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An Ethical Thought Paper

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A significant ethical dilemma resurfaced among some military healthcare professionals following terrorist attacks against America on September 11, 2001 and the United States' declaration of war on terrorism. Many military medical professionals struggle with their ethical responsibilities and conduct as they relate to the war on terrorism. Despite the barbaric murders of over 3,000 innocent U.S. civilians and the cowardice acts of the Islamic religious extremists, America's citizens and its leaders expect Soldiers to remain undeterred as guardians of the military professional standard and models of our Army values without waiver. The reality of this ethical dilemma, however, surfaced quickly after America declared war on terrorism.

CAUSE?
MILITARY STAND?

Many military healthcare providers have been questioned concerning the treatment of terrorists and POWs, the medical care of captured or detained personnel, and their roles in the "questionable" interrogation practices of our intelligence community. The thought was that healthcare professionals were holding to the standard. Numerous Desert Shield/Desert Storm veterans witnessed large numbers of Iraqi Soldiers surrender to U.S. forces seeking medical care. Those POWs believed that the medical they would receive from the U.S. was vastly superior to the medical care of Iraq's medical professionals. Did this present an ethical problem for U.S. healthcare providers? The answer is a resounding yes. American physicians bound to safeguard humanity were knowingly treating enemy Soldiers with medical resources intended for American Troops.

WIDER THOUGHT?

WHICH STANDARD?

CARE

WHY IS THE PROBLEM? ARE WE DISCALGATED, AS A RESULT OF THE Gulf War?

This is a highly debatable topic, but military healthcare personnel are ethically obligated to provide quality medical care to all wounded during peace and war. Nations of the world, outraged by the reports detailing the atrocities of Nazi concentration camps, gathered in Geneva, Switzerland in 1948 to introduce the Physician's Oath to the United Nations General Assembly.

IS THERE MORE ABOUT THIS?

The World Medical Association established this document to ensure that physicians in the future would not use medical knowledge to violate the laws of humanity. Its articles state:

- * I solemnly pledge to consecrate my life to the service of humanity;
- * I will give my teachers the respect and gratitude which is their due;
- * I will practice my profession with conscience and dignity; the health of my patient will be my first consideration;
- * I will maintain, by all the means in my power, the honor and the noble traditions of the medical profession; my colleagues will be my brothers;
- * I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient;
- * I will maintain the utmost respect for human life from the time of conception, even under threat, I will not use my medical knowledge contrary to the laws of humanity;
- * I make these promises solemnly, freely, and upon my honor.

Although the 22nd World Medical Assembly amended the oath in 1968, the spirit of the document still governs physicians' professional, ethical behavior, respect, honor, and service to humanity worldwide, including military physicians.

Medical Triage is another method developed to govern accepted practices among healthcare professionals. Civilian medical caregivers use this method strictly for saving lives but military medical personnel use triage for saving lives on the battlefield as a primary means to "Conserve the Fighting Strength". Unlike our civilian constituents, combat medicine dedicates itself to returning Soldiers to the battlefield to fight and sustain the Army's combat effectiveness. The military medical triage principle holds, in part, that when resources are limited, military doctors may first treat Soldiers who can return to the front, as opposed to those Soldiers who cannot return to duty. They may do so in support of the war effort, even though anticipating, as a result, that some Soldiers, because of delayed treatment or preempted altogether, may die.

Although rarely applied today, this mindset existed in past conflicts. During WWII, when penicillin first became available and supplies were limited, it went first to Soldiers who had venereal disease so they could return to duty before other Soldiers who needed it to help recover from severe wound infections, even if the infection was life-threatening. This same scenario may arise in today's conflicts. Military doctors must choose between treating Soldiers who can return to duty, those who cannot, and those equally injured enemy Soldiers. The ethical question then becomes, "May military physicians apply the medical triage principle in the usual way and treat first U.S. Soldiers who can return to duty, then less severely injured U.S. Soldiers, and lastly those equally or more severely injured enemy Soldiers?" Many would argue against the military triage principle because it does not treat equally injured enemy Soldiers equally. That is, less severely injured U.S. Soldiers would get care ahead of more severely injured enemy Soldiers and the U.S. Soldiers would live while the enemy Soldier might die.

is this the
usual triage?

It is only logical that a military doctor deliver quick, quality care to an American Soldier so that they can return to duty as soon as possible. So, is a U.S. military doctor expected to care for an enemy Soldier with the same intention? Do military medical caregivers treat with equal status those enemy wounded Soldiers who may potentially return to their duty of fighting and killing U.S. and coalition forces? This is an ethical dilemma with no easy answer. Combat medicine can push military medical professionals into the proverbial moral corner. Consider the irony of equipping our enemy with renewed health and strength to levy their hatred right back at us again when given the chance. The goal of armies is to fight and win military victories. Soldiers suffer injuries in combat. If military doctors can save them, they may be able to fight

again and sustain combat effectiveness. Saving lives of Soldiers who cannot return to the fight and ease of suffering take second seat in combat medicine to returning able, trained Soldiers to the fight.

Despite decades of reprehensible torture and the ruthless tyranny exacted against Iraqi citizens by a sadistic Saddam Hussein, America's scar from our actions at Abu Ghraib oozes with the stench and repulsion by people around the world. Seventeen U.S. Soldiers, including a Brigadier General were relieved of duty following charges of mistreating Iraqi Soldiers/POWs. The obligation put forth in the Geneva Convention to treat prisoners humanely certainly would include enemy POWs. Some investigators claimed that the techniques used by American Soldiers to interrogate Iraqi POWs were despicable and atrocious. They argue that countries that have signed the Geneva Convention must treat POWs equally and not use food and water deprivation, or any physical or mental abuse to "soften" prisoners up in the attempt to gain information. BG Mark Kimmitt said that America can't expect other nations to treat our Soldiers with dignity and respect if we don't set the example ourselves with their captured or wounded Soldiers.

Article 31 of the Geneva Convention requires that Medical Inspections of prisoners of war take place at least once per month. This includes checking and recording of weight of each prisoner of war. Their purpose shall be, in particular, to supervise the general state of health, nutrition, and cleanliness of prisoners and to detect contagious diseases, especially tuberculosis, malaria, and venereal disease. The most efficient methods available are to be employed, e.g. periodic mass miniature radiography for early detection of tuberculosis.

Again, we note another dilemma for U.S. medical professionals. If the interrogation

tactics at Abu Ghraib were unethical or illegal, military doctors have a professional obligation, as well as the obligation as a Soldier, to oppose and/or report the acts. Enemy POWs are to be treated as U.S. Soldiers despite the unfair and often fatal treatment inflicted upon U.S. captured and/or wounded Soldiers by our enemies. Considering these facts, some military physicians believe that bending the Geneva Convention rules may be acceptable when known terrorists and POWs may provide valuable information with a little encouragement. The thought is that the information could save the lives of U.S. Soldiers. After all, this is war, right? On the other hand, U.S. Soldiers, including military doctors, indeed feel enraged when some of their comrades die or are permanently handicapped as the result of a POW receiving more urgent medical care ahead of them because the enemy Soldier/POW must be treated equally.

Judging what POWs deserve ethically is extremely problematic. Iraqi civilians, for example, feel forced to fight against the "invading American infidels" or they and their families will die. Iraqi Soldiers know that if they don't fight, they will face an execution squad. Following the Gulf War in 1991, approximately 600 Army and Navy physicians took a survey to ascertain what they believed the priority of care should be. Over 22% felt that U.S. forces should be treated first regardless of the injury. Remember that the Geneva Convention mandates that enemy casualties be treated in the same manner as U.S. Troops.

Although the Physician's Oath established in 1948 served to govern the professional conduct, ethical behavior, respect, honor, and service to humanity of doctors worldwide, a considerable representation of U.S. Military Physicians hold that military directives aim care to U.S. casualties first, allies second, civilians third, and the enemy fourth. Military medical professionals obviously continue to wrestle with this moral and ethical issue.