



Towards the  **Best**
based on *Evidence*

POLICY SESSION

Symposium 1

Symposium 2



KOREAN
SURGICAL SOCIETY



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SYMPOSIUM 2: COVID-19를 통해 본 재난 시 외과의사의 역할

Altered Standards of Care in Crisis

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During the COVID-19 outbreak from the beginning of this year, it was a short period mainly in Daegu, but we experienced a lack of essential treatment equipment such as the high flow nasal cannula or ventilator for the COVID-19 victims. It is an incident that we usually do not even imagine at all. In this presentation, I would like to talk about a problem that is very rare, but one day we may have to worry about it. That is the 'crisis standard of care.'

"Crisis standard of Care" is defined as a "substantial change in the usual health care operations and the level of care it is possible to deliver and justified by specific circumstances and formally declared by a state government in recognition that crisis operation will be effect for a sustained period." However since there are an infinite number of catastrophic types and severities of disaster, the terms "standard" is somewhat controversial and actually there is no "standard" approach in many such events. So, simply "crisis care" will substitute the term of "standard care in crisis". And it doesn't mean "crisis care" implies substandard care. It is what a practitioner would do reasonably, given the limited resources at hand.

The ethical and professional duties remain unchanged in the mass casualty incident and disaster crisis. These are based on doing the best you can do to care for the victims. The 7 ethical principles of care in the crisis not only apply but provide basic guidance in planning and delivering care. These are fairness, duty to care, duty to use resources properly, transparency, consistency, proportionality, and accountability.

Practical aspects of the ethical provision of care in crisis include maintaining informed consent concept and avoiding futile care and providing adequate pain control. Informed consent considerations are the same as those used for routine trauma care. However in the patients who cannot consent, adequate documentation of the reasons not to consent in the emergency care remains the standard.

pain management should be applied wisely and effectively in the scene of limited resources. Also, overuse of the pain management as like euthanasia, should not be allowed.

One of the biggest challenges in most crisis scenarios is recognizing and avoiding futile care. The duty of good stewardship of resources and time of care must be met with common sense, proper awareness of the situation, and good judgement.

The ethical principles that apply to scarce resource environments include prioritize population over individual outcomes, stewardship, beneficence, fairness and transparency.

Medico-Legal Consideration

Although there will be uncommon in the mass casualty events, there is a variety of legal risks involved in providing care in the crisis events. These are malpractice, patient abandonment, activities beyond a reasonable scope of practice, privacy invasion and discrimination.

Fortunately if health care provider injures someone during the course of performing some public health action, the emergency workers including volunteers may receive protection from liability, since the legal fabric of many countries provide protection for a "Good Samaritan." However there is unmaturing legislation system in Korea compared with the western countries. So, the health care provider have to aware the self protection even in the crisis events as like our routine healthcare. The best protection is good care based on compassion and common sense. Good medicine is good law.

For meeting the ethical standard of good stewardship of personnel and resources in the crisis event in timely fashion for patients, appropriate minimal acceptable care will be planned. And these type of care should be targeted to benefit the most patients.

Triggers

Crisis standard, that is, prompt shifting from optimizing individual health to the public's health, will be considered after the following context. This circumstances will be based on an assessment of several conditions and sources of information.

These are formal declaration of emergency by official authority, loss of essential services including electricity, water, or the supply chain, loss of infrastructure and facilities, exceptional surge in numbers and severity over a short period, shortage of food, medications and providers.

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Disaster Triage

Triage during the crisis may be focused on maximizing the number of lives saved with limited medical resources including man power. Hospitals will be required to focus on the critically ill patients, like trauma, burn, pediatrics, etc. Hospital should be preserved for the most ill patients, thus, some other sites capable of providing health care need to be considered and prepared. These capable place may be home,

During the disaster crisis, hospital should be reserved for the most critically ill victims. So, some other sites capable of providing health care need to be considered. Such places include home, ambulatory surgical center, community clinics, school, churches, shelters, parking lots, and army base etc.

And at the hospital, some effort should be made for increasing surge capabilities. For example, decreasing the number of routine care activities, decreasing documentation of care, decreasing stringent rules about privacy and confidentiality to facilitate transfer of information between providers, cancel elective procedures, increasing the scope of practice of midlevel providers, dentists, pharmacist, physical therapist etc.

Allocation of critical care facilities

In the extreme crisis situation, the hospital prepared and develop the strategies and criteria for the allocation of ICU facilities and devices like ventilator. For example, during the pandemic of catastrophic crisis, ventilators should not be offered to those with metastatic malignant diseases, a terminal illness, or those who have advanced immunocompromised diseases. Some scoring system like the Sequential Organ Failure Assessment (SOFA) score may be used to help triage who needs critical care or ventilatory management.

Public engagement

It is very important to prepare and develop an official guidance document for defining health care provision during a disaster crisis. The medical community engage the civilian community for this preparation. One suggestion would be to assemble a special group of professionals in public health, disaster preparedness, ethics, law, pediatrics, mental health, and all medical subspecialties.

Medical leaders must understand the legal, ethical and economic implications of response to overwhelming situation. Most importantly, we should make standard for the 'altered standard of care in crisis' before crisis and try to augment the surge capacity in the peaceful period.

POLICY SESSION

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Experiences in Disaster Response: COVID-19 Outbreak

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SYMPOSIUM 2: COVID-19를 통해 본 재난 시 외과의사의 역할

Augmenting Critical Care Capacity in a Disaster

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The importance of planning and preparation of critical care surge capacity is increasingly emphasized in light of the global COVID-19 outbreak. The augmentation of critical care capacity is a complex and labor-intensive process. The 4 S's, a key component of surge capacity are: staff, stuff, space, and structure. The management of these elements should be based on situational awareness. A multidisciplinary critical care team should initiate planning and preparation so as to expand critical care capacity. Critical care leadership should be implemented in local/regional decision-making processes so as to restrict or expand the delivery of critical care in major disasters.

POLICY SESSION

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Current Practice in Disaster Simulation Exercises

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효과적인 재난 훈련을 위한 핵심 요소는 다음과 같이 정리될 수 있습니다.

- High-quality research to evaluate the best content and methods of disaster preparedness
- Inclusion of the multi-disciplinary health care team as participants
- Preparation for internal disasters
- Development of validated competencies for preparedness
- Validated tools for measurement
- Importance of performance in actual disasters to evaluate preparation

이번 발표에서 효과적인 요소를 적용한 재난 훈련 사례들을 공유하고자 합니다.