Beyond the Battlefield: Ethical Frontiers in Operational Medicine

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify core ethical tensions unique to operational military medicine.
2. Analyze the ethical responsibilities of clinicians in operational clinical scenarios and distinguish medical judgments from command decisions.
3. Apply ethical frameworks to real-world operational dilemmas such as triage and force health protection measures.
4. Evaluate ethically complex operational decisions for their potential downstream effects on patient trust, force readiness, professional integrity, and moral injury among medical personnel.
5. Formulate ethically defensible courses of action and communication strategies that preserve medical professionalism while operating effectively within the military command structure.

Introduction to Bioethics

What is Ethics?

- Broadly, a consideration of the rightness or wrongness of actions
- An approach or guide to behavior that is in line with the “good”
- Ethics asks: what is the right thing to do and why?

Plato and Aristotle as depicted in *The School of Athens*, by Raphael Sanzio (https://www.independent.org, n.d.)

What Ethics Is Not

(https://www.independent.co.uk/, n.d.)

- Legal
  - What is legal may not always be ethical
- Professionalism
  - Issues of professionalism are best addressed by human resources

Why Do We Need Ethics?

- Provides guidance for how public health should achieve its health goals in accordance with an ideal “good.”
- Can offer aspirational guidance for what the goals of public health ought to be.
- “Rules often are inadequate to cover complex situations; at times they come into conflict, and they are frequently difficult to interpret or apply.” – Belmont Report
  - Ethics and ethical discussion can provide the basis upon which rules may be interpreted, created, and scrutinized

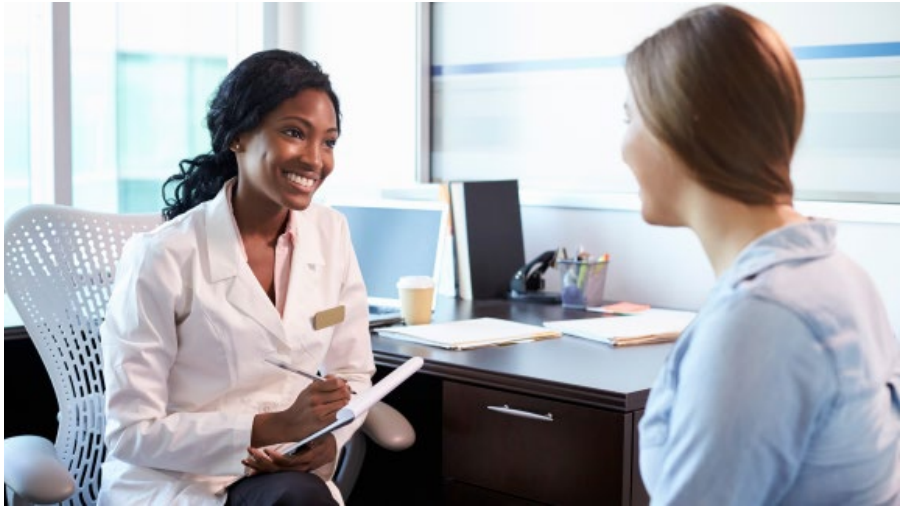
(https://conp.ca/ethics-toolkit/, n.d.)

Bioethics

Hippocrates Refusing the Gifts of Artaxerxes, by Anne-Louise Girodet (https://www.ncbcenter.org, n.d.)

- Bioethics is the study and practice of ethical issues in relation to health, biology, and medicine.

Domains of Bioethics



(https://magazine.medlineplus.gov/, n.d.)

- Clinical Ethics
  - Analysis of ethical issues in clinical practice
- Research Ethics
  - Protection of research subjects and allocation of research resources
- Public Health Ethics
  - Systematic process of clarifying, prioritizing, and justifying public health courses of action
- Global Health Ethics
  - Applying ethical methods to issues of international importance and in developing nations
- Human Rights of Health
  - Determining what each person is owed
    - ✓ Positive = right *to* something (e.g., right to education)
    - ✓ Negative = right *from* something (e.g., right to not be tortured)

Approaches to Bioethics – Ethical Theories

Actor/Agent	Action (Deontology)	Results (Consequentialism)
Virtue Ethics (Aristotle)	Ethical Duties (Kant)	Utilitarianism (J.S. Mill)
Focuses on what a person of character would do	Determines what action best fulfills one's duty	Weighs harms and benefits resulting from an action
A moral action exemplifies the virtues of a person of character	A moral action fulfills a duty or obligation one owes to oneself or society	A moral action provides the best net balance of benefits over harms for most people
Useful to assess skills and abilities needed for success	Duties defined in terms of moral principles or maxims	Implicit in cost/benefit or risk/benefit assessments
Reliability, trustworthiness, competence	Autonomy, justice, equity, human rights	Long versus short term harms and benefits, undue burdens

(CDC, 2012)

Unique Bioethical Considerations in the Military

- Specialized population
  - Unique vulnerabilities and challenges
- Military exercises significant control over its service members
  - Hierarchical authoritarian structure
- National security and accomplishing the mission as a top priority
  - Can manifest as different intervention decisions compared to civilian contexts depending on the situation
- Military physicians and public health practitioners have dual loyalties
  - Hippocrates and Constitution
  - Conflict of obligation

(army.mil, 2017)

(Smith, 2022)
(Thomas, 2020)

Operational Medicine Ethics

THE TOOLKIT: OBJECTIVES

IDENTIFY

Core tensions unique to downrange operations.

APPLY

Frameworks for real-time dilemmas, not theory.

RECOGNIZE

Boundary risks: Command Authority vs. Medical Independence.

PUSH BACK

Verbiage to dissent safely and effectively.

(NotebookLM)

BUILDING A FRAMEWORK FOR DECISION-MAKING UNDER FIRE.

Operational Military Medicine

- Care delivered in support of military operations
- Includes:
  - Combat casualty care
  - Preventive medicine & force health protection
  - Detention operations
  - Humanitarian assistance & disaster response
- Ethical environment shaped by:
  - Chain of command
  - Law of Armed Conflict
  - Mission objectives

THE SHIFT

ETHICS DO NOT DISAPPEAR. THEY CHANGE SHAPE.

CIVILIAN: PATIENT-CENTRIC

Abundant Resources
Autonomy
Absolute Care

OPERATIONAL: MISSION-CENTRIC

Scarcity
Command Pressure
Tradeoffs

Ethical pressures in operations

- Time compression (“decide now”)
- Resource constraints
  - E.g., blood, resources, evacuation capacities, staffing)
- Competing obligations:
  - Patient vs unit
  - Individual vs mission
- Moral residue: *even right decisions can feel wrong*

THE CENTRAL TENSION: DUAL LOYALTY

i.e., “Conflict of obligation”

PHYSICIAN TO PATIENT

OFFICER TO MISSION

THE CONFLICT

The ethical danger zone exists where patient welfare and mission success diverge.

EXAMPLES

- Fitness-for-duty determinations.
- Return-to-fight decisions.
- Medical intel requests.

REALITY

Your loyalty is permanently divided. Acknowledge it to manage it.

(Smith, 2022) (NotebookLM)

COIN → LSCO

Counterinsurgency vs.
Large-scale combat operations

COMMAND INFLUENCE VS. MEDICAL INDEPENDENCE

PRESSURE TYPES

- Explicit: “Can’t you clear them?”
- Implicit: Ops tempo, manpower shortages.

THE REFRAMING

- You provide **MEDICAL RISK ASSESSMENT**, not operational permission.
- You **describe the health cost**. The Commander accepts the risk.

THE RED LINE: DECISIONS MUST REMAIN CLINICALLY GROUNDED.

TRIAGE IN THE RED ZONE

THE MANY VS. THE ONE

POPULATION ETHICS & FORCE HEALTH

THE CONFLICT	JUSTIFICATION TRIAD
Individual Liberty vs. Force Readiness	1. Necessity 2. Proportionality 3. Least Restrictive Means

WARNING

Do not normalize preventable harm. Assess health risk so Command can accept operational risk.

(NotebookLM)

(Kass, 2012)

THE ENEMY PATIENT
ETHICS AS ARMOR

- [✓] **THE LAW:** Geneva Conventions reinforce medical ethics, not replace them.
- [✓] **THE OBLIGATION:** Enemy hors de combat = Equal medical standards.
- [✓] **THE TRAP:** No security-driven delays or differential care.
- [✓] **IDENTITY:** Medical personnel remain non-combatants.

"THE UNIFORM MAKES THEM A SOLDIER. THE STETHOSCOPE MAKES THEM A NON-COMBATANT."

(NotebookLM)

INFORMATION AS AMMO

MEDICAL INTELLIGENCE & PRIVACY

THE BOUNDARY

Health Data vs. Operational Intel

THE STANDARD

Fitness-for-duty ≠ Full Medical Disclosure

ETHICAL ANCHOR

Share only the minimum necessary information.

(NotebookLM)

LOSS OF TRUST = LOSS OF READINESS.

CONSENT IN CONSTRAINED ENVIRONMENTS

THE EROSION

Rank, urgency, and limited alternatives erode standard consent.

Informed consent may look different in operational settings, but it should not be overlooked.

THE LITMUS TEST

Was refusal genuinely possible? If not, acknowledge the limitations.

(NotebookLM)

BEYOND THE WIRE

HUMANITARIAN & GLOBAL HEALTH

SUSTAINABILITY > METRICS

Avoid medical tourism.

Do not undermine local trust or systems.

Ethical success is not measured in procedures performed.

(NotebookLM)

THE COST: MORAL INJURY

(NotebookLM)

ETHICAL DISTRESS

Knowing the right thing but being unable to do it.

MORAL INJURY

The betrayal of deeply held values.

PREDICTORS

Repeated compromises. Lack of ethical voice.

“DOING THE ‘NECESSARY’ THING CAN STILL FEEL LIKE THE ‘WRONG’ THING.”

THE FRAMEWORK: DECISION MATRIX

1. COMPETING OBLIGATIONS?

What are they?
(Patient vs. Mission)

2. RISK ANALYSIS

Who bears the risk vs.
Who benefits?

3. JURISDICTION

Is this a medical judgment
or a command decision?

4. DEFENSIBILITY

Can I defend this decision
publicly and retrospectively?

(NotebookLM)

THE COMMAND CLIMATE

(NotebookLM)

LEADERSHIP ACTION ITEMS

1. **BUILD IT:** Ethical environments are built, not improvised.
2. **PROTECT IT:** Leaders must protect medical independence.
3. **NORMALIZE IT:** Encourage ethical dissent. Debrief the hard cases.

SILENCE IS NOT NEUTRALITY.

THE ETHICAL ANCHOR

OPERATIONAL ETHICS IS ABOUT TRADEOFFS, NOT PURITY.

DUAL LOYALTY IS PERMANENT. MANAGE IT.

ETHICAL COURAGE PRESERVES READINESS.

THE HARDEST CALLS ARE OFTEN THE MOST IMPORTANT ONES.

Key Takeaways

- **Dual Loyalty:** Navigate the tension between patient care and mission by keeping medical decisions clinically grounded
- **Population Triage:** Prioritize the "most good" for the unit by focusing on salvageability and resource maximization
- **Liberty Restrictions:** Justify interventions like quarantine through necessity, proportionality, and transparency
- **Enemy Care:** Uphold the obligation of equal medical treatment for any injured person who is *hors de combat* ("out of the fight")
- **Moral Injury:** Mitigate the distress of ethical tradeoffs by debriefing hard cases and protecting clinical independence
- **Leadership Communication:** Acting ethically sometimes requires communicating with leadership, and there are appropriate ways to do that in a military command environment

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