would be universal objective is moral theories in which fundamental principle that are in. Our time and space that there are fundamental principles that don't change. People have a basic right to safety and it is a fundamental obligation of all government to ensure that their citizens or protect it to a reasonable degree from no risk and that citizens are informed and warned of any risks known to governmental officials that threaten public safety. To respect equal dignity of all human beings recognizing a basic right to life and subsistence the combination of force public sector corruption and obligation to respect human autonomy.

This came from the book the search for principles and disaster management and all of these resources are listed in moodle. I recommend you take a look at them. Relevant ethical principles. These came from a wonderful report called stand on guard, ethical considerations in preparedness planning for pandemic influenza. This is a report out of the University of Toronto. In 2005 a result of the SARS epidemic this is this extensive report on how we deal with their society during these times. It would be

interesting here to describe -- individual liberty how would we , that become an ethical principle during this time? I will go through a couple of these. Protection of the public of them harm. One of the ways we can protect our public from harm is to have shelter in place. The use of mouse. Vaccine quarantined. And so on. Reciprocity, memorandums of understanding and sharing of resources. Equity with the fairness, solidarity would be working for the good of the whole community and stewardship might mean managing of preparing and allocating scarce resource. We have memorandums of understanding here in Florida with all of our hospital.

That has to be tested and when the time comes to see how the hospitals -- we had several problems here we had the last pandemic in cases of sharing with vexing but to be quite a problem so I will add a few little personal knowledge stories as we go along. This is another thing which really goes over the same principles we are going to go into the history of ethics in medicine and I think that we have some slides that didn't make it in your. This is not the same program we had the other day. So when you go into the slides on the moodle program we will have to go over that and show you there are extras like the.

The Hippocratic oath as you see here, was the oldest of our physician of and I am not going to go through all of these but all of the writing that is on there you can actually do what it is and it's very strict and I will do no harm and I will not use the knife not even on [Indiscernible] withdraw in favor of such manners engaged in this work and so on and so forth. However, the Hippocratic oath be one of the oldest winding documents in history, written in antiquity, it's principles are held -- held sacred by doctors to this day.

Yet, paradoxically, even as the modern of views has burgeoned its content has tacked away from the classical oath basic tenets. Or into a 19 survey of 150 US and Canadian medical schools, for example, only 14% of modern oats prohibit euthanasia. Eleven% hold covenant with a deity and a% forswear abortion and three% per bid sexual conduct with patients. All milk since held sacred in the classic version. The original calls for free tuition for medical students and for doctors never to use the knife. Both obviously out of step with what goes on today. Perhaps most telling, the classical oath calls for the opposite of pleasure and fame your then how the name of 14 taken today insisted they be accountable for keeping the pledge. .-dot of course is I am not going to go into any more about the Hippocratic oath but let's go on to see what we have with earlier oaths. These are oaths we know the Encyclopedia of bioethics. That are in place of until the 20th century. The code of ethics of the AME began -- came to be in 1847. As we go on to the next slide you will see a tremendous difference in the number of oaths and interesting to discuss at this point why these all came to be and why they all came to be in the 20th century. We have the declaration of Geneva 1948, the international code of medical ethics in 1949 and though many of these are the results of the second world war.

The development with the press and more people knowing about things that went on certainly had an effect -- we have all the different countries having medical oaths and again we come up to all the ones on the Ramzi. Being newer as we move along. One I am not going to do is to focus on global ethics. I am just going to touch on it lately but international ethics and the ethics that deal with armed conflict we won't go into too much button global ethics and human rights were first explicitly declared internationally in 1940 in the United States declaration of human rights.

Is not an international law but a global paradigm. We have United Nations charter, the health for all in the 21st century by the World Health Organization and as we move down the list there we have the United Nations resolution on the right to intervene, international humanitarian law the Helsinki declaration protects patients rights and integrity with regard to research. And this has been endorsed at the general assembly of the world medical Association in Helsinki 1964 if we go on we can move on to professional codes of ethics and we have done some work in the and virtually every licensed credential person has a code of ethics as part of their organization. This comes again from Naomi Zacks book and professions covered by codes of ethics approved by their members function on the assumption that these codes will not be violated in practice and when they are practitioners may be guilty of not practice incurring criminal as well as civil and professional penalties.

What we can look at the last few disasters we've had and we can see a lot of questions that come up with a professional codes of ethics. During Katrina, and during the Memorial, the article you read in the New York Times this is what we look towards women towards code of ethics because it will stand up in court also. We will move along a little bit and come back to this topic in a bit. We live in complex times. We live in very complex times famine in Africa, these are some -- I have another slide that was part of this but showed the Joplin hospital that was totally destroyed. And of course Katrina which was certainly impacted all of us. When we get to this there are questions that impact us with regard to why we do the things we do. The ethical considerations we need to look out.

In solidarity the principle of solidarity and social cohesion provide this an excellent example of the value of the analysis of multiple levels individual, community, national and global. And this principle relates to how United and connected and cooperative society is. A socially cozy -- cohesive society is one that tolerated embraces cultural diversity, a society with the vast majority of citizens respect the law and human rights and where there is a shared commitment to social order and communal responsibility.

Attention may exist between the liberal tradition that emphasizes individualism and principles of solidarity and social cohesion. You might say that somebody who feels they don't want to act in solidarity with the other members of society that wants to off on its own and not be told what to do might be something that looked at in this regard.

These are very important principles as we move along your. Joint responsibility and nondiscrimination, drug responsibility emergency management is not solely the domain of emergency management agencies rather it is a shared responsibility between governments, communities, businesses and individuals, in our County, I have been fortunate enough to work on our emergency management team in the hospital and we also realized for a long time when I first started doing this as a librarian we had no clinical people working on emergency management team it was basically our security department and it was so necessary to be able to pull all the critical elements together and make them all part of the team.

And that goes also to our supply-chain people, are psychological counselors and so on and so forth. That has changed since we began to really look into working on the question of disaster preparedness and so on. We look at inclusion and needing to break down barriers and silos. We also work with our County and with all the other -- and our health department of the government agencies and also our faith-based groups within our community. Nondiscrimination is the principle of FEMA law and this is

interesting I will talk about this later, federal civil laws, civil laws right infections six of this guide required equal access for and prohibit discrimination against people with disabilities. In all aspects of emergency planning response and recovery. And to comply with federal law those involved in emergency management should understand the concept of accessibility and nondiscrimination how they apply in emergencies. We're going to go on a little bit more this is very important aspect of the Americans for disability rights and how we deal with all of these from ethical points of view and we will explain naturally.

-- explain that shortly. Under the guiding principle is applicable on internal displacement. This is a picture of Hurricane Katrina and the guiding principle of internal displacement was unanimously adopted by the United Nations commission and the general assembly. Internally displaced people shall enjoy and full equality in the same rights and freedoms of those were not and certain and we always talk about children unaccompanied minors expectant mothers and so on and the elderly need to be given special treatment when they are internally displaced.

I am bringing this up because I don't have it here in this slide group, I am really sorry about that, picture of what happened when hurricane Charley came through Punta Gorda Florida in 2004. The hurricane was on a very similar track and hurricane Isaac is right now and when it got to Punta Gorda and the peace River admittedly Hunter and -- it's made a right-hand turn, I believe it was category for it was eerie narrowly focused and it tore up the river and literally destroyed all the housing around Punta Gorda and Port Charlotte including the local hospitals. I will tell you a story about that too.

What happened was we ended up getting the trailers that have been used for Katrina came down and trailers that he was set up along I 75 year in which we had people who lived there for years until we had to say they had to go. I think trailer city was finally dissembled about two years ago. That was a very hard time. There were two hospitals across the street from each other in Punta Gorda and Port Charlotte, the faucet hospital and St. Joseph's Hospital emergency department of the St. Joseph's hospital and the cardiology area was damaged during that hurricane and so in principle of reciprocity, Fawcett Hospital across the street said that they would take over those services until St. Joseph's could reestablish the top well I just had to -- once St. Joseph's reestablished itself faucet did not want to give up the services so that is some of the processes and services sector have problems during the quest of reciprocity in getting back on track afterwards, and questions of impartiality.

The American Red Cross and the movement adheres to the fundamental visible to the international Red Cross and red Crescent movement specifically the principle of impartiality states that it makes no discrimination on race, religious belief, class or political opinions. And it endeavors to relieve the suffering of individuals being guided solely by their needs.

Here we saw this in Haiti. They do a tremendous job and certainly in the United States as well in other circumstances, the code of conduct for the international Red Cross was drawn up in 1982 and since that time we've had -- as of now rather we have 492 signatures from countries around the world that adhere to the code of conduct of the international Red Cross. If anybody has any questions please use the chat room to ask or contribute or stop at any point. If you want to share anything I am open to that the please feel free this is -- we can certainly use the back-and-forth discussion. What I'm going to get into now is something that is one of the most important aspects of our modern day ethical problems and that is the standard of care. What is the meaning of the standard of care? How did Hurricane

Katrina affect our understanding of the ethical implications of her standard of care? Will is a concept of triage affected by crisis standards of care? What are the legal implications of crisis standards of care?

I will tell you a little story about this. As we move ahead but let me start off first. We discussed this the other day that are live demonstration that the standard of care from the American College of medical quality states that it is a case and time specific analytical process in medical decision-making reflecting a clinical benchmark of acceptable quality medical care. This benchmark which is used to evaluate them by the practice of medicine encompasses the learning skills and clinical judgment or narrowly processed and used by prison healthcare providers or peers of good standing in similar circumstances.

This is really important and the standard of care must reflect the arts, consensus opinion and the science published peer-reviewed Journal of medicine and must be uniform for all healthcare personnel. We have to understand it is not something that is written down as a policy, it is something that healthcare professionals are expected to behave in a way that gives their best to every situation they are in. A violation of standard of care -- basically it comes from their code of conduct, a violation of standard of care may result in underutilization of medical care but also occurs if unnecessary care is provided in the standard of care has a national clinical basis rather than a local provider community or payer review this is. -- review basis. At this point want to talk about how standards of care became such an important part of our medical ethical world.

If you read the New York Times article by [Indiscernible] recognized what happened with Doctor Powell, the effort was to indict her because according to the Attorney General she did not adhere to the standard of care. And this is one is questions became really important in 2009 the Institute of medicine and HR cube subnational public input integrating unified standard of care disasters and emergencies and they went out and set up meetings in four places, cities around the country, out West, Orlando, New York and Chicago. They invited anybody who had an interest in the topic of altered standards of care to come and participate they had a wonderful panel of speakers I happened to attend the Orlando conference and it was very interesting because they had people from all different parts of the United States talking about how they viewed standards care.

Oftentimes in the situation standards of care referred to triage and allocation of scarce resources. I mentioned the fact that one of the doctors of the University of California I believe it was Davis, said that if they had an earthquake and they were hit with a lot of people coming to the hospital they might say, and California did save the person didn't have a 51% chance of survival they would not be treated there were a lot of gasps and so on, a lot of questions about standards of care. As I say they were originally called altered standards of care and we have articles if you look up altered standards of care you will find them, and this is a personal story about myself, we were here in Florida trying to work on the ethics and in disasters and we know you have to submit questions of ethics to the public you have to have town meetings, you have to have discussions with the public to agree to a consensus and they have to understand what is being done.

In Florida there was an attempt to deliver -- to develop a standard of care and our hospital lawyer -- hyphen find out that I was looking for the updated Florida standard of care. I happened to be on a cruise in Germany at the time when she realized this. I am good friends with her now that she sent me an e-mail huffing and puffing that I was never to discuss the words altered standards of care. We do not alter our standard of care or lower it. In other words altered standards of care would refer to

lowered standards of care. And I was taken to task on no uncertain terms, that raises a lot of questions as we already have a lot of literature published with the title containing altered standards of care so was I not supposed to put those in a bibliography? That would raise other issues of the censorship possibly so on and so forth.

Anyway, the committee, the IOM committee came out with the idea also that they had to change the word altered and today we call them crisis standards of care and in all the literature will -- literature you'll find they're called crisis standards of care but it's a very sensitive topic, trust me. That's going to continue to be a sensitive topic as we go along until we finally have it worked out that the public is aware and knows what is going on and there is a consensus. Of the recommendations are that from the IOM in developing crisis standards of care their five key elements. One is strong ethical grounding and to integrate an ongoing community and provider engagement, education and communication. Just the kind of thing IOM did around the country, this should be done within the speech state in developing its own crisis standard of care. Assurances regarding legal authority and involvement. Clear indicators, triggers and lines of responsibility.

Evidence-based clinical processes and operations. These are really -- it is a fine report I've also included on moodle and I would like to bring it to your attention. I just noticed there are some questions here. Bob Pringle in Spokane said I was intrigued to see the New York Times article referenced by different approaches to definitions used in triage. We can go over that and you're absolutely right. I have come up with five that I have kind of looked into but you are right. And Lisa said yes there are many different approaches can also differ by population.

Let's move on -- they also suggest you seek community and provider engagement, special attention should be given to vulnerable populations. You need to adhere to ethical norms during crisis standards of care. Doctor Zack recommends the preparation of disaster preparation is more important from an ethical perspective than the process during the disaster because we have to have a way of thinking about things before they happen and that is a very important so conditioned up overwhelming scarcity limit autonomous choices for both patients and practitioners.

Regarding the allocation of scarce resources. But, do not permit actions that violate ethical norms. We provide necessary legal protection for healthcare practitioners and institutions. Implementing crisis standards of care and we ensure consistency and crisis standards care implementation and triage teams out of care, mental health and attention to vulnerable populations. We ensure intrastate and interstate consistency among neighboring jurisdictions.

That's also important aspect. We went through this with Haiti here in Florida because so many of the people that quickly of people were brought to Florida and they had so many coming into Miami that they moved many of them up to Orlando and various hospitals close to us we were one that were monitoring daily as to whether we were going to be getting those patients but we have to all be on the same wavelength since the Institute of medicine has created this wonderful page template guidance for establishing crisis standards of care for use in disaster situations. And they also provide crisis standards of care the system framework for catastrophic disaster response. Is our final template to guide the efforts of professional and organizations responsible for CSC parent -- planning. And the template I will show you one of them shortly but they are on the webpage I have their M1 is a downloadable PowerPoint briefing slides guidebook table facilitators and no takers of the facilitator

guidebook, sponsored guidebook, state and local core functions for plan development, EMS core functions and so on and so forth so they have really laid out exactly what's everybody needs to know when developing standards of care. So, I am going to show you a little bit of what we have here. This is the IOM continuum of incident care. It has space in our promises talk about the three minute 11 space, staff and staff. Standard of care would be the fourth S. The potential for crisis standards, and they outline the trigger and I think this is really the important thing. For instance the first one would be space. They went into standards of care I am sure in Joplin when the hospital was damage. When we ran into problems when pandemics or flu season comes and staff are not available.

And critical supply is lacking of course too with regard to pandemics. I want to show you the template and I will give you more information. You can take this template and use of local organizations I have even talks out nursing homes and to our bioethics committee so these are freely available for you to use, these are parts of the slides from the template. And how is disaster defined? Preparing a challenge and so on and it is running away that most people can understand it on a basic layperson type of motor. -- type of mode.

This is an example on vaccine shortage that was an interesting one based on information from the Toronto algorithm I actually gave this as a talk at a nursing home on the Toronto outdoor than anyone over 80 would not get vaccines. Then you had EMS workers and healthcare workers getting vaccines first. These are all ethical questions that need to have discussion in the public. Your people that say I can afford it I should be able to get it no matter what and that is not quite the case. So here we have guidelines developed before disaster strikes to help healthcare providers decide how to administer the best possible medical care when they are not enough resources to give patients the level of care they would receive under normal seconds of this.

Offices to develop a legal framework to help us out. I don't know why we ran into this before we did the webinar with a slight certain things don't show up. I could tell you there are no action buttons in the slides so I have no idea why this is. If you look at the slides online you will see, why might we meet Christ standards of care, a sickly they have -- basically they have resources enter basic -- I can't remember -- you need to take a look at it is very important. How are crisis standards of care different? The focus is on normal care, for the individual, the focus on Chris's care is towards the community. So and the picture is on the slide. Is just doesn't show up in the webinar. Possible reasons for the crisis standard of care is to make sure critical resources go to those that will benefit the most.

To prevent reporting standards -- wording and overused verb preserve resources and minimize decryption -- discrimination against vulnerable people and groups all people can trust they will have their access to the best care possible. Possible strategies to maximize care is space, I would like to mention here we have been able to turn an entire floor of our garage into an alternate care site. Which can serve just about anything we need to do and we are very excited about the. We had several drills using that and it has been quite remarkable book in almost 20 of our beds supply normally we have 500 usable beds we can put 100 people on in that alternate care site. That is along with their decontamination area as well.

We have supplies, sterilized and reused disposable equipment, drugs and [Indiscernible] when we started doing this of course several years ago much was taken into affect with regards to 95 masks and we, we didn't have access or availability of enough and 95 masks to do what we needed to do. And nor

do we have enough ventilators at all to take care of a possible overload of patients. The surge, obviously. I would mention here that we have to a lot to emulate that and in the last year as we have come out really cheap ventilators and our Dr. Said to me one day while you may be buying generated but you also end up buying a ventilator and everybody will have their own betterment or they run about \$500 now I think.

I just do the basics in terms of keeping your breathing. Then we have nurses provide care the doctors usually would provide it and family members and so on. We are seeing this now today because we have people with special needs to come to our hospital but we have had to allocate that I work with are counting to take on more about responsibility because it was overwhelming so we take people who have dialysis needs or something like that to take care of this and we have about 50 now at one point we had 200 coming to the hospital with caregiver so we got a little bit much.

So this is what Bob mentioned, what are the manner in terms of who gets what? First come first serve? And is it a lottery system? Does it save the most lives possible by giving more care to people who need it the most? There is the saving all you can thought or the saving all who are going to live out do you favor certain groups? The old or the young? Two healthcare workers in other emergency workers get priority? To utility workers and government officials get dirty? These are all, you can go to the pros and cons of all of these they are all available and these are ethical decisions which really needs to be decided very early on before you move on and as Siobahn is saying you in the care to patients that is very much an ethical action you are certainly absolutely right.

You do limit care to patients in many cases and every disaster conference I have been to the question comes down to what basis are you going to say to people go and come back later. The walking wounded. How we determine who are the exact people who are going to need critical care. There is a conference at the University of Miami every year on disaster planning and Doctor Mauricio Lamb does a wonderful talk he actually worked in Israel and talks about the fact that if you have an explosion or terrorist attack, something like that, you're going to have to -- if people can walk to the hospital determine whether those that that will make them functional then they could be taking care of later. And his failing is very strongly under most circumstances like that only ten% of the patients that need help are really going to need critical care helps out it's going to be a relatively small number. We saw that in 911, only 300 people who were wounded and about -- of that 200 someone or whatever that the question when you get into a bomb blast or explosion when you have a pandemic, that of the whole another issue.

You have to decide are you going to get the benefits to those that have the longest quality of life still available to them? That is an important question. I don't have anything to say about this other than all of these questions have to be taken into consideration. And where you come in the user community conversations, help policymakers. You have to understand this is a really wonderful way to get involved with your local health department and also to give talks in -- within your hospital and communities. To raise the awareness. And I love this, I have seen this many times this is crisis standards of care a piece of the puzzle . If we go into the moat article about the deadly traces of Memorial I think we do polling your. And which this -- these are some questions I had so which of the following ethical considerations do not apply to the case and I am going to have to ask, mimic seven, if I click is there pulling going on here? No? Anyway, I am not sure I think if I click -- I guess we're not going to have pulling. -- yes we are real have pulling. I am not quite sure how we do this but which one of the following ethical

considerations do not apply to the case? And people can respond in whatever way they would like. And I will give you a second to go over that. Are you there Deb? Thank you.

Siobahn is making up the pouring of.

I am sorry. Thanks, Siobahn. There is the pool, thank you. Okay. Some responses, are you all taking part? I hope so? I will go over this with you and when I made the question I have to tell you I chose centrality because neutrality was unethical consideration mostly dealt with in international conflict or international relief. So neutrality was one. However when we discussed this on Tuesday informed consent was one other people felt was important too. It was part of the informed consent, it was discussed in the article but the ethical consideration of neutrality was the one I was looking for but it goes to show you you can discuss these things reported that. Can I close is no? And go on to the next one? Okay. Thank you Siobahn. The next was what type of triage was set up in the Memorial?

I can we in minute if you want to do that or we can discuss the. Thank you Siobahn. Was of the sickest first? I will wait until Siobahn puts it up there. Thicket first, lottery -- Thicket -- sickest first, lottery, or random selection. Or sickest last. I will just give you a few more minute -- minutes to pick about the. Many of you thought it was sickest last, she did talk about different specs of who was sick and conditions. What they have a good quality of life after so one of the four. Was very much a question of the sickest would be taken out of the last minute which obviously was one of the reasons why they did what they did at the time that. I have a lot of questions about my own personal feelings about the article. I will go into too much for one of the things that struck me, another book written up time about how HCA hospitals and large corporate hospitals came in with helicopters and got everybody out quickly and now we are looking at one floor of the hospital and the probable lack of planning for how they would get patients up, a little bit to this again I love to add personal things are. Where we started working on this about four years ago, our security department was in charge of emergency management. We really did not have any involvement with the clinical staff at all.

One of the things we started to do is say and how can have drills. Where we actually go up to the floor and have nurses do things. And we can't -- finally after working very hard we finally got nurses involved in a committee and they finally decided to have a jewel that would involve the evacuation of patient and we had striker chairs, in the hallway and stairway, and they found out right away that nurses could not use the striker chairs. They were very ineffective and we did not have enough emergency security people to evacuate everybody using a striker chair and it was at that time we went to meetings and conferences and today every single room has one bad sled -- bed sled and every double room has two bad floods every nurse has been taught how to use a bed sled that we had a drill will be evacuated have a floor and we will do more and more of those because this made all the difference in the world.

Remember the director of nurses have a 246 page disaster plan lacked any method of getting people on the floor. Yes exactly. So preplanning is crucial and I think we've learned a lot from all of that and we do have an evacuation plan that they goodness we did not have before and getting people to do it over and over and over again is so important. Now I also have another slide I am going to have to tell you about. I want you to be aware of it . Regulations that apply to physicians and emerging as. The MTALA act. They did not apply to Doctor Powell they were not emergency room passions. New Louisiana's good Samaritan laws did not apply to Doctor Powell said she was an on-duty staff position, that she had been in a car accident or had arrived at a car accident that would've been different. The

model State emergency health Powers originating from CDC in 2001 did not apply to Dr. Pau in 2002 the help emergency Powers act in Louisiana provides immunity to physicians working in emergencies in 44 states and the District of Columbia, somebody asked me whether the other states did not sign up and I do not know. Part of the. I would like to read you something important, this came from the virtual mentor of the AMA. And it was evident in the grand jury decision not to indict her Dr. -- Dr. Pau you consider your decision or broke rather than abandon patients remained at the hospital with them for four days without adequate sleep food water resources or manpower according to the American medical Association code of medical evidence individual physicians have an obligation to provide urgent medical care during disasters. That holds even in the case of greater than unusual risk to their own safety helper like. It is not speculation to state that Doctor Powell and the Memorial staff put their own health and safety at risk in the atrocious post- Katrina environment and successfully evacuated the majority of patients is by life-threatening conditions the AMA commended her for her efforts and the chair of the board of trustees stated we believe these positions served as bright lights during New Orleans darkest hours,.

wanted to be aware of support from AMA. Because she is certainly has civil suits still outstanding are. Ethical principles applied prior -- applied prior to disasters. This calls for what you have to almost a checklist of what one should do prior to disaster. Introduction of production mothers -- measures that can be important during pandemic rivulet that importance of good quality healthy environment. Education training and awareness raging. Over and over again, participation, public input at national and local levels, freedom of expression, access to justice, disaster prevention in the workplace, disaster prevention in recreation tourist areas, disaster prevention and public places, schools and hospitals.

Special prevention members for the most vulnerable groups, organization of and participation in emergency drills and preventive expektoration of populations. -- preventive evacuation of populations. This is a good check list for how you can employ ethical principles prior to a disaster. So there are various different ways and if we had you all being able to speak to all of us, we can discuss the different types of ways to prevent, get ready for the next, not Judaism -- disasters. , bombs, explosions, biological terrorism. Again I recommend the University of Miami conference which is being held every year and there are many others in Washington and so on and so forth. All over the country.

Preparations. Again, you need to be able to select what kind of triage she will be involved in. And how you will distribute scarce resources with your lottery? Is going to be -- planning must occur before the disaster to alleviate incidences made by people that could cloud moral judgment, must be general in scope, not to general but it doesn't mean anything, and must express purpose moral principles. This is a community strategy plan that came out of global security .org in terms of when -- an algorithm for dealing with pandemic influenza medication. And I put that in there as an example of the kinds of recommendations and information you can look to provide an toxic carports or whatever, to explain to people, when to move into a different state of preparedness.

The ethical approach to allocation of scarce resources and triage, fairness have to be just to all individuals, you have the duty to care, duty to steward resources, to attempt the best outcome for available resources it does not mean to save the most lives. A comfortable death may be a good outcome and this was from an article in the annals of emergency medicine when I mention here that one of the authors, Stan halfling also on the IOM steering board there, was very greatly involved in

this, transparency again everybody has to know what you are doing and why you're doing it, consistency, proportionality and accountability.

This just came right into my mind we get our resources from Fort Myers, our trucks come from Fort Myers because we are involved with the hospital and Memorial Hospital in Lee County south of us and we had to get resources from becoming one of the things we spent a lot of time discussing was how would we provide protection for the trucks that had to move from one county to another county. It's an interesting conversation. But nevertheless it was quite real. We have to depend on the other County . Public health decision-making consumer populations, individuals greatest good for greatest number public health interventions must be necessary and effective to address public health issues. I can always a need for fair process and transparency.

And our situation here where public health we rely a lot on our communities organized against disasters. To work with faith-based organizations and so on. Those are the work -- groups were ethical questions will also be discussed at great length. Principles of allocation. Arrigo. Are we going to -- who are you going to give -- who are the people that will benefit the most? Will they'll be healthcare workers, government employees? Policemen? Or people who have more money and can afford to buy whatever they need? You have principle and social worth, of instrumental value, is it going to be random selection again? Principle of their chances? Anyone needed resources get them until they all run out? Allocation is based on age, seeks to maximize the quality of life years and lifecycle principle child would receive reference and allocate resources to those most likely to survive to hospital discharge.

Remember what I said about California that they said that they don't have a 50% chance of survival they were not going to be given critical care treatment. And sickest first obviously. When we talk about these, there are issues of allocation of scarce resources and triage, all seem to meld them together in so many ways. ADA and the rehabilitation act, this is one of the things I felt very strongly about. That article I referenced here is also on little and it is by Wendy Hensel, called playing God the legality of denying scarce resources to people with disabilities in public health emergencies from the Florida lottery view, it is excellent, it says that we must value the judgments and work and quality of human people and according to state and federal law the disabled must be treated equally to all other people.

Well, that kind of create some issues. If you have a person who is injured in a crushing injury say earthquake or something like that and received a neurocognitive impairment, would you treat -- you would treat the disabled person with a neurocognitive impairment you would treat a person who did not have one at the person who might have been injured without possibly receive the same treatment and I can tell you this they have not come to a conclusion on this. I would like to point that out. This is still an open discussion. Here we have title two and three and they probably preclude discrimination against people with disabilities on the basis of their impairment so if a person has lost their legs in a disaster how would that be dealt with? As opposed to a person who was born with that impairment? And is disabled?

All public hospitals and service providers are covered under title II NEPA. They cannot discriminate against them. The regulations define discrimination including providing a benefit of services not as effective in affording equal opportunity and the same result getting the same benefit or to reach the same level of [Indiscernible] divided people outside of the protected class. So I am going to leave

without the vibrator on this and I hope that our Brett will be able to help you tomorrow and you can move to that. This is one of the legal issues where we have the clinical and medical ethics and legal issues that come along with.

The reasons for discarding disabled in the algorithms will be that individuals will need resources for a prolonged period of use. And they are deemed to have a poor quality of life in posttreatment anyways. And they have limited long-term prognosis as a result of the disabilities. All of these are antithesis of what we discussed earlier with regards to how we view triage in other ways. Or allocations of scarce resources. The same exclusions that might apply to the nondisabled may affect the disabled again neurocognitive impairments -- impairments and so on and so forth. Sorry I don't want to go over again, -- this is ethical principles apply during disasters from humanitarian assistance information and participation during disasters, compulsory evacuation respect, dignity, emergency assistance, and rescue workers and necessary measures to save [Indiscernible] restore social ties. And of course ethical issues during a pandemic, healthcare workers continue to provide care during communicable disease restricting liberty quarantine, allocation of scarce resources and global governance. Now I want to talk about this pandemic thing with regard to professional issues of codes of conduct.

I did bring this up the other day. It is really important. Every licensed professional by the contract as part of their employment and they have a contractual commitment under the code of conduct to care for people. However we know 30% to 50% of the allied healthcare workforce will not show up during a disaster or pandemic and those are the problems we need to address because they have to know right up front that this puts them at higher risk for keeping their job in some cases. Physicians also have the same responsibility of part of their contract to their patients you cannot just abandon the patient so you can say well hurricane is coming I'm going to Orlando and therefore they will go a hospital if they need to get help. You can't do it, you have determinate that they should legally or you have to arrange for coverage with another physician. These are very important ethical and legal issues that put people at risk and I know this happened at other hospitals were nurses have not shown up because the code of conduct nurses says you have to take care of your patients that you also have to take care of yourself and your family. So there are different out in many of this as to which is going to supersede.

Whether you take care of your family or your patients. That many times it comes down to do so in your job. And of course then it's a question of are you going to -- we have instituted a situation here where you don't have -- we don't get vaccinated you cannot continue to work on a patient for. And there is quite a lot of blowback about that as you can imagine but I do know in New York that winter as long and we've instituted a year along with other hospitals very quietly but if it's working . After disastrously to get people back on their feet when you do get society in place again businesses working, houses fixed up and people eating, interval and continuation of business as it was.

My big question here I have a couple more but we actually are getting close to the end here. Was going to ask you for questions -- answer questions like this? My suggestion to you and I know the suggestion of the national labor is that you embed yourself or embrace the emergency preparedness committee in your hospital and although in the beginning and maybe a a little bit off but it certainly is something that I found to be extremely beneficial. One of the things if you don't have an emergency coordinator you can do is find grant that that are available as you get an awful lot for two beautiful conferences and you can also become a member of the bioethics committee and champion this ethical approach to disasters. Bioethics committee and they are very interested in doing this. You have public health

agencies and departments who have their groups that, to local organizations, communities organize against disasters and they bring in people from the public to help to those as well. You have physician and nursing education opportunities. I have given SME talks on this before and you have CEU opportunities with regards to nursing. Presentations.

I can guarantee you that so many of these groups are not aware of the implications on so much of those. Presentations to local nursing homes and assisted-living facilities and other community organizations. And, most importantly, to local faith-based minority organizations, huge. Tremendously helpful to do that. And this is my slide on our COAD and I'm sure you have these kinds of groups available in your community. Try and bring all members of the community together to discuss exactly, ethics and disasters and what your community expect and to bring the conversation out and make a transparent and publicly available from.

I want to bring you back to one little story, Florida finally got around to developing its draft form of our crisis standards here. It took a long time. I did find it in my files and I just put it on moodle so if you're interested in seeing how Florida dealt with this go too little and take a look at it they did not use Word at all about crisis standard of care they just use the word about allocation of scarce resources. And triage or something like that but it is not mentioned some I just want to let you know about that. I am a few minutes early because I have a couple of slides but did not get in there but I want to give special thanks to Naomi for allowing us to use her book on our website and of course Cindy, Siobahn, Stephanie Bauer also volunteered the University of Alaska Anchorage and to Barb Folb we will hear from tomorrow so I would love to know if anybody has any questions and they want to chime into the chat room? Can I and this year? -- this here Siobahn? Hello?

Yes.

G1 open the phone lines to see if anybody wants to ask anything?

I am going to try -- if you want to talk press star six, all of a sudden I can't remember what the code is to amuse everybody. -- to un- mute everybody -- so you can press star six on your phone.

I would love it if somebody wanted to add anything that I left out.

I will just say I think it is really the whole ethical questions that come of it is to talk about now and it is important, it's easier to talk about them now and like is a really important. The article was I think a great article to demonstrate when you are really right there in the midst of the chaos and you have to make those decisions. That is a horrible place to be and to have had these standards of care written up for you, to tell you what to do and to take away the need to make those decisions I think that would be really important.

The other thing is it will be interesting to see how broad standards of care are. I don't think you will get down to an exact definition of what a person would or would not do but they are going to be broad enough to make it possible for people to act without fear of intimidation or being sued or whatever. I think that will be it I think the most important thing would be to go back to some of the standards of care, take a look at them and see what they are and how they affect the medical community. So,

anybody else? No? Well I team it -- I thank you for letting us do this I hope I'm not too early in letting you go.

Maybe if you let them go five minutes early, I will make them stay five minutes late (laughter).

Okay. I am sorry about the slides, I think we covered everything we wanted to. Okay?

Thanks so much it was great.

Thank you. Shelley Darnell? -- shall we go now? You're welcome, thank you. I am just getting chat here. Thank you very much. Anytime, these are great topics to talk about and think about so -- I'll can I say one more thing? For anybody online, we talked about this yesterday -- day before yesterday -- in Naomi Zack book she talks -- she gives different stories about ethical -- they are almost -- they are stories that represent ethical choices. And the one that I love is the fat man in the cave. A group of people went into a cave and a fat man got stuck, leaving the cave. So his head is outside the cave and all the people are behind him in the cave. And the water is starting to build up. And if the fat man doesn't -- if they can't get the fat man out of the cage they will all drown. There is one man who has a stick of dynamite with them. So the question is, is it morally ethical to shoot the fat man out of the cave with a stick of dynamite to save the many? Or, should they all die? For the sake of the one? I just thought it was a compelling question and lot of food for thought too. I just wanted to pass that on she's got a lot of stories like that I highly recommend. Well thank you very much. Good to talk to you all. Bye bye.

[Event concluded]