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Healthcare

MILITARY MEDICAL ETHICS: IS IT DIFFERENT FROM CIVIL MEDICAL ETHICS?

Dr (Col) Shashivadhanan MS,DNB(Gen Surg),MCh, DNB(Neurosurgery), Government Defence offficial, Army Hospital Research & Referral, Delhi 110010

ABSTRACT The military medical personnel face a peculiar ethical dilemma which is different from what glares at his civilian counterpart. In the Battlefield transgressions can arise from individual acts of commission or omission, the behavior of others, or by bearing witness to intense human suffering or the grotesque aftermath of battle. An act of serious transgression leads to serious inner conflict because the experience is at odds with core ethical and moral beliefs.This leads to moral injury. Balancing military necessity, military ethics and medical ethics is the crux of the challenge. This research paper attempts to highlight the paradigm change in core values of military medical ethics and tries to suggest a workable remedy.

KEYWORDS : Military Medical Ethics

Introduction

Internal moral conflict is not new to mankind. It can be traced back to the Epic battle of Mahabharata where in the battlefield Arjuna refused to fight a righteous war as he was thrown into the tangles of moral ethics .It was only on advice of Lord Krishna that he could understand the nature of war and its ethics in true perspective.

Starting principle in medical ethics as given by Hippocrates further validated by Christianity was " Do no harm". They however failed to include war. Starting principle of war proposes –"Do as much harm as necessary in order to secure victory". Augustine & St Thomas Aquina proposed a middle path and proposed-"Do no more harm than is necessary to secure freedom". At present, World Medical Association (WMA) states that medical ethics during armed conflict is identical to medical ethics in peace [1,2],. The chair of the President's Council on Bioethics, Edmund Pellegrino, has insisted that medical ethics are and must be the same for civilian and military physicians, "except in the most extreme contingencies."[3].The editors of the textbook Military Medical Ethics conclude that a military physician is a "Physician First, Officer Second" and that "instances of significant conflict" between civilian and military medical ethics are "very rare"[2,3]. Primum non nocere is a Latin phrase that means "first, do no harm." It is one of the principle percepts of medical ethics which is taught to all medical students since the times of Hippocrates .These same students who, when go on to become health care providers in Armed forces, face a dilemma, as the starting principle for war is-"do as much harm as is necessary to achieve victory".

Once principle of medical ethics superimpose on those of military ethics dilemmas and conflicts arise. Clashes between military and medical ethics forces the military medical personnel to wear two hats thereby assuming dual loyalty.

Practical issues

The military medical personnel face conflicting thought. These issues get accentuated more during war. The battlefield is a particularly challenging setting in providing health care. Demands on resources can create conflict. Fatigue and constant stress can impede clear thinking. Health care professionals might not have the time to consider and weigh all options. One of the most difficult ethical situations in the heat of battle can be that of setting treatment priorities and triage for casualties. The other issues which face the care giver include, Returning soldiers back to combat zone for redeployment during heat of the battle , Inability to care for certain nonmilitary populations, Providing care in the face of stress, and threats to personal safety, Administering unproven treatments with or without the consent of the patient, Being asked to assist in interrogations, Being asked to care for a detainee's health, including force feeding, Working across cultural and language differences, Returning Service members to combat in order to preserve unit effectiveness.

Modern Battlefield Dynamics

The last two decades have seen a paradigm shift in the dynamics of battlefield. Two major changes have occurred. Firstly recent wars have become asymmetric. It means war and armed conflicts are no more fought between two states, instead they are being fought between state and some terror group. Secondly medical technology in modern warfare has shifted focus on making stronger, smarter and sturdier soldiers who can better survive the dangers of battle field.

The US Defense have been changing their policies from time to time regardless of WMA Guidelines .It's evident by the fact that the US Department of Defense(DOD)'s post-9/11 World trade incident interrogation policy required physicians to certify prisoners as fit for interrogation, and instructions issued in 2006 explicitly authorize physicians to certify prisoners as fit for "punishment" and even administer the punishment if it is "in accordance with applicable law," as interpreted by the DOD's civilian lawyers[4].Current DOD instructions on force-feeding directly contradict the explicit ethical positions of both the American Medical Association (AMA) and the World Medical Association (WMA)[4,5,].

Threat of unconventional warfare

The threat of biological warfare may require an army to order soldiers to take an experimental vaccine, exactly as the United States demanded of its soldiers prior to the First Gulf War.[7] Soldiers who refused had to leave the service. Similar concerns about military necessity may require that health care providers shade the truth about the effect of certain mandatory treatments to protect morale or return soldiers to duty before they are entirely well. It is not a particular patient's welfare that a caregiver strives to maximize but the collective welfare of an entire army. In doing so, an individual's welfare may be shunted aside in favour of the collective good.

Commanders Dilemma

From point of view of Commander, the question arises as to how much leverage should military medical professionals be given to refuse participation in medical procedures or request excuse from military operations with which they have ethical reservations or disagreement?

If a medical procedure is considered unethical according to any of the various systems that apply, then concerned parties need to resolve the conflict as time and circumstances allow before proceeding with an action. If resolution is not possible, opposing views should be given to the commander who must make the final decision regarding military operational readiness. Conflicts should be resolved through the medical chain of authority or military chain of command or both.

Debriefing

The complexity and possibility for resulting moral injury on the part of the health care professional tasked with making difficult choices about scarce resources also suggest that some sort of debriefing process, either during or after deployment, be in place to help these professionals work through and justify difficult ethical decisions made under duress. Post-deployment debriefing should be a vital component of any military operation. Insufficient opportunity to debrief after returning from deployment may also be a missed opportunity to prevent or mitigate moral injury in some individuals or groups. Debriefing should occur as a team when possible. Not only could this help mitigate potential moral injury in health care professionals, but it

may also provide lessons learned and case studies for inclusion in ongoing training programs [6].

Detainees

The International Dual Loyalty Working Group of Physicians for Human Rights includes in its guidelines: "The health professional is responsible for ensuring physical and mental health care (preventive and promotive) and treatment, including specialized care when necessary; ensuring follow-up care; and facilitating continuity of care— both inside and outside of the actual custodial setting— of convicted prisoners, prisoners awaiting trial, and detainees who are held without charge/trial"[6].The dignity and respect to human life applies to all humans. Be it friend or foe. Detainee installations can provide unique challenges for health care professionals who are required to provide routine health care to detainees, assess the ability of detainees to undergo lawful forms of interrogation, accurately report health status in medical records, and respond to hunger strikes, some of which can be prolonged. The ethical codes of health care professional groups universally condemn the involvement of their members in any form of physical or psychological abuse.

Biomedical Enhancement

Military medicine has moved into new territories in recent years. Main thrust is shifting in developing technology to make stronger, smarter and sturdier soldiers who can better survive the dangers of battle field. This will include pharmaceuticals, bionic body parts and neural implants. Some enhancers are therapeutic but others may go on to change an individual's cognitive state. This brings in the dilemma of cognitive liberty which would be the individual's right to think independently and autonomously using the full spectrum of his mind [7].

Dual use life Science technology

Malevolent use of biomedical research presents enormous threat to the international community. The challenge to military medical ethics here lies in Regulation and education. Advances in genetic engineering have led scientists to replicate deadly viruses. This is a dual use technology which imposes a challenge on the experts to curb its misuse but at the same time avoid hindrances in the positive way.

The International Committee of Military Medicine (ICMM) and Uniformed Services University of Health sciences (USUHS) offer a comprehensive curriculum for military medical ethics. Professional code of ethics and patient rights govern the implementation of medical ethics while international humanitarian law, law of armed conflict, and Just War Treaty , regulate military ethics.

As newer technologies in Nano science, neuroscience and biomedical engineering emerge there will be more bioethical and moral concerns. Hence the scope of military medical ethics can be viewed as a dynamic doctrine which needs to change with times [7].

Medical Ethics in Medical Teaching Institutions

India has a single Armed forces Medical teaching institute.Tofulfil ts requirement Medical graduates join are also comissioned from Civil Medical Colleges. A course on military medical ethics should be incorporated during some part of their training prior to induction into Battle field . Soleymani Lehmann and colleagues conducted a survey of American and Canadian Medical Schools where Medical Ethics was being taught .and concluded that there is an ever increasing need of including the subject in College Curriculum [5,7].

Suggested Remedial Measures

To tackle this complex issue of military medical ethics the policy makers, leaders and Health care providers need to come together, be sensitized to each other's beliefs and requirements before chalking out policies. Before charting out rules on ethics, one needs to take into cognizance, the ethical practices being followed by the best of the world armies. This further needs to be tempered keeping the interests of Indian Soldier in the backdrop. Not forgetting the fact that more than a soldier or patient we are dealing with humans. Themes that underlie the modern concept of medical ethics include issues mainly, Right to life. respect for human dignity, respect for autonomy, Individual self-determination and utility.

Guideline as being followed by the US Army may be considered for incorporation into our ethical committee [6].

1. Be competent. 2. Preserve integrity. 3. Manage conflicts of interest and obligation. 4. Respect privacy and maintain confidentiality. 5. Contribute to the field. 6. Communicate responsibly. 7. Promote just health care with health care ethics consultation.

It is becoming increasingly evident that there is an urgent need for formal education, continuing education programs and ethics courses for the military medical professionals as well as commanders. Having a common baseline education and training requirement in medical ethics across the armed forces will ensure a consistent understanding and approach to the medical ethics challenges.

Conclusion

Rules of engagement in war have been laid down by international conventions and bodies. In the present times they are being frequently infringed and at times being openly defied . The reason is because the present war is asymmetric[7]. The only rule is that there are no rules. The US DOD's new position that its physicians need not follow nationally and internationally accepted medical ethics represents a major validating factor in this regard[2] Everything seems fair in the present war. Technological advancements have aggravated the problem with introduction of Nuclear, Chemical, Biological and Radiation weapons. This rapidly changing modern battlefield dynamics calls for formulating newer code of medical ethics and also review of our existing ethical principles. Balancing military necessity, military ethics and medical ethics is the crux of the challenge. The military medical personnel deployed in combat zones faces a formidable challenge as he has to adopt a dual role. One of a Physician and other of an Officer. Following orders of the mission commander and those of the inner conscience may be at conflicts. Any such act resulting in moral injury is not desirable for our fighting forces. In order to avoid this trauma, there is a need for education, training and a rapid reach back system. Putting an Ethical Committee in place with an effective feedback system is the only way to success. The earlier done the better.

Conflict of Interest

None. Views expressed are solely of the author and do not represent those of the Organization or any Funding Agency. There are no financial disclosures to make

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