

Terrorism Preparedness for Practicing Physicians

The AMA is leading physicians' disaster preparedness by training first responders through three National Disaster Life Support courses.

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The events of September 11th coupled with the anthrax attacks of 2001 and the continued threats of terrorism and natural disasters have raised many questions about the responsibilities of the health care workforce in general and physicians in particular. Do physicians, regardless of personal risk, have an obligation to respond to a public health emergency, natural or intended? Are they adequately trained and equipped to respond effectively, both at the clinical and public health system levels? Does the profession have an obligation to address these questions?

The obligation of individual physicians to respond has its basis in the AMA's first *Code of Medical Ethics* published in 1847. This obligation was reaffirmed in many successive revisions as well as in the *Declaration of Professional Responsibility: Medicine's Social Contract with Humanity* which was adopted by the AMA's House of Delegates in December of 2001 [1]. Many surveys and studies have found that some 80 percent of all physicians recognize the profession's duty and are willing to respond. Unfortunately, many of these same studies also demonstrate that only about 20 percent of physicians feel adequately prepared to respond to such events as a biological or chemical terrorist attack [2]. If this be the case, and a social obligation for physician response can be defined, then certainly a derivative obligation can be placed on the profession—an obligation to insure that its members are prepared (educated and trained) to effectively respond. This obligation of the profession must be not only clearly defined but expeditiously met. Hence curriculum standards must be set for undergraduate medical education, and complementary materials must be produced incorporation into residency training programs and continuing medical education activities.

In support of such efforts, the Department of Health and Human Services (HHS) spent \$4.4 billion in 2003, up from \$1.8 billion in 2002, on bioterrorism preparedness. HHS Health Resources and Services Administration (HRSA) designated \$26.6 million of this to its Bioterrorism Training and Curriculum Development Program (BTCDDP) created with the passage of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. The bioterrorism training program has 2 types of awards: continuing education for health professionals and curriculum development in health professions schools. The goal of the BTCDDP is the development of a health care workforce with the knowledge and skill set to:

- detect and recognize a terrorist event;
- provide for the acute care needs of patients and victims in a safe and appropriate manner;
- participate in a coordinated multidisciplinary response to a terrorist event or other public health emergency; and
- understand how to rapidly alert the public health and emergency response systems at the local, state, and national levels.

HRSA also provided \$498 million for states to develop surge capacity to deal with mass casualty events. Developing surge capacity means increasing the number of available hospital beds, development of isolation and decontamination capacity, identification of additional health care workers, establishment of hospital-based pharmaceutical, equipment, and supply caches, and provision of mental health services, trauma and burn care, and communication and personal protective equipment.

It is incumbent on the medical profession to take advantage of these ongoing efforts and to insure their efficient and effective application. The AMA has taken a lead role in this arena with the National Disaster Life Support program. The program offers 3 courses: Core Disaster Life Support, a didactic, 4-hour, introductory course for basic first responders; Basic Disaster Life Support, a didactic 8-hour course with a more detailed review of the all hazards topics for physicians, physician assistants, nurses, paramedics, and other licensed health professionals; and Advanced Disaster Life Support, a 2-day, advanced practicum for those trained in Basic Disaster Life Support who can reasonably be expected to be clinically involved in an actual response.

Physicians represent 22.5 percent of the health professionals successfully completing Core, Basic, and Advanced Disaster Life Support courses in the first quarter of 2004. It is expected that some 5000 health professionals will be trained through the National Disaster Life Support program this year.

A great deal of work is yet to be accomplished in deploying these efforts across health care specialties and disciplines. A current proposal calls for a National Disaster Life Support program office to be established within the AMA's Center for Disaster Preparedness and Emergency Response. This office would be responsible for the management and continued development of the National Disaster Life Support courses through a state network of committees with representation from state medical and specialty societies as well as academic and public health entities. Once initiated, such efforts will, of course, need to be sustained, and, to accomplish this, physician leadership in local public health systems will have to be realized and capitalized on. Only then will we truly be ready to reply that the medical profession is willing and able to respond to any public health emergency.

References

1. American Medical Association. Declaration of professional responsibility: medicine's social contract with humanity. September 2001. Available at: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/declaration-professional-responsibility.shtml>. Accessed April 5, 2004.
2. Alexander GC, Wynia MK. Ready and willing? Physicians sense of preparedness for bioterrorism. *Health Affairs*. 2003;22:189-197.
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For more information on the classes, visit <http://www.ama-assn.org/ama/pub/physician-resources/public-health/center-public-health-preparedness-disaster-response/ama-resources-policies.shtml>.

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