ETHICS in Disaster Response: The Development of an Ethics Disaster Response Program.

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Background: In addition to treating the acute injuries of survivors in the aftermath of a disaster, health care workers must confront significant ethical issues that are unique to the disaster setting. This can lead to moral distress and uncertainty about appropriate responses. Massachusetts General Hospital (MGH) has delivered first responders to disasters since the 1917 maritime harbor explosion in Halifax, Nova Scotia. The department of Global Disaster Response at MGH (MGH GDR) was formed in 2011 after the Haitian earthquake to centralize training and certification of MGH providers as disaster responders. This report summarizes our establishment of an Ethics curriculum for disaster responders.


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Study/Objective: This study aims to examine how the Interim Federal Health Program changes impacted the health and availability of care for refugee populations, particularly by assessing how the rates of ER admissions and/or adverse events are associated with reduced health care service access, before and after policy reform implementation.

Background: In 2012, the federal government limited access to essential healthcare services through retrenchments to the Interim Federal Health Program (IFHP), a policy of healthcare coverage for refugees. In response to the federal court’s decision, some services were restored in 2014 for select categories of refugee populations through a more complex system of health coverage. However, health care coverage gaps continued to exist for refugees and refugee claimants under the new program, resulting in the formulation of provincial government-led programs and clinics for newcomers, aimed to bridge the gap for refugees to access healthcare. As of April 2016, the newly elected federal government of Canada has reinstated comprehensive coverage provided through the IFHP, restoring fairness and equity to refugee healthcare. However, there is no evidence regarding the efficacy of the 2016 reforms, and the impact the 2014 reforms have had on the health and availability of care for refugees.

Methods: A quantitative analysis will retrospectively analyze the 2012 and 2014 reform periods, examining Emergency Room admission rates and adverse outcomes, such as in-patient stays, for refugee populations before and after reform implementation.

Results: The findings expect to reveal the relationship between policy reformation, specifically the retrenchment of health services and ER visits.

Conclusion: With the global refugee crisis on the rise, and the nation’s active efforts to receive thousands of refugees, examining the IFHP reforms will reveal lessons learned on which to build to provide equitable access to a vulnerable population of future Canadians.