

Conclusion: It is important for humanitarians to identify and discuss ethical challenges and problems, to ensure responses to emergencies are not disconnected or lead to negative impacts. While this paper cannot show saturation of the types of ethical challenges facing humanitarian healthcare organizations, it is a move to bring stories forward and formalize and capture histories so we can learn from them.

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Aid - When There is “Nothing Left to Offer”: A Survey and Qualitative Study of Ethics and Palliative Care During

International Humanitarian Emergencies

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Study/Objective: How can humanitarian organizations support ethically and contextually appropriate palliative care in humanitarian crises? This ELRHA (R2HC) funded study explores the ethical complexities of doing so, asking how existing standards of palliative care may be adapted to support delivery of ethically and contextually appropriate palliative care in humanitarian action.

Background: There is a lack of evidence clarifying ethical and practical possibilities and consequences of humanitarian organizations, addressing or failing to address patients’ palliative needs. This study seeks to inform realistic, context-sensitive guidance, education, and practice for the provision of palliative care during humanitarian emergencies. Beginning with a survey of international aid organizations, we aim to identify a baseline of current palliative care provisions for clinical and psychosocial care in humanitarian action.

Methods: Concurrent exploratory mixed-methods involving 1) survey to investigate to what extent humanitarian organizations enable staff to provide palliative care, 2) interviews with stakeholders (local/expatriate humanitarian staff, local care providers, community members) to better understand lived experiences of palliative care needs in humanitarian emergencies.

Results: Survey results and preliminary analysis of interviews will be shared. Responses cover: preparedness to deliver palliative care in humanitarian emergencies (disasters, conflict areas, epidemics); resources currently available to support the delivery of palliative care in humanitarian contexts, and ideas/concerns related to integration of palliative care into humanitarian healthcare.

Conclusion: Palliative care is an area of growing global concern. It is increasingly recognized as necessary, yet simultaneously seen as outside the realm of possibility, particularly in humanitarian settings, where care in life threatening conditions may be logistically and ethically challenging. The 67th World Health Assembly resolved on “strengthening palliative care as a component of comprehensive care throughout the life course.”

Our study helps illuminate ethical and practical concerns for applying palliative care in humanitarian crisis.

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Developing the Disaster Medical Assistant Team Education and Training Program (DMAT)

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Study/Objective: The study objective is to create the contents and program in disaster medical training system.

Background: Disaster medical education and training were not mandatory in Korea, but several kinds of programs existed. The disaster medical education and training has been mandatory in Korea since 2014. The newly developed official disaster medical education and training system, which should be applied from 2015, was necessary.

Methods: We reviewed the disaster medical education and training program in advanced countries including the US, EU and Japan, and compared them with the existing programs in Korea. After analysis and comparison, a new contents and program for Korean situations was developed, and they were applied to the pilot program repeatedly for confirmation of adequate educational effect.

Results: First, the official national disaster medical manual was developed, and the contents and programs were developed after that. The program includes the following;

- disaster medical system
- Disaster Medical Assistance Team (DMAT) operation
- logistics
- sample activities of DMAT
- radiologic disaster
- chemical disaster
- disaster mental health support
- communication system in disaster
- in hospital disaster
- equipment preparedness for EMAT
- table top simulation
- comprehensive disaster drill The pilot program operated appropriately.

Conclusion: For medical response in a disaster, the standard minimal requirement for disaster medical education and training should be developed, and disaster medical personnel should participate in this program.

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Vulnerable Populations: Investigating Ethical Implications for Policies and Practices of International Humanitarian Organizations

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