
MILITARY MEDICAL ETHICS
Volume 1



The Coat of Arms
1818
Medical Department of the Army

A 1976 etching by Vassil Ekimov of an original color print that appeared in *The Military Surgeon*, Vol XLI, No 2, 1917

The first line of medical defense in wartime is the combat medic. Although in ancient times medics carried the caduceus into battle to signify the neutral, humanitarian nature of their tasks, they have never been immune to the perils of war. They have made the highest sacrifices to save the lives of others, and their dedication to the wounded soldier is the foundation of military medical care.

Textbooks of Military Medicine

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Art: Courtesy of Novartis Pharmaceuticals.

MILITARY MEDICAL ETHICS

VOLUME 1

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Foreword

These two volumes of the *Textbook of Military Medicine* address medical ethics within a military context, a heretofore essentially unexplored field. Military medical care is practiced across a wide spectrum of settings, ranging from garrison medicine, through deployments for Operations Other Than War (OOTW), and extending to massive deployments of personnel and materiel in a large-scale conventional war. Within a peacetime garrison setting, military medical ethics has many similarities to civilian medical ethics and usually uses the same decision-making processes. It is similar in that the patient–physician relationship is generally the same, as are the goals of therapy. Patient autonomy takes priority in clinical decisions. However, the very nature of the military mission, especially when it involves deployment or combat, precludes military medical ethics from being identical to civilian medical ethics. Within military medicine, there is a significant dichotomy between medicine’s healing and the military’s injuring. Conflicts can arise between duties to the patient and to the command structure. The battlefield introduces totally unique stressors and criteria for decision making. These differences demonstrate the need for these two volumes and their exploration will be its primary emphasis.

The study and discussion of military medical ethics is inherently controversial and troubling. Those who serve in the armed services understand the complexities and problems that the military mission can introduce to the delivery of effective medical healthcare. For instance, rarely does the issue of national security play a role in the day-to-day medical decisions in a civilian setting. The military, however, as the sentry and defender of the nation, is tasked with maintaining security. Survival of the nation can be a powerful driving force behind medical decisions, whether they are correct, just, or legal. One need look no further in our own past than the recently revealed radiation experiments from the Cold War era to understand this. Certainly the lessons to be learned from the perversion of medicine in Germany and Japan, both before and during World War II, are ones to be carefully examined and never forgotten. We constantly strive to remember those lessons, to learn from them, and to attempt to ensure that we do not repeat the travesties of the past. It is all too easy to look at others’ sins and be smug in our own virtue. While controversy is seldom comfortable, it should always be instructive. An excellent organization is willing to publicly examine and discuss its mistakes and to learn from them. *Military Medical Ethics* is offered in that spirit. These volumes may offend. They may stir emotions. They are intended to illuminate. If we cannot bear to look at past mistakes, particularly when they are ours, we cannot learn from them and therefore we cannot prevent them in the future.

I strongly encourage all military medical officers, commanders, and others involved in ethical decision making in medicine study this two volumes. Examine your responses and analyze your decision-making processes. Those who are willing to give the supreme sacrifice in the service of their country are entitled to nothing less than the best ethical decisions made in providing superior medical care to them and their families.

Lieutenant General James B. Peake
The Surgeon General
US Army

Washington, DC
April 2003

Preface

These two volumes will explore the subject of military medical ethics and attempt to meld the somewhat disparate disciplines of medical ethics and military ethics. When this project was in the developmental stage, a great deal of consideration was given to how to approach this conceptually difficult subject. We concluded that the most logical approach would be to first explore the two underlying ethics that contribute to the profession—medical ethics and military ethics—before beginning a more detailed discussion of military medical ethics. As part of this structural process, we identified a unifying theme and supporting subthemes that would provide the map for these two volumes.

Our unifying theme is straightforward: There is a tension within the persona of the military physician between the profession of medicine and the profession of arms, and that tension is good. There is, also, an ethic to what the military physician does, especially on and off the battlefield. That is the ethic of conserving the fighting strength by providing excellent medical care to military personnel. This military medical ethic helps to ensure that the military patient receives the best care possible under what can be horrific conditions. It is this ethic that also sustains the military physician in situations that are simply not imaginable to those who have not been there. The tension; the tempo; the terror; the sights, sounds, and smells cannot be adequately conveyed with words because the experience is so visceral.

The tension between the role of physician and the role of uniformed service member at times is not discernible; at other times its presence weighs heavily. We contend that this is good, indeed essential. Without this tension there is the very real risk of medicine in the service of the State—medicine that first and foremost views the whole group as the patient. The tension between the professions of medicine and arms is therefore desirable and must be maintained. There is a benefit in the “disease” that military physicians may experience. It helps them to maintain perspective and to deliver the best care possible for their patients.

The subthemes supporting that contention are many, and are woven throughout the sections and chapters. We will review those subthemes in the order in which we will present them in the chapters. We hope that our reconciliation of those subthemes now will provide some clarification to what you will read.

The profession of medicine and the profession of arms are both vital and honorable professions. The first two sections of this textbook, titled simply “Medical Ethics” and “Military Ethics,” will explore these professions as separate entities. Before we can understand the dynamics involved in the joining of these professions, we need to understand them separately. The first section, Medical Ethics, is a four-chapter presentation of the subject, an enormous condensation considering the wealth of material available. The chapters explore the ideal patient–physician relationship, the varying ethical theories that describe how a physician views the relationship, as well as how that relationship functions in the clinical encounter. The section also discusses how one can evaluate the science behind the art of medical ethics. In short, this was a compendium of medical ethics without regard to locale, that is, whether military or civilian. That is not to say it was without regard to culture, for it is clearly predominantly Judeo-Christian in viewpoint, and Western in outlook in this book. The authors do note, however, that with increasing diversity in the United States these ethical viewpoints and outlooks will surely evolve.

The second section, Military Ethics, helps to set the stage for the tension between the two professions and those who have roles in both. The discussion of military ethics begins with a review of leadership by the books, of what it means to be an officer (as all military physicians are) in the long tradition of the officer corps. That can be viewed as how it should be or ought to be. We live in a world of human frailties, however. Thus the second chapter in the military ethics section examines what happens when leadership theory and prose meet the exigencies of the battlefield and what is the right thing to do. The third chapter explores the relationship between militaries and their underlying societies. Militaries do what they do in order to preserve the societies that they are sworn to protect. There is a need, often overlooked by both, however, for societies and their militaries to understand one another. In addition, societies and their militaries must understand their role under international law, which dictates what societies and their militaries can and cannot do toward the goal of preserving or maintaining themselves. Militaries, in turn, must restrict the autonomy of their members for these organizations to function. However, the restriction should

not be greater than that necessary to protect the society. In all societies, someone has to have less autonomy so another may have more. The decrement of autonomy applies to all members of the military, whether they are troops or physicians.

Military medicine is a combination of the profession of medicine and the profession of arms. We believe that it is an ethical and honorable profession. It is also, at times, difficult to be a military physician. Indeed, there are times when the military physician may well feel a certain uneasiness in the practice of medicine in the military. The military physician must understand the tension and the value it has. That is why the third section of this textbook, "The Synthesis of Medicine and the Military," has been so difficult to conceptualize and execute. We want to present a variety of views of the military medical professional, including those of our most ardent critics. Thus we offer to the reader three views, although there could well have been many more: (1) the view of military medicine as an honorable profession, (2) the view of military medicine as ethically impossible, and (3) the view that identifies the underlying conflict, that of mixed agency or conflicting loyalties. This allows the physician-soldier to navigate the difficult course of doing the right thing for the right reason.

This three-chapter section was, without any exaggeration, the most problematic of the entire volume. We may offend some with the inclusion of materials from our oftentimes strident critics. But as is noted in "The Military and Its Relationship to the Society It Serves" (Chapter 7), it is vital that a military understands how it is viewed by the very the society it protects. And it is also vital that the same military attempts to converse with that society so that each understands the other a little better. Many in the military are only too keenly aware of the disdain with which their civilian counterparts have held them in the past or do so presently. This disdain, which can fluctuate from barely mentioned to open hostility depending on the circumstances, is all the more reason to include the viewpoints of others in the discussion of the profession of soldier-physician.

Colonel (Retired) Thomas E. Beam
Formerly Director, The Borden Institute
US Army

Washington, DC
April 2003

The current medical system to support the U.S. Army at war is a continuum from the forward line of troops through the continental United States; it serves as a primary source of trained replacements during the early stages of a major conflict. The system is designed to optimize the return to duty of the maximum number of trained combat soldiers at the lowest possible level. Far-forward stabilization helps to maintain the physiology of injured soldiers who are unlikely to return to duty and allows for their rapid evacuation from the battlefield without needless sacrifice of life or function.
