Health Professionals of Emergency Service: Evaluation of Triage and Ethical Values in Disaster Medicine

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Abstract

Aim: To understand opinions of health professionals who work in emergency services about the application of basic concepts, such as triage, ethics, legal rules, to popularize problems they experience while they are providing health services after natural disasters, and to develop suggestions.

Materials and Methods: In order to evaluate health service problems, a questionnaire tool was formulated regarding triage and ethics applications. The questionnaire was given to 133 emergency service workers with and without earthquake experiences. Data were analyzed using descriptive statistics with statistical significance set at $p<0.001$. The frequency distributions were taken into account and chi square test was performed to understand the differences between employees who had experienced earthquakes and those who had not.

Results: In the survey, 57.7% of participants were male and 42.3% were female. The mean age of the participants' was 29.8 years; 16.8% of them worked in the university hospital, 77.4% in the state hospital, and 5.8% in private hospitals. Of the participants, 51.1% were doctors, 43.1% were nurses, and 5.8% were emergency medical technicians; 48.2% of participants had experienced an earthquake and 52.6% had not. In addition, 27% of the participants had to consult regarding triage; 37.2% on triage and legal rules; 31.4% on triage, laws, and ethics; and 4.4% on triage and ethical principles.

Conclusion: The results show that triage and legal regulations play an essential role in resource allocation and medical service presentation, while ethical principles are less considered in medical services after natural disasters. Inclusion of ethical training in natural disaster medicine education and its enhancement through regular rehearsals are essential. *(Eurasian J Emerg Med 2015; 14: 107-12)*

Keywords: Earthquake, natural disasters, triage, ethical dilemmas

Introduction

Natural and man-made disasters are medically defined as mass casualty incidents and emergency conditions. Disasters cause massive destruction, collapse, or substantial damage to buildings, and a great deal of suffering to humans, such as the large number of injured people, excessive demand of medical resources, time shortage, disorder, increased need for security and shelter, and emotional problems; hence, disaster can lead to triage decision-making problems, laws-patient rights issue-and ethical challenges that are different from usual medical practices (1). Indeed, the emergency department (ED) has an important role in managing emergency conditions. The essential approaches of ED are different from those of usual medical practices: the first approach is triage in ED is an essential function, the aim of which is "greatest good for the greatest number," the second approach is patient rights and the third approach is medical ethics principles that support human rights, ethics codes, and democracy.

As a result of natural disaster, approximately 3 to 4 million people have lost their lives and several people have been injured and experienced trauma. According to Science for a Changing World (USGS) data, between the years 2000 and 2012, 450,000 people have passed away as a result of earthquakes. All earthquake reports state that these deaths have a direct correlation with the intensity of the earthquake, its depth, appropriateness of the architectural structures to earthquake preparedness, poverty, and population density. In addition, the necessity to make disaster preparations in the medical

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sector to decrease the number of deaths has arisen. Therefore, the new medicine discipline known as "disaster medicine" and a number of media organs on disaster medicine and public health preparedness have came into the agenda (2).

Our research topic-earthquake-is quite a familiar term for most individuals living in Turkey, as it is located on three main fault lines. Hence, in Turkey there have been massive traumas related to earthquake, the main reason for this being that the buildings are not earthquake-resistant, the population density, and deficiency in necessary preparations regarding disaster medicine.

We have conducted this research in the province and districts of Van, located in eastern Turkey, to evaluate the post-earthquake problems from the point of emergency service health professionals. The earthquakes in question occurred on October 23rd, 2011 at 13.00 hrs, measuring 7.2 on the Richter scale in Van and on November 9th, 2011 at 21.23 hrs, with a 5 km depth, measuring 5.6 (3). Apart from the main earthquakes, there have been over 2000 aftershocks; although their intensity has decreased and intervals have extended, the aftershocks still continued in 2013. These earthquakes have resulted in 644 deaths and several injures in the province and districts of Van (the hospitals did not perform the registration process adequately and the injured individuals were discharged emergently; hence, a definite number of injured people could not be obtained) (4). The damage to the hospital buildings as a result of the earthquake became a substantial obstacle in providing health services. The health professionals provided services in small tents set up in the hospital yard. In the following days, the health services provided in the field hospitals positioned in the yard of the state hospital of the province of Van were relatively less affected by the earthquakes.

The emergency medicine professionals of the province of Van who had experienced earthquakes and provided services after the earthquake and the emergency medicine professionals from other provinces participated in our research. For this reason, this research is important because the research findings include the views of health professionals who experienced trauma and those who did not.

Materials and Methods

For this research, a questionnaire tool was formulated by two emergency medicine doctors, a medical ethics specialist who had experienced earthquakes, aftershocks, and provided health services after earthquake. Due to the nature of this study, informed consent is not applicable. The survey was distributed to health emergency service professionals both those who experienced main earthquakes, with intensities of 7.2 mw and 5.6 mw, and several aftershocks and those from other provinces who did not experience earthquakes. Out of 150 participants, 17 did not answer most of the questions and were excluded from the research. The frequencies of the 133 surveys were determined and chi square test were applied. The study was approved by the Van Yuzuncu Yil University Ministry of Health Clinical Ethics Committee).

Results

Demographic findings

Our survey group consisted of 133 health professionals who were working in the emergency medicine department; 57.07% men and 42.3% women aged 19–56 years (mean age, 29.88±6.8 years).

In Turkey, the duration of medical specialty education is six years. After completing medical specialty, emergency medicine education is five years years. If they continue branch education, they are called assistant doctors; those who finish emergency branch education are called emergency specialists. Nurses' education is of two kinds, one of them is health vocational high school and the other, university education for four years after gymnasium. Emergency medical technician (EMT) has a kind of health vocational high school. Of the 133 participants, 2.9% were assistant professors; 14.6%, specialist doctors; 8%, assistant doctors; 25%, doctors; 43.1%, nurses; and 5.8%, EMTs.

Of the participants, 16.8% worked at the university hospital, 77.4% at the Ministry of Health hospital, and 5.8% at special hospitals.

Regarding the work experience of the participants, 47.4% had 0–3 years experience, 25.5% had 4–6 years, and 27.1% had ≥8 years. The participants' work experience in emergency services was 0–3 years for 65.5%, 4–7 years for 19.1%, and ≥8 years for 15.4%.

Of the participants, 51.8% served medical treatment in emergency service during and after the earthquakes and 9.4% of the earthquake victims received medical treatment, 2.6% served psychiatric treatment and 8.5% victims received both medical and psychiatric treatment. Of the second group of participants, 48.2% did not experience either of the paths.

Of the participants', 27% declared that the approach they considered important in the emergency service during the treatment process was triage, 37% considered triage and law- patients' rights, 31.4% considered triage, laws, and ethics, 4.4% considered triage and

Table 1. Characteristics of Emergency Professionals

Gender	**%**	**n**
Male	57.7	79
Female	42.2	58
Age		
Below 29 years	54.0	74
Over 30 years	46.0	63
Institutions		
University Hospital	16.8	23
Ministry of Health Hospital	77.4	106
Special Hospitals	5.8	8
Professionals experience		
≤3 years	47.4	65
4–7 years	25.5	35
<8 years	27.1	57
Emergency experience		
≤3 years	65.5	90
4.7 years	19.1	26
<8 years	15.4	21
Disaster experience		
Earthquake experience	51.8	71
Non-earthquake experience	48.2	66

ethics (Table 1). The acknowledged triage period for emergency service professionals is approximately 60 sec (mean period, 2.84±1.17).

Emergency service: Triage, legal rules, and ethical principles

In Turkey, first, the practicing physician takes an exam for becoming a specialist, and they then commence specialized training, depending on their exam scores; nurses are appointed by the executive management. Survey data show that participants answers to the question regarding the desire to work in the emergency service was 42.7% said completely good; 6.8%, good; 29.9%, moderately good; 19.7%, not good; and 0.9%, I don't know.

For the question regarding the approaches they acknowledged while providing medical services: 13.7% specified triage, 12% specified law, 21.4% specified triage and law, 46.9% triage, and 3.4% specified law and ethics.

It is essential for emergency service professionals while providing health services to consider triage, which plays an essential role in signifying the priorities of patients, and legal approach, which includes patients' rights, regulations, and ethical principles, together. For the question regarding the approaches they acknowledged during the medical services they provided, 27% participants specified triage; 37.2%, triage and law; 31.4%, triage, law, and ethical principles; while 4.4% specified that they only took ethical principles into consideration. There was a significant difference between the approaches of the participants who had experienced earthquakes and those who had not (p<0.001).

Of the participants, 35% stated that they performed triage in 60 s, while 26.3% stated 45 s, 17.5% stated 75 s, and 13.1% stated that they performed triage in 20 s. There was a significant difference between the approaches of the participants who had experienced earthquakes and those who had not (p<0.001).

When we asked the participants which principle they most recognized among the ethical principles, 36.5% stated "not to harm," 38% stated "being beneficial," 12.4% stated "being just," 10.2% stated "autonomy"; however, only 2.9% of them stated "privacy". EM professionals give priority to the principles of "being beneficial" and "not to harm" with the belief that the emergency medical service should immediately reach the patient. However, in terms of the principles, there was a significant difference between the participants who experienced the earthquakes and those who did not (p<0.001).

When it was asked whether there was a priority in terms of considering ethical principles, 8.1% of the participants remarked that it depended on the situation, 21.9% stated that all of them are important, 50.4% said that they partially took them into consideration, 21.2% stated "sometimes," and 6.6% stated that they rarely considered ethical principles. There was a significant difference between the two groups (p<0.001) (Table 2).

To the question regarding ethical dilemma, 34.3% of the participants said "every time," 27.7% said "usually," 27.7% said "sometimes," and 4.4% said "rarely." These answers showed that they feel obligated to evaluate the issue of ethics. It was observed that there was a significant difference between both groups (p<0.000). Regarding potential ethical dilemma in terms of acceptance of the patients to the treatment and treatment process, 46% of the participants stated lack of time management in the decision-making process, 9.5% of them stated an imbalance in the bed-operation rooms available, and 7.3% stated that they experienced ethical dilemma regarding transportation. It has been observed that there is a significant difference between two groups (p<0.000).

In cardiovascular resuscitation (CPR) application, 20.4% of the participants experienced ethical dilemma in terms of informed consent, 28.5% in terms of time management, 14.6% in terms of the family's intervention to the application, 30.7% during the decision-making process, and 5.8% of them stated that they experienced ethical dilemma regarding emotional reasons. It has been observed that there is a significant difference between both groups (p<0.001). Another important ethical dilemma appeared in terms of the efficiency and usage of the resources: 33.6% of the participants expressed that they experienced ethical dilemmas in terms of medical pharmaceuticals and tools, 38.7% about the availability of beds, 18.2% of them about ventilator use, and 9.5% of them state that they have experienced ethical dilemma with the usage of the hemodialysis unit. It has been observed that there is a significant difference in terms of the emergency service professionals post-traumatic approaches between the health professionals who have experienced the earthquakes and those who have not (p<0.001) (Table 3).

Table 2. Health professionals: triage, law (patient rights) and ethical principles

Approaches	**n (%)**	**%***	**%****	**p**	**Triage time-approximate**	**n (%)**	**%***	**%****	**p**
Triage	37 (27.0)	15.7	38.8	**<0.001**	30 s	18 (13.1)	24.3	1.5	
Triage-legal	51 (37.2)	15.7	47.8		45 s	36 (26.3)	25.7	26.9	
Triage-legal-ethics	43 (31.4)	50.0	11.9		60 s	48 (35.0)	18.6	52.2	**<0.001**
Ethics principle	6 (4.4)	7.1	1.5		75 s	24 (17.5)	15.7	19.4	
Ethics principles	**n (%)**	**%***	**%****		**Considered Ethics Principle**	**n (%)**	**%***	**%****	
Nonmaleficence	50 (36.5)	22.9	50.7		Changes	11 (8.1)	15.7	0.8	
Beneficial	52 (38.0)	44.3	31.3	**<0.001**	All of principle.	30 (21.9)	27.4	16.4	**<0.001**
Justice	17 (12.4)	15.7	9.0		Partially	69 (50.4)	24.3	50.4	
Autonomy	14 (10.2)	11.4	9.0		Sometimes	29 (21.2)	35.7	21.2	
Privacy	4 (2.9)	5.7	0.0		Rarely	9 (6.6)	19.6	6.6	

*earthquake experienced-emergency medicine professional. **earthquake not experienced-emergency medicine professional

Table 3. Ethical dilemma in emergency service

Ethical dilemma	n (%)	%*	%**	p	Injury-ethical dilemma	n (%)	%*	%**	p
Every time	47 (34.3)	17.1	52.2	**<0.001**	Time	63 (46.0)	37.1	55.2	**<0.001**
Usually	46 (33.6)	48.4	25.4	**<0.001**	Decision-making	51 (37.2)	52.9	20.4	**<0.001**
Sometimes	38 (27.7)	34.3	20.9		Bed-operation room	13 (9.5)	5.7	13.4	
Rarely	6 (4.4)	7.5	1.5		Transport	10 (7.3)	4.3	10.4	
Ethical Dilemma and CPR	**n (%)**	**%***	**%****	**p**	**Ethical dilemma with recourses**	**n (%)**	**%***	**%****	**p**
Informed consent	28 (20.4)	8.6	32.8	**<0.001**	Medical Equipment	46 (33.6)	14.9	33.6	**<0.001**
Time	39 (28.5)	11.4	46.3		Bed	53 (38.7)	47.8	38.7	
Intervention of family	20 (14.6)	17.1	11.9	**<0.001**	Mechanic ventilator	25 (18.2)	29.2	18.2	**<0.001**
Decision-making	42 (30.7)	51.4	9.0		Hemodialysis	13 (9.5)	7.5	9.5	
Emotional	8 (5.8)	11.4	0.0						

*Living in earthquake- Emergency Medicine Professional. **Not to live earthquake- Emergency Medicine Professional. CPR: cardio vascular resuscitation

Table 4. Ethical necessity and enhancement of health service's efficiency

Ethical consultation	n (%)	%*	%**	p	Prevent ethical problems	n (%)	%*	%**	p
Every time	54 (39.4)	15.7	64.2		Ethics courses	53 (38.7)	24.3	53.7	
Usually	22 (16.1)	12.9	19.4	**<0.001**	Ethics consultation	18 (13.1)	10.0	16.4	**<0.001**
Sometimes	51 (37.2)	62.9	10.4		Disaster ethics education	29 (21.2)	22.9	19.4	
Rarely	10 (7.3)	4.4	2.9		More personnel-medical equipment	37 (27.0)	42.9	10.4	
Disaster medicine	**n (%)**	**%***	**%****	**p**	**More effective health service**	**n (%)**	**%***	**%****	**p**
1 year education	68 (44.6)	68.6	29.9		Resources	60 (43.8)	44.3	43.3	
Intensive course	14 (10.2)	5.7	14.9	**<0.001**	Communication	31 (22.6)	20.0	25.4	**<0.001**
Short-term course	31 (22.6)	4.3	41.8		Solve ethics issue	32 (23.4)	15.7	31.3	
Conferences	19 (13.9)	21.4	6.0		Take place crisis-table	14 (10.2)	20.0	0.0	
No idea	5 (3.6)	0.0	7.4		No idea	0 (0.0)	0.0	0.0	

*Living in earthquake- Emergency Medicine Professional. **Not to live earthquake- Emergency Medicine Professional

The question has been asked whether in the ED, participants require ethical consultation or not; 39.4% of them answered they need this kind of consultation every time, 16.1% answered usually, 37.2% answered sometimes, and 7.3% of them said that they rarely needed ethical consultation. It has been observed that there was a significant difference between both groups (p<0.000). To the question regarding prevention of ethical problems, 38.7% of participants proposed ethical course, 21.2% proposed ethical consultation, 21.2% proposed disaster ethics education, and 27% proposed more personnel and medical equipment will prevent ethical problems. It has been observed that there was a significant difference between both groups (p<0.001). It has been asked whether disaster medicine education is necessary or not, 44.6% of the participants proposed the need for extended education, 10.2% proposed an intensive course, 22.6% proposed a short-term course, 13.9% proposed conference, and 3.6% stated that they had no idea. It was observed that there was a significant difference between the two groups (p<0.001) (Table 4).

The multiple categories coordinates clearly show differences between health professionals who experienced the earthquakes and those who didn't (Figure 1).

Discussion

This research aims to provide some of the necessary data acquisition for triage, disaster ethics, and legal issues of medical care in future disasters that are developing a suggestion for problem solving in ethical dilemmas.

The Van earthquakes revealed an imbalance between needs and supplies, and, it required national and international foreign aid that thereby designated it as a disaster, more so, after the quake situations

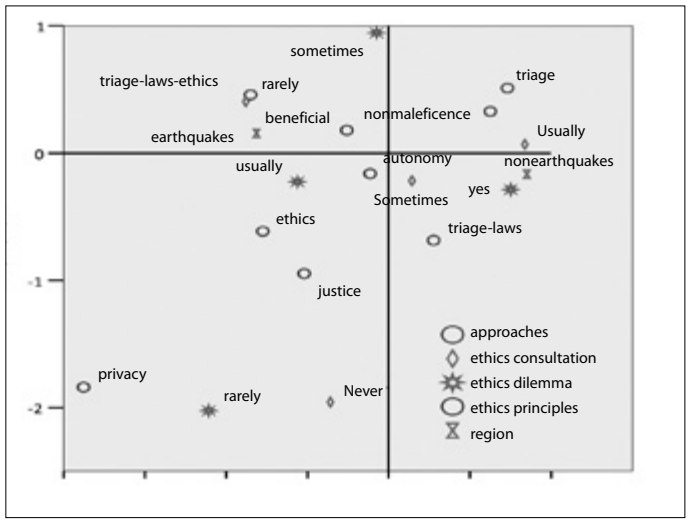

Figure 1. The multiple categories coordinates clearly show difference between health professionals who experienced the earthquakes and those who didn't

presented numerous ethical and legal challenges at various levels. In addition, contemporary issues of ethical concern and the ethical dilemmas of disaster medicine not only affect patients and their relatives but they also involve the doctor-patient dyad, doctor–patients relationship, fair distribution of limited medical resources, accurate triage, informed consent, autonomy, and ethical decision-making. To summarize, disaster situation includes ethical, legal, and triage problems that are inherent in disaster preparedness and response (2). Due to the disaster conditions, health workers already had a number of problems because they worked as individuals in the trenches.

The result of our survey has been providing compelling data, showing that there is significant difference in the health service applications in terms of triage, ethics, and legal regulations, such as patient rights. Furthermore, the survey data changed according to whether the health professionals had or had not experienced the earthquakes.

The data of the research showed that 64.2% of health professionals adopted Simple Triage and Rapid Treatment (START); however, ethical principles have been regarded less frequently. It is essential to perform triage in the right way. This situation has been declared by the World Medical Association (WMA) Declaration of Helsinki (5), Red Cross and Red Crescent Movement, and Non-Governmental Organizations in Disaster Relief (6), and WMA Medical ethics in the Event of Disaster (5, 7) as they stated that the medical motives of triage should be considered, sufficient medical resources, personnel with medical intervention capacity, and a system that will meet the medical necessities should also be considered. Two different studies conducted in Turkey have shown that short-term education reformed the tendency towards insufficient decision-making during triage (8, 9). Detailed studies about the triage application are warranted.

Of the participants, 74.4% stated that they performed triage in <60 s. Approximately 52.2% of the health professionals who did not experience earthquakes stated that they performed triage in <60 s; however, in the earthquake-stricken area, it was 18.6%, 25.7%, and 24.3% participants took 45, 45, and 30 s, respectively, to perform triage. This situation revealed that after earthquakes, health professionals showed better time management more frequently.

Another important finding concerns ethical principles. Of the participants, 74.5% stated that they apply the principles of 'not to harm' and 'being beneficial.' This finding shows that health professionals primarily apply the ethical principles parallel to triage application. However, the Geneva Convention of 1864, and the Universal Declaration of Human Rights of 1948, Helsinki Declaration of 1960, Code of Conduct for the International Red Cross, Red Crescent Movement, non-Governmental Organizations in Disaster Relief (6, 7), and the WMA clearly declared that disaster relief studies should respect human rights, culture, beliefs, structures, and customs of the communities: in other words, the ethical principles should be considered; the necessity for the match of ethical principles and procedures and the occupational ethics doctrine (tenets) of the health professional (WMA, Red Crescent). Unfortunately, the research findings showed that justice, autonomy, and privacy principles were not efficiently applied. Although, 67.8% of the participants stated that they have experienced ethical dilemma all the time, 67.8% experienced it almost every time, 27.7% experienced it sometimes, and 4.4% rarely experienced ethical dilemma, it has been observed that they are sensitive in terms of ethical principles. However, as priority has been given to the survival of life, the principles of justice, autonomy, and privacy were not efficiently regarded. It has been observed that the most important ethical dilemmas are treating the injured patients, applying CPR, and fairly allocating available medical resources. Legal applications or justice do not mention that being fair is beyond the legal regulations. For this reason, taking into consideration the ethical principles that provide depth to legal regulations prevent the emergence of various problems during the medical treatment process.

The most essential ethical dilemmas of post-earthquake health professionals are the treatment of injured patients: the limitations of treatment opportunities and the expectations of the patients' relatives hold the first rank with a percentage of 52.9%. In the second rank is anxiety. In the ED professionals who did not experience the earthquakes, the issue is quite the opposite; 55.2% stated that the most essential ethical dilemma was time management and 20.4% stated that it was the decision-making process of the treatment. In the research concerning the Haiti earthquakes, it was stated that during the treatment process of the injured patients, ethical decision-making and clinical urgency issues were among the most essential issues (10).

Another essential ethical dilemma emerged in the issue of deciding CPR application and time management. The most important ethical dilemma after earthquakes has been pointed as decision-making by 51.4% and families' intervention to decision-making process by 17.1%. In the comparison group, 46.3% stated time management and 32.8% stated informed consent. These data suggest that there is a particular need for applied training in informed consent. Informed consent is necessary to develop strategies for enhancing autonomy (11).

Regarding increased productivity of the treatment service, 43.8% of the participants stated medical equipment should be enhanced and 22.6% stated that communication techniques and skills should be enhanced. The resolution of the ethical problems has been considered by both groups; however, while 31.3% of the participants who did not experience the earthquake remarked on its importance, only 15.7% of those who experienced the earthquake remarked on the same.

Study limitations

This study has its limitations: we only selected emergency workers in a single city. Perhaps, in future, a multicenter study with a large number of participants is warranted.

Conclusion

Emergency services are the face of hospitals; they introduce and set the quality of medical service for the society. Societies generally evaluate hospitals and other medical institutions with the approaches that they encountered in their emergency service. The findings of our study contributed to the information about the approaches that emergency service professionals adopted in the service presentation and the practices of these approaches.

When we evaluated the findings of our research, we primarily observed that emergency service professionals generally decide and prefer the performing of triage in terms of medical motives; however, they do not efficiently recognize the ethical principles and are aware of their deficiencies in that matter. It has been observed that emergency service professionals have agreed on the benefits of ethical principles and practices, ethical consultation and ethical education at the time of administering the emergency services. The fulfillment of the necessity in this issue will increase the efficiency of emergency service practices.

Another essential finding of the research is that it showed that emergency service professionals have various tendencies in terms of performing triage decision-making, ethical principles, and legal regulations after natural disasters like earthquakes, parallel to the present chaotic environment and conditions. For this reason, there is a necessity of education, practice, and evaluation in disaster medicine.

In developed countries, disaster medicine is a separate branch of medicine, while in Turkey, like other developing countries, education on disaster medicine has been practiced through trainings performed by public health or emergency medicine branches. The emergence of disaster medicine and media organs on this issue could be considered as an essential ethical issue in terms of providing maximum health services to all disaster victims, injured patients, and pregnant women besides providing the priority given to disadvantaged groups, such as children, old and/or disabled individuals. Therefore, disaster medicine-foreseeing the possible consequences of the disaster-will provide the necessary emergency action plans and programs and intense education required for the health professionals, regarding the practices of disaster. The preparation for the applicable educational programs-triage decision making, ethics applications, and legal rules-in line with the research findings will improve the efficiency of medical services and patient satisfaction before and after natural disasters.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Yüzüncü Yıl University Medical Faculty, Van, Turkey.

Informed Consent: Due to the nature of this study, informed consent is not applicable.

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