

ETHICAL NOTIONS IN CATASTROPHIES

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Abstract

Introduction: the present work takes on the problem of disasters, focusing on the principle of responsibility brought on by the founder of bioethics as a science, V.R. Potter.

Material and Method: proper handling of disasters implies three phases: pre-disaster, the acute phase and post-disaster, with specific activities assigned to every phase.

Results and discussions: the detailing of fundamental principles which can guide first-aid interventions in calamity situations.

Conclusion: in a crisis situation, it is necessary to respect a minimum of ethical guidelines and principles; we have pointed out particular ethical aspects.

Keywords: *disasters, bioethics, responsibility.*

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INTRODUCTION

The notion of a disaster (catastrophe) can be handled based on the initial event; as such, we can be confronted with the following terms: accident, catastrophe, calamity, cataclysm, flagellation, sinister. According to the Agreement regarding the constitution of the Planning Council for Civil-Military Emergency Situations in South-East Europe which was signed on the 3rd of April 2001, article two states that *“disasters are a technological or natural event which produce or threaten with destruction or deterioration the lives or material wealth of humans in such a measure that the public health, safety and wellbeing of the population are put in serious jeopardy.”*

As such, disasters entail at least two elements such as the serious affectation of the man-environment rapport and major efforts from the community to overcome the crisis situation and limit the proportions of the disasters. We will now detail the classification of catastrophes according to Croq:

- *natural catastrophes:*
 - geological: earthquakes, volcanic eruptions, mud-slides
 - climatic: storms, hurricanes, typhoons, gigantic tidal wave, diluvian rain, flooding, snow and hail storms, avalanches, glacier breaks, heat or cold waves, droughts leading to fires and lack of food
 - bacteriologic: epidemics
 - animals: locust invasions, ant invasions, rodent invasions.
- *technological and accidental catastrophes:* fires in cities or villages, forest fires, building collapses, dam or canal-break flooding, sporting event accidents, gas or fuel duct/warehouse explosions, technical accidents in

factories, dangerous material transport accidents, air and naval traffic accidents.

- *war catastrophes:* air and artillery bombardments with conventional weapons, naval battles, country invasions, nuclear or biological warfare, terrorist activities.

- *sociologic catastrophes:* destructive emotions, panic state in a public and busy place, worldwide hunger, civil terrorism, hostage taking.

MATERIAL AND METHOD

Dealing with a disaster implies three main phases, as follows:

- the pre-disaster phase, which entails the undertaking of protective measures such as preparing for an intervention through conceiving protocols, constituting mixed intervention teams, assuring the necessary logistics, training and simulations;

- the acute phase, which entails dealing with the actual event and implicating all capable institutions such as police, fire department, local authorities, other emergency services;

- the post-disaster phase, which entails the analysis of the overall intervention, propositions for future prevention and propositions regarding a change in existing protocols.

This last phase automatically leads to the preparation of the first phase in counteracting a future possible disaster through a feedback regulation mechanism. The first phase should not be minimized in importance because there is a necessity for the existence of plans which entail simulations and training done by teams of specialists from different domains on different types of accidents and at different times. In order for all the activity

undertaken by institutions involved to be correct and coherent, the acute phase needs to run according to a pre-existing plan and according to the type of accident and number of people involved.

RESULTS AND DISCUSSIONS

Bioethics intervene in both the establishment of certain principles for preventing and bringing a catastrophe to attention, as well as in the acute phase of the disaster, towards the optimization of communication and transport methods, so that the number of lives lost is as low as possible and there is guaranteed safety, promptness and no sign of discrimination during the intervention itself. The preparation of intervention staff specific to each type of catastrophe is necessary; these people should be capable of working within a team and with other social categories in order to formulate a complex response to the problem and as a result of a common and sensible social conscience applied to any type of disaster; an international cooperation network is also essential, often realized with the help of different types of organizations.

In case of a catastrophe, bioethics has the role to face up to the situation through the development of a sense of responsibility, as well as help medicine through the entire process of intervention operations, safeguarding the respecting of some essential principles. These principles applicable in disasters are listed below:

1. The principle of the common good as a state of welfare for every person. When we talk about a catastrophe, the common good is extended to a community, a population or the entire humanity. This

common good cannot be measured but can be realized through the each distinct person. This concept places social ethics in the context of plenary humanism. The person is not just a part of society, it is the founder of society, and the notion of common good overrides the particular welfare of a certain person. Interventions in cases of a catastrophe, which are dealt with by catastrophe medicine, need to take notice of this principle of common good.

2. The principle of physical life as a fundamental value of a person. Ontologically and metaphysically, the life of the human being is superior to other types of life, being the central axle of the entire ecosystem. The problem of health results from this very principle: every person has the right for protecting and promoting his health. Nobody is allowed to endanger the life and health of another human being, including defenseless individuals.
3. The therapeutic or totality principle, according to which the intervention on the physical life of a person is permitted only in cases when this is necessary for the integral wellbeing of the respective person, with the condition that the intervention is made on the sick person only in cases when other treatment methods have failed and there is a good outcome for future healing and patient

consensus.

4. The principle of liberty and responsibility, according to which the suppression of life (including our own) is not permitted in the name of freedom.
5. The solidarity and subsidiarity principle, which expresses the social responsibility of every person. It also refers to the necessity of offering first aid treatment firstly to those who need it the most as well as international cooperation in cases of catastrophe.

These are fundamental principles which can guide first aid interventions in calamity situations. In addition to these general principles, we will mention some specific ones to these types of interventions. The ethical responsibility of a human being, community and entire human kind needs to be ingrained in both sets of principles.

CONCLUSIONS

Particular ethical aspects

Starting from the premise that disasters only happens to others, the majority of cases present with a deficiency in intervention capacity. As such, we can encounter inefficient first aid instruments within the first hours of a calamity or in the cases when a calamity occurs over an extended space and is accompanied by poorly organized intervention squads. The ethical imperative in these situations is saving all of the victims, in the shortest amount of time, using the resources available at that particular moment. In case the intervention squad is outnumbered by the number of victims, a priority in offering first aid goes to people with more severe

lesions. It is not morally correct to discriminate based on women, children and older people. Favoring one of the aforementioned categories relates to the generosity and availability of each particular person, with heroism and martyrdom always being voluntary and lauded, but never requested. In these cases first aid should be offered to everybody, respecting the will of people who want to risk their personal safety in order to save other people. There has been a tendency in offering priority to victims who have greater chances of survival or preferring people who have more to offer to society. The opinions are split, with some people believing in the application of the temporal principle (first come, first helped) and others supporting the application of the therapeutic principle, which states that people with greater chances of survival should be treated first.

In cases of disaster, a special respect needs to be offered to the deceased. In the practice of forensic medicine we encounter situations in which family members of the deceased are interested in the cause of death and the circumstances that lead to the death of their loved one. Informing them is necessary, even if it breaches the rule of confidentiality, with the note that some medical aspects which could damage the image of the deceased such as venereal disease or chronic alcohol consumption will be tactfully approached and only disclosed to close family. The family will be warned not to release information which could damage the memory and reputation of the deceased person. This is an exception from the rule of confidentiality, according to which each deceased individual examined has the right to have his medical

information kept secret even after death.

Finally, mentioning the principle of responsibility brought into discussion by the founder of bioethics, V.R. Potter is paramount; according to this principle, we are in absolute need of responsible measures in order to

prevent calamities, and once these calamities have unfolded, we are in more need of people willing to sacrifice their own lives in order to save the lives of others. In crisis situations, respecting some basic ethical principles is imposed.

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