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SCIENTIFIC CONTRIBUTION

Towards an ethical theory in disaster situations

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Abstract Health Care professionals working in disaster situations have to face urgent choices which diverge from their normal deontological ethos and are more utilitarian. Such is the triage system used to choose whom to treat. Instead of entering a crisis these professionals should be thought that ethics is not harmonizable to all situations and that there are situations in which saving as many lives as possible mean sacrificing others. This calls for defining a perimeter zone in which such choices occur, and a time frame (a space–time niche) in which it ought to be considered ethical and legitimate to use such value laden choices.

Keywords Disaster situations · Utilitarian · Deontological · Public health (P/H) · Health of public (HoP)

Introduction

Health Care Professionals in disaster situations face ethical choices which are very different from those choices in normal daily hospital life, even if one works in Accident and emergency (A&E) departments. The very nature of a disaster calls for a different kind of management which shifts from treating individuals to the management, including medical and psycho-social, of crowds. The initial period of the disaster can be very important in determining the outcome of how many lives are saved. Disaster situations can range from earthquakes to pandemic flu on the one hand to terrorist attacks (including biological warfare) and the management of asylum seekers arriving on shores in large numbers on the other. The former are natural disasters, the latter are man-made. The health care professionals (HCPs) working in these situations can be divided into front line–emergency doctors and nurses, and back-line, those who do the more social work deal with the disastrous aftermath of the lives of people, which has suddenly changed.

This paper deals with the ethical choices that people face and not with the classification or in-depth discussion of various ethical theories. Such is assumed. Conversely one enters into a discussion of 'applied ethics'; that some ethical theories, whilst shunned by many in normal circumstances can be useful in emergency situations. If this is accepted, then HCPs can work more at ease and face less psychological trauma. It is indeed understandable that for those who have not worked in these situations as regularly as groups such as the Red Cross/Crescent, and Doctors Without Frontiers, the trauma can go beyond merely the ethical. Indeed it probably will. But if training on ethical choices can be achieved before one enters these circumstances one can hope for a better outcome.

In order to train HCPs in these circumstances, one must have an ethical standard of care. This applies more or less at various levels. Even family doctors used to working in the community may be called in emergency situations calling for prior training, which ought to include the codes of practice that will be followed. Consider a doctor working with Doctors Without Frontiers on the front line of a war-struck zone. She is dealing with a patient and her superior asks her for more urgent help elsewhere. She finds it difficult to abandon the patient she is working with who needs at least another hour. Yet the supervisor knows that

The paper discusses, without entering into the many ethical and social theories, the deontological and utilitarian approaches and look at how public health already makes use of such a model.

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her help can save more people at the current moment. The psychological impact of such decisions on a daily basis can challenge the fidelity owed to patients by doctors. Patients are not seen as individuals any longer but are seen as numbers. Such is the nature of a utilitarian choice. The greatest good can mean dividing one's time where one is treating only the immediate biological and is asked to abandon the normal doctor-patient relationship. The EU Collaboration in Science and Technology (COST) Action project IS1202 on Disaster situations studies these issues. The structure of this paper will thus tackle some important ethical theories, a focus on what many see wrong with utilitarian theory, and the theory as applied to HCPs, including Social Workers. It is assumed, for simplicity, that utilitarian theory is not the usual theory in health care. Although there are countries that favour a utilitarian approach to ethics, it is admitted that many countries view deontological theory in favour. Indeed many European countries, such as France and Italy call their ethical codes of practice, and indeed legislation as 'deontological codes'.

Defining disaster situations

It a disaster situation, the doctor-patient and HCP-patient relationships as we know them on a daily basis become limited in scope and practice. Any situation which involves immediate health and rescue of a large number of people can be classified as a disaster situation. If the disaster is not controlled it may spread. The disaster can involve the breakdown not only of the normal social order but also of the functioning of infrastructure. Disaster situations can spread—such pandemic flu or nuclear effects. But usually, even if spreading, there are teams of people assessing from the outside. Therefore it is important in this context that more often than not, one can define a perimeter around the disaster area inside which a different ethics is defined which can be trained to HCPs for best outcomes. Modern technology can also help in identifying areas which are blocked (Formosa 2013) and direct ambulances and other immediate relief services on the best routes to use. Perhaps the biggest challenge faced by modern technology is the integration of the data itself, many of which are held and protected in different departments within a government (see Formosa). A disaster situation can be defined both in its nature and in its perimeter; that is, in the quality of the situations and the quantity. This is important if we are to change usual ethical conduct within a disaster situation. There is a point when even countries define a state of emergency and politically it is important for government to have control of the situation. There comes a time when the population has to be encouraged to return to normal and when the government should let go of its authoritarian grasp and return to a normal democracy.

Defining the perimeter, at least in democratic zones, can help governments be guided by those providing help outside the perimeter. Even for those outside the perimeter zone, it is important to know that someone is in charge and who. It is important to be able to monitor externally as the situation develops in order to provide help and mass counseling for people who may be showing signs of rebellion. Information for people in disaster zones is important. It is often the lack of information services and the lack of perceiving that there are people on the perimeter not merely trying to contain the zone but actively bringing it back to normal. So the main question is whether a utilitarian approach, as opposed to other deontological approaches, is useful. Part of preparedness involves not only the team, which will be involved, but also the general public. As many people who work in disaster situations are bound to say, it is not whether it will happen, but when it will happen.

Contrasting two ethical approaches

In the now popular text 'Principles of Biomedical Ethics', authors Tom Beauchamp and James Childress present their theory of what is now called 'Principlism'. Whether principlism as a theory has helped improve health care ethics or not is debatable to say the least but many people do identify with the four principles involved and it seems that their presentation of balancing principles and specification for the particular situation has its merits. This is returned to shortly. The authors start their text, now into several editions, with an overview of ethical theories (Beauchamp and Childress 1989). From the third to the fourth (Beauchamp and Childress 1994) editions of their volume (now into the seventh edition) there is a change in approach. The third edition actively compares utilitarianism with deontology and divides both into the 'act' and the 'rule' approaches. They identify themselves as one being rule-utilitarian and one being rule-deontological. This is understandable in a book which will rely on rules and principles in which they assert that rules like truth-telling, confidentiality, fidelity etc. are more binding than the 'mid-level' principles that they discuss.

In the third edition they assert that "the fact that there is no currently available theory, whether rule utilitarianism or rule deontological, adequately resolves all moral conflicts points to their incompleteness." They admit that rather than inherent defects in the theories themselves this is more due to the fact of the complexity of moral life. (Ibid. p 46). They also assert that they and many authors are not happy with the terms deontology and utilitarianism as the definitions are either too narrow or too broad. 'Utilitarianism' and 'deontology' are general labels. Yet they give plenty of

attention to the distinction between these two main theories as they believe that the range of variation between these two types of theories is "more fundamental than many other distinctions that are used to differentiate between moral theory", although they do assert that other distinctions between moral theories deserve serious consideration—for example the distinction between different theories of rights, the distinction between different theories of rules and indeed of virtues.

Certainly a distinction between various moral theories is important in this regard but is beyond the scope of this paper. Disaster Situations pose to us a *specific* type of situation and in health care ethics and is certainly outside the scope of discussion of bioethics in general. Rather it is the selection of a general type of theory which is acceptable to all and which acknowledges a change in attitude and code of practice in these dire situations.

In their fourth edition there is less emphasis on the distinction between utilitarian and deontology and the authors describe various theories. The beginning chapter discusses Utilitarianism as a consequence-based theory, Kantianism as an obligation based theory (the deontological approach, Virtue-based theory as Character ethics, liberal and right based theories, communitarianism etc. This is understandable due the strong debate the word 'principlism' was creating at the time. Indeed Virtue-based ethics was advocated from the same campus but from a different ethics centre, by Pellegrino and Thomasma (1993). All these theories find their place in disaster situations to be sure. Certainly if one had to consider a character-based approach, the virtues of courage and fortitude would be important. But these are more individual based theories–as their name suggest. What we are dealing with in disaster situations challenges not only the individual character-based approach of the HCPs but also whether the ethical approach should be personal and deontological or more mass-oriented and utilititarian. Community-base theories can in fact be more understanding of disaster situation ethics than the more liberal and autonomy-oriented theories.

A deontological approach

Can deontology, or Kantian ethics, based on principles be useful in disaster situations? It may be of importance here to note that according to Kantian ethics, the deontological approach, an act is not worth morally if it is based out of affection, compassion or concern. Thus the act may be justified but once it is not done out of pure reason it lacks moral worth (Op. Cit., Beauchamp and Childress, p. 56). Consider a hypothetical case of a parent visiting the headmaster at a school. Whilst waiting there is an explosion and the parent courageously moves towards an area where she sees some children in f\danger. She sees six children that are close to her and can be saved immediately; she also sees a child far away who needs help. She makes the choice to save the six first rather than endanger herself even more in order to save one. Suddenly she realizes that that one child is her son. She instinctively abandons the six children and saves her child. The fate of those six is now jeopardized. Externally many can criticize her sense of self-sacrifice and perhaps condemn the fact she abandoned six. Some may have witness her actions and the parents of any of those six who perished may indeed be angry and some may even proceed to prosecute her. Is the question really one of understanding the nature of her situation—she suddenly became involved on a more maternal and emotional level—or one of what morally she ought to have done. Certainly many would be forgiving of her act. She made an instinctive choice which Kantian ethics does not consider moral, even if for her it actually was the right choice. Deontological ethics is tied to reason. But nothing can change our human nature when it comes to certain types of situations. Many people perish in helping others even though as a rule we accept that if one does not save other because they would have put themselves in danger is generally accepted. But the converse may be true and people may inadvertently endanger themselves showing heroic acts. What is contradictory in Kantian ethics is that one of his categorical imperatives dictates that our moral reasons can be generalized for others who are in a similar situation. This question has to be left unanswered here not only because it is subjective but because there are indeed situations in life where normal standards may not or cannot hold be we apply moral life in normal circumstances.

In disaster situations we would want people to work as teams. Certainly it is generally not the case (although not excluded) that HCPs see close relatives. The question whether heroic virtue-based acts, even though condoned on the media, are in fact justified, need to be questioned. If a fireman risks his life for a small child knowing that due to that act twenty people died, the outside world may consider him a hero—but only until one finds out the cost (and therefore the consequence) of that act. Was his position as a person on duty justified in performed a heroic act and abandoning many others in the process. Only if he sees his own child can he be justified—but still questioned as a duty officer. This dilemma is often portrayed in the train seen in various forms even on the internet. Hope describes it in a small text oriented to the general educated public (Hope 2004). It usually runs as follows:

A runaway train is going to kill five people strapped to the railway. They can only be saved by a person (Hope calls him 'Harry') who can direct the train to another track on which however there is one person strapped. The choice

is between allowing five to die or only one. Hope (p. 22) gives s similar case which asks whether killing one person to take his organs in order to save five is the same thing. In both cases one will be saving five by sacrificing one. In general the intuition is that one can justify the first case but not the second and that the difference is due to the nature of the act.

A more elaborate argument of the runaway train however takes other cases. It uses a cart instead of a train. The second scenario would be that the person who has a choice cannot shift the cart onto another track but is standing on a bridge on which there is a very fat man leaning over and is in danger of falling should he lean more. Should Harry give that extra push to the fat man so that the latter falls and stops the cart, thereby saving the five strapped to the rails? Again the general intuition here is that the nature of this act looks more like murder. It is interesting that in ethics classrooms there is a trend. It is almost never the case that everyone agrees that one should shift the train (or cart) in the first scenario. Some would opt not to intervene and that this would be playing God. Some say that it would be interfering with a natural process, as it were, and that his intrusion would be unjust to the single person tied to the track who is otherwise not in danger. Within the same group however there is a general outcry at the second case of pushing the fat man, and when the case of killing a man for his organs is presented there is general disagreement. This points towards a serious discussion of how people reason morally. There is a point in which a utilitarian sense seems sound. There is then a general shift to a feeling that there is some form of underlying principle in the case of the fat man and the organ 'donor'. This feeling is turned into a rational reason because of some underlying principle that people assert even if they cannot express it because they are not philosophers. It is a shift from a consequential utilitarian reasoning to a deontological approach based on principles. But there is an important underlying issue at heart here—something that is often ignored when discussing these cases. The second and third scenarios are sometimes felt that they are there to prove that the first is wrong. Be that as it may, when the first case is presented many people do indeed say that when all is balanced and all else being equal (that you do not know, for example, the single person tied to the track) the absolute majority often chooses to divert the train. There are instances therefore in which utilititarian choices seem to be the direction we ought to take. How people think naturally is perhaps an important consideration in morality.

If we had to distinguish natural law from divine law, it would be prudent at this stage to ask whether natural law actually exists. Certainly there are many laws in nature, from physical laws to laws of the 'jungle' which describe animal behavior. But man is an animal which possesses reason. Finnis describes this in his work on Natural Laws and Natural Rights (Finnis 1980).

If we consider a primitive society which has no particular laws one can easily see how certain rules and laws can develop based on the influence of the environment. Thus the society may justify killing in order to defend themselves from predators or other groups. They may, at an early stage even tolerate the killing of one another because someone steals something from someone else. There comes a point where this may jeopardize the numbers of the group threatening their very survival. They thus 'outlaw' killing for any reason which the individual thinks, but may accept killing for self defense—such as a woman or her partner killing someone who want to steal their child. Division of labour is also a natural way to reason in primitive societies and is also seen in animal behaviour. In humans it is superimposed by a more reasoned approach. Biological strength may have caused the utility for certain methods of hunting or defense. These traits are less important in today's world and aggressive behaviour can be shunned. Indeed the male now has more time to rear children. The environment does not necessitate any longer that the male be the general hunter and the woman the gatherer. One can see values growing out of 'utility'. Consequences are better for the group if there is a development of laws such as 'do not kill' and 'do not steal', even in primitive societies. Nomadic groups abandon their elderly. Those who stopped being mobile gave rise to civilization and this change in environment brought about a change in attitude towards the elderly as people who ought to be respected for their wisdom and for what they have contributed to society (RF: The Ascent of Man—look up Nomads).

There is thus a behavioral evolutionary answer to rules being formulated. One could go on even further along this line of argument but again it is beyond the scope here. What has to be questioned is whether, therefore, morality is only a question of utility; the best possible outcome. This argument still stands today but many like to believe, and indeed they are probably intuitionistically speaking, right, that we now see morality also as altruistic. It is difficult to conceive of primitive societies acting in a Kantian-style of ethics. Conversely once society evolves, the utilitarian nature of things may be questioned and the unity of society can be now viewed more purposefully as altruistic rather than utilitarian. Nevertheless questions of utility and consequences continue to haunt health care, especially when it comes to allocating scarce resources. It is this, in fact, that impinges on disaster situations—the human resources available are scarce and we ought to utilise them to their maximum benefit. It is the fact that the environment from which HCPs come from is not conducive to these maximum-benefit acts (unless they come from public health offices which have to decide

which drug to buy -that for the rare disease and that which saves masses and hence health care costs). When you tease out HCPs from their normal environment and put them into a more 'primitive' environment of a broken civilization, then reasonable humans, perhaps by their nature, are prone to save as many lives as possible and think more about humanity as a whole rather than the individual at hand. How many lives are saved becomes important, indeed more than who is being saved. In this sense the colour coding of triage in emergency/disaster situations, which is now internationally accepted, makes sense. People are colour-coded by cards according to whether they are walking, lying on the ground, conscious, unconscious etc.

Utilitarian and consequences-based theories

Humans often experience the dire consequence of war. War is a primitive form of base biological territorialism. Some it is considered necessary. Much has been written about just and unjust wars (Walzer 1977) and the morality of warfare (Chatterjee 2013). For arguments' sake, even if one is a pacifist, let us assume, at least for the moral growth of humans, that war is a necessary evil. If one accepts this then one has to accept that one should have armies. Having armies means having Generals who have to make moral choices. If a General wishes to retreat his army to a more defensible position, he may use a platoon or two to hold the enemy back whilst the rest retreat knowing he is risking their lives—or indeed knowing that they will die so that the rest can move back. This is a utilitarian choice and it takes the character of a General to be able to make it. It takes good soldiers to execute it. One may argue that soldiers are not general civilians. Whilst this is true, it is therefore also true for HCPs in disaster situations. In these circumstances, just as it is accepted in war that one may sacrifice lives in order to save the multitude, then one may sacrifice care of individuals in order to save as many people as possible from dying. Thus whilst it is very difficult to abandon a dying patient, even by at least giving comfort, the fact that one knows that in doing this one is causing the death of many more ought to motivate one to act in a more utilitarian way.

This is different than when working in a busy casualty, where one may be given instructions to stay with one patient even at the cost of many people waiting outside. But even here a triage system has to occur. Outside the hospital life is going on normally and it is a political decision on how hospitals ought not be managed. In disaster situations even hospitals may change the way they operate once patients are inside the cubicles of A&E departments.

To be sure, the most basic form of consequentialism, utilitarianism, does not mean, in a disaster situation, that we ought to be giving preference to people based on their utility. Thus a famous footballer ought not to have better opportunities than an elderly man. People are still treated equally and fairly, to use Rawls principles (Rawls 1973). The distinction is rather based on how many can fairly be saved. If several need X amount of time each, and someone needs 10X in time and may still have a probability of dying, then the several should be chosen over the one irrespective of occupation, age, sex, and race. We are speaking here of mere number of lives to be saved. In this sense utility remains fair and egalitarian.

The more hedonistic original proponents of utilitarianism base utility entirely in terms of happiness and pleasure. More recent utilitarians insist that one has to assess total intrinsic values produced by actions (Op. Cit., Beauchamp and Childress, 4th Ed. p. 48). Thus there are 'act' and 'rule' utilitarians where the rules utilitarians say that some universal rules must be followed. Beauchamp and Childress cite the physician Worthington Hooker (Ibid., p. 51) who said that truth telling should be a sine qua non. Thus even if some benefit may be obtained by not telling the truth to a patient and thus maximize pleasure and happiness, the loss of this intrinsic value would mean that the importance of strict adherence to the truth in the broader aspect would be jeopardized and that over time the increasing negative effect of deception would jeopardize trust in medical practice. Conversely an act utilitarian would criticize this approach as being unfaithful to the original maxim of a maximum value. Interestingly, when comparing this to the Kantian categorical imperative that people should be treated as ends in themselves and not as means to ends, the act utilitarian would make more sense in this regard. Beauchamp and Childress also cite J. J. C. Smart who proposes a middle ground of rules being stabilizing rather than nonbinding in the moral (utilitarian) life.

Because of their benefits to society the rule utilitarian does not abandon them even in difficult situations (Ibid., p. 51). But what about the difficult situation of disasters where saving the maximum amount of lives counts. Do we tell patients that we are abandoning them because they are dying and because we are maximizing benefit? According to Kantian ethics, as shortly discussed, even not saying any may show a deception which is unacceptable.

When contrasting utilitarianism with Kantianism Beauchamp and Childress address the hypothetical case of a man whose kidney could save the life of his daughter. The chances of her surviving is still small. The doctor speaks with the man alone and he does not wish to undergo the operation. For a utilitarian he is seen as abrogating his moral duty, whilst Kantian ethics would allow him to do so—if the father has no obligation which can be

generalized then he is under no obligation to donate the kidney. When he asks the physician not to tell the relatives that he has refused, Kantian ethics would prohibit lying even if the truth can cause severe consequences to the family. Even if the doctor says that for several reasons the man cannot donate, it would be concealing a truth and this makes it morally wrong. A utilitarian would not see the deception but would merely not say the truth reasoning that maximum good can be obtained by saving familial consequences. The Kantian approach seems here, notwithstanding the categorical imperatives, to put coercion on the man, contradicting the imperative of autonomy. In fact in one of their criticisms of Kantian ethics, Beauchamp and Childress point out that this is a problem which such a moral theory—there are conflicts amongst principles (p. 60). This has been a challenge to their own theory of four principles.

Strengths and weakness of the two theories

Beauchamp and Childress list strengths and weakness of both utilitarianism and deontological (Kantian) ethics. They are summarized here as follows:

- Utilitarian Ethics
  - Weaknesses
    - Problems with immoral preferences and actions
      - Supposing to end a war we need to resort to torture even of children.
    - Utilitarianism may demand too much
      - Obtaining maximum utility has inherent problems, such as demanding that frail and elderly people ought to be obliged to choose euthanasia
    - Problems of unjust distribution
      - Utility may be indifferent to unjust distributions: a prosperous group may be given more benefit. The example of a research which showed that one saves more lives by investing in those who are already being treated for hypertension, rather than screening everyone and starting treatment is cited (p55). The statistics were so compelling that they had to recommend the utilitarian choice.
  - Strengths
    - Public policy accepts the role of utility
      - There is no need to elaborate here as one has to budget effectively the resources that one has and often utilitarian choices have to be made. (A further distinction is made here further down to distinguish between public health and health of the public).
    - It is beneficence-oriented
      - The theory sees morality as primarily promoting the over goal of the good of society.
    - Strict or pure utilitarianism has strengths

It demands more than rules of the common morality—and this is a hidden strength. If we can over-ride individual autonomy and property rights more broadly as in the case of public health, then it makes a compelling case in other circumstances (for example disaster situations)[1]

- Deontological Ethics
  - Weaknesses
    - The problem of conflict of obligations
      - Kant makes all moral rules absolute and therefore puts people in positions of impossibility. One has made a promise to arrive on time for his child's important school drama but is then caught in a choice to help in an accident knowing that he will arrive late
    - Overemphasizing law and underemphasizing relationships
      - Kantian arguments have been drawn into being lawful obligations. John Rawls, in his theory of Justice, describes various principles in this regard. But whether they deserve to occupy such a central position is questionable. They fail to see personal relationship such as those between parents and children, which are based on love and emotion, need and sustenance. Kantian ethics may be more applicable to the masses.
    - Limitations of the categorical imperative
      - Although universalizability is a necessary condition for moral judgment, few now hold that this can be absolute. Moral life is not so 'tidy' and this categorical imperative is now seen as obscure and difficult to render functional.
    - Abstractness without content

[1] Brackets—author's.

    - Terms like 'rationality' and 'humanity' are too thin and indeed described as empty when it comes to describe the 'power of obligations'. Kant's formulations are general and cannot be specified into situations (as in the example mentioned above in which a woman abandon to save other children in preference of her maternal instinct to save her own child).
- Strengths
    - The theory is very consistent and has far reaching effects
        - When persons are situated in relevant similar ways, the same moral rules apply to everyone. If X is morally required in one scenario, one commits oneself that X would be morally required in all scenarios. Persons cannot make themselves privileged or exempt. There are exceptions to general rules but not when they are situated in relative similar ways.

Public policy as a distinction between public health and health of the public

Many fail to distinguish between public health and health of the public and perhaps the undertaking of public policy of both these under the same umbrella has rendered certain moral choices difficult. Distinguishing between these two may help us attain a level of using broad Kantian principles in the normal moral life of health care while accepting some utilitarian choice, both of the rule and act form, in certain situations. For example, if I smoke in public I am causing not only harm to myself but also to those near me. This is cause for public health and a limit on my autonomy has to be posed in order to serve the health of other individuals. This has led to laws prohibiting smoking in closed public areas. Conversely, if I eat a hamburger in a theater, I am causing harm to myself and in the long run may cause harm to the pockets of the health budget. But certainly I am not causing direct harm (unless I make a lot of noise) to the people around me as smoking would. I have to consider the hamburger as affecting the health of individuals and not as a public hazard. To prohibit the eating of hamburgers because they impinge on health resources would mean that we need to condemn people who are fat, do not play sport, and in the future perhaps do not use pre-implantation (or pre-natal) genetic selection. Certainly we have seen this scenario in Cyprus with thalassaemia.

In short public health affects everybody. When John Snow discovered that Cholera was being spread through contaminated water from certain distributors, there was the general health of a populations receiving water from that source (Mallia 2012). When we eat hamburgers there is an accumulatory harm in the general morbidity and perhaps mortality of the population. It is indirect and this sector of the population does not affect directly the health of the individual nearby.One can formulate it in this way:

$$P/H = h(n1 + n2 + n3. . ...)$$

and,

$$HoP = h1n1 + h2n2 + h3n3. . .$$

where, P/H is Public Health, HoP is the Health of the Public, h = health, and n = individual.

How does this help? Public health has often made use of utilitarian ethics in order to have a better distribution of resources. Sometimes difficult choices have to be made. When it comes to people eating hamburgers it is felt that at most one can invest in raising awareness and health promotion campaigns. We cannot penalize obese people by not treating their heart attack. Even though from time to time you hear voices saying that we should, in reality it becomes a question of what to penalize. People are different and genetics couples with the epigenetic environment dictate much of what a person is. At most we can try to affect the epigenetic environment by discouraging certain behaviors. Therefore we cannot outlaw smoking, but we can increase taxes on smoking. One can argue that we can increase taxes on fast food as well but the general opinion would be that this would impinge too much on individual liberty and commercial entities supplying entertainment of the same individuals. Yet taxing cigarettes and other luxuries such as alcohol are generally accepted. If one asks, 'why not hamburgers rather than alcohol' and one enters a difficult debate of deontology. Social times, pressure and constructs all would have an effect on what finally is penalized and promoted.

In any case both the HoP and P/H seeks maximum benefit; they are choices which affect the greater benefit. HoP tends to be more deontological whilst P/H measures tend to be more utilitarian (although there may be areas in which there is an unclear overlap as discussed for the case of alcohol). But if we can quarantine people, make vaccinations obligatory etc., then it is a pure utilitarian choice to maximize good and indeed happiness. Therefore this begs the question that a utilitarian approach to disaster situations is morally correct. The problem, as set out in the outset of the paper, is not whether it ought to be done—in fact it is—but to train HCPs in changing their frame of mind *when* a disaster had to happen and indeed not to fall into a moral crises.

What about social work in disaster situations: the cultural context

Although the scope here is not a deep analysis of social work in disaster situations, it would be limiting such situations if one did not at least consider social work in some respects and how such an ethical approach can work in the early stages—with emphasis on 'early stages'. Again the scope of delimiting the perimeter and time frame are all important.

Social workers may not be the ones entering the danger zone of the disaster area but they are certainly on site within the margin described in the beginning of the paper. They face different value challenges that again can fall under the general question of whether a deontological or a temporary utilitarian approach is valid. From a social work perspective, the human rights of women, children, disabled and elderly are often discussed (Ife 2012) (pp. 72–94). In disaster situations these issues often arise within cultural contexts, especially for western social workers called to work in areas of different attitudes. To these one can add other marginalized groups such as poorer classes, asylum seekers caught within a disaster situation, etc. The marginalized groups in disaster situations may often become more marginalized. Conversely they may be treated equally like all the rest but when the situation starts returning to normal they become marginalized once again. As an example the issue of culture is discussed here.

In his work on human rights and social work, Jim Ife tackles culture in an interesting chapter. Whilst he asserts (Ibid. p. 94) that the western culture has been the origin of many oppressive and colonizing practices, there are also many things about mainstream western culture which are good. He asserts that glorifying another culture and putting it on a sort of pedestal beyond criticism does not make sense either. Not everything about western culture is to be criticized. He challenges us by saying that "(T)he challenge for Western social workers is to move beyond the two extremes of Western triumphalism and Western self-flagellation to a more sensitive and realistic appraisal of cultural difference." Certainly Ife is not speaking about disaster situations, but this underlying principle for social workers becomes even more important in such circumstances. The main question therefore is whether social workers coming from western areas to help in disaster situations can impose their western rights-based approaches to cultures of a patriarchal nature, for example.

Certainly in Patriarchal societies, as in the less common matriarchal societies, the leaders of the groups get more attention. They are used to the lion's share of whatever is being served. In the West we may save the President and other important people first and see it as justified because they are leaders and must continue to exert their role. Yet we do not recognize that in these micro-societies this perhaps is exactly what tribal and group leaders are. Western culture is ever-changing and malleable that even westerners sometimes have a hard time in keeping up with liberalism becoming more forcible and indeed coercive on those wishing to maintain a more conservative practice.

Whilst therefore we criticize female circumcision and in many western hospitals we refuse to accede to these practices, and perhaps we are right, we now deliberate on the use of IVF for male homosexual couples and look more at the right of the couple than of the child. Children are of course adaptable. Studies which may shown that children exposed to child care centre from a young age fare better in communication and social skills than those kept at home by non-working mothers have been paraded to prove that child care is in fact good. Taken to its extreme it would be morally wrong for conservative parents *not* to send them to childcare. The point being here that children adapt, and they will adapt to gay couples, but the study in and of itself does not say anything about whether one way of rearing is morally better, or for that matter, harmful, than the other. It is a matter of how we wish to construct the social perception of our future children.

Certainly these arguments are outside the scope of disaster situations but they do become relevant to social workers working perhaps on the periphery, and especially when the situation starts to calm down and return to normal. Whilst we do not need to accept some cultures, we know they exist, and a utilitarian attitude can help us focus on the issue at hand—the disaster itself. Focusing whether it is fair to treat someone before someone else can waste energy and indeed cause the same moral dilemmas and crises facing doctors and nurses when they need to divide their time between many people and abandon their patients. After all it is only thanks to the disaster that one is in the way to notice certain behavior putting into question whether this would be the right time to tackle such value laden practices. It is on the other hand legitimate for social workers to work within the human rights framework that they are used to. The nature of a disaster situation is such that people from other countries have come to help and not to be judgemental about cultures and attitudes. Certainly we can prevent things which are outrageous to us—such as protect someone who has done something wrong from being treated in what seems to the west as an inhumane treatment. But it is also a time of reflection and what we mean by humanitarian work.

Humanitarian work ought not to focus on changing societies or groups—that would be missionary work. Neither can the scope of relief be turned into an opportunity to change people—that would be taking advantage of a disaster situation. To try and change their cultural attitudes when they are already facing a crises, or to challenge the

hierarchies and rules of conduct of a society in or following disaster situations is asking not only for trouble but also for moral concern. One ought to focus on the immediate biological, psychological and social needs of the group. Tolerating cultural differences does not mean one accepts them. It can be on the other hand be an opportunity for dialogue; rather than indoctrinate, inculturate them towards a more globalised way of human rights.

On the other hand, as Ife points out, self-flagellation does not mean that we accept everything. If one is faced with a birth and a woman or her husband demanding infibulation, then even that culture has to accept that the HCPs, including social workers, are there to help and that there is no time to discuss these issues at present. Nevertheless there can be a discourse which respects in the short run the cultural values of the group without entering into moral crises about whether it ought to be so or not, once there is no danger to the life of people. Thus a surgeon who, to avoid argument and waste of time, simply goes ahead with infibulation may be saving a lot of time in quarrels and discussions and indeed in accusations of not respecting the integrity of the individual as the culture sees it. Once in utilitarian mode this can avoid retrospective moral judgments.

Conclusion

When the disaster itself is over, the disastrous situation itself is far from over. The after effects and the tragedy left behind are real and to be faced. This time needs to be defined and planned. There has to come a point where a utilitarian state of emergency changes to normal working. It may be easier of course for local government to feel more comfortable invoking restrictions. But the perimeter zone outside has to help governments to return to their normal function and let go of the more utilitarian rules which are not only medical, but social and political. It is here that the dialogue must begin especially for the social workers. Helping people within the scope of their culture can produce challenges. But once the worse is over it is that very culture which has to accept that it has been relieved by a different (albeit more modern, or western) culture.

In his book "Thinking Fact and Slow", Nobel Prize winner Daniel Kahneman shows that there are Systems of thinking, which he numbers 1 and 2 (Kahneman 2011). System 1 is fast; system 2 is slow and provides supervision on system 1. The beauty of this idea is that it can be invoked from economics, for which he wrote, to more universal things. There comes a point where System 2 takes over the immediate response of System 1; when our daily deontology has to return back from the immediate utilitarian management of a disaster situation in which it has served its purpose of maximizing the saving of life and thus of overall happiness.

References

Beauchamp, T.L., and J.F. Childress. 1989. *Principles of biomedical ethics*, 3rd ed. Oxford: Oxford University Press.

Beauchamp, T.L., and J.F. Childress. 1994. *Principles of biomedical ethics*, 4th ed. Oxford: Oxford University Press.

Chatterjee, D.K. (ed.). 2013. *The ethics of preventive war*. Cambridge: Cambridge University Press.

Finnis, J. (1980). In Clarendon Law Series (Ed.), *Natural law and natural rights*. Oxford, New York: Clarendon Press, Oxford.

Formosa, S. 2013. *Future safe Malta. THINK* 4: 28–35.

Hope, T. 2004. *Medical ethics. A very short introduction*. Oxford: Oxford University Press.

Ife, J. 2012. *Human rights and social work*. Cambridge: Cambridge University Press.

Kahneman, D. 2011. *Thinking, fast and slow*. London: Pengiun Books.

Mallia, P. (2012). The precautionary principle. In M. Walker, & S. Epstein (Eds.), Secret-ties that bind ((in print) ed).

Pellegrino, E.D., and D.C. Thomasma. 1993. *The virtues in medical practice*. Oxford: Oxford University Press.

Rawls, J. 1973. *A theory of justice*. Oxford: Oxford University Press.

Walzer, M. 1977. *Just and unjust wars*. London/New York: Basic Books, Harper Collins Publishers.