

Ethical Considerations During Disaster

September 8, 2017, had the most hurricane activity in the history of the Atlantic region. Hurricanes Irma and Jose left a trail of death and destruction. In August, Hurricane Harvey caused extensive damage and flooding in the Houston area (Associated Press, 2017). Large scale, rapid evacuations were necessary to save lives (Devereaux, Burns, & Gougelet, n.d.). Some hospitals evacuated and closed completely, while others decreased census by discharging or relocating patients to hospitals outside the hurricane's anticipated course. Some hospitals kept the emergency room open and welcomed patients who expected to need care during the storm, such as pregnant women with anticipated imminent delivery and patients with chronic severe conditions (Nedelman, 2017). Nurses were faced with the difficult decision to remain in the path of a deadly hurricane, or evacuate and not be available to care for patients. Nurses at Texas Medical Center were asked to leave their families and report to work 5 days in advance of Hurricane Harvey (O'Brien, 2017). Ethical considerations for nurses facing disaster are explored in this article.

Challenges of Disaster Care

Nurses are consistent responders to disaster at their hospitals of employment as well as nontraditional sites of care established after natural disasters (e.g., shelters) (American Nurses Association [ANA], 2017). Providing care immediately before, during, and immediately after a disaster can be highly challenging. Unexpected situations are likely to occur and resources are likely to be severely constrained. Evacuees are likely to have at least one chronic condition that requires nursing expertise. Patients with respiratory diseases may experience rapid clinical deterioration and require supplemental oxygen. Patients with chronic cardiac disease who have implanted devices such as left-ventricular assist devices or continuous infusions of inotropes will require electricity to power their devices. Patients with heart failure may not be able to tolerate lying flat on a cot. Dialysis-dependent patients are highly vulnerable if not able to receive dialysis and adhere to a renal diet. Patients with diabetes need to receive insulin, have blood glucose monitored, and follow a diabetic diet. All shelter inhabitants, including staff, are likely to experience sleepless nights

and high stress, and suffer psychosocial decompensation (Devereaux et al., n.d.). Nursing expertise is needed after a disaster and nurses' compassionate nature compels response, even when doing so involves personal risk. But do nurses have an ethical obligation to respond? Can employers or the state legally mandate nurses to respond?

The ANA *Code of Ethics with Interpretive Statements* (Code) addresses the nurse's ethical obligation to care for patients in provision 2: "...the nurse's primary commitment is to the patient" (ANA, 2015, p. 7). This must be balanced with the corollary obligation for nurses' self-care addressed in provision 5: "...the nurse owes the same duties to self as to others, including the responsibility to promote...safety" (p. 7). During times of disaster, nurses may be asked to leave family and work long shifts in adverse conditions. A nurse may struggle with the call to respond if he or she feels physically unsafe, the nurse's family may be placed at risk, and the nurse is concerned about legal and professional protection for nursing care provided in crisis conditions that would not meet the standard of care (ANA, 2017). Advanced planning for family and personal obligations is requisite to enable the nurse to answer the call to serve (ANA, 2015).

The nurse's duty to respond is based in licensure, regulations, and ethical obligation; however, there may be times when the nurse must choose between duties based on moral obligations. A careful assessment is necessary. Advance consideration should be given to determine what lines the nurse chooses not to cross to maintain professional integrity.

The Code Interpretative Statement 8.4 explains nurses' ethical considerations in disaster situations:

...nurses must engage in discernment, carefully assessing their intentions, reflectively weighing all possible options and rationales and formulating a clear moral justification for their actions. Only under extreme and exceptional conditions, while conforming to international standards, and engaging in an appropriate and transparent process of authorization, may nurses subordinate human rights concerns to other considerations. (p. 49)

Nurses clearly have a duty to uphold the standards of the profession and a commitment to help care for and protect patients while simultaneously protecting their right to self-preservation and self-care. The ANA Issue Brief (ANA, 2017) on disaster response addressed this conundrum:

Nurses have a duty to uphold the standards of their profession. As such, they have a commitment to help care for and protect their patients

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while also protecting their own right to self-preservation and self-care. Nurses need to be proactive to address such issues. Nurses and the ANA are positioned to drive decisions regarding the conflict between a nurse's duty to care versus duty to self. (p. 2)

Supporting Nurses

To support nurses' response in disaster, government should adopt policies and legislation that provide protection for nurses who chose to serve despite the risk. The Uniform Emergency Volunteer Health Practitioners Act (UEVHP) was designed to provide such protection (American College of Surgeons, 2017). UEVHP provides a process for rapid deployment of human service providers in areas where an emergency has been declared. This legislation provides legal protection for practitioners acting within their scope of practice and in good faith. Currently only 15 states and Washington, DC, have adopted UEVHP (National Conference of Commissioners on Uniform State Laws, 2017). Nurses working in states that have not yet adopted UEVHP should encourage their elected officials to consider the legislation.

In the aftermath of Hurricane Katrina, some nurses found themselves unable to provide life-sustaining care for patients and were faced with dire choices (Fink, 2013). While most disaster situations are not this extreme, nurses and healthcare leaders must be prepared. During times of crisis, clinical nurses should seek four things from their leaders: trust, hope, stability, and compassion (Sherman, 2017). Nurse leaders can support clinical nurses by being visible and calm. Nurse leaders should be present with staff, keeping the focus on patient care and attending to staff struggling with personal concerns. Nurse leaders should be transparent, providing direction and as much information as is known. Crises are times for a directive leadership style with constant communication and support. Optimism and hope are extremely important when staff and patients are fearful. Expressing gratitude during crises to nurses who may have left families is imperative while ensuring they also are caring for themselves and getting adequate rest. Reassuring all staff and patients that the team will get through the crisis together provides resilience and hope; however, there is a need to speak realistically about the magnitude of the situation. Patients and families also benefit from nurses using these leadership strategies.

Implications for Nurses

Nurses should participate in disaster planning at their places of employment as well as with family. Planning ahead of disaster should occur in two phases. The first involves anticipation of likely scenarios and practice. Hospital disaster preparedness committees conduct drills to assess ability to evacuate units and whole campuses in response to natural disasters (E. Durst, personal communication, June 23, 2017). The other type of

preparation occurs when an imminent disaster such as a hurricane is anticipated. Community agencies should partner with hospitals to plan to meet potential needs for a wide spectrum of vulnerable patients (Devereaux et al., n.d.). Clinical nurse participation in disaster preparedness committees provides insight into the needs of complex patients.

Additionally, personal preparation is essential. While preparation for some disasters can occur in advance, others such as the terrorist attacks of September 11, 2001, and the mass shootings in Las Vegas, NV, in October 2017, cannot be anticipated. Nurses should develop a personal disaster plan for themselves and their families. A comprehensive disaster plan includes multiple elements (U.S. Department of Homeland Security, n.d.).

1. *Information* – How will information be received about impending disaster? How will ongoing information be received?
2. *Communication* – What is the communication plan for family members (remembering cell phones do not always work in disaster)?
3. *Shelter or meeting place* – Where should all family members meet or go for shelter? Because home may not be an option, a planned location is needed based on likely scenarios.
4. *Specific needs of the household* – What are the health needs, including diet, medication, and devices? Are there any language concerns, or religious and cultural practices that require advance planning?
5. *Pets* – How will pets' needs be addressed if they are able to relocate? What if pets must remain behind?

The plan should be documented and responsible persons for each action determined in advance. Documentation aids are available on the Internet. The plan should be practiced and reviewed frequently with all family members (American Red Cross, 2017).

Finally, nurses should understand what their employers expect during a disaster. Many hospitals have disaster plans that enable nurses to have insight into contingency plans (Ingrassia et al., 2016). Understanding employer expectations and having a clear plan that addresses family safety will enable nurses to respond to disaster situations with confidence. **MSN**

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