

Epilogue

This volume's three senior editors want to leave you with a few last words intended to distill the accumulated wisdom of all its editors and authors, who together represent over 300 years of practicing and teaching some aspect of military medicine. But it may be the ramblings of fossils; you will need to decide after you have served, practiced, and led for a few years.

Be a professional at military medicine and public health.

Being professional means many things, but it always includes being current in your practice, in terms of both technical knowledge (and its contextual application) and social responsibilities. In becoming a health professional, you have committed to being a lifelong learner, and you are obligated by the licensing authority to maintain some form of continuing education and recertification. Professions are creatures of the society that formed and authorized them, and societies are as dynamic as the professional knowledge base. You need to work at keeping up with your social responsibilities for your entire practice life, just as you keep up with your standards of practice.

For the military medical officer, this really is harder than it is for almost everyone else in the healing professions, because you have two quite different professions in which to maintain good standing. You have quite likely focused on medicine to this point in your career and have learned an enormous amount of required professional material. You have been examined, possibly to exhaustion, on your mastery of this material, and you are now licensed to practice. You may add other credentials along the way, but society and the profession to which you belong have formally declared you a member and capable of doing the job of caring for your patients and communities. With the exception of changes in technology and scientific insights, this job will stay much the same for the next 40 years.

But you are also a military officer, and your orientation for this profession is much more limited. This text, and perhaps your mentors, have cautioned you about the dangers of dual agency—having two duties that may be in tension or even in conflict. The most common tension is between duty to the patient and duty to the command. However, dual agency is not a result of your two professions; rather, it is a challenge for all professionals. Every profession has duties to those it serves and the society that charters it; it is inherent in being a professional (eg, the lawyer whose client confesses to planning a new crime, the priest who hears the confession of an ordained pedophile, the teacher confronted with possible abuse or neglect). As described in relevant sections of this textbook, the real challenge of the military medical officer is dual responsibility; the medical and the military are not so much in conflict as additive.

Unlike those in medicine, law, and divinity, military officers do not receive a complete dose of professional education at the beginning of their career; military and other uniformed officers receive only enough education to prepare for and successfully perform their duties in the next couple of jobs. Formal professional uniformed education is incremental and measured in its exposure to the maturing soldier, sailor, airman, marine, coast-guardian, and Public Health Service officer. The courses you have had to date are likely called “basic” or “orientation” or a similar title indicating there is more to come. You will encounter intermediate-level education, often called staff college, and then more strategically oriented schools, frequently named senior service colleges or war colleges; such schools provide education in facets of officership not usually needed by the junior officer but that are essential to effective performance in higher-level responsibilities. As a medical officer, you might serve on a squadron or battalion staff before staff college, but it is still helpful and you will find it particularly so in future staff roles. At some point, probably when you least expect it, you will be tasked to serve as a nonjudicial punishment (Uniform Code of Military Justice, article 15.6, or JAGMAN) investigator. Avoid struggling to learn about this role when someone's career hangs in the balance. Instead, find a mentor, make a plan, take your military courses, in residence when possible or by other means if not, before you need them in order to do your job well.

The second aspect of dual responsibility is that you are expected to respond when called. While society expects you to do something in any emergency, the reality is that, in civil life, prehospital responders are probably better able to manage life's health emergencies than you are. As a uniformed physician, you will more likely be

expected to have command of the knowledge and skills to lead in an emergency. This text has introduced you to military medical resources. Some, like Joint Publication 1, are much more military in nature; others, like Tactical Combat Casualty Care standards, are more medical. Both groups will have successor publications with the same identification but more recent issue dates. These publications are professional tools to help you maintain currency so you can keep up to date in military and uniformed medical practice regardless of your medical specialty.

The Military Health System is changing.

The context in which military medicine is practiced is changing, almost daily. The Military Health System is part of American healthcare, which is struggling with changing expectations, dynamic technology, affordability and access, and aging patients. These system disruptors have created demands for improving population (and individual) health; providing better (more efficient, effective, and emotionally satisfying) clinical encounters; and reducing the costs of providing effective care to enhance accessibility. There are significant professional challenges to leading our society toward an improved healthcare system.

Since many, if not most, of the determinants of health, affordability, and the management of societal financial risks and behaviors that enhance or detract from health are not wholly resident in the medical profession, improving the nation's health and its healthcare system will require a multidisciplinary effort on the part of politicians, the business sector, faith and civic communities, and others. But the medical profession must be prominent in its involvement; healthcare providers have the knowledge and must find a way to assert their leadership. As a medical professional, you will work in this arena, at least to the degree you are counted as being represented by your professional organizations. How do you know a new test, technology, or drug is better for the patient than what it is proposed to replace? Do you honestly evaluate the data; do you accept, based on careful evaluation of past success and present activities, the opinion of others; or do you just go with the flow of the last thing you heard that did not seem outrageous?

Professionals have a fiduciary obligation to those they serve. Because this obligation or trust is both individual and corporate, you must engage with your professional organizations and practice settings. Since these are part of the Military Health System, you must engage there as well: what drugs should be in the formulary, what instruments sets should be in the deployed packs, how should tactical home and field care be organized, what interventions should be required, what can you do to combat stigma in the patient population? These and many other questions must be addressed. However, if you examine the goals of the Military Health System, you will find a variable that civilian health service administration does not share: the impact on the military force's readiness to fight and win the nation's wars, as well as a broader professional readiness to maintain social order, contribute meaningfully to national well-being and security, and remain economically viable and socially sustainable. Costs, encounters, technology, and population health questions must all be examined in the light of operational readiness. Again, being a professional military medical officer is more demanding than being a general health professional, but if you reflect on the people you serve and the mission you share, the work is well worth it. Remember the people and the mission as the system struggles with costs and communication; do what you can to reduce costs and improve communication. At the end of the day, both issues are best managed by ensuring the highest quality care that focuses on the needs of all your patients, individuals and units.

The Military Health System is part policy and part preparedness. Sometimes the leadership will focus on one or the other, and may need to be reminded of the mission's complexity. Those who work with and for you will at times forget the twin challenge of peace and wartime practice that faces the system. We live in a society where medical care for workers and their dependents is usually a benefit of employment. Government policy has seen fit to provide this benefit in the all-volunteer military through a combination of access to uniformed healthcare and paying for civilian healthcare. These choices have associated access and system costs. They may also have patient satisfaction components, and some are beyond your immediate control, but none are beyond your professional understanding.

Part of your role as a uniformed professional is to help those who do not have insider knowledge understand the underlying strategic framework for the provision of peacetime and deployed healthcare, and the operational challenges of balancing competing demands. Among these challenges is the recognition of actual preparedness issues implicit in providing care. Some of these issues are simple (eg, a civilian does not know how to certify a service member or dependent for living outside the United States). Others are more complex. For example, providers in military treatment facilities must maintain familiarity with the tools available in deployed environments. Remember that your patients—most uniformed like you—have been in atypical locations doing atypical things, and optimal management of their health needs requires that you be more contextually literate and more

culturally aware than providers at the civilian clinic down the street. Helping patients who have been deployed and separated from family and community successfully reintegrate with family, attend to late-emerging physical and emotional consequences, or reintegrate into the unit may present issues that are broader than ICD and CPT codes in the chart. The twin reasons of policy and preparedness require you to be a uniformed medical officer even in garrison.

The world can be a dangerous place.

The final component of the military medical officer's dual responsibility is best summarized as personal readiness. Being ready is more than having your shots and gear; it is more than being up to date on your professional competencies. Being ready requires awareness and thought about your probable and possible missions. A common exercise in middle school social studies provides an outline of a continent, and students are asked to draw in the countries so that the right countries touch each other. This exercise is about awareness rather than artistic ability. The map you drew 15 or 20 years ago is no longer accurate—can you do it today? And what of the non-nation-state actors that threaten the nation's security, such as transnational criminal and terrorist enterprises? What are the big issues facing each combatant command, and what are the principal policies of the US government in addressing various security issues around the globe? As an informed citizen you try to keep up, at least every couple of years to elect our leaders, but as a military officer you need to keep up in real time. Do you have a reliable source of general information and a plan to get smart on specifics "just in time"? You and your teammates in military and uniformed medicine stand a better than average chance of serving as a "strategic corporal," being in a situation where your medical "tactical" actions have strategic policy and communication implications.

But going to war, the traditional duty of the military medical officer, will not be your only, or necessarily your most likely, duty. Since the end of the Cold War, the Department of Defense has been employed in a variety of other tasks, usually as a support activity under the lead of the State Department or other agencies. These activities go by many labels, from operations other than war (OOTWs) to stability and support operations (SASOs). The very names suggest that those engaged in these important roles are at the edge of their competencies and comfort, working on something other than what they were organized and trained to do. But over the last decade this has changed; the 2010 National Defense Strategy placed support of State Department activities as a role of the military equal to the defense of the nation. Called nation-building, stability operations, counter-insurgency operations, and a variety of other terms, these activities use the diplomatic virtues of health and other infrastructure benefits to win friends and influence people.

Are you prepared to think about medicine and health in other than a US cultural context? Our healthcare depends on significant capitalization of infrastructure. How will you adapt to an environment where electricity, clean available water, sewers, and other utilities are not always available? How do you manage expectations while building infrastructure? The government and the Internet have courses of instruction about other cultures and their economic and cultural expectations and resources, and as a military medical officer, readiness requires you to maintain a broad awareness of world affairs.

Are you ready to go where the US military and government send you, and to do the job according to the strategic and operational goals of the nation? In the classic 18th century phrase that formed the basis of our military traditions, you have "taken the King's shilling" and so are honor-bound to do your duty. Part of that duty is to actually be ready to do it. It is our hope that *Fundamentals of Military Medicine* is a useful tool to start you on the path of your dual responsibilities as a medical and military or uniformed professional. We also hope it and successor editions will remain a useful tool as you advance in your career because the fundamentals will remain important to your credibility and success. We commend you for your sense of national and community duty and are grateful that those with whom we trained, worked, and deployed, and from whom we learned, have been followed by successive generations of accomplished uniformed officers of your caliber. We wish you the best of luck and success in one of the most challenging and rewarding roles in all the world as you spend your life learning to care for those in harm's way.

