

1

Bioethics in Emergency and Crisis interventions

Human Rights in Disasters: search and rescue operations in
disasters especially for vulnerable people

ATHENS, 5 November 2009



2

What's about?

- (Bio)Ethics
- Emergency
- Crisis

- Interventions
- Vulnerable people, Disabilities



3

(Bio)Ethics

The awareness of **vulnerability** among other people in front of which one wears some liability

The long lasting work we agree to share with others, with the aim of reducing as much as possible gaps between our claimed values and our effective actions.



4

Mass Emergency

Sudden event located in space and time causing health damages and determining overwhelming of response capacity by the needs

In emergency, we are facing Quantitative scale

"an accident, an answer; a larger accident, a larger answer"

A wide range of knowledge has been clarified : plans, training could be adequate to make ready-made responses effective



5

Contemporary Crisis

Crisis components affect not only the event but the whole system in a chaotic environment, loosing common marks.

Facing Qualitative mutations, we need to think of our vulnerabilities.

When the world mutates the ruling theories and best practices become outmoded, and even lethal pitfalls.

After having been focused on the answers practices, we must shift to the questions and to invent new intelligence, attitude, and practice.



6 What's about?

- Interventions involve the society as a whole,

We are talking about decisions makers, rescuers,
health professionals not only,

Citizens and among them, Vulnerable people, Disabled



7

H1N1 pandemic outbreak - Facts

- *Emergence* of a novel strain with sustainable transmission H2H notified to WHO on 24 April 2009, from Mexico
- WHO statement *phase 5 on 29 April 2009*
- *WHO statement phase 6 on 11 June 2009*
- Rapid spread oversea, mild disease (less severe than seasonal flu)
- Complications identified among children, adults <50, pregnant women;
- elderly relatively protected
- Last update 25 October 2009 :
 - 441.661 cases
 - 5.712 deaths



8

H1N1 pandemic outbreak - Features

Implementation of preparedness plans (targeted on worse case: revival of 1918 pandemic flu by HP H5N1 reassortment) for which developed states devoted huge amounts for stockpiling and prepaid vaccines.

2009 H1N1 outbreak doesn't appear as an emergency nor a crisis as such.

Nevertheless States pursue their efforts, it is still possible becoming worse, in autumn with the recombinant assumption between seasonal strains and novel H1N1, or later when the H1N1 will have mutated.



9

H1N1 pandemic outbreak - State of play

Serious problems arose in countries in absence of actual scarcity of resources (for patients handling):

- Indications for AV uptake (no much evidence on their efficacy in preventing transmission, complications and mortality)
- Immunization campaign (with vaccines licensed on the basis of "moke up" dossier; adjuvants) for groups at risks, including pregnant women and young children.
- Overflow of information, media, internet
 - Contradictory messages*
 - Claimed political will for full transparency.*
- Emergency health powers act



10

H1N1 pandemic outbreak - State of play

Vigorous protests appeared through citizens' initiatives and health professionals who

- Claim comprehensive explanation and transparency about vaccines efficacy and toxicity
- Deny legitimacy of coercive public health measures including reporting practices which should contain identifying information about patients.



11

Comments

Loss of control wakes centuries old fright up

Overplaying at risks of loosing liability

"Instrumentalization": each is played against other: authority,
media, scientist, lobbies, public opinion

Pieces of knowledge scattered here and there ,
without comprehensive overview and understanding

Limits of managerial culture

Communication confusion



12

Comments

Plans are not providing strategic reflections

Plans are tools helping response, responsible and professionals are seeking automatism in response, without re-thinking their relevance

As we leave the field of well identified emergencies to be facing unforeseen issues, we must shift to the questions: what are essentials happening? major traps ? the actors for both diagnosis and actions ? The useful networks? Which are first initiatives making sense?



13

Precautionary Principle

Precautionary Principle should remain proportionate and based on / submitted to experiment feedback;

These conditions are often omitted and its implementation is locking and compelling, what prevents the achievement of useful feedback.

Its misuse creates Illusion of no risks option exists: the threat will be avoided; the worst will not occur.

In common mind, it is seen as risk assessment

It can't replace rigorous risk identification and assessment of benefits / risks

Opposite to the « art de la prudence » widening the field of thoughts in a multidisciplinary frame for developing a reflection in depth on the problematic situation.



14

Risk perception

Societal paradox : regarding risks exposure

Any risk is refused as regards scientific progress

Risks (sometimes high risks) are accepted as regards technology and own fun or comfort



15

Main ethical principles

Are most often addressed as general considerations in theoretical debates far from the scene.

They aren't put into practice or are swept by the reality :

priority setting in scarcity:

Efficacy /efficiency

Equity

are not properly addressed, in absence of solidarity robust mechanisms



16

Are (bio)ethical approach and practice of any relevance?

Ethics sets human beings in the core of concerns.

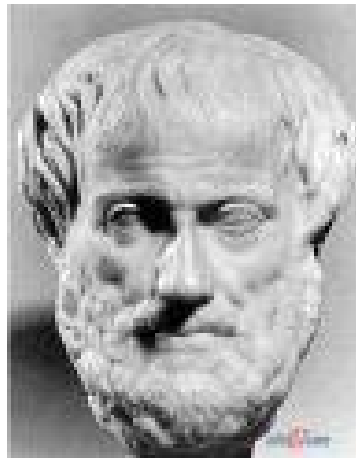
Citizens, decision makers, help providers, all of us are confronted with complex and turbulent systems and situations

(Bio)Ethics provides a wide area for questions,
hosts **uncertainty** fields
emphasizes subjectivity
entitles judgments



17

What can't be else than it is



ἄνακην

Human being, as subject,
accepts who he is, his own limits;

he will not perform everything,

but what he can do, he is reliable
to maximize it within dialogue



18

Ethics and Education

Our mistakes are the strongest basis for improving our learning abilities.

Ethical work is seeking for
the least error,
the least harm,
the least restraint.



19

Vulnerable people

In an emergency (characterized by a lasting overwhelming of available means by the needs) several people don't get help.

Who will get help ? who will not ?

This not actually a rationale outcome of prioritization

By law or by fact, it can be observed that excluded are isolated people living outside the welfare institutions : the poorest and the foreigners (out of the administrative rules), the elderly devoid of family support, they all are commonly named hard to reach.



20

Besides these hard to reach, are the disabled

People with sensory or motricity disabilities or mental disorders.

Disabled aren't a homogeneous population.

Disability doesn't automatically limit understanding and capacity of care of himself.

It raises frontiers in everyday's life.

It will be especially true in a emergency or crisis time.

Disability can alter perception, learning abilities as well as individual mobility...



21

Disabled?

People with disabilities must be considered as they are; with specific needs; adequate information, adequate recommendations transcriptions, adequate handling.

In such extreme circumstances as crisis time, we all have to face the same dilemmas with our abilities, our skills, our limits.

Disability is revealed and stressed by particular situations and environment;

to some extent, everybody has been, is or will be disabled.



22

THANK YOU FOR YOUR ATTENTION

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