

ATIONS OF RESEARCH TO DISASTER PLANNING

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1. THE FIRE

The disaster of February 16, 1983, more commonly termed the Ash Wednesday bushfires, highlighted the threat which is ever present during the summer months in South Australia. History has shown that bushfires occur regularly in South Australia and appear to be part of the natural environment. The Ash Wednesday bushfires of 1983 have clearly shown that uncontrolled fires in zones of habitation have serious consequences. These are, loss of life, injury, material and financial loss, social distress, and damage to the environment.

The cost to both the community in general and individuals is high.

The 1983 disaster claimed 28 lives and resulted in injuries to more than 1 500 people, 85 of whom were hospitalised because of the severity of their injuries. More than 300 homes were destroyed or damaged, some 560 vehicles were destroyed and sheep and cattle losses exceeded 250,000. Nearly 1 000 rural properties were affected by the fires and 10 000 kilometres of fencing destroyed. The Woods and Forest Department lost approximately 1/4 of its commercial forests and major losses of national parks and wildlife reserves were sustained. An estimate of property losses is difficult to make but one authoritative estimate places the figure at over \$200m.

The residential development of the Adelaide Hills has produced a potentially dangerous situation for those who live in the semi-rural environment. Residents in the Hills are moving into, or are currently occupying, areas which are extremely vulnerable to destruction by fire. Due to the lack of understanding of the nature of the environment, people are inadvertently increasing the damage done by bushfires. Planning and development practices still allow sub-divisions and structures to be developed without sufficient fire protection measures, and accumulation of natural vegetation in residential areas continues to constitute a hazard.

The potential for uncontrolled fires on occasions of extremely dangerous fire conditions puts considerable strain on fire control organisations, control planning, control procedures and management of resources. In situations of extreme fire risk fires develop quickly and soon become uncontrollable. Adverse weather conditions could render fire spotting and fire fighting measures vitrually ineffective. On Ash Wednesday, 1983, South Australians were shocked by the fierceness and

tragedy of the bushfires which ravaged the Clare Valley, the Lower South East and the Adelaide Hills from Gumeracha to Meadows.

2. THE WELFARE DISASTER PLAN FOR 16 FEBRUARY, 1983

At 8.50 am on the 16th February, 1983, as a precautionary measure against the extreme weather conditions forecast for the day, the Executive Officer of the State Disaster Plan - Welfare, activated a Bushfire Alert.

The Alert is part of the Department of Community Welfare's warning procedures built into the welfare plan. The creation of an Alert advises people in the welfare organisation of the increased disaster potential, and requires them to be readily available during the Alert period.

At 2.30 pm as a result of the deteriorating conditions and the reported outbreaks of several major fires, the Department escalated the warning procedures to the "stand-by" phase. At 3.00 pm the various voluntary and Government Agencies participating in the plan were asked to report to the State Control Centre, Welfare, for further briefing. Those agencies were, Department for Social Security, South Australian Health Commission, Salvation Army, Red Cross Society, Society of St Vincent de Paul, Guide Association, Scout Association, Rotary International, Lions Clubs, Heads of Churches Organisation, and Seventh Day Adventist Church.

From 3.30 pm onwards and prior to the declaration of the disaster by the Governor at 5.15pm the State Controller Welfare authorised the establishment of a number of Welfare Assembly Centres in the fire affected areas. These centres were the focal point and initial contact for the delivery of welfare services to disaster victims.

All participating welfare agencies responded quickly and were active in field operations within two hours.

It became apparent early that the welfare problems caused by the fires were likely to be extensive and long term, requiring special measures to resolve them. The eventual solutions to these problems reflected the flexibility and co-operative nature of the disaster management approach in the State.

The Department sought, and Cabinet approved twenty Bushfire Relief Workers' positions. The workers would be responsible for providing victims of the fires with a service directed towards reducing delays, providing up to date and authoritative information, personal counselling, and the provision of services beyond the normal capacity of Department for Community Welfare staff in the affected areas.

In order to administer the large amounts of donated monies and gifts in kind given to alleviate the hardships of the victims, the Premier established a Bushfire Relief Advisory

Committee with its main operational group being known as the Bushfire Relief Unit which was based within the Department for Community Welfare.

Subsequently a review of the welfare response was made using internal and external sources. It was the conclusion of the review team that the welfare disaster plan worked well, however, the operational experience gained highlighted areas where refinements could be made.

3. STATE OF EMERGENCY

At 5.15 pm a State of Disaster was declared by the Governor on the advice of the Acting Premier. The declaration gave the Police Commissioner the power to direct State Government departments and other organisations to attempt to reduce the impact of the fires.

4. ESTABLISHMENT OF THE BUSHFIRE RELIEF UNIT AND COMMITTEES

The South Australian Cabinet met at 8.00 am on 17 February, 1983, and decided to channel contributions from the funds collected by Channel 9 and the Lord Mayor into a common pool. The money was placed in the trust fund set up at Treasury for Distribution was on the advice of a Bushfire Relief Advisory Committee which included representatives of the funds.

The Prime Minister had already advised that tax deductibility would be available on private contributions.

Cabinet at that meeting had also agreed that the Department for Community Welfare would provide facilities to disperse both official and private funds for bushfire relief. Barry Grear of the Ministry of Education was seconded as the Executive Officer and acted as Chairman of the Bushfire Relief Advisory Committee. It was agreed that the Bushfire Relief Advisory Committee would administer government assistance to those in welfare circumstances on the same basis as used in previous disasters with the figures updated according to inflationary increases. The first meeting of the committee under Mr Grear's chairmanship was immediately held. The following decisions were made:

- a. immediate relief would be made available through the Department of Community Welfare Centres and this would, as usual, be available to all affected by the fires. Relief would normally cover food, clothing and cash to carry on for a week. There would also be small emergency repairs to houses and accommodation costs for a few days.
- b. at this early stage it was noted that there would be difficulties with the Commonwealth Guidelines for assistance in relation to whether whole houses could be rebuilt by a grant in cases where people were disadvantaged. The question of assisting owners of houses, or

people who are better off but who have not insured against bushfire, or have under insured due to premium cost or slackness in updating values was discussed.

- c. it was felt that application for carry-on loans to primary producers should continue to be assessed and arrangements made through the already established Agriculture Department administrative procedures.
- d. it was agreed that the Housing Trust would undertake assessment work for emergency aid.
- e. it was noted that secondary and tertiary industry had not been helped before under the disaster arrangements, however, the magnitude of the fire meant it was likely that it would need to be in this instance.
- f. it was agreed that the effect of paying assistance too readily would be to encourage lack of insurance in the future.

To put into effect decisions concerning the use of the appeal funds, a meeting was held at 7.45 am on the Friday morning, 18 February, 1983. The meeting was chaired by the Premier of South Australia, Mr Bannon, and was attended by representatives of Channel 9, Red Cross Society, the City of Adelaide, Westpac, the Deputy Commissioner of Police, representatives from the Community Welfare Department and the Department of Premier and Cabinet.

At the meeting the Premier expressed appreciation of the good response by the bodies organising the appeals and by the general public who were subscribing money. He pointed out that the Bushfire Relief Advisory Committee would be equipped to assess applications, not only for assistance under natural disaster relief arrangements but also to take care of donations. He said that in regard to government disaster relief scheme money, it would be necessary for the committee to work with State/Commonwealth guidelines previously established.

The private money could be used for distribution under expanded criteria, initially perhaps for individuals and subsequently perhaps for community works.

The Prime Minister had agreed to special assistance above the disaster guidelines. It was felt that funds would not continue to flow in at the initial rate and that it would be difficult to forecast how much money would become available. The Commonwealth had expressed its desire that a central body have control of the distribution of funds collected under the tax deductibility provision.

The media contacts indicated that people who gave donations seemed to think that it would be immediately given to victims,

(without enquiry as to their comparative financial situations), to help in urgent needs. They did not see private money being used as replacement of public assets but rather as a human response to distressed people and it could for instance, be used to buy toys for children. Indeed some money had come from children.

5. FLOOD

Two weeks later on Wednesday evening the 2nd of March, 1983, the Barossa Valley, Gawler, Clare and some Adelaide suburbs were flooded by a once in 200 years rainfall. No lives were lost but hundreds of properties including a large aged persons home at Nuriootpa were damaged. The Bushfire Relief Unit then became the Bushfire and Flood Relief Unit.

6. SETTLING DOWN TO A PATTERN

In the immediate few weeks after the disasters considerable effort was expended in identifying the needs and wishes of the victims and local committees in the principal disaster areas by the attendance of Mr Grear as speaker at public meetings. The Bushfire and Flood Relief Advisory Committee was now meeting weekly to oversee the administrative arrangements. This Committee included senior officers from Treasury, Agriculture, Community Welfare, Housing Trust, Premiers and Local Government Departments and was chaired by Mr Grear.

A further group of people representing the media, charitable bodies, church groups, appeal fund organisers and the police met regularly to consider proposals for the disbursement of funds. Financial aid varied depending on the level of losses and needs.

7. ADMINISTRATIVE ASPECTS OF RELIEF ARRANGEMENTS

In administering the funds a target was set to distribute the majority of the funds within 6 months of the fire, that was 16th August, 1983. This target was virtually achieved, however, funds did continue to be received long after that date. The operation was achieved efficiently and harmoniously with a small administrative staff and virtually no adverse reactions from the victims or the media.

Weekly meetings of the committees were held until late March, then fortnightly until early May. Then as required.

Formal schedules of payments were authorised by the Minister of Community Welfare acting on behalf of the Premier.

8. TYPES OF GRANTS

- a. Immediate Financial Aid - \$250 per adult and \$50 per child as explained above.

- b. Disestablishment - \$1 500 was granted to those forced to find alternative accommodation due to the bushfire. External verification of residence completely destroyed or substantially damaged was sought from Police, the Insurance Council of Australia, Local Government or Bushfire Relief Workers prior to payment.
- c. Grief - Payments were made according to the existence of a surviving spouse, dependent children, and other persons living with the deceased at the time. The method of calculating grief grants, however, was carefully shielded from recipients so that the human life was not seen to be equated to the monetary values.

Special trust accounts were initiated through the Public Trustee for the children of those killed. Initial setting up costs will be more than covered by accruing interest. In two unusual cases, trusts for \$40,000 were approved, but withheld pending the birth of children whose fathers were killed in the bushfires.

This attracted quite positive front page media attention in South Australia and was also reported interstate.

All grief grants were personally delivered by the Executive Officer together with a letter of condolence from the Premier.

- d. Disfigurement - Surgeons who treated the more serious burns cases were individually interviewed, and their opinions sought as to the likely long-term cosmetic and mobility effects for each victim. The surgeons subjectively rated their own patients, using a simple common scale of severity from 1 to 5 which was used by the Bushfire Relief Advisory Committee (BRAC) as a guide to determine the amount of each grant.

In cases where victims were not covered by a workers' compensation scheme (eg Volunteer Fire Fighters' Fund or CFS Fund), the calculated grant (maximum \$40 000) was doubled in an endeavour to equalise financial relief.

- e. Tool Libraries - Each Council in an affected bushfire area was contacted very soon after the disaster, and advised that they would be funded up to \$1 000 for the purchase of tools. The purpose of the government grant was to provide local victims in each Council area with tools necessary to commence private clearing operations.

The Councils were authorised to purchase the equipment and invoice the government, through the Department for Community Welfare, direct. Ultimately, it was envisaged that the tools would become Council property.

It was surprising to note that several councils did not take up the offer.

- f. Funeral - Grants were not necessarily paid to next of kin in a conscious attempt to avoid potential legal entanglements with estates. Instead, up to \$1 000 was paid to any person who was handling the funeral arrangements for an individual killed in the "Ash Wednesday" bushfires (one payment per fatality).
- g. Property - Grants were paid as portion of the total net loss.
- h. Flood - Similar administrative arrangements were made for the flood, however, because of the availability of funds totalling approximately \$250 000 the property loss payments were very small. The flood appeal, initiated by the Chairman of the Angaston Council, was managed by a flood relief committee with representatives from local council, media and church groups. This was also chaired by Mr Gear. That committee completed its work by the end of August, 1983.

9. CASH FLOW

April 83	Receipts approx.	\$7.8m	Expend. approx	\$1.8m
June 83	"	\$11.0m	"	\$6.9m
August 83	"	\$11.5m	"	\$10.9m
October 83	"	\$11.7m	"	\$11.8m
December 83	"	\$11.8m	"	\$11.8m
February 84	"	\$11.8m	"	\$11.8m

10. CONTACT WITH THE BUSHFIRE RELIEF WORKERS

The Bushfire Relief Worker operation was one of the significant successes of the task.

The work done fell into three main phases. For the first fortnight, most activity was still immediate practical help for victims not coming to grips with their losses. Food was still being provided, along with emergency housing, clothing and initial pay-outs from the funds, such as the \$1,000 grant for funeral costs. Workers during this stage also began systematically to follow up all victims, some 2 000, many of whom refused to leave their properties or to register for assistance.

From early April till late May, workers began to handle the thousands of enquiries about payments from the funds and insurance issues, as victims began to organise their affairs. They also played an important role in assisting local service organisations to mount such exercises as cleaning up burnt buildings, and re-fencing by hundreds of volunteers. A number of local committees developed, some producing regular newsletters, and the relief workers attended dozens of public meetings to give information and advice.

The final phase, which concluded in August 1983, involved the last details of payments from the funds, and longer term counselling for victims with major unresolved personal problems. From the initial 2 000 contacts, only about 50 remained as clients of normal Department for Community Welfare services after the middle of August.

11. RESEARCH NEEDED

The basic criteria for all areas of disaster planning is simplicity. That is important because it is not known who will be involved when a disaster occurs. All plans and follow-up administration, therefore, needs to be easily understood, easily implemented and easily changed to suit the particular situation.

After a disaster the personal needs of persons affected by the disaster are paramount.

If the disaster is widespread then it is necessary to ensure that individual situations are not lost because of decision making in one area being applied less sensitively in another.

12. PARTICULAR PROBLEMS NEEDING RESEARCH

- (1) How much information needs to be collected about victims in the immediate few hours?

The role of the Bushfire Relief Workers was "to ascertain the personal needs of those individuals and families and make sure they are not suffering undue hardship while applications are being assessed by the Bushfire Relief Unit".

For most people, the completion of forms proved to be an arduous and time consuming task. It brought home the enormity of their financial loss and the daunting task of reconstruction which lay before them.

Police had interviewed people followed closely by Agriculture, RSPCA, insurance/banks as well as the relief funds.

- (2) How widely does the effect of disaster reach out into the community?

In the weeks immediately following the Ash Wednesday bushfires, staff in district offices of the Community Welfare Department reported a considerable increase in requests for assistance with a wide range of problems seemingly unrelated to the bushfires. This phenomenon was reported by workers over a wide area of the State including districts unaffected by the fires.

It could be hypothesised that, as a result of the bush fires, community anxiety had risen to a level at which many members found their problems no longer bearable. If this is the case there are important consequences for future planning in regard to normal community services.

- (3) What are the skills and experience needed by front line post disaster workers?

The kind of skills and experience are:

- . training in grief counselling
- . knowledge of the geography and social fabric of a community
- . knowledge of Government Departments and community organisations
- . experience and skills in working with people in need
- . ability to work with very limited supervision
- . initiative, flexibility and a high energy level

- (4) Can training programmes be defined for post disaster workers?

Many community groups were involved in post disaster support, however, they were not always sensitive to the needs of the victims. In country areas the key Government representatives tend to be quite mobile and familiarisation with the geographic and social structure of the community needs to be regularly updated and available to post disaster workers.

- (5) What structure is needed for local community representation on pre-disaster planning and post disaster management?

Many government agencies and community groups consider that they have specific roles. These need clarifying and understanding by each other.

- (6) How can community awareness of potential disaster area development be highlighted and the awareness maintained?

In South Australia the State Government Insurance Commission and others have spent hundreds of thousands of dollars on such campaigns, however, the assessment is that they have been of little value.

- (7) In the matter of integrated training for all emergency service personnel, what would be the optimum periods between practices for leaders and members?

There was evidence that those areas who had recent practices performed better in the fires.

- (8) Leadership in the evacuation of people prior to, during and after the disaster was significant in the post disaster concerns. Who are the appropriate leaders and who helps the community to put their trust in them?

- (9) What are appropriate penalties for arson?

This was another matter which caused concern in the community after the fires.

- (10) Is it appropriate to have a standing appeals committee with possibility of carry-over funds?

This matter was discussed widely from about month 6 to 9 after the fires but has now become a lost issue.

- (11) The loss of personal affects was traumatic for many people. Should the community be encouraged to put photographs, heirlooms, etc. into safe deposits?

- (12) Should information about post disaster trauma be part of inservice training for school leavers?

- (13) The rural community was concerned about the assessment, destruction and disposal of burnt stock. Should the plans for these activities be available in brochure form to all primary producers?

- (14) The rationalisation/standardisation of fire fighting equipment could reduce costs and increase availability and usefulness. Who should initiate moves Australia wide for such direction?

- (15) The lack of knowledge by owners about their insurance policies was a problem. Should there be uniformity in the presentation of insurance data?

- (16) What are the key equity issues in the distribution of appeal funds?

Appeal funds favour victims who suffer from the sensational disasters like Ash Wednesday but do little for victims of equally harsh personal disaster which is not as sensational, eg the Barossa floods two weeks later.

- (17) How long before the community would respond with financial donations in the same way again?
- (18) What has been the economic impact on the community as a result of the fires?
- (19) What is the stress on the helpers?

What are the best methods of debriefing? I know that I have personally gone through a period of needing a psychological debriefing for myself.
- (20) To whom should people be referred for counselling and in-depth help?

13. ACKNOWLEDGEMENTS

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ETHICAL ASPECTS OF DISASTER RESEARCH

by

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Introduction

I was somewhat surprised when I was given this topic to speak on by Dr Sandy McFarlane because the issue of ethical aspects of disaster research is not one that is commonly considered. I think it is a reflection of the state of the art in this area firstly, to be having a conference such as this at the Australian Counter Disaster College and secondly, that a topic such as ethical issues in disaster research is being addressed. It is my experience that the state of knowledge in an area has to reach a certain point before issues of ethics are seriously considered. In the beginning of the development of a new field of study, workers do various pieces of research building up a picture of the field until the point is reached when the 'gestalt' of the field can be seen, and only then does an interest in the more subtle aspects of a field develop such as aspects of the ethical considerations in such research.

Ethical issues in disaster research have particular importance because the research is being done on people who have neither assumed the role of patients nor are likely to do so. The importance of the study of human behaviour during and following disasters is well known. It can provide valuable insights into the psychology of coping particularly in extreme environmental circumstances and provides clues about the etiology of psychiatric disorder. The nature of the crisis however, the extent of the personal distress and the helplessness of individuals affected, make those afflicted by disaster a particularly vulnerable group, whose distress may be increased by the researcher.

Recent Interest in Psychiatric Ethics

The reasons for an increased interest in ethical issues in Psychiatry in general, and in psychiatric research in particular have been well summarised by Bloch and Chodoff in their recently published book 'Psychiatric Ethics'. They summarised the factors contributing as being the following. Firstly, the medical consumer movement has in recent years come to constitute a potent and more or less coherent social force. The physician and other members of the helping professions no longer compel blind reverence nor is there unquestioning compliance with their methods. There is a much more general sceptical attitude towards authority. Secondly, an increased interest in ethics

has been associated with vehement repeated attacks on all professionals by what might be broadly termed the civil libertarians. Thirdly, the treatment and research of the mentally distressed has traditionally conjured up the image of manipulator and helpless victim, particularly in situations where because of acute distress or psychosis the patient is unable to provide informed consent. Fourthly, there has been increasing dialogue between the medical disciplines particularly psychiatry and other professional disciplines such as sociology and philosophy and fifthly, it has been becoming increasingly apparent that psychiatry has been abused in various countries particularly the Soviet Union.

Two Ethical Positions

The word ethics is derived from the Greek adjective ethikos, from ethos meaning 'nature' or 'disposition' and is commonly used in one of two ways which we can refer to as the philosophical and the practical. In tackling the questions of what constitutes ethical behaviour and how values are derived, the moral philosopher constructs a conceptual model or theory. The two most simple theories can be contrasted as the 'utilitarian approach' and the 'absolutist approach'. The utilitarian position has been much influenced by John Stuart Mill. Here the emphasis is on the consequence of acts, on the balance between good and bad consequences between benefits and harms. A person's action should be chosen so that it produces the best result by recognizing the needs of all those persons who will be affected by that action. The final consequences will be the greatest possible happiness of all concerned. The competing position which is the absolutist, has as its core thesis that certain acts are intrinsically wrong regardless of their consequences, can never be made right and that moral judgements have universal applicability; for example, an act like the murder of an innocent person or the theft of another person's property are judged in the absolutist approach to be totally wrong. In a similar vein the notion that research subjects must always be able to give totally informed consent is an absolutist's view point.

Ethical Principles in Psychiatric Research

John Wing in his chapter entitled 'Ethics and Psychiatric Research' in the previously mentioned book on Psychiatric Ethics has summarised three general principles that he feels have to be dealt with in all psychiatric research. They are firstly, the balance of good and harm, secondly, informed consent and thirdly, confidentiality. The balance of good and harm or the principle of least harm, has as its central ethical principle that the doctor must not knowingly act against the interest of his patient and must take all reasonable steps to ensure that he does not do so unwittingly. The vast majority of research projects do not involve any probability of serious harm coming to those involved but even studies where there is little or no risk to the patient do require reconsideration of the balance

of good versus harm.

The notion of informed consent, involves the general rule that people chosen to participate in research projects should be told frankly what the risk and benefits are likely to be and what the purpose of the research is. There are however many difficulties in the way of achieving completely informed consent. First it is impossible for the clinician to tell the patient everything in his mind. Secondly, the patient can only rarely be as well informed as the clinician and thirdly, even if it were feasible to spend a very long time with each patient it would often be undesirable to do so on ethical grounds since the patient might well receive the impression that the clinician was unwilling to take responsibility. The particular problem of consent by people whose judgement is impaired or not free must be raised. In many psychiatric situations an attempt is made to get around this by obtaining consents from relatives or guardians. The difficulty that individuals who are in states of great distress have in making rational decisions in regards to giving consent is one that must always be in the mind of the disaster researcher.

Confidentiality is a basic ethical principle in research that the doctor should take all reasonable precautions to preserve the confidentiality of the information given to him by patients. However, in today's world it is no longer practicable to look upon the single health-care giver as the patient's sole confidant in any serious illness and it is assumed by public and professionals alike that any contact with the complex helping professions today implies acquiescence in some degree of confidence extended to the team.

What do Disaster Researchers Need to Know Before Embarking on a Project

There is no doubt that disasters fascinate people. It is also well recognised as there is a convergence phenomenon both from the public and helping agents at the time of disaster. The motivations of such fascinations and involvement range from the altruistic fully conscious motivations to much more complex unconscious motivations. We from the Mental Health Professions need to be constantly alert to our possible biases. We may very much need to find psychopathology in the victims. We may let our own 'survivor guilt' influence our perceptions. I would hate to think that we were as cynical as the Professor of Community Medicine at Newcastle who has said that 'clinical epidemiology is the science of turning death certificates into plane tickets'. There is no doubt however that many of us may be attempting to improve our curriculum vitae rather than have genuine concerns for the victims of the disaster.

I believe that disaster researchers need to know some basic principles before they embark on research in human behaviour in disasters. In particular I believe they need to know what is already known about the psychology of disaster victims. They need to have a good understanding of concepts of stress and crisis and how these are modified. They need to know that crises are crucial periods in a persons's life and that interventions both therapeutic and non-therapeutic can have a profound effect at times of crises. Workers in addition need to know the concepts of loss, mourning and grieving. All disaster victims experience various degrees of loss, the most serious of course being the loss of a loved one. The mourning and grieving of these losses are complicated by the chaotic aftermath. Even in disasters which do not involve deaths there will be losses of home, mementoes, neighborhood and income. Thirdly, I think that it is important that disaster researchers know about social and emotional resources and how individuals utilize such resources. They need to know about coping and adaptation strategies behaviours that protect the individual from internal and external stresses and finally, they need to know about the attribution theory, ie the way individuals make sense of events that have happened to them. It is very important that researchers know the stage individuals go through following a disaster, because they are going to be asking questions whether by questionnaire or by interview that may have the effect of opening up old wounds. Researchers need to be experienced in dealing with such responses. I know, for example, that in John Clayer's study in South Australia a number of people have been affected by merely receiving a follow-up questionnaire.

Particular Ethical Issues for Disaster Research

One particular important issue for disaster researchers is the timing of their research. There are ethical issues in attempting to look at individuals in the immediate post-disaster phase when distress is greatest as against intermediate and longer term follow-up. Each has particular issues and these need to be thought through.

In any disaster research the question of sanctions from relevant other authorities and co-ordination of the research with the services that might be being offered needs to be considered. As part of the convergence phenomenon following disasters victims often do not know who is talking to them. We know that mental health workers have only grudgingly been recently accepted into helping teams and researchers are generally even less welcome. It is important that researchers have clear goals and use the most appropriate methodology to answer the questions posed. A particular issue of research with helpers is to be aware of the need of helpers not to know about their own limitations and the wish they may have to appear strong. The most critical issue for the research worker is to believe in what he is doing and to have achieved some validation of his methodology by sharing his ideas with critical others.

Conclusion

I have briefly dealt here with some of the ethical issues for disaster researchers. There are a number of documents which provide guidelines for example, those of the NH&MRC and Declaration of Helsinki which are important for all researchers to be aware of (Appendix 1). I believe that it is very important to continue to research human behaviour in disaster but that we do this in a unified and co-ordinated way and that the needs of unbiased research must be balanced against care and consideration of those who have suffered horrific experiences.

References

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Basic Principles of Declaration of Helsinki are reproduced below:

1. Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects.
2. In the field of biomedical research a fundamental distinction must be recognized between medical research in which the aim is essentially diagnostic or therapeutic for a patient, and medical research, the essential object of which is purely scientific and without direct diagnostic or therapeutic value to the person subjected to the research.
3. Biomedical research involving human subjects must conform to generally accepted scientific principles and should be based on adequately performed laboratory and animal experimentation and on a thorough knowledge of the scientific literature.
4. The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol which should be transmitted to a specially appointed independent committee for consideration, comment and guidance.
5. Biomedical research involving human subjects cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.
6. The right of the research subject to safeguard his or her integrity must always be respected. Every precaution should be taken to study the privacy of the subject and to minimize the impact of the study on the subject's physical and mental integrity and on the personality of the subject.
7. Doctors should abstain from engaging in research projects involving human subjects unless they are satisfied that the hazards involved are believed to be predictable. Doctors should cease any investigation if the hazards are found to outweigh the potential benefits.
8. In publication of the results of his or her research, the doctor is obliged to preserve the accuracy of the results. Reports of experimentation not in accordance with the principles laid down in this Declaration should not be accepted for publication.
9. In case of legal incompetence, informed consent should be obtained from the legal guardian in accordance with national legislation. Where physical or mental incapacity makes it impossible to obtain informed consent, or when the subject is a minor, permission from the responsible relative replaces that of the subject in accordance with national legislation.