

# Chaos and Clarity

## What Every Clinician Needs to Know About Disasters

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# Plague in Omaha

- ◆ Concert – 1<sup>st</sup> week: 10,000 cases & 1,000 deaths
- ◆ Dr. Adams triage: (1) Ill, Yersinia, (2) Ill, not Yersinia, (3) Not Ill
- ◆ Disposition: (1) Inpatient IV abts, (2) Inpatient PO or IV abts, (3) OP with PO antibiotics
- ◆ New Report: Some (1)'s contract Yersinia while inpatients
- ◆ Present patient: pharyngitis, mild HA
- ◆ Where should he triage this patient?

# Apparent Dilemma: Individual Interests vs. Aggregate Interests

- ◆ Not a unique situation in medicine
  - Antibiotics
  - GSW
- ◆ When Conflict Emerges (OCM or DM) we aim for a reasonable equilibrium (not a hard-and-fast formula)
  - Practical Judgment
  - Prudent Rules of Thumb
  - Regulations

# What's Unique, then, in Disaster Medicine?

- ◆ There is a change in context & focus, not a change in ethical fundamentals
- ◆ Aggregate interests are precipitously imperiled
- ◆ Equilibrium temporarily shifts toward aggregate interests (though there is still an equilibrium)
  - Practical judgment has a different mindset
  - New Rules of thumb (e.g., triage protocols)
  - New Regulations (e.g., health powers acts)

# Rescue Paradigm (RP)

## The clinical approach in DM

- ◆ Focuses on limiting overall mortality and permanent morbidities
  - Autonomy focus of OCM recedes
  - Limited ability to tailor treatment plans to individual preferences, obtain formal informed consent, etc.
- ◆ Manifests in characteristic PJ, RT, RG
- ◆ Today: Examine some of the changes that pertain in RP – especially for office clinicians – 8 guidelines

# 1. Utilize all of the available information

- ◆ Triage, Decon protocols and other DM procedures assume time and logistical constraints that will not always apply (e.g., Expectant pt.)
- ◆ Sometimes you will know quite a bit about an individual patient (Adams)
- ◆ Circumstances might preclude an ill-constructed guideline (naked in a snowstorm)

## 2. Resolve gaping uncertainties in the direction of major security concerns

- ◆ Will an option cause serious public peril?
- ◆ Hypothetical smallpox patient
  - Containable outbreak
  - Prior non-cooperation
  - Prior willful endangerment of others
- ◆ May warrant supervised quarantine, even where voluntary Q is the norm

### 3. Do not sacrifice liberties for the sake of minor security concerns or ineffective interventions

- ◆ Still an equilibrium between individual and aggregate interests, not the hegemony of one
- ◆ Obvious? Consider the Rescuer's Conceit
  - Habitually magnifies own importance
  - Overestimates own personal expertise and moral fortitude relative to others
  - Self-righteous about personal authority
  - Delight in coercion as self-confirmation
- ◆ Hotel Showers
- ◆ Antidote: Humility



## 4. Do not allow suspicion to become a self-fulfilling prophecy

- ◆ Caution is necessary (much at stake)
- ◆ Ubiquitous evidence of selfishness, poor judgment, ignorance in general public (safe driving measures)
- ◆ However:
  - Higher level of concern re: disasters
  - Public spirit typically magnifies in disasters
  - Public spirit easily extinguished
- ◆ SARS: Canada (pt as ally) vs. China (pt as subject)

## 5. Never enact coercive measures when available non-c or less-c measures are sufficient

- ◆ Example #1: Adams again
- ◆ Example #2: Hotel showers again
- ◆ When should the disaster clinician disobey orders?



## 6. Avoid mythological thinking (variant on #1)

- ◆ The panic myth
- ◆ The surge capacity myth
- ◆ The Hazmat myth
- ◆ The command and control myth



# 7. Internalize public decisional norms

- ◆ The Marcia Welby case
- ◆ Welby's tension is reflected elsewhere in medicine:
  - (1) Medicine views itself as an autonomous profession, beholden to a particular moral code
  - (2) Medicine accepts a state-sponsored monopoly, granted on the basis of commitments to the public morality – no other recourse even for those with diverging moralities (executions, PAS)
- ◆ Disasters: Very Public! – If a power is granted provisionally on the basis that it will be employed for a specific end; it should be employed for that specific end...

# Rescuer's Paradox

- ◆ Detachment Needed
  - To attend to difficult procedures and decisions objectively
- ◆ Engagement Needed
  - To sustain efforts amidst horrific conditions
- ◆ The Applicable Virtue: Loyalty
  - To a civic ideal (including S/L equilib.)
  - Willing and practical devotion
  - Caregivers's wisdom – in the end, DM isn't so different than life on the wards