Despite some similarities, research in these environments has additional requirements designed to preserve the informed consent rights of servicemembers, ethical standards, and classified information. Studies approved for conducting research in current combat operations were reviewed.

Methods: This is a descriptive, retrospective study of protocols that currently have been approved for conducting research in Operation Iraqi Freedom and Operation Enduring Freedom.

Results: During the period of July 2005 through October 2006, seven retrospective chart review protocols and six prospective, observational studies were submitted to the Research Committee in Iraq for review and approval at the Brooke Army Medical Center Institutional Review Board (IRB). All protocols were approved by the IRB for implementation in Iraq. Most of these protocols involved trauma care treatment. One prospective study investigating the effects of blast-concussive injuries on US soldiers in Iraq that required informed consent was reviewed and approved.

Conclusions: The conduct of military medical research will continue to make an important contribution to the civilian and military medical communities. Although policies and regulations to conduct research and release associated findings often seem cumbersome and stringent, these added hurdles serve to ensure protection of human subjects, and to prevent unintentional aid to unfriendly forces.

Keywords: combat; ethics; institutional review board (IRB); Iraq; research

Prehosp Disast Med 2007;22(2):s53–s54

Medical Ethics in Mass-Casualty Incidents and Disasters: The Tel Aviv Medical Center Experience

O.B.J. Benin Goren; A. Hassner; O. Lehavi; R. Libster;
A. Lior; P. Halpern
Tel-Aviv Sourasky Medical Center, Tel-Aviv, Israel

Healthcare providers face ethical dilemmas nearly on a daily basis and follow codes that lead them in their daily functions. Because health providers deal with critical issues, the code of ethics should be clear and easily understood.

During a mass-casualty incident (MCI), many ethical dilemmas present. The aim of this paper is to provide an overview of the attitudes and beliefs of nurses and physicians during a MCI caused by a terrorist attack and to expose them to the ethical dilemmas that may be encountered. These dilemmas were presented to the medical staff in the Emergency Department, Intensive Care Unit, and Trauma Department of the Tel-Aviv Sourasky Medical Center (TASMC).

More than 100 nurses and physicians from five departments in the TASMC were interviewed. The questions included:

1. Are there any differences between ethical dilemmas during "regular" time and ethical dilemmas during MCIs or following wartime?
2. How will we continue and keep our professionalism while treating a terrorist that was admitted into the department after he or she killed children in the attack?

Keywords: ethics; healthcare providers; mass-casualty incident (MCI); professionalism; terrorism

Prehosp Disast Med 2007;22(2):s54

The Need for a World Association for Disaster and Emergency Medicine Ethical Code

A.A. Ammar
King Fahd Military Medical Complex, Dhahran, Saudi Arabia

The number and magnitude of disasters, both human-made and those caused by natural hazards, have increased in recent years. Unfortunately, disasters will never cease to exist. The modern revolution in information management and communications has turned the world to a small village. Therefore, it is common to see many governmental and non-governmental humanitarian aid organizations, and sometimes military forces, responding to a disaster with the intention to rescue and help victims. These groups may find themselves in a different country with a different language and culture. Previous experiences have demonstrated that despite good intentions the time has come to develop an internationally recognized and agreed upon Ethical Code for the World Association for Disaster and Emergency Medicine (WADEM). This code should define the following:

1. The duties of the different groups;
2. The relationship between different groups and hosting countries;
3. The rights of the victims; and
4. The relationship between the different humintarian, non-governmental aid groups.

Keywords: disasters; ethical code; humanitarian aid groups; non-governmental organizations; World Association for Disaster and Emergency Medicine (WADEM)

Prehosp Disast Med 2007;22(2):s54

Poster Presentations—Theme 4: Ethics and International Law

(96) Organization of Surgical Hospital in Case of Ethnical Distrust

A.P.P. Pavlovic; S.S. Sekulic; A.J. Jovanovic; N.V. Videnovic;
S.B. Bascarevic
Medical Faculty, Pristina-Kosovo, Mitrovica, Belgrade, Serbia

In June 1999, after bombing stopped in Serbia and Montenegro, 1,463 medical staff members of non-Albanian origin were dismissed from the clinical center in Pristina. There are areas in Kosovo that are primarily inhabited by Serbs who did not have access to medical care after the bombing. To meet this need, a small hospital was built in the village of Gracanica, several kilometers from the Clinical Center in Pristina. The hospital was built with help from Greece and staffed by Albanians. It contained two operating theaters and a four-bed intensive care unit two ventilators and invasive monitoring capability. General, pediatric and orthopedic surgeries were performed at the hospital, as well as obstetrics.

This small hospital was technically and professionally equipped to perform all urgent interventions. The hospital was surrounded by villages with an Albanian majority. Frequent power and water outages, attacks by terrorists, and limited movements were just a few of the challenges the staff of the hospital faced. Under difficult conditions,

500 surgeries, 3,000 minor surgical interventions, and 15,000 check-ups by specialists were performed annually. Patients requiring more advanced care are transferred to a hospital in Kosovska Mitrovica, located 40 kilometers north.

Ethnical intolerance and a lack trust between the Albanian and Serb populations have necessitated the development of parallel medical institutions in a relatively small area.

(97) Triage Decisions of Prehospital and Hospital Emergency Healthcare Providers, Using a Multiple Casualty Scenario in Kocaeli, Turkey

N. Ersoy;[1] A. Akpinar;[1] A. Ozdem;[1] A. Akpinar[2]
1. Turkey
2. Kocaeli University, Kocaeli, Turkey

Objective: This study was planned to examine the accuracy of triage decision-making among emergency physicians and to determine whether triage training was necessary.
Methods: A self-administered questionnaire, including a multiple-casualty scenario that required each casualty to be prioritized for treatment, was administered to 110 emergency physicians working for prehospital and hospital emergency services in Kocaeli, where an earthquake occurred in 1999. The scenario has been adapted to START from another study using the SIEVE algorithm (with permission). Seventeen case scenarios found to be appropriate for START algorithm were studied. The differences between personal/professional characteristics and triage decisions were analyzed using a Chi-Square Test.
Results: Accurate triage decision rates of the emergency physicians were between 83.6 and 90.0% for four immediate casualties, 26.4 and 78.2% for seven urgent casualties, 70.9 and 91.8% for four delayed casualties, and 82.7 and 97.3% for two dead cases. The triage rates with the highest accuracy and inaccuracy were obtained for dead and urgent cases, respectively. Personal and professional characteristics (age, professional, pre-hospital, and hospital emergency experience) were found to be related statistically for five cases ($p < 0.05$).
Conclusions: Emergency physicians tend to "under triage" patients. The discrepancy of the accuracy rates in urgent casualties indicates the necessity of improving decision-making in training programs. This improvement will be helpful in reducing violations of important duties of "justice" and of "do not harm" among the emergency physicians. Consequently, triage training programs should be periodically updated.

Oral Presentations—Theme 5: Hot Topics

Session 1
Chairs: TBA

Informatics Solutions for Emergency Planning and Response

E.E. Weiner, P.A. Trangenstein
Vanderbilt University, Nashville, Tennessee USA

Early informatics contributions to the emergency planning and response agenda have focused largely on surveillance and detection of threats. A broader assessment of possible informatics contributions reveals that informatics also can contribute to increasing efficiency during a disaster response, as well as provide a tele-presence for remote medical caregivers. This presentation will explore current and future roles of informatics in emergency preparedness and response.

Data management has long been the focus of informatics, but never with the special challenges brought about during disaster situations. Tracking of victims, electronic health records, and supply inventory are only a few of the contributions that informatics can provide during disasters. Modeling of response resources can provide the parameters for more effective decision-making. Public reporting can be provided more accurately if the information is received in a timely fashion. Databases provide the infrastructure for the reporting of data that can later be mined to determine the effectiveness of planning and response efforts.

Some disaster situations require medical expertise that is not readily available in the field. Having a telemedicine infrastructure would link the needed expertise to those in the field who require referral advice. Being able to link to the patient's medication history and records would further extend the provision of better health care.

Informatics also can play a strong role in the design of databases for volunteers. Having volunteers registered and credentialed prior to an emergency event would allow for expedient care. The intersection of informatics and emergency response provides the most effective available response.

Emergency Telecommunications for European Citizens

O. Paul-Morandini
European Emergency Number Association, Brussels, Belgium

Emergency Telecommunications cover communications from citizens to authorities, between authorities, from authorities to citizens and between affected citizens in cases of emergencies or disasters.

The presentation covers the existing situation in all these areas from a citizen's perspective. More specifically, it covers the situation concerning the single European emergency call number (112), the ongoing projects in the field of communications between authorities and the future of early warning and alarm for citizens in distress.