Role of general practice in disaster health management

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DISASTERS tear communities apart and devastate the lives, and future health and wellbeing, of individuals.[1] The fifth anniversary of the 2019–20 Black Summer Eastern Australian bushfires, *compounded* by the COVID-19 pandemic just months later, serves as a harsh reminder to general practitioners (GPs) of the devastation and cost to human health and wellbeing of such 'unprecedented' events. Since then, severe floods, cyclones, major storms and the deadliest of disasters, heatwaves, have relentlessly struck our nation … *predicating* a pattern of ongoing destruction that threatens to cause major disruptions in the health trajectory of growing numbers of Australian people and communities.

News from Sydney (New South Wales) earlier this year of knife attacks at a suburban shopping centre, followed days later by another attack during a church service, reminded Australians of further unpredictable threats to safety. For some, these incidents triggered memories of the Lindt Café Siege, the Bali Bombings and the World Trade Centre terrorist attacks. Events occurring offshore are relayed to Australians by news and social media, bringing the horror home. Research shows that disaster media alone can have a traumatising effect, even without direct experience or connection to the event.[2]

Outside the COVID-19 pandemic, experienced by all Australians, 84% of Australians report being directly affected by at least one climate-related disaster since 2019: heatwaves (71%), floods (45%), bushfires (43%), droughts (37%), destructive storms (35%) and landslides (8%).[3] Most have experienced more than one disaster in the last five years; one-quarter have experienced more than one flood, and one-fifth have experienced more than one bushfire.[3] These statistics do not include small-scale disasters, which often go uncounted. For example, a destructive storm in a more localised rural area, while not as visible as some bigger events, can be devastating for the affected community.[1]

All communities affected by these incidents have local GPs who experience these events doubly; as local residents and as local healthcare professionals, expected by their distressed injured patients, to show leadership and provide care and advice. GPs have stepped up to help through all these disasters, in car parks and paddocks during the COVID-19 pandemic, in churches during the 2010 Brisbane floods, in evacuation centres during the 2019 Black Summer fires and the 2022 East Coast floods. Most frequently, however, local GPs have quietly assisted, working in their own practices through hundreds of Australian disasters, providing healthcare continuity and managing the many lower-acuity disaster health presentations, preventing the overwhelming of local emergency departments. Research and our experience show that the majority of disaster health effects are manageable within general practice, with local GPs better positioned to provide care than outsiders who do not know the patient, the community or the local health resources … and GPs remain after other responders have left.[4] Despite this, the value of the contribution of local GPs has been slow to be recognised. Consequently, their inclusion in disaster health planning and response systems has, at times, been inconsistent, delayed or entirely overlooked.

Internationally, the systematic involvement of GPs in disaster health management (DHM) is in its infancy. However, in the last few decades, the integration of GPs into DHM in Australia has been evolving rapidly with inscription into policy and evidence-guided pragmatic application into frontline practice. New Zealand (NZ) GPs have demonstrated the value of early integration into disaster preparedness and response systems, becoming respected, valued, crucial participants of broader emergency response teams.[5] Standing on the shoulders of our NZ colleagues, in Australia, we are now crafting our own system of GP integration into DHM systems, suitable to the different contextual setting of our states and territories in our 'land of drought and flooding rain …'.[6]

Unfortunately, there is limited documentation of the state-of-play of GP integration into DHM systems, creating difficulties for GPs in gaining an understanding of their roles when disaster strikes, and how to link to broader responses. As memories fade, valuable advances and systems might struggle to endure.

The aim of this disaster management issue of *AJGP* is to document the state of Australian general practice in disasters, not only for Australian GPs but also for GPs internationally who are attempting to develop their own systems. This *AJGP* issue aims to give a voice, and to provide acknowledgement, to GPs and GP researchers with knowledge and experience in DHM through dissemination of their insights and wisdom.

The articles in this issue outline the health impacts of disasters relevant to GPs;[7] identify groups more at risk in disasters, reporting on the recent research on the impacts of mothers and infants from the 2019 Black Summer bushfires;[8] provide an update on extreme heat and heatwave mitigation;[9] outline basic disaster concepts requisite for all healthcare providers who wish to be involved in the field of disasters;[10] discuss the mental health impact on children and youth;[11,12] and provide an update on the rapidly evolving integration of GPs into DHM systems in Australia.[13] This issue aims to provide overarching principles and concepts of disaster management, reminding us that the response to disasters is an all-hazard approach.

Current disaster planning addresses all types of disaster hazards as one, then addends specific considerations for particular hazards, such as fire, flood or a pandemic. In the face of increasing threat to health and wellbeing from disasters due to natural or man-made hazards, GPs and their teams need to prepare together at the practice level, link through coordinating entities such as local public health units and Primary Health Networks (PHNs) and to other disaster healthcare providers at the local systems level. PHNs are developing their own disaster plans that include GP linkage to the Local Health District/state disaster response that has been activated, including staffing at evacuation centres. Annual desktop exercises run at the practice level and the PHN level can instil knowledge and skills to ensure the provision of crucial ongoing comprehensive, coordinated primary healthcare services during disasters.[14,15] Systems of DHM are changing and GPs are integral to the new planning. It is time to get prepared ...

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