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Ethical Legal Feature

The Role of Physiatrists in Natural Disasters

Guest Discussants: Monica Verduzco-Gutierrez, MD, Lisa Pascual, MD, Lauren T. Shapiro, MD, MPH, Luis Baerga-Varela, MD, Belmarie Rodriguez-Santiago, MD
Feature Editor: Debjani Mukherjee, PhD

The Role of Physiatrists in Natural Disasters

After Hurricane Katrina hit New Orleans in 2005, the images and stories of the role of health care providers caused alarm. Questions of misconduct, extreme duress, and unimaginable choices emerged. In a recent article entitled, "The Duty of Mind: Ethical Capacity in a Time of Crisis [1]," the authors argue that "the physician is obliged to always make life-and-death decisions under conditions of maximal ethical clarity." (pg. 1) and that the stresses and chaos of a disaster can impact decision-making. They outline an ethical framework including (1) duty to care; (2) duty to steward resources; (3) duty to plan and accountability; (4) distributive justice, consistency, and fairness; and (5) transparency. They conclude that the "most humane choice is to prepare before the disaster comes" (pg. 5).

In addition to the life and death struggles and the choices that may present themselves during a disaster, there are other ethical issues to consider. What is the role of physiatrists in disaster preparedness and response? In this column, I invited physiatrists from 4 regions that recently experienced natural disasters to share their perspectives. The first columnist, Monica Verduzco-Gutierrez, MD, is Medical Director of the Brain Injury and Stroke Program at TIRR Memorial Hermann, Assistant Professor in the Department of Physical Medicine and Rehabilitation (PM&R), and Vice Chair of Quality, Compliance and Patient Safety at the McGovern Medical School at The University of Texas Health Science Center at Houston. She speaks to the various ethical issues that arose during her experience of Hurricane Harvey in Texas. The second columnist is Lisa Pascual, MD, who is the Chief of Rehabilitation Services at Zuckerberg San Francisco General Hospital and Trauma Center, Chief at Laguna Honda Hospital and Rehabilitation Center, and Clinical Professor in the Department of Orthopaedic Surgery at the University of California at San Francisco. Dr Pascual addresses the role of physician volunteerism in the context of the devastating fires in Northern California.

The third columnist, Lauren T. Shapiro, MD, MPH, an Assistant Professor in the Department of PM&R at the University of Miami Miller School of Medicine, specializing in brain injury medicine, describes her experiences during Hurricane Irma in Florida. Finally, Luis Baerga-Varela, MD, Director of Rehabilitation Services at the Puerto Rico Center for the Acute Care for Polytrauma Patients, Medical Director of the Puerto Rico Sports and Pain Medicine Institute, and Associate Professor in the Department of Physical Medicine, Rehabilitation and Sports Medicine at the University of Puerto Rico, Medical Sciences campus at Rio Piedras and Belmarie Rodriguez-Santiago, MD, a resident physician in the same department, give a comprehensive view from Puerto Rico after Hurricanes Irma and Maria. Their commentary highlights that the impact of disasters can be far-reaching, as they practice in a location that continues to be impacted many months after the disaster was declared.

The columnists were given the following writing prompt:

> Natural disasters raise various ethical issues, including allocation of resources, triage and emergency management, the toll of the disaster on health care personnel, and our responsibilities to our most vulnerable patients. As a PM&R doctor working in a United States region that was recently impacted by a natural disaster, what are some of the ethical issues you experienced? What recommendations do you have for improving readiness?

Reference

1. Ryus C, Baruch J. The duty of mind: Ethical capacity in a time of crisis. Disaster Med Public Health Prep 2017;2:1-6.

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Flooded With Ethical Issues in the Wake of Hurricane Harvey

Monica Verduzco-Gutierrez, MD
McGovern Medical School at The University of Texas Health Science at Houston

Two days before a Category 4 hurricane made landfall on the Texas coast, a last-minute call decision was made. My colleague, Dr Thomas, lives in a flood-prone area that has flooded twice before. Much to my husband's chagrin, I called her to take her on-call duties. I don't live far from the hospital (and more importantly don't live so close to a bayou), and my children are older than hers and presumably less dependent on me. Such was the start of the longest, most stressful call that I have taken as a physiatrist while 1 trillion gallons of water fell on Harris County. Ethical issues surrounding PM&R care during a natural disaster include a clinician's sense of personal obligations, professional boundaries, financial ethical issues, and clinical issues such as the possibility of suboptimal providers and care.

Clinician's Sense of Personal Obligations

Personal obligations can create difficult ethical situations. Some physicians have competing personal obligations, especially regarding their families and homes. If you live in a place that would likely flood or in a mandatory evacuation area, then you must decide between your duty to family or duty to your job/patients. During the storm, some physicians also had family members or pets that could not be left alone. They offered to go into work if their pets or families could also be sheltered in the hospital, but that too would be a strain on resources. After the storm, 4 staff attendings had evacuated their homes, and 2 of those flooded homes were totaled. There were competing personal obligations at that point that made it (understandably) difficult to work in the aftermath of the flood.

Clinician's Sense of Professional Boundaries

Ethical issues regarding a physician's sense of boundaries abound at the time of a hurricane. Will you sign for a handicap parking placard for a patient who is ambulatory but has chronic pain or fatigue? Will you refill a medication that their primary care physician should be handling? Our clinic is hospital-based, and therefore it was open right after the hurricane and calls were being answered 24/7. There were calls for medication refills that usually would not be the physiatrist's responsibility (eg, diabetes medications). I also was asked to write a letter to the Red Cross to help get a patient's military family member out on emergency leave. The Red Cross needs verification that the emergency at home is life-threatening. This patient's home was flooded, he had lost everything, and he was hospitalized due to an infection and wound acquired in a shelter. I had to self-define life-threatening in this case. He had a severe mobility impairment and got injured in a shelter; that was ultimately reason enough for me to provide the necessary documentation.

Financial Ethical Issues

There is also rationing of resources post-hurricane. Many of our physicians and therapists are involved in volunteer care at a free rehabilitation clinic, the RSVP Clinic. Nonresource patients presented to the free clinic with unimaginable losses and needs. Issues came up regarding allocation of the resources available. Who do we preferentially serve with limited resources? Was it first come, first served? Was it based on their financial capacity? Was it based on their functional need? Furthermore, patients were often in financial need during this time. Even in our own inpatient units and clinics, patients were hit hard. In this case, was it ethically appropriate for clinicians to give money to patients in need? Many did. Questions arise if it is appropriate, how much should be given and in what manner (cash, check, goods, gift cards), and does it change the doctor—patient relationship?

Clinical Issues Regarding Possible Suboptimal Care

The potential for suboptimal care is most thought provoking when it comes to ethical issues concerning disaster medicine. In times of crisis, medical care cannot be delivered at the same high-quality standards by the most experienced experts. Physiatrists, and other medical professionals, are called on to participate in aspects of medical care with which they may not be comfortable or trained to provide. Although some professionals worked at the shelter, doing what needed to be done to keep people alive, I was still in the premiere rehabilitation institute in the Southern United States. At times when limited practitioners are available and in the setting of limited resources, this becomes an ethical issue. The storm hit in the middle of the night, and the hospital was like a castle surrounded by a moat. The previous day shift of nurses and techs had been allowed to leave. If you did not sleep at the hospital, you were stuck at home, and there were team members who could not make it into the hospital to do their work. The night shift now had to become the day shift.

I stand in awe of our trainees who remained in-house. Some of them passed out food trays, helped with transferring patients, and even helped with bowel and bladder care. Therapists did the same. It was all hands-