

Disaster Medicine in a European Perspective

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The Major Project "Disaster Medicine" is an initiative of the European Commission as part of the action programme on Civil Protection

Disaster Medicine plays a meaningful role as one of the key entities of civil protection, based on the principles of regular health care, and in most cases, using existing means and infrastructure.

Disaster Medicine demands a multidisciplinary approach, and therefore, requires national coordination and communication involving all organisations. The key for success in the working area of Disaster Medicine is to stimulate this process. Significant questions aimed at the multidisciplinary approach, the principle of chain management, quality management, information exchange, and a continuous cycle of lessons learned are ahead of us.

By its contents and its process, the Disaster Medicine project contributes to the formation of national policies, keeping in mind that the development of a policy in Disaster Medicine is seen as a responsibility of national authorities. On a union-wide level, the Disaster Medicine programme can help reduce national differences in the organisation, quality, and availability of help; it is a good example of how they can be bridged. It will focus on relevant policymakers and experts, while seeking to influence the longer term quality of Disaster Medicine. It will bridge the gap between national interests.

The programme for 2000–2002 will focus on three key items: (1) Cross-border/mutual (DisMed) assistance between member states, (2) psychosocial care, and (3) (DisMed) preparation for major accidents and disasters.

In this programme, it is foreseen the publication of policy papers, virtual discussion groups, workshops, and cross-border exercises. These activities will be followed by policy papers and recommendations on the policymaking and political levels. The real challenge will be to bridge the differences in culture, organisation, and resources without falling back to the old principles of "standardisation and harmonisation." Struck by a large-scale accident or disaster, people living or travelling in European Union Member States should receive the same high quality medical care.

Key words: accident; cross-border; disaster; Disaster Medicine; European Union; mutual assistance; policy; preparation; programme; psychosocial

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Mission Statement for The Major Project on Disaster Medicine from 2000 to 2002

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Modern European society is expanding quickly and, as a consequence, increasing the risks of large-scale accidents or disasters. It raises the economic costs for society as well as the impact on victims, families, and the social environment.

Therefore, EU citizens will be expecting a high quality of protection and care in this matter. The Major Project on Disaster Medicine will be responsible for this part of Civil Protection. Differences as well as similarities—geographic, demographic, and risk levels—can be assessed between the different member states. Because of the complexity and diversity of the national policies on disaster management, the Disaster Medicine programme aims at creating networks, including national authorities, umbrella organisations, and local policymakers on the long run, so national differences can be bridged. At the same time, standardisation of practices and methods will be stimulated.

The long-term goal of the Disaster Medicine project is to ensure that people living or travelling in European Union member states struck by a large-scale accident or disaster should receive an equal level of quality care.

Objective: For the programme 2000–2002, the Project will focus on the following three main items, for which policy papers will be developed, guidelines will be published, and information will be disseminated.

First, cross-border mutual assistance between member states will be a priority. Special interest will be shown for clarification on subjects such as common nomenclature, legal restrictions of personnel and equipment, communications, training needs, common markings of emergency personnel, and the expectations on the quality of assistance. Also, cross-border exercises will be organised in order to get an overall view of the problems of cross-border actions.

Second, psychosocial care will be examined and efforts in this matter must lead to a professional network of experts and a European guideline on the organisation of psychosocial care. Third, preparedness for large-scale accidents and disasters will be developed. Subjects like the development of performance indicators, quality of care, management of the medical chain, and the development of scenarios will be handled.

To come to workable and pragmatic outcomes of the Major Project on Disaster Medicine, the Project will try to establish a small task force at the central level. This task force will make maximum use of the expertise of the Core Group and the available groups of experts. For the dissemination of information, the working parties will make use of new techniques such as the Disaster Medicine domain on the EU/Circa system. The organisation of a task force as well as the coordination on the work of the Disaster Medicine Project are conducted by the Netherlands.

Key words: accidents; authorities; costs; cross-border; disaster; Disaster Medicine; European Union; management; networks; organisation; policy; preparedness; psychosocial; quality of care

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