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# Call for national dialogue: Adapting standards of care in extreme events. We are not ready

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**Summary** Clinical practices are based on a common understanding of nursing's professional standards in all aspects of patient care, no matter what the circumstances are. Circumstances can however, change dramatically due to emergencies, disasters, or pandemics and may make it difficult to meet the standard of care in the way nurses are accustomed. The Australian nursing profession has not yet facilitated a broad discussion and debate at the professional and institutional level about adapting standards of care under extreme conditions, a dialogue which goes beyond the content of basic emergency and disaster preparedness. The purpose of this paper is to encourage discussion within the nursing profession on this important ethical and legal issue. A comprehensive review of the literature was undertaken to determine the state of the evidence in relation to adapting standards of care under extreme conditions. Content analysis of the literature identified categories related to adapting standards of care that have been considered by individuals or groups that should be considered in Australia, should a dialogue be undertaken.

The categories include ethical expectations of professional practice; legal interpretation of care requirements, resource priority between hospital and public health and informing communities.

Literature reviews and commentary may provide the background for a national dialogue on the nursing response in an extreme event. However, it is only with the engagement of a broadly representative segment of the professional nursing community that appropriate guidance on adapting standards of care under extreme conditions can be developed and then integrated into the professional worldview of nursing in Australia.

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## 1. Introduction

The experience of physicians, nurses and other clinicians has been that usual clinical practices change due to emergencies, disasters, or pandemics (Arbon et al., 2013). These changes occur because the usual resources become unavailable, or the clinicians find themselves practicing in an unfamiliar setting with unfamiliar patient care needs (Gebbie, Petersen, Subbarao, & White, 2009). The current expectations by the community and health professionals of a high level of technically supported health care may not be achievable for a number of reasons. If there is no electric power or running water or if buildings are blown away or are underwater, or a limited number of personnel are able or willing to work (Gebbie et al., 2009). One definition of 'standard of nursing practice', articulated by the American Nurses' Association (ANA) states that "they are the rules or definition of what it means to provide competent care. The registered professional nurse is required by law to carry out care in accordance with what other reasonably prudent nurses would do in the same or similar circumstances" (American Nurses Association, n.d.).

The key to applying the ANA definition is not that resource gaps negate standards of care, but the precise manner in which the accepted standards of nursing practice are adapted to the changed circumstances.

Koenig, Lim, and Tsai (2011) prefer the term 'crisis standard of care' to indicate the degree of change in practice that may be needed under extreme conditions. Other discussions have used 'altered standards of care' (Agency for Healthcare Research and Quality, 2005) or 'adapted standards of care' (Gebbie et al., 2009).

How best to respond to adapting standards of care in a disaster is a challenge for all health professionals. The debate on this issue has been ongoing for some time in health and disaster response communities, stimulated in part by the severe acute respiratory syndrome (SARS) pandemic (Chen, Chang, Lin, & Chen, 2008) and the flow on effect of an unprecedented impact on health facilities. These discussions have included both nurses and physicians in other countries such as Canada (University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group, 2005), the United Kingdom (Eastman, Phillips, & Rhodes, 2010) and United States of America (American Nurses and Association, 2008).

There is no evidence however, that the Australian nursing profession has gone beyond considering disaster preparedness generally (Usher, 2010) to a broad discussion on how and when it is right to adapt, alter or change professional standards of care under extreme conditions. In 2009, Johnstone writing in the Australian Nursing Journal called the nursing profession to action to explore the ethical issues related to pandemic influenza, which was of great concern at that time, but there is no evidence that much action has happened since then.

The purpose of this paper is to highlight the lack of a national debate on adapted standards of care in extreme conditions as an issue and to encourage discussion within the nursing profession (all registered professional nurses in Australia) on this important ethical, legal and clinical topic. The authors do not presume that such a dialogue will result

in unanimity but that a wide-spread discussion will enable individual institutions and nurses to arrive at a higher level of understanding and readiness for the challenge of providing care during extreme events.

## 2. Background

The United Nations International Strategy for Disaster Reduction (UNISDR) defines a disaster as:

A serious disruption of the functioning of a community or a society involving wide spread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources (United Nations International Strategy for Disaster Reduction, 2009 p9).

In Australia hazard events and major weather-related and human-caused incidents occur regularly in communities across the country. They cause "more than \$1.14 billion damage each year to homes, businesses and the nation's infrastructure" (Commonwealth of Australia, 2002, p3), along with serious consequences for the affected communities. The Commonwealth report (2002, p3), states that "Scientific research indicates that more extreme weather events, and large-scale single events with more severe cyclones, storms and floods, are expected in the future".

The Commonwealth report (2002) does not however discuss in any detail the potential for an *overwhelming* disruption to the community, including the capacity of the health resources to deliver expected or needed care.

In Australia much of the work that has been undertaken at national, state and territory and at a local level is focused on how to prepare and respond to specific disasters such as floods, heatwaves, bushfires and pandemic influenza (Commonwealth of Australia, 2002; Templeman & Bergin, 2008), through the sequence of immediate and long-term response and recovery. Disaster preparedness is carried out under the auspices of the Australian Government Attorney-General's Department and includes mitigation, response and recovery strategies as well as a framework for building community resilience to respond to disasters (Attorney-General's Department, n.d.).

Given a disruption in the health system or an event which results in an overwhelming number of individuals seeking care, the involved health staff may find themselves pushed to the limits of their individual competency. These types of situations raise questions of appropriate standards of practice, whether such standards are altered or transformed in a crisis as well as ethical issues (Hunt, Schwartz, & Fraser 2013; Johnstone, 2009; Johnston & Turale 2014). Examples include the potential for more patients presenting in severe respiratory distress than there are available respirators, as might happen with a virulent influenza pandemic (Patrone & Resnik, 2011); or the complete collapse of hospital services as happened in New Orleans following the combination of Hurricane Katrina and the subsequent breach of the Mississippi river levees (Lowes, 2011; Taylor, 2007). The most recent event has been the Ebola crisis, where United States nurses went on strike over concerns related to the lack of appropriate equipment. However, the issues associated with

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