

日期

101年10月20日

內容摘要：

- (填寫說明：1. 如有附件請註明，如簡報檔、全文檔等
- 2. 需有問題與討論：請註明姓名並包含醫學倫理及EBM之應用
- 3. 需有總結，請註明做結論者【主持人】姓名
- 4. 請自行編排頁碼)

Topic: Emergency Public Health & Disaster Medicine

日期 = 2012/10/20 08:30 ~ 10:00

地點 = B2 同心圓 Meeting Room

Speaker = MD Boddy Kapur

主持人: VS. 侯勝文

< Q & A >

Q: VS 侯勝文: How to describe "disaster"?

A=RI 陳穎玲: Disaster = Hazard + Vulnerability
Hazard includes Earthquake, Flood, Volcano, Landslide, Drought etc.

2. Q = speaker Boddy Kapur = what is Disaster cycle?

A = RI 林吉仁: a serial stage of disaster cycle as
preparedness → ^{Hazard} Response → Rehabilitation → Mitigation

3. Q = VS 侯勝文 = what's sectors getting involved in Public Health? ^{emergency}

A = CR 朱建銘: Government, Private sector, Non-government Organization & Citizens

內容摘要 (續):

<EBM>

MD Bobby Kapur: What is the public health security?

CR 蘇諾峰: It includes 2 components, as resilience and systemization. Resilience is provided by Government, private sector, NGOs and civilians. Unified planning, coordination, communications, surveillance put into systemization.

<醫學倫理 Ethics>

站在大量傷患立場, Reverse triage 才是主要檢傷, 以有限資源 ~~資助~~ 利用在更適之位置。

<Vs Comment>

vs 侯勝文: 在台灣, government 和 private sector & NGOs 並沒有足夠的共識和 coordination, 導致在 Disaster 中各司其職, 易造成資源浪費。在急診住院醫師訓練中, 也只有模擬練習, 針對大災難之實際參與活動, 卻極少。