Yzermans explained that indicators in this study are aimed at measuring the quality of preparation and not the quality of care. Indicators have been developed in expert meetings in which the most important parties had been involved, and they were tested in 19 hospitals. It is "impossible" to have indicators for the response phase because disasters are too dynamic.

A variety of discussion themes developed and are listed below:

1. When a study is paid for by the government, the government owns the result, which means that they can interpret the data as they desire. This makes it rather dangerous to develop indicators. What happens as the National Health Organization is going to use or to discuss them?;
2. Do the indicators also measure effectiveness and efficiency? Not at this moment, but they will at length, notably to measure changes in the organization of the EMS system;
3. Can indicators be used in a real situation? Yzerman's indicators only will be used in the preparation phase for self-assessment. They can not been tested in a real situation;
4. If one has identified indicators, how are they going to be tested and used in the field? Measuring the efficacy of indicators during a disaster only will disturb the response and may harm the patient;
5. Indicators that are not validated are dangerous, because they are going to become norms. One must validate indicators before introducing them;
6. One must be careful not to introduce too many indicators;
7. During disaster situations, interventions must be truncated and minimized. How does this refer to the development of indicators and the value of EMS indicators in disaster situations? Can you measure how much time can be won without losing quality?;
8. Indicators for daily situations should be identical to those in disaster situations and not be changed. The cut off points probably can be adapted. However, in certain circumstances, such as pandemic flu, other indicators should be used;
9. How can you compare time indicators in different countries? The same indicators can be used but with other cut-off points; and
10. Indicators are absolutely needed, yet difficult to test.

From the discussions that developed, some conclusions were drawn. First, among participants, there are different interpretations of the term "indicator". For some, it is equal to benchmarks, while for others, it is similar to a set of elementary data to describe an event or situation. It was agreed that there needs to be attention to the outcome, efficiency, and effectiveness of indicators.

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Ethics and International Law

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This was the first time that WADEM designated a special session in a Congress for the discussion of Ethics and International Law involved in disasters. This session gained great interest, which was clearly seen from the quality of presented papers, the attendance, and the valuable discussion after each paper and at the end of the session. Each presented paper focused on one side of disaster response or management and showed clearly that ethics is and should be the basis for every step in response. Adherence to the International Law is vital in all the steps of disaster management. Each of the speakers raised certain questions, emphasizing the importance of reaching an international joint view or consensus resulting in a Universal Code of Ethics or a WADEM Code of Ethics.

The first paper, by Dr. N. Steiner described triage as a way to demonstrate how ethics and international law are essential parts of the triage procedure. He demonstrated the different types of triage in different types of disasters, and backed up his demonstrations with solid references. He clearly and carefully presented the problems that triage teams may face in certain situations, such as biological war, when there may be risks to their life to approach the affected victims. He emphasized that it is ethical to do so, and such care should be guaranteed by international law. Triage teams should protect their life and well-being as they try to help victims.

McManus discussed the issue of ethical implications associated with conducting of research during disasters and combat. This important issue has been subject to debate. He highlighted the importance of research in different types of disasters and combat. The special nature of disasters dictates that research must be conducted in the field of the disasters and among victims. This research is important to produce and introduce new methods to save victims and reduce their pain. He raised some very important questions, the first being about the cooperation between civilian and military researchers. Cooperation should be encouraged. Publication of such research during a time of combat could benefit enemy forces. The publication is considered is the end result of any research and is an essential part of every scientific work. Therefore, all people should have free access to information that may improve their security and safety. This begs the question: Is it ethical to hide the results of research from oppositional forces?

The Medical Ethics in Mass Casualties was presented by Ms. OBJ Benin-Goren. She presented the results of research that was conducted in the Tel-Aviv Medical Center among the medical and paramedical staff who took part in the treatment of the victims of different mass-casualty events. The results showed that the medical and paramedical teams adhere to the high level of medical ethics. Ms Benin-Goren raised two important points: (1) criminals, murderers, or terrorists have the right to be medically treated; and (2) the importance of psychological assurance of the medical and

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paramedical team who are working during the disasters that their loved ones are safe and being taken care of.

Kipor discussed humanitarian and emergency medicine topics. He described his wide experience in preparedness for different disasters. Good planning is vital to cover a large country like the Federal Republic of Russia. Preparedness should take into consideration different types of emergencies and disasters, and improve methods of communication and connections between every part in the country. In cases of emergencies or disasters, humanitarian assistance will find its way to the victims. He suggested that the international cooperation is very important and should be supported and encouraged.

Ammar discussed the importance of reaching consensus between different organizations and all of the workers in the field of humanitarian assistance and healthcare providers. Such an agreement should: (1) emphasize that the only propose and aim for the healthcare providers is to help the victims; (2) address the role of the healthcare providers in the disaster area; (3) guarantee privacy and dignity for all victims; (4) set the guidelines for communication with the local authorities; (5) set the guidelines for communication and cooperation between different organizations in preparing to help to provide actual assistance to the victims; (6) address the guidelines for research and scientific publications; and (7) address the conditions when the healthcare provider may be a witness in a local or international court of law.

To make these rules, Ethical Code or International law applicable and useful. They should:

1. Be based on universal human values;
2. Respect cultures;
3. Consider the different types of disasters and the following consequences;
4. Consider the victims' psychology; and
5. Consider geographical and political factors.

It was suggested that the victims' rights should be stated clearly:

1. The right to live with dignity and receive appropriate help;
2. The right to be helped to start new life;
3. A victim should not be a stigma that follows him everywhere; and
4. A victim should not be a subject for a political, media, or commercial agenda.

The healthcare providers rights should not be forgotten in such document, which includes:

1. Appreciation of the work of every group who offer any help to the victims at any place and at any time. Such work should be respected;
2. The safety of the humanitarian groups and healthcare providers should be guaranteed;
3. Humanitarian assistance groups and health provider teams should have access to what they may need in order to accomplish their duties; and
4. The researchers should have the right to publish their own experience, but must observe the victims privacy.

Dr. Ammar suggested that WADEM is in the position to take the leadership position to produce such a document because:

1. WADEM is non-governmental organization, and has no political agenda;
2. WADEM has good communication with many organizations worldwide; and
3. WADEM has many members who are internationally known for their research and efforts in the field of disasters and related subjects.

The session ended with a discussion that insisted on the importance of carefully choosing the words of such a document. As human nature being so complex, it is impossible to know exactly how particular words will be interpreted and thus received. Much miscommunication and strained relationships arise from people adopting a closed style of verbalizing as opposed to an open one. The open style promotes discussion as there appears to be less rigidity in the statements and present an opportunity for flexibility. It will invite a positive response.

The role of empathy and sincerity cannot be underestimated; empathy is the ability to identify and understand the other person's feelings, ideas, and situation. Sincerity is essential in order to develop empathy. The key for success is the trust between all the groups working in this human field and in particular should exist between the humanitarian assistance groups, healthcare providers and the victims. We all should remember that trust occurs between people and not within people.

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Safe and Resilient Hospitals

Safe Hospitals Working Group

Workshop

Introduction

During the past 50 years, there has been an increasing number of disasters due to natural and technological hazards, terrorist events and wars, with an associated increase in persons affected by these events. In addition to the human impact, response to and recovery from such disasters is estimated to cost nearly US$200 billion dollars per year.[1] The newer threats of terrorist events and avian flu and the long-term effects on a region with the potential loss of a healthcare facility make adoption of consistent standards critical. Levels of preparedness for response to such disasters vary around the world. Healthcare organizations (hospitals, clinics, and other healthcare delivery facilities) play a critical role in the medical responses to all disasters. The ability of a healthcare organization to mitigate and respond to local disasters and to coordinate with other planning and response efforts can greatly affect the morbidity and mortality associated with the disaster and the ability to maintain continuity of care for patients not directly affected by the disaster or event.

Work has been initiated through groups worldwide to define guidelines and associated benchmarks for various

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