Ethical Decision-Making by Healthcare Professionals during Disasters: Izmir Province Case

Authors : Gulhan Sen

Abstract : Disasters could result in many deaths and injuries. In these difficult times, accessible resources are limited, demand and supply balance is distorted, and there is a need to make urgent interventions. Disproportionateness between accessible resources and intervention capacity makes triage a necessity in every stage of disaster response. Healthcare professionals, who are in charge of triage, have to evaluate swiftly and make ethical decisions about which patients need priority and urgent intervention given the limited available resources. For such critical times in disaster triage, 'doing the greatest good for the greatest number of casualties' is adopted as a code of practice. But there is no guide for healthcare professionals about ethical decision-making during disasters, and this study is expected to use as a source in the preparation of the guide. This study aimed to examine whether the qualities healthcare professionals in Izmir related to disaster triage were adequate and whether these qualities influence their capacity to make ethical decisions. The researcher used a survey developed for data collection. The survey included two parts. In part one, 14 questions solicited information about socio-demographic characteristics and knowledge levels of the respondents on ethical principles of disaster triage and allocation of scarce resources. Part two included four disaster scenarios adopted from existing literature and respondents were asked to make ethical decisions in triage based on the provided scenarios. The survey was completed by 215 healthcare professional working in Emergency-Medical Stations, National Medical Rescue Teams and Search-Rescue-Health Teams in Izmir. The data was analyzed with SPSS software. Chi-Square Test, Mann-Whitney U Test, Kruskal-Wallis Test and Linear Regression Analysis were utilized. According to results, it was determined that 51.2% of the participants had inadequate knowledge level of ethical principles of disaster triage and allocation of scarce resources. It was also found that participants did not tend to make ethical decisions on four disaster scenarios which included ethical dilemmas. They stayed in ethical dilemmas that perform cardio-pulmonary resuscitation, manage limited resources and make decisions to die. Results also showed that participants who had more experience in disaster triage teams, were more likely to make ethical decisions on disaster triage than those with little or no experience in disaster triage teams (p < 0.01). Moreover, as their knowledge level of ethical principles of disaster triage and allocation of scarce resources increased, their tendency to make ethical decisions also increased (p < 0.001). In conclusion, having inadeguate knowledge level of ethical principles and being inexperienced affect their ethical decision-making during disasters. So results of this study suggest that more training on disaster triage should be provided on the areas of the preimpact phase of disaster. In addition, ethical dimension of disaster triage should be included in the syllabi of the ethics classes in the vocational training for healthcare professionals. Drill, simulations, and board exercises can be used to improve ethical decision making abilities of healthcare professionals. Disaster scenarios where ethical dilemmas are faced should be prepared for such applied training programs.

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