

Safety First

The Latin dictum *primum non nocere*, or *first cause no harm*, has been applied to patient care for centuries. But first responders, health care providers, and humanitarians eager to help victims of natural and man-made disasters can also be harmed, along with those they inadvertently expose to harm afterward. The tragic consequences of attempting to help victims of the 9/11 World Trade Center destruction and, more recently, caring for patients infected with the Ebola virus are but two examples. Loss of humanitarian lives that can be anticipated and prevented or mitigated are especially tragic, considering the potential good such people could do for so many others over a long lifetime.

Toxic exposures and infectious disease transmission have long been identified as potential risks to health care providers, but other conditions can also claim lives or result in lasting disabilities.

The middle of January brought the heartbreaking news of the deaths of three Columbia University undergraduates, who were killed when their bus plummeted 250 feet down a ravine in Honduras as they were returning from a mission to provide basic health care to underserved people. We knew one of the victims, 20-year-old Daniela Moffson, since she was a child. A bright, energetic Barnard College premed student planning to be a pediatrician, Daniela spent her vacations working in an AIDS clinic in South Africa, volunteering on the pediatric service at our hospital, and serving as

a counselor in a sleep-away camp for children with cancer.

A second victim, Abigail Flanagan, was a 45-year-old nurse practitioner at our Columbia University Medical Center campus and a postbac premed student at the Columbia School of General Studies. Her 19-year-old son, a Columbia College undergraduate, also planning to be a doctor, survived the bus accident and tried unsuccessfully to resuscitate his mother with CPR. The third victim, Columbia College student Olivia Erhardt, was also planning a career in health care.

All emergency physicians (EPs) are reminded daily that accidents and other forms of trauma can happen anywhere, and staying close to home does not necessarily protect from harm. But is there also a specific role for EPs in treating and preventing serious and fatal injuries around the globe?

A January 16, 2016 *New York Times* article titled “Universities Focus on Safety of Trips Abroad After 3 Columbia Students Die” (<http://www.nytimes.com/2016/01/16/nyregion/death-of-3-columbia-students-raises-fears-over-trips-abroad.html>) points out that the US State Department has had a travel warning in effect for Honduras which “...is considered a particularly dangerous country to travel in... primarily because of the high levels of crime and violence....But [also]...because of poor road conditions, a lack of enforcement of traffic laws and a large number of vehicles that are old or in disrepair.”



The many humanitarian organizations and over 40 non-ACGME International (or Global) Emergency Medicine (IEM) fellowship programs in the United States have had a stellar safety record to date, but perhaps there is an additional role for IEM fellows and faculty to monitor and disseminate State Department foreign travel information and CDC health advisories and, working with affiliated medical schools and local college campuses, provide essential safety information and advice about changing conditions around the world. The *Times* article also notes that some universities have responded to the increased number of students studying or volunteering abroad by creating administrative positions devoted to ensuring and monitoring their safety. Shouldn't EPs support these efforts in a proactive way?

Volunteers for humanitarian missions—especially young people—have a tendency to ignore personal safety warnings, and there are inherently dangerous situations that clearly require skilled professionals who should be remunerated adequately for the personal risks they are taking. But EPs devoted to providing IEM may be able to take additional steps to help reduce the dangers to everyone. ■

As this editorial was going to press, the CDC issued a warning for pregnant women to avoid travel to countries in the Americas where a new mosquito-borne zika viral epidemic has already caused thousands of cases of microcephaly in babies born to women who were infected during pregnancy.