

COMMENTARY

Disaster Preparedness and Medical Response— It's a Global Responsibility

José Luiz Gomes do Amaral, MD

An important milestone occurred October 2011 at the 62nd assembly of the World Medical Association (WMA) in Uruguay. To appreciate its significance, some background on the organization is necessary. The WMA is an international organization representing physicians. It was founded by physicians from 27 countries who met at the first general assembly in Paris on September 17, 1947. The organization was created to ensure the independence of physicians and to commit its members to the highest possible standards of ethical behavior and care at all times. These objectives were particularly relevant after the Second World War, when many unethical medical practices came to light. Since then, the WMA has served as an independent confederation of free professional associations. Funded by annual contributions, its membership now has grown to more than 100 national medical associations (NMAs).

The mission of the WMA is to serve humanity by endeavoring to achieve the highest international standards in medical education, medical science, medical art and ethics, and health care for all people around the world. Consequently, the WMA continually advocates for people at significant risk from illness caused by, for example, infection with human immunodeficiency virus, malaria, and effects of tobacco use.

Unfortunately, the rise in large-scale disasters and public health emergencies in recent years has also become more troubling. Recent statistics indicate that the magnitude and frequency of natural and manmade disasters and public health emergencies have increased around the world. Factors including population vulnerability and globalization continue to increase the impact of these calamities, including commonplace traffic accidents to major airplane crashes, epidemics, nuclear radiation contamination, off-shore oil spills, floods, forest fires, hurricanes and earthquakes, tsunamis, landslides, collapse of buildings, changes in climate, overpopulation, and other events. Anticipating and preventing such tragedies are not always possible; however, reducing populations at risk most certainly is.

Preparing ourselves for adversity in disaster situations is highly important. Whatever the nature of the disaster, we are all obliged, particularly physicians, to be available to help. It is urgent, therefore, that the millions of practicing physicians worldwide be qualified and ready to act anytime and anywhere with specialized knowledge and skills that are useful in catastrophic situations. All physicians and providers of health care have a global responsibility to recognize and respond to at-risk populations and to better protect and transmit prevention to others. With this imperative in mind, the members at the 62nd assembly in Uruguay unanimously voted and agreed on the passage of the WMA Declaration of Montevideo on

Disaster Preparedness and Medical Response. The policy provides guidance to all NMAs around the world. Specifically, it calls on members to advocate for the following four major objectives:

- To promote a standard competency set to ensure consistency among disaster training programs for physicians across all specialties. Many NMAs have disaster courses and previous experiences in disaster response. These NMAs can share this knowledge and advocate for the integration of some standardized level of training for all physicians, regardless of specialty or nationality.
- To work with national and local governments to establish or update regional databases and geographic mapping of information on health system assets, capacities, capabilities, and logistics to assist medical response efforts, domestically and worldwide, when needed. This could include information on local response organizations, the condition of local hospitals and health system infrastructures, endemic and emerging diseases, and other important public health and clinical information to assist medical response in the event of a disaster. In addition, systems for communicating directly with physicians and other front-line health care providers should be identified and strengthened.
- To work with national and local governments to ensure the developing and testing of disaster management plans for clinical care and public health including the ethical basis for delivering such plans.
- To encourage governments at national and local levels to work across normal departmental and other boundaries in developing the necessary planning.

It must be noted that this monumental achievement did not happen overnight. Through their persistence, compromise, and dedication, partners from many NMAs worked during the past two years to overcome many challenges to draft this resolution. We must now integrate this spirit of solidarity into the efforts of the international medical community to understand the world itself as the object of our attention, and to be ready when the moment comes. We are hopeful that this policy will stimulate and inspire medical preparedness activities and contribute to decreasing the burden of disease from disasters and public health emergencies throughout the world. It is true that we face an extensive, difficult, and complex mission, but this is not the time to procrastinate or deny that it is our responsibility. It is, however, time for action.

Author Affiliation: José Luiz Gomes do Amaral is president of the World Medical Association and professor and chairman of the Department of Anesthesiology, Pain and Critical Care, Escola Paulista de Medicina, Universidade Federal de São Paulo-UNIFESP.

Correspondence: José Luiz Gomes do Amaral, MD, Rua Nilza Medeiros Martins, 279 apto 132, 05628-010 São Paulo, Brazil (e-mail: jlgamaral@uol.com.br).

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