

Learning Objectives

- Describe general legal and regulatory framework for disaster response
- Discuss three core ethical issues common in disaster planning and response
- Explain standard of care in disasters

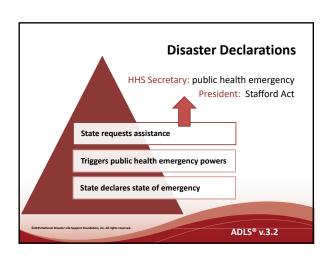
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Individual Rights	
Individual liberty restrictions	US Constitutional Amendments
 Compelling interest 	5 th – Due process
 Well-targeted intervention 	
 Least restrictive means 	14 th – Equal protection
Due process	
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Federal Context

Insurrection Act (1807)

• Limits use of federal forces within state

Posse Comitatus Act (1878)

• Prohibits use of federal forces for law enforcement

Stafford Act (1988)

- Governor requests assistance
- President declares disaster
- FEMA responds

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Three Pillars of Civil Support U.S. President U.S. President U.S. President U.S. President U.S. President U.S. President U.S. Surface Dodner Ford Office U.S. Market Model South Construction Dodner Ford Office U.S. Market Model Dodner Ford Construction DOD Task Force Response Assets JTF Command Briefing, 2005. CRISTANCIONED USANCE Response Assets ADDS® v.3.2

Responsibility to care despite personal risk Duty to treat Restrictions on liberty Quarantine, isolation, and social distancing Resource allocation dilemmas Rationing and crisis standards of care

Duty to Treat Social contract Moral obligations of special training Capability Proximity Degree of need Absence of other sources of aid Nondiscrimination

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Limits of Duty to Treat

- Continuing care for other casualties
- Reciprocal social obligations
 - Provision of personal protective equipment
 - Compensation and care when injured
 - Liability protection
- No absolute universal threshold

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Volunteer and Worker Compensation

- Responder status: employee or volunteer
 - Some states define volunteers as state employees during disasters
 - Some volunteers, as temporary employees, may be eligible for benefits from receiving institution



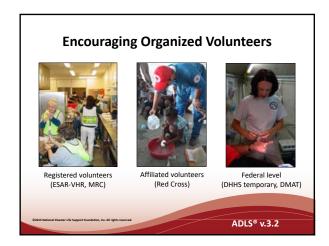
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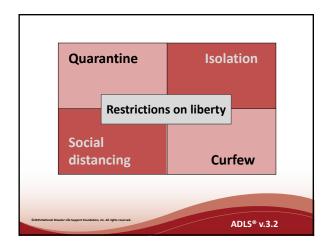
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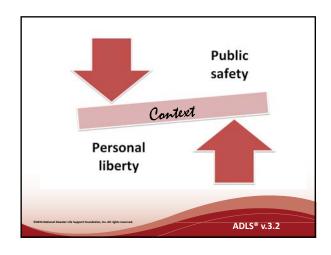
Volunteers and Regulatory Issues • Licensure and credentialing • Waivers of licensure in declared disasters • Emergency Management Assistance Compact • UEVHPA • Medical Reserve Corps • Federal • Federal health care providers • Federal Predending the Care providers (DMAT)

Criminal liability No immunity Livil liability Immunity Mutual aid compacts Good Samaritan statutes State emergency health powers statutes UEVHPA UEVHPA Federalized providers ADLS® v.3.2

Uniform Emergency Volunteer Health Practitioner Act (UEVHPA) Triggered by state or local declaration of emergency: License reciprocity Immunity from liability Workers' compensation benefits Volunteers in authorized registration system Not for volunteers in pre-existing employment agreement Adopted by 16 states and DC (2015)







UN Siracusa Principles

Coercive public health measures must be

- Legitimate
- Legal
- Necessary
- Nondiscriminatory

"Least restrictive means appropriate to the reasonable achievement of public health goals"

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Ethical Predications

J.S. Mill's "harm principle"

Power rightfully exercised over any member of a civilized community, against his will, to prevent harm to others

Ethical dilemma eased if proposed restriction prevents harm to others

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Social Characteristics Disease and Injury Factors Duration Trust Transmissibility Knowledge Affective social groups Environmental stability ADLS® v.3.2

Mixed Effectiveness
Real human behavior (survival instinct)
Panic from aggressive quarantine
Effective communication essential
Mass screening limited value
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Quarantine Sacrifices Employment Family duties Potential overcrowding Exposure to illness Stigma Potential discrimination Privacy Mental health ADLS® v.3.2

Condition: President declares emergency and HHS secretary declares public health emergency May be waived for seventy-two hours Emergency Medical Treatment and Active Labor Act (EMTALA) HIPAA privacy rules Applicable in emergency area and disaster-activated hospitals



Standard of Care

- Perform to the highest reasonable standard <u>under</u> <u>given circumstances</u>
 - Standard of care depends on context
- Disaster context is not normal routine
 - Not possible to attain routine standard without resources

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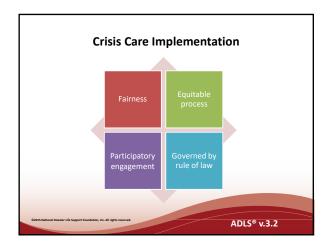
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Crisis Standards of Care

- Substantial change in operations and level of care
- Made necessary by pervasive or catastrophic disaster
- Justified by specific circumstances
- Formally declared by state government
- Sustained period of altered operations
- Enables specific powers and protections

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Core Ethical Challenges Resources for injury and illness Deep discomfort, yet forced choice Withdrawal of care Palliative care ≠ euthanasia Expectant care ADLS® v.3.2

AMA-ANA Joint Statement

- Very concerned about criminalizing patient care decisions when medical personnel and supplies are severely compromised
- During disaster, health providers work together to make best decisions given available resources
- Real fear of having best judgments second-guessed in disasters

Use limited resources fairly	
Achieve greatest benefit	
Preserve ethical obligationsComfort always	
Make decisions based on situational awareness	
Transparent	
Consistent	
Avoid ad hoc decisions by individuals	
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What is the first level of civil support in	
disasters?	
a) Defense support	
b) Homeland Security	
c) Local	
d) State	
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What is isolation?	
What is isolation?	
a) Mandatory social distancing	
b) Quarantine	
c) Separation of ill people	-
d) Shelter in place	

The standard of care in disasters			
a) is dependent on context			
b) permits euthanasia			
c) refers to the routine standard			
d) requires government intervention			
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Lesson Summary]		
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Lesson Summary State and federal response: tiered and coordinated			
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 State and federal response: tiered and coordinated Ethical framework with three Rs 			

• Standard of care always depends on context