An Ongoing Series

Moral, Legal, and Ethical Considerations for Operational Medicine in the Austere Environment

An Introduction

Michael R. Hetzler

As a series for the JSOM, we continually try to brief our intention and processes to audiences and medical directors to ensure clarity and understanding, as well as to develop opportunities for further contribution. While doing so last spring, two offices requested that we consider addressing moral, legal, and ethical (MLE) concerns for operational medicine in the austere environment.

MLE medical issues have pertinent and important value to the profession. Considering the many additional challenges in the operational environment, ethics may often lack the timely attention they require. Ethical questions in the austere can also be more difficult to understand, let alone manage.

The medical profession has relied on the following four basic principles as a start point when performing ethical deliberation in a civilian context:

- Autonomy – A patient must be fully informed, free of coercion, and understanding of all considerations and procedures when making decisions for their own healthcare
- Nonmaleficence – That procedures do no harm to the patient or society in exercise
- Beneficence – Requires that medicine must be applied with the intent of benefit to the patient
- Justice – That the burdens and benefits of new or experimental treatments must be distributed equally among all groups in society and that procedures uphold existing laws and are fair to all players involved. Providers just further evaluate additional areas of fair distribution of scarce resources, competing needs, right and obligations, and potential conflicts with established legislation when evaluating justice

These "Big Four" are further understood to be nonhierarchical, meaning that no single principle raises above the others in priority in deliberation or practice. Additionally, other concepts and findings, from the Hippocratic Oath to the Nuremburg Code, lend guidance, precedence, and cultural values to the medical community overall. Although these principles often serve the efforts between clinical medicine and scientific research, it could be argued that the ethical challenges existing in our environments can be more complicated and volatile.

Clearly, MLE issues can have great ambiguity, and few will likely agree with findings and opinions of situational challenges in our realm, but that should not dissuade us from engaging these questions as a community. Unlike evidence-based medicine with rigorous process and methodology, MLE issues have natural uncertainty in interpretation and exercise and can be very philosophical in consideration and psychological in effect. This is not a disciplined course of study – there is no prospective approach, no sensitivity and specificity, only discussions and debates for the best advice we can give to those most likely to wrestle with the questions.

MLE challenges in combat, humanitarian relief, or the austere are often questions of conscience, and these issues can have a human impact. Conflict with our own actions and values will have cost to the care provider. While that cost is arguably based on the situation and interpretation of the individual, these challenges should be professionally discussed and addressed. Common and routine discussions would be healthy to our community to both familiarize the complexities of MLE challenges and deepen understanding.

By not engaging these subjects, MLE concerns could be left open to misunderstanding, assumption, and outdated aspects. Issues in the operational environment are also not specific to either military or civilian, and these challenges are often further complicated by the ethics and cultures of other nations and regions in which we operate.

The future will likely be more difficult than the past. So, too will the MLE task. The challenges of peer adversaries, large-scale warfare, and the blurring of lines in traditional military conflict mean that we will see suffering in uncommon and unexpected ways that differ greatly from our present. Whether physician or medic, civilian or military, these challenges are part of our work, and for our community, we should be engaged beforehand.

It is hoped that these MLE works will raise the subject and awareness in our community, provide further perspective and understanding, and promote interaction, discussion and debate.

Correspondence to michael.hetzler@JSOMonline.org

The Special Operations Medical Association's Official Journal

JSOM

JOURNAL *of* SPECIAL OPERATIONS MEDICINE™

Winter 2018
Volume 18, Edition 4

THE JOURNAL FOR OPERATIONAL MEDICINE AND TACTICAL CASUALTY CARE

Inside this Issue:

Dedicated to the Indomitable Spirit and Sacrifices of the SOF Medic

A Peer-Reviewed Journal That Brings Together the Global Interests of Special Operations' First Responders