

# Ethical Dilemmas for Physicians in Time of War

Fred Rosner MD MACP\*

Elmhurst Hospital Center, Elmhurst, and Mount Sinai School of Medicine, New York, NY, USA

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## For Editorial see page 172

**M**edical ethics in times of war are fundamentally different to those in times of peace. War brings military and medical values into conflict, often overwhelming other moral obligations, such as a doctor's obligation to relieve suffering in the face of military necessity [1]. The wider problem of dual loyalty may be manifested in conflicts between professional duties to a patient and obligation to third parties that may lead to complicity by physicians in violations of human rights [2]. This essay discusses some of the ethical dilemmas faced by physicians in time of war.

How should physicians act when faced with military-ordered corporal punishment such as amputation or torture? According to Gross [3], it is clear that international law, United Nations resolutions and universal codes of medical ethics unequivocally forbid physicians from countenancing or participating in any form of torture or corporeal punishment. The physicians' civic and professional duties to his or her patient may rarely be overridden by duty to the state in some Islamic societies that have institutions and practices that are so urgent as to require the physician to act against his own moral code [3] and desire to preserve human dignity and protect human rights, self-determination and bodily integrity. The physician may rightly be strongly opposed to physical abuse and ill-treatment of detainees in times of war. Gross [3] provides examples of physicians being compelled to participate in corporeal punishment of detainees and cites arguments used to justify torture in rare instances where there is an absolute necessity to do so to extract information from detainees that may lead to the saving of many innocent lives.

In Kosovo, following the revocation of autonomy in 1989, its citizens voted overwhelmingly to form an independent republic. Serbian authorities did not recognize the referendum and engaged in a well-documented campaign of human

rights violations against Kosovo's ethnic Albanian majority population. The Physicians for Human Rights group was founded in the 1980s by physicians who use their expertise to research and publicize human rights violations [4]. After diplomatic efforts failed to end massacres and human rights violations against Kosovar Albanian civilians, Physicians for Human Rights publicity released a letter to President Clinton calling for military intervention in the form of an international ground force [4].

In Iraq, physicians are known to have participated in human rights abuses during Saddam Hussein's Baathist regime, but the nature and extent of that participation are not well documented [5]. These abuses included falsification of medical-legal reports of alleged torture, physical mutilation as a form of punishment, and falsification of death certificates [5]. The authors of the study conclude that as Iraq rebuilds, it is essential that the country address these violations and enact measures to prevent physicians from future complicity in human rights abuses [5].

Howe [6] discusses dilemmas in military medical ethics since 9/11. These dilemmas include the treatment of terrorists who have been captured (interrogation and inhumane treatment), suicide and psychological care, whether or not prisoners should be given protective agents, what should be done when the military medical triage principle is at stake, should military doctors treat enemy soldiers or civilians first? The author concludes that to respect all persons, once captured, affirms human dignity.

Respecting human dignity may be the major underlying, if not the sole justification for conducting all wars. Thus, if after 9/11 no other time-honored values are continued, those regarding the treatment of prisoners would seem most to warrant being retained [6]. Rubenstein [7] states that physicians need firm standards of conduct grounded in human rights and institutional support to resist pressures from military organizations to breach them. Singh [8] discusses the subject of American physicians and dual loyalty obligations in the "terror." He assesses the physician's obligation to treat war detainees in the light of instruments of international humanitarian law and medical ethics. He briefly outlines the abuse, which flourished in South Africa under apartheid where state physicians became morally devoid of the interests of their detainee patients. The author cautions American physicians not to let the same mindset overtake them. He urges the U.S.

\*Teaching Attending Physician, Mount Sinai Services

medical community to advocate for detainee rights, regardless of the detainee's political culture.

Recently, Block and Marks [9] wrote a lengthy perspective entitled "When doctors go to war." They point out that physicians and other health care personnel such as nurses and medics are bound by international law to treat wounded combatants from all sides and to care for injured civilians. These authors also assert that physicians are also required to care for enemy prisoners and report any evidence of abuse of detainees. In exchange, the Geneva Conventions protect health care personnel from direct attack, so long as they themselves do not become combatants [9].

According to sources cited by Block and Marks, during the wars in Iraq and Afghanistan, physicians and other health care professionals breached their professional ethics and the laws of war by participating in abusive interrogations and other "flagrant violations of medical ethics." The Pentagon answered that its detention operations are "safe, humane and professional" and that "the allegation that detainee medical files are used to harm detainees is false." Block and Marks reported on their own inquiry into medical involvement on military intelligence gathering in Iraq and Guantanamo Bay. Their inquiry revealed a much more troublesome picture [9]. They found involvement of physicians in interrogation procedures that violate the laws of war. Not only did caregivers pass health information to military intelligence but physicians assisted in the design of interrogation strategies, including sleep deprivation and other coercive methods. The authors postulate that physicians who did such work tend not to see these practices as unethical. On the contrary, many consider that physicians serving in such roles as active interrogators and experts on questioning techniques and not acting as physicians are therefore not bound by patient-oriented ethics. They quote the Deputy Assistant Secretary of Defense for Health Affairs as endorsing this view. The authors also cite testimony taken in February 2004 as part of the inquiry into abuses at Abu Ghraib detention center. In his testimony, Colonel Thomas M. Pappas, chief of military intelligence at the prison, described the physicians' systematic role in developing and executing interrogation strategies. A January 2004 memorandum issued after Pappas' testimony lays out an "interrogation and counter-resistance policy" calling for aggressive measures involving physicians including psychiatrists [9].

Military intelligence interrogation units also had access to the medical records and clinical caregivers of detainees in both Iraq and Guantanamo Bay. Block and Marks ask whether doctors breached medical ethics when they helped develop and execute interrogation strategies. The Pentagon and military officials make a case for a negative answer. Doctors, they argue, act as combatants, not as physicians, when they put their medical knowledge to use for military ends [9]. Physicians with intelligence-gathering responsibility are acting professionally, legally and ethically when they assist interrogators.

Military physicians, continue Block and Marks, point to civilian parallels, including forensic psychiatry and occupational health, arguing that the medical profession sometimes serves purposes at odds with patient welfare. They further argue that the Hippocratic ideal of undivided loyalty to the patient fails to capture the breadth of the profession's social role, a position with which Block and Marks agree [9]. They also state that the conclusion that doctors participated in torture is premature. However, the medical personnel who helped to develop and execute aggressive counter-resistance plans did breach the laws of war [9]. In conclusion, Block and Marks [9] state that:

Military physicians, nurses and other health care professionals have served with courage in Iraq and other sites of war since September 11, 2001. Some have received serious wounds, and some have died in the line of duty. By most accounts, they have delivered superb care to U.S. soldiers, enemy combatants and civilians alike. We owe them our gratitude and respect. We would affirm their honor, not besmirch it, by acknowledging the tensions between their Hippocratic and national service commitments and by working with them to map a course between the two.

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## SUMMARY AND CONCLUSIONS

During times of war, physicians are sometimes faced with the conflict of their professional duties to ensure the ethical principles of beneficence, non-maleficence, patient autonomy, and self-determination, within the framework of the proper ethical conduct in the practice of medicine, and the obligation and duties placed upon the physician by the state in times of war. Many ethical dilemmas may occur for the physician on the battlefield or elsewhere in the war region, including the treatment of detainees and the priority of treating wounded enemy soldiers or civilians first. When physicians are faced with a conflict between following state or national policies and following international principles of humanitarian law and medical ethics, the physician should opt for the latter. Physicians should not participate in any way in human rights abuses of detainees or prisoners when deployed in a war zone. Physicians must maintain the principles and standards and ethical considerations of their noble profession at all times.

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### Correspondence:

**Dr. F. Rosner**

750 Elivira Avenue, Far Rockaway, New York 11691, USA

Phone: (1-718) 327-1279

email: fsrosner@verizon.net

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