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WORLD MEDICAL ASSOCIATION STATEMENT

on

MEDICAL ETHICS IN THE EVENT OF DISASTERS

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1. The definition of a disaster for the purpose of this document focuses particularly on the medical aspects.

A disaster is the sudden occurrence of a calamitous event, usually sudden and violent, resulting in substantial material damage, considerable displacement of people and/or a large number of victims and/or significant disruption of society, or a combination of these. The definition in this context excludes situations arising from conflicts and wars, whether international or internal, which give rise to other problems in addition to those considered in this paper. From the medical standpoint, disaster situations are characterized by an acute and unforeseen imbalance between the capacity and resources of the medical profession and the needs of the victims or the people whose health is threatened, over a given period of time.

2. Disasters, whether they are natural (e.g. earthquakes), technological (e.g. nuclear or chemical accidents) or accidental (e.g. train derailments) are characterized by several features which give rise to particular problems:
 - a) their sudden occurrence, demanding prompt action;
 - b) the inadequacy of medical resources, which are geared to normal circumstances: the large number of victims means that available resources have to be used most efficiently in order to save as many lives as possible;
 - c) material or natural damage making access to the victims difficult and/or dangerous;
 - d) adverse effects on the health situation due to pollution and the risks of epidemic;

- e) a context of insecurity calling for police or military measures to maintain order;
- f) media coverage.

Accordingly, disasters call for a multifaceted response involving many different types of relief ranging from transportation and food supplies to medical services, against a background of tight security (police, fire service, army,...). These operations require an effective and centralized authority to coordinate public and private efforts. Rescue workers and physicians are confronted with an exceptional situation in which their individual ethics must somehow blend with the ethical requirements demanded by the community in such an emotionally exacerbated situation.

Ethical rules defined and taught beforehand should complement the individual ethics of physicians.

Inadequate and/or disrupted medical resources on site and the large number of people injured in a short time present a specific ethical problem.

Providing medical services under such conditions involves technical and organizational issues that add to the ethical issues. The World Medical Association therefore recommends the following ethical attitudes in the physician's role in disaster situations.

3. TRIAGE

- 3.1 Triage poses the first ethical problem owing to the limited treatment resources immediately available in relation to the large number of victims in varying states of health. Triage is a medical action of prioritizing treatment and management based on making a diagnosis and formulating a prognosis. Patient survival will depend on triage. It must be carried out quickly, taking into account the medical needs, medical intervention capabilities and available resources. Vital acts of carried out quickly, taking into account the medical needs, medical intervention capabilities and available resources. Vital acts of reanimation may have to be carried out at the same time as triage.
- 3.2 Triage should be entrusted to an authorized, experienced physician, assisted by a competent staff.
- 3.3 The physician should separate victims as follows:
 - a) victims that can be saved but whose lives are in immediate danger, requiring treatment straight away or as a matter of priority within the next few hours;
 - b) victims whose lives are not in immediate danger and who are in need of urgent but not immediate medical care;
 - c) injured persons requiring only minor treatment, who can be treated later or by relief workers;
 - d) psychologically traumatized victims needing to be reassured, who cannot be taken care of individually but who might need reassurance or sedation if acutely disturbed;
 - e) victims whose condition exceeds the available therapeutic resources, who suffer from extremely severe injuries such as irradiation or burns to such an extent and degree that they cannot be saved in the specific circumstances of time and place, or complex surgical cases requiring a particularly delicate