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The Ethical Dilemma of the Combat Medic

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Abstract

The Army Medical Department has a long and hallowed history of taking care of America's sons and daughters since 1775. This history continues today on the streets of Baghdad and many other non-descript locations throughout the world. In all of these places Medic's are ethically challenged almost every day. The irony of it all is that despite a young age, limited ethics training and conflicting loyalties Medics are making the right ethical decisions each and every day.

The Ethical Dilemma of the Combat Medic

The Chinese Physician Sun Simiao wrote:

> If someone seeks help because of illness, or on the ground of another difficulty, a great physician should not pay attention to status, wealth, or age; neither should he question whether the particular person is attractive or unattractive, whether he is an enemy or a friend, whether he is Chinese or a foreigner, or finally, whether he is uneducated or educated. He should meet everyone on equal ground; he should always act as if he were thinking of himself. He should not desire anything and should ignore all consequences; he is not to ponder over his own fortune or misfortune and thus preserve life and have compassion for it. He should look upon those who have come to grief as if he himself had been struck, and he should sympathize with them deep in his heart. Neither dangerous mountain passes nor the time of day, neither weather conditions nor hunger, thirst nor fatigue should keep him from helping whole-heartedly. Whoever acts in this manner is a great physician for the living. Whoever acts contrary to these demands is a great thief for those who still have their spirits! (Dharmananda, n.d., para. 24).

Despite being written over 1,350 years ago, this statement still provides excellent guidance for the ethical treatment of the sick and injured. However, in today's fast paced, complex, and ever evolving contemporary operating environment ethical situations of a profound nature are arising every day, which are not so cut and dry. On a daily basis Medics are presented with the conflicting aim of defeating the enemy and saving lives. Medic's are given minimal ethics training and are placed into situations that make ethically sound decisions difficult yet they must always make the right choices because despite conflicting responsibilities the majority of Medics

are behaving in an ethically correct manner and have always made the right decisions in ambiguous situations.

A Tradition of Caring

In Basic Training, all Soldiers are indoctrinated with the seven Army Values and the Warrior Ethos. Although all the points of these teachings are important two elements from these documents standout that are the most important to a Medic. The first is from the Warrior Ethos, which says “never leave a fallen comrade”. The second is the Army value of selfless service. From these humble teachings, the Army Medical Department (AMEDD) has created a long and historic tradition of saving lives and making the right decisions under the harshest and most extreme conditions. Fifty-Two Soldiers of the AMEDD Regiment have the dubious distinction of having earned the nations highest recognition, the Medal of Honor. These heroes stand as symbols for all Soldier-Medics to emulate and help reinforce their ethical behavior. These precepts form the basis and the guiding light by which all Medics learn to make ethically sound decisions.

On the Line

On average Line-Medics that serve in an Infantry Rifle Company are twenty years of age and have the ominous responsibility for the lives of over thirty Soldiers. This is hardly an age where someone is considered wise. But this is the hand they are dealt. Being a Medic and a Soldier are two careers which are diametrically opposed. On one hand they are asked to support and defend the Constitution of the United States. Which means to kill someone if ordered to do so? Yet they are held responsible for the preservation of life, enemy and friendly, according to the Law of Land Warfare. An additional conflict is that Medics are non-combatants under the Geneva Convention and so are only supposed to utilize arms in the defense and preservation of the

casualties under there care and to defend themselves. Such a situation is ethically challenging and can make for some frustrating and confusing situations in a young Medics life.

Caring for the Wounded

Imagine that there has been a firefight and several Soldiers have fallen wounded. The objective has been secured and the casualties have been consolidated in a safe location. The Medic begins to treat the ten casualties that have been brought to him. Two of the casualties are the same adversaries that were being fought just minutes ago. The Medic has triaged the casualties and has determined that the enemy casualties are the most seriously injured. He begins to treat them first. The other casualties who are U.S. Soldiers and less seriously injured begin to complain. About the same time, the Medic notifies the leadership that he has insufficient supplies on hand to treat the injured adequately. He feels that some of the casualties may deteriorate rapidly despite his best efforts because there are too many for him to treat at once and their care is beyond the capabilities of a Combat Life Saver. The Medic has the dubious distinction of having to decide between his comrades in arms and the enemy, not an easy decision. The Law of Land Warfare says the Medic did the right thing. His skills must be used among all of the injured regardless of status. However, how will he live with himself and the mental anguish, pain and remorse he must deal with if one of his Soldiers should die? How can he face his platoon knowing that he saved an enemy soldier at the price of one of his own comrades? The Medics decision is an easy one on paper but not so easy when executed under combat conditions.

Guinea Pigs?

In another scenario a Medic cares for two wounded Warriors, one is American and the other is an enemy casualty. Both casualties have similar wounds but the Medic determines that the

enemy casualty is worst off. The Medic hesitantly conducts a lifesaving procedure on the enemy casualty. He has never attempted this procedure before except in theory and in a classroom environment utilizing a simulation mannequin. The Medic botches the procedure and the enemy casualty expires immediately. Realizing what he did wrong, he proceeds with the same procedure on his fellow Soldier. He conducts the procedure flawlessly and stabilizes his fellow warrior. The Soldiers of his platoon praise him for his efforts as his casualty is evacuated by air. Was it unethical to perform the procedure? Ethically no because the Medic was trained in the procedure and was in a combat situation. The question of why the Medic did not treat the U.S. casualty first could be raised and the medic might have to justify his triaging of the casualties.

Detainees and the Medic

In Advanced Individual Training (AIT) Soldier-Medics are taught a short block of instruction on Medical Ethics. This includes the Emergency Medical Services Code of Ethics which in part says ”The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.” So let us look at the following situation. A medic is working in a detention facility monitoring the health of the detainee population. In the course of his duties he is called into an area of the facility he has never been before to check on an injured detainee. He enters a room to find a man lying on the floor drenched in water. The man is not breathing and has a weak pulse. The Medic starts rescue breathing and revives the man. The Medic is sure the man was a victim of near drowning but does not know how this could be possible. The man is taken to the infirmary and placed under observation for several days. After his recovery he is returned to the general population. After the man's discharge, nothing else is mentioned of the incident. Was the Medic or medical

personnel who cared for this man complicit in his torture? Did they have an obligation to report the incident? I think the correct answer is yes but once again you have two diametrically opposed careers. Do the Medics report the interrogators for detainee abuse? Who do they accuse specifically since no one else was in the room? Who do they report the abuse too? What would the repercussion be? Would the Medic somehow be reprimanded?

Medics are trained to a high standard in regards to medical care but limited time is spent on the subject of ethics. Various situations can arise on the battlefield that tests the decision-making abilities of the Medic. At a young age and with limited knowledge but following in the ethically correct footsteps of their predecessors Medics are wading through the muddied waters of these dilemmas and making the right ethical decisions each and every day. To date no Medic has been charged with unethical practices since 9/11 but despite this the dilemma remains for future generations of Medics to contend with and to always make the right decisions.

References

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