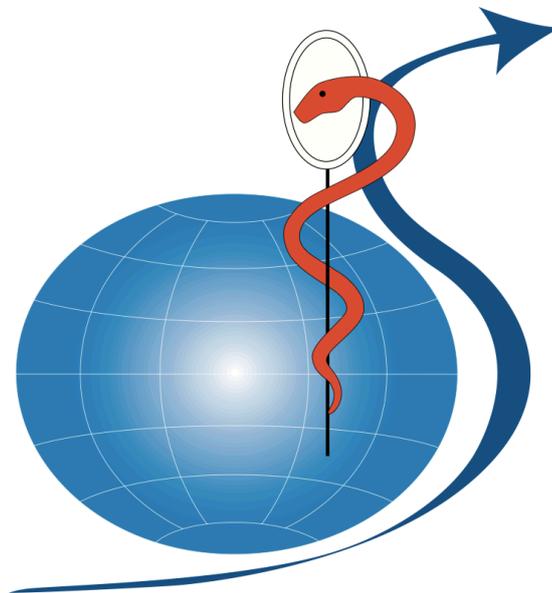


Workshop Program

4th ICMM Workshop on Military Medical Ethics in Disaster Relief, Humanitarian Missions, and Conflict

24 – 26 April 2014 – Forum Lilienberg
Ermatingen, Switzerland



Patronage

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Workshop Organization

Swiss Armed Forces, Medical Services Directorate
ICMM Reference Centre for Education of
International Humanitarian Law and Ethics

Abstracts

Cécile Bensimon – *Resource allocation in humanitarian and military medicine*

The ever-increasing need for humanitarian medicine in both acute and protracted crises is raising difficult questions about how to set priorities for the use of available resources and the basis on which to ground allocation decisions in the very same communities where humanitarian interventions may experience a crisis of legitimacy. Humanitarian response, even on the narrowest definition of humanitarian medicine as a response to an urgent imperative to save lives, is necessarily conditioned by contextual considerations that often have conflicting goals and interests. On what basis, then, ought allocation decisions be made? Are allocation decisions accepted as legitimate if they are deemed to be fair, as some have suggested? Can humanitarian medical organisations make fair allocation decisions that are consistent with their guiding principle of impartiality? And can military medical operations make fair allocation decisions with their inevitably partial and political mandates? I propose to explore the challenges of resource allocation in humanitarian medicine. In doing so, I will consider principles that guide resource allocation in contexts of scarcity and consider how these may apply, and the impact of their application, to humanitarian medicine. Further, I will examine whether humanitarian medical organisations, largely propelled by macro- and meso-level aid agendas, and military medical operations, bound by micro-level medical ethics, can have the same – or ought to have different – criteria justifying allocation decisions, even as they may share the same humanitarian space. Greater clarity about the basis on which to ground allocation decisions would enhance the fairness of priority setting in, and bolster the legitimacy of, humanitarian and military medical response.

Veronika Bock – E-Learning at zebis (Zentrum für Ethische Bildung in den Streitkräften)

Since December 2011 zebis maintains the online portal “Didaktik-Portal”, a password-protected platform for military chaplains and teachers of ethical education in the German armed forces. The portal takes up the guidelines and the curriculum laid out by the Joint Service Regulation ZDv 10/4 concerning the promotion and development of ethical competence in the armed forces.

“Didaktik-Portal” offers exemplary teaching concepts, didactical prepared lesson plans and additional teaching material including images, video and audio clips, Power Point presentations, essays etc. It aims at providing the teaching staff with a broad range of downloadable support material to facilitate the preparation of lesson plans. The modular design of “Didaktik-Portal” allows the teacher to individually adapt the material to his/her own requirements and thematic focus.

The presentation will introduce you to the e-learning portal’s structure and thematic priorities.

Sheena M. Eagan Chamberlin – Ethical Issues in Civilian Medical Assistance Programs in the U.S. Military

Civilian medical assistance programs involve unique ethical dilemmas for physician-soldiers—representing the use of medicine within the military as a strategic tool. While humanitarian or altruistic goals are often associated with the medical profession, the strategic intent inherent in these assistance programs is unique to the military. Thus, a military physician is expected to balance his role as soldier and his role as physician. Since these programs involve obligations reflecting the twin roles of the physician-soldier, it presents challenges that are uniquely complicated.

The ethical issues involved in civilian medical assistance programs also vary from those discussed in other humanitarian medical missions, typically led by civilian or Non-Governmental Organizations. These military missions have historically involved the prioritization of strategic goals, sometimes to the detriment of the medical objective. This prioritization creates a morally complicated space for the physician-soldier, as they are left feeling frustrated and able to practice only limited medicine.

The clear strategic intent is apparent in the doctrine that shaped these programs, the reports and narratives of participants and the primary source documents. The general purpose of these missions has been to use medicine to “win the hearts and minds” of civilian foreign populations, fostering positive international perceptions of the US, its government and military, while simultaneously expanding the American sphere of influence.

This presentation will offer a historico-ethical perspective on these programs. Analysis will begin with the Vietnam War and move forward to today, focusing on two specific programs: Medical Civic Action Programs and Medical Readiness Training Exercises.

Caroline Clarinval – An ethical framework guiding humanitarian actors in their decision-making process

The aim of this talk is mainly fourfold. First, it aims at raising awareness regarding ethical issues in the context of humanitarian action and highlights three ethical issues that humanitarian aid workers may be confronted with in the course of their deployments. The first case discusses a situation at *macro* level concerning decisions that are being made at head quarter level of a humanitarian organisation. The second case looks at issues concerning the *meso* level, and as such discusses issues that need to be solved at country or regional level and the third case proposes an ethical dilemma at *micro* level, where the patient – physician relationship is being displayed. Secondly, an ethical framework to assist humanitarian aid workers in their decision-making process will be proposed. The framework draws from the sets of values that guide humanitarian action and draws parallels to the fields of public health ethics.

Thirdly, a process that has been inspired by instruments that have proven useful in the clinical setting will be proposed which is an instrument that structures the decision-making process and promotes transparency. This is believed to improve the monitoring and evaluation of aid interventions. Fourth, certain organisational measures are suggested to implement the above successfully. As such the contribution of this talk is to apply theories and practices that have already proven useful in the field of public and clinical ethics to the challenging situation of decision-making during relief operations in the humanitarian aid context.

Paul H. Gilbert – *Medical Neutrality*

Under international law medical personnel enjoy immunity from attack on the understanding that they offer their services to the wounded on both sides of a conflict without discrimination, by analogy with the way in which the neutrality of non-belligerent states depends upon their not actively taking sides in a war. This paper examines some implications of medical neutrality and defends the resulting interpretation of the principle against possible criticisms.

Ali Okhowat – *A Blended Learning Ethics Training Program for Canadian Forces Healthcare Professionals*

Military healthcare professionals (HCPs) are regularly exposed to a variety of ethical challenges, during training, in garrison or on deployment. Researchers have noted that a significant portion of HCPs experience these ethical challenges while on deployment, during which time a paucity of training, experience or support can lead to an increased frequency and intensity of ethical challenges. Notable examples include issues related to standards of care, dual loyalty, informed consent, detainee treatment, and resource allocation. These issues have clear implications for the delivery of high quality patient care. In addition, they can have significant, deleterious effects on HCPs, including moral distress, outrage and residue, which may affect healthcare teams, and the military operation and organization, more generally. It is thus important to investigate the nature of the ethical challenges experienced by military HCPs in order to develop engaging and effective curricula and tools that may help them to better respond to these challenges.

Mustafa Pasha – *Experience of a Medical Officer as healer and killer (Case Study)*

In the south-eastern hilly districts of Blue land, insurgency problem was at its peak in 1990. A young military doctor after completion of his basic military training and a brief period of service in a field medical unit posted as war increment Regimental Medical Officer (RMO) to an Infantry Battalion deployed in insurgency prone hilly districts to fight counter insurgency. Before acclimatizing himself to the regimental environment he was issued with an AK-47 including extra magazines loaded with live bullets and hand grenades well fitted to his bandolier.

Young Captain has started his journey in a confusing dual role. A medical professional suddenly transformed to a combatant. Treating soldiers under his jurisdiction specially treating injuries and combating malaria and its sequel - complicated cerebral malaria in a malaria endemic zone, as well as participating in minor operations of war (patrolling, raid-ambush etc) became a routine affair. The officer was carrier conscious, so never objected to be a part of combat mission. Moreover, he was well briefed by his predecessor while handing-taking over that if he denies performing his combatant role Commanding Officer will take it very seriously and he will have to face the music - his forthcoming tenure with the battalion will be untenable. Nevertheless sometimes it was realized by him that his

medical role has been overshadowed due to his acquiescence in participating in combatant roles. But by assessing the reality he continued his dual role i.e. his combatant role by killing on the one hand and medical mission of healing on the other.

Peter Schaber – *Is There An Unconditional Duty Of Assistance?*

Humanitarian aid has been criticized for being inefficient. But humanitarian aid has also been criticized for being in some cases morally wrong. This talk will deal with the question of whether there is a point where humanitarian aid ceases to be ethical. How could this - if ever - be the case, provided that there are no intentions to contribute to wrongdoing? It will be argued that it is morally permissible not to help people, if the foreseen consequences that are brought about as side-effects of humanitarian aid are very bad. But it will be argued that it is at the same time morally permissible to help in such cases, provided that there is a serious reason to help.

Min Yu – *Medical ethical issues in earthquake relief by Chinese Armed Forces*

With a vast area and large population, as well as located in the Indian Plate, the Eurasian Plate and the Pacific Plate junction, China has suffered a lot from earthquakes, which caused massive losses of lives and properties. Chinese army has played a critical role in the earthquake relief. However, different from the medical care in peacetime, during earthquake relief, the military medical personnel are also facing new ethical issues, which include: the dilemmas between saving lives and treatment quality, patients' right of knowing and the emergency, treatment needs and medical resources, humanitarian principles and ineffective treatment abandon, the right to medical equality and medical triage and etc. In order to accomplish the sacred mission of the armed forces, it is necessary to conduct medical ethical research on disaster relief, to enhance the training and acquire the knowledge of medical ethics principles.