Health and disaster management: ethics, surge, standards of care, resource allocation, legislative environment.

Speed read

- The overwhelming nature of disasters can place strain on health resources that inevitably leads to ethical conflicts not encountered in everyday health care provision.
- During disasters, standards of clinical care may need to vary from normal as the system moves from a routine to a non-routine operational environment.
- Public health legislation may be used to require people to undergo treatment or remain in, or out of, an area that poses a risk to health.

Key points

Every state and territory has specific legislation relating to disasters and emergencies. Emergency service or community safety legislation can require people to undergo decontamination where there is a risk to public health. States and territories also have public health legislation that may come into effect depending on the type of disaster. Declaring a state of emergency or disaster (the terms used varies across states and territories) will usually provide the relevant parts of government with additional powers.

Disaster surge is the health system's ability to rapidly expand normal services to meet the increased demand for health care. In public health, this would include increased capacity for disease investigations, risk communication, mass treatments and other measures. There are two broad categories of surge in health:

- Facility based surge – increasing the capacity of hospitals by decanting patients and using available flat space, i.e. corridors, unused wards, outpatient clinic areas, and prioritising more acute exacerbations.
- Community based surge – incorporating the wider community and primary health care and related health providers. This may include preventative care such as tetanus vaccinations.

Surge planning in general should be coordinated at a state or territory health department level, because actions taken by one hospital can have important flow on effects to other hospitals in the area. Surge also has implications for many aspects of health disaster management including the rationing of resources and the standard of care that can be provided.

During disasters, standards of clinical care may need to vary from normal as the system moves from a routine to a non-routine operational environment. The term 'crisis standards of care' has used to describe the altered clinical standards that should be applied in disasters considering the overall community needs and resources available. Crisis standards of care have legal and ethical implications, as it assumes that individuals will receive care which is less than would have applied in everyday situations.

Staff to patient ratios may need to change during a disaster but there remains a duty to provide care to all, even if it is non-standard care due to limited resources. This might include telephone counselling for those deemed not suitable for hospital care. This duty of care can be particularly tested in infectious diseases outbreaks. Reverse triage may be employed to treat as many people as possible with limited resources altered standards of care should be pre-planned, documented in writing and have the input of relevant ethics committees.

Immediate care may need to be restricted those with the best chance of survival and to ensure that priority will be given to protection of life. Planning for surge capacity can help to prepare for a scarcity of resources, but when the system reaches its limits, the question of resource allocation remains.

Three key practices to develop principles for allocating resources at a time of disaster:

1. **Obligations to community** – a transparent decision making process and public health education to ensure community participation in planned allocation decisions.

2. **Balancing personal autonomy and community wellbeing** – maximising public health benefits while respecting individual rights and ignoring such characteristics as race, nationality, religious beliefs, sexual orientation and gender identity.

3. **Good preparedness practice** – develop and adhere to standard-of-care guidelines; identify evidence- based public health priorities; implement initiatives in a prioritised manner; assess public health outcomes and adapt to them; and ensure accountability through documentation of duties and liabilities.

This brief is part of the quick guide series produced by the Australian Institute for Disaster Resilience (AIDR). Quick guides for other handbooks in the collection can be found on the knowledge hub: knowledge.aidr.org.au

+61 3 9419 2388   enquiries@aidr.org.au

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