



## Medical Ethics and Military Conflicts – What Would You Do?

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**E**thics is a tricky business—it is not as clear as one might think. It would be nice to be able to find the right answers or course of action by asking the Magic Eight Ball or divining cards or even to be able to just follow the “Golden Rule:” doing unto others as you would have them do unto you. But life often presents us with complicated situations with unclear boundaries, our paths blurred by fog and confusion. Such dilemmas rarely have easy answers or solutions. While personal ethics can impact many decisions and actions humans make, they are but a part of the process for military medical professionals. Medicine has clear ethical guidelines to follow. Almost everyone has heard the main tenet of the Hippocratic Oath: first, do no harm. This is the basis

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for all patient care—ethical treatment for all individuals regardless of their medical condition or who they are. Personal feelings are pushed aside, and clear, unbiased judgment must be applied across the board. The military also has clear ethical standards, reinforced with core values and specific service codes. Unfortunately, quite often the mission of medical care and those of the military unit are at odds and during times of conflict or war can be exacerbated.

The primary mission for military medicine is medical readiness for service members to ensure they are in the best condition and are prepared for whatever the nation asks. Initially, one would assume this is a simple job and no different than any medical practice in the country. While this is true most of the time, there are instances when medical ethics and military responsibilities compete for primacy. The question is which code should be followed when this happens? The answer is “it depends.” It depends on the situation, the individuals, the risks, and the benefits.

Let’s take the Marine who nearly died from mixing alcohol with his physical readiness test. He spent ten days in the hospital, suffering from multiple organ damage, because of his drinking. When he was discharged, he was instructed to abstain from drinking, especially when exercising. Upon hearing this, his Gunny declared, “He told me he doesn’t drink. You don’t have to worry about that.” Clearly the Gunny was unaware of both this Marine’s 0.22 blood alcohol level upon admission to the hospital and his untruthfulness about his drinking. However, the Gunny assumed responsibility for this young Marine and by doing so, put himself and the other Marines in his charge at risk. Yet, medical ethics require patient confidentiality, and privacy laws prohibit disclosure of personal information. Do you tell the Gunny about the Marine’s alcohol use? Do you confront the Marine about his lie? Do you walk away, denying responsibility? Which code, medical or military, takes precedence?

Medical personnel are charged with ensuring service members are fit for duty. While most of the time this is limited to minor actions such as grounding pilots who have head colds or limiting physical training for individuals with knee injuries, occasionally decisions to take action can have profound effects on careers. Tasked with identifying and documenting conditions, illnesses, and injuries that conflict with the service member’s ability to meet his or her military obligations, medical providers have an obligation to initiate medical board procedures. This is done to ensure the readiness of the force and lower the possibility of members failing to deploy for medical reasons. However, certain conditions were waived for service, allowing the service member to remain on active duty. Ethical dilemmas arise when there is a discrepancy between medical and military policies. For instance the naval officer receiving a routine screening for a medical condition he has had since he was 18, and which has been in remission for more than ten years, is suddenly at risk for discharge. While his condition has never before been a service disqualifier and had previously been waived, the condition is now grounds for medical discharge. Is it unethical for a physician to turn a blind eye to this admitted physical condition? Or should he report this officer and end a 17-year career, leaving his family without income or benefits? Which code, medical or military, takes precedence?

Ethical conflicts also exist between the medical professional and military leaders, a power struggle if you will. Convalescent leave (con-leave) and elective surgery authorizations provide perfect examples. In the military, con-leave is the “recommended” length of recovery time after a medical procedure or illness. It is left to the military leader to approve or deny con-leave. Elective surgery requests must be approved for any surgery or procedure that is non-emergent. In both instances, the medical provider is recommending a course of action that is consistent with the medical readiness mission: to have the service member fit for full duty. However, when the military leader has the power to deny the medical recommendations, is the medical professional ethically obligated to elevate the

request to a higher authority, or does the military code prevail? For example, a female sailor develops a post-surgical complication that requires her abdominal incision to be opened and sterilely packed three times daily, forcing the wound to take longer to heal and risking serious complications and infection. Due to the amount of pain involved with the packings, she is given additional narcotic medication. Her medical provider recommends an additional con-leave period to permit proper healing of this open wound. Despite the recommendation, con-leave is denied by her commander. The only concession made was that the service member would be given limited duty, which meant she would not be lifting heavy objects but would still be working 12-hour shifts on her feet, and would be required to make a sterile dressing change at work. When asked why the medical provider did not pursue the request higher up the chain of command, the provider replied that the commander was an O-5, while he was just an O-3. Which code, medical or military, should take precedence?

While these ethical dilemmas are difficult, they pale in comparison to the challenges facing medical professionals in combat and detention situations. The Geneva Convention defines medical personnel as non-combatants, and as such, are in a privileged status, theoretically safe from attack and allowed passage to aid the wounded. However, the nature of war has changed. No longer is war waged by rules and standards agreed upon by the nations involved. Today's enemies do not recognize or respect the tenets of the Geneva Convention; twenty-first century warfare has eroded this pact. No longer are medical personnel safe from harm or from being targeted. The enemy makes no distinction between those with guns and those with bandages.

Having medical assets embedded with combat troops is nothing new. Their primary responsibility is to provide first-responder care for wounded and injured troops or serving behind the lines with surgical teams and limited hospital capabilities to provide lifesaving care. Anyone who has watched the television shows *M.A.S.H.* or *China Beach* has some insight into the accomplishments of military medical personnel during a time of war. While they have never been completely out of harm's way, their exposure to danger has increased during the last eleven years as the definition of "combat zone" and their roles have changed.

No longer is the combat zone "over there." It is everywhere. The enemy is not someone in a uniform on the other side of a hill shooting in our direction; the enemy is a "friend" walking next to us or driving by in a car. However, the professional ethical standard requires we care for all humans equally, without discrimination or prejudice. Medical personnel are expected to treat both wounded Americans and the enemy who was shooting at him just a few minutes earlier. How do you retain ethical perspective, caring for the enemy who would prefer to see you dead? An enemy who just a few minutes earlier tried to kill you?

The mission of saving lives is in direct conflict with the act of taking them. Not unlike the Medevac pilot attempting to recruit an Army helicopter pilot who claimed "I didn't join the Army to save lives," how does the military medical professional claim ethical allegiance to conflicting standards? The internal characteristics that drive individuals to certain careers are more intrinsic than extrinsic. They are an integral part of who we are and how we react to situations. Healthcare professionals in the military are often torn between being a soldier or sailor and being a medical provider. We would not think twice about risking ourselves to save one of "our own." Our ethical code requires that we treat the most severely wounded patients first. Should we treat the relatively stable American over the more grievously injured enemy? Which code, medical or military, takes precedence?

In today's world, our medical personnel also are being used as a soft tool (i.e. diplomacy), providing medical care to civilians as a means of building relationships with local people in order to

further political and military stability efforts. While most would agree this is a positive move and should not be eliminated from our duties, it is important to note the ethical risks involved. Our natural inclination is to treat civilians as we would treat our own citizens. However, other cultures have different social norms than ours. For instance, women in the Middle East may not be seen by men who are not family members. It is quite possible that a local woman could arrive with an emergent medical condition that will result in death without immediate attention, but there is only a male physician available. Our ethical standards require that we treat her, but the political backlash from such treatment could derail fragile stability operations, put fellow service members at risk of reprisal, and potentially have international ramifications. However, allowing the woman to die would be, from our ethical position, unconscionable. How does one maintain the professional distance and vigilance required by the military but still function as an effective medical provider?

Ethical dilemmas exist in detention facilities as well as in theaters of war. While conditions under which these decisions are made are different, they can be just as mentally and emotionally challenging, sometimes more so. The facility environment requires daily contact with detainees, an intimacy not experienced in the field. A medical provider-patient relationship is built. There must be some level of trust between the caregiver and the patient even in a detention facility. Medical professionals are trained to be empathetic, not sympathetic. However, as military members we are trained to be detached and impartial. These traits are inherently conflicting. The challenge is in reconciling these traits while still meeting the no-fail mission of detainee care. Failure to do so can have devastating consequences.

A medical professional can leave the empathetic and move to the sympathetic realm. If the service member forms an attachment to a detainee, he or she loses impartiality and becomes sympathetic. When this happens, he or she can no longer maintain the required military detachment and impartiality. This is a dangerous path that can lead to manipulation and mistakes. Detainees are known to use deception and manipulation tactics. They have the advantage of time to accomplish this. The risk comes when the medical professional begins to sympathize with a detainee over time, losing his or her perspective and pleading for more attention for the detainee's particular complaint. When this happens, the relationship has changed. The medical provider is now personally involved with the patient and is unable to maintain a professional distance, blurring the ethical boundaries between medical and military obligations. The potential risks for both the individual and the mission can be substantial, epitomizing the conflict between organizational and personal ethics as well as those of competing professional ethics.

Medical professionals serving in the military have ethical accountability to themselves, to the patient, and to the military. The challenges facing them are vast, centering on the conflict between personal and professional ethics. Further complicating this conflict are competing professional ethical standards. When in harmony, decisions are easy. When they are not, one must decide which takes precedence. The dilemmas raise more questions than answers and will likely continue to do so as we delve more deeply into them. While the ethical questions tied to readiness will most likely continue to be a source of conflict, only time will bring clarity to the long-term ethical issues that could potentially arise from protracted conflict and stability operations. One thing is for certain: the nature of warfare has changed, and we, as both military and medical professionals, will continue to be faced with ethical conflicts that will challenge us on all levels. In the end, the decisions are personal. What would you do?