Moral Prophylaxis for Combat Medicine: Preparing Clinicians for Moral Injury

Army MAJ Andrew Schmitz, Th.M.
Bioethics Lecturer, Army-Baylor Master of Health Administration & Master of Business Administration Programs
Chaplin, U.S. Army Medical Center of Excellence
San Antonio, Texas

Army MAJ Jonathan Lorenz, M.Div.
Chaplain, Operations and Plans
Religious Affairs
Defense Health Agency
Falls Church, Va.

November 5, 2026
1445 – 1545 ET

Presenters

Army MAJ Andrew Schmitz, Th.M.

Bioethics Lecturer, Army-Baylor Master of Health Administration & Master of Business Administration Programs

Chaplain, U.S. Army Medical Center of Excellence

Fort Sam Houston

San Antonio, Texas

Army MAJ Jonathan Lorenz, M.Div.

Chaplain, Operations and Plans

Religious Affairs

Defense Health Agency

Falls Church, Va.

Army MAJ Andrew Schmitz, Th.M.



MAJ Schmitz is a bioethicist and a combat veteran of the 101st Airborne Division (AASLT). He holds the Army's 7E Chaplain Ethicist and 7S Combat Medical Pastoral Care Specialist skill identifiers. He completed the University of Chicago's MacLean Center Siegler Fellowship in Clinical Medical Ethics and was a 2026 Fellow at Auschwitz for the Study of Professional Ethics (FASPE). He holds a Master of Theology and is pursuing a PhD in Ethics and Public Theology at The Southern Baptist Theological Seminary.

Army MAJ Jonathan Lorenz, M.Div.



MAJ Lorenz is the DHA Operations and Plans Chaplain. He is a trained Clinical Pastoral Care Clinician (7R) who served his clinical pastoral residency at Walter Reed National Military Medical Center. He holds certification in Combat Medical Ministry (7S) and is certified in Combat Operational Stress Control (COSC). He holds a Master of Divinity from Concordia Theological Seminary and is currently pursuing a Doctor of Ministry degree from Wesley Theological Seminary specializing in chaplaincy and Trauma Informed Care.

Disclosures

- MAJ Schmitz and MAJ Lorenz have no relevant financial or non-financial relationship(s) relating to the course content or with ineligible companies to disclose.
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of War, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency J-7 Continuing Education Program Office (DHA J-7 CEPO). DHA J-7 CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA J-7 CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial relationship(s) with ineligible companies to disclose.
- Commercial support was not received for this activity.

Learning Objectives

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

1. Summarize empirical evidence concerning moral distress and moral injury among healthcare professionals and military personnel.
2. Explain how the Army Ethic and the Founders' moral framework inform moral prophylaxis and recognition of the limits of medicine.
3. Differentiate moral injury, secondary traumatic stress, and burnout among military healthcare professionals.
4. Apply chaplain-led strategies for moral preparation and traumatic event management, including the SAFERR crisis intervention model and C.A.R.E. spiritual self-assessment.

Polling Question #1

In one word, what does trauma mean to you?

Overview

Thesis: Military chaplains can strengthen clinical readiness through evidenced-based **moral prophylaxis** that prepares military healthcare professionals for the moral exigencies of war and attends to the **soul** of the warfighter, consistent with the **Founders' moral ecology**.

Methodology: This argument unfolds in **three** stages:

1. Evidenced-based literature will demonstrate the data of moral distress and moral injury in clinical settings.
2. The military ethic's appeal to the Declaration of Independence offers a thick normative account that deals with moral distress by addressing the Creator-creature distinction.
3. Practical tools can equip care teams for Traumatic Event Management.

The Data of Moral Distress, continued

- In qualitative interviews with 26 healthcare chaplains across Texas, researchers identified **three** principal categories of potentially morally injurious events: personal acts of omission or commission, witnessing others' moral transgressions, and institutional betrayal (Fantus et al., 2025).

- **38.7%** (60 of 155) of active-duty service members who completed cognitive processing therapy for Post-traumatic stress disorder (PTSD) had a morally injurious event categorized as their index trauma, compared with 41% who experienced life-threat trauma and 20% who experienced traumatic loss (Hawkins, 2021, p. 61).

- **23.9%** of 181 healthcare professionals in a pre-pandemic study reported moderate or greater functional impairment associated with moral injury (Mantri et al., 2021, as cited in King & Hawkins, 2023, p. 171).

- Prior studies estimate that as many as **34% of service members who served in combat** experience potentially morally injurious events (PMIEs), including perceived betrayal by leadership and witnessing or participating in acts that transgress deeply held moral beliefs (Weiss et al., 2023).

The Data of Moral Distress

- Taken together, these findings demonstrate that moral distress already poses a significant challenge in clinical settings. We argue that the moral distress military clinicians experience today and will confront during large-scale combat operations **differs in degree, not as much in kind**.

- So, what can be done to mitigate moral distress?

- **76%** of studies included in a review of nursing moral distress interventions used **education** and **reflection** as strategies for mitigating moral distress. Fantus and colleagues observed that educational interventions frequently occur **after** clinicians have already experienced distress (Amos & Epstein, 2022, as cited in Fantus et al., 2024, p. 1514).

- The data provides a *pro tanto* reason supporting our argument that education and reflection must extend beyond reactive interventions to proactive preparation. Accordingly, military clinicians may benefit from chaplain-led moral prophylaxis before encountering potentially morally injurious events (PMIEs).

The Data of Religion in the Fighting Force

Patients require **interdisciplinary** care that attends to the fullness of their humanity. Physicians, mental health professionals, nurses, legal counsel, and chaplains each possess distinctive competencies and responsibilities. Although their work necessarily overlaps, no profession can adequately fulfill the vocation of another. **Chaplains** attend to matters of soul and religion.

This addresses an acute need: Secretary of War Pete Hegseth recently declared that “less than 5% of our force identifies as non-religious” (Hegseth, 2026), while 91.3% of veterans demonstrate moderate to high levels of religiosity or spirituality (Sharma et al., 2017).

Polling Question #2

Which of the following have you found most helpful in addressing moral distress in a clinical setting?

A. Debriefing with a supervisor

B. Discussing the situation with the broader care team

C. Practicing your faith

D. Engaging in breathing or relaxation exercises

The Need for Interdisciplinarity

"This paper argues that prevailing clinical frameworks for understanding combat trauma are insufficient to account for what is commonly described as moral injury… Clinical models can **describe** emotional and psychological consequences, but they cannot **adjudicate the truth** of moral judgment. This **limitation calls for the recovery of the chaplain's distinctly ecclesiastical role**. Moral injury reveals the limits of therapeutic approaches and **points beyond them** to the need for moral and theological interpretation, culminating not in self-resolution but in the possibility of forgiveness and restoration grounded in divine grace.." (Furner, 2026)

Thesis: Moral Prophylaxis

Military chaplains can strengthen clinical readiness through evidence-informed moral **prophylaxis** that prepares military healthcare professionals for the moral exigencies of war and attends to the soul of the warfighter, consistent with the Founders' **moral ecology**.

The Army Ethic

- Army Doctrine Publication 6-22, *Army Leadership and the Profession* says that the Army ethic has its origins, in part, in our country's "**theological traditions.**"

Foundations of the Army Ethic		
Applicable to:	***Legal Motivation of Compliance***	***Moral Motivation of Aspiration***
Army profession *Trust* *Honorable service* *Military expertise* *Stewardship* *Esprit de corps*	United States Constitution United States Code Uniform Code of Military Justice Executive Orders Treaties, Law of Land Warfare	Declaration of Independence Universal Declaration of Human Rights Just War Tradition (Jus ad Bellum) Army culture of trust Professional organizational climate
Trusted Army professionals *Honorable servants* *Army experts* *Stewards*	Oaths of Service Standards of conduct Directives and policies The Soldier's Rules Rules of engagement	Natural moral reason – Golden Rule Army Values Soldier's and Army Civilian Corps creeds Justice in War (Jus in Bello)
The *Army ethic*, our professional ethic, is the set of enduring moral principles, values, beliefs, and applicable laws embedded within the Army c*ulture of trust* that motivates and guides the Army profession and *trusted Army professionals* in conduct of the mission, performance of duty, and all aspects of life.		

The First Moral Motivation of Aspiration: The Declaration of Independence

- This project uses the moral ecology of the Founders, as expressed in the Declaration of Independence, to demonstrate that **rightly ordered religious liberty is critical to cultivating moral durability** among military clinicians preparing for LSCO. The four mentions of God in the Declaration are not rhetorical ornament — they reveal a Creator-creation distinction.

"…the separate and equal station to which the **Laws of Nature and of Nature's God** entitle them…"

A transcendent moral order exists above human law and human will. The clinician's moral obligations are not reducible to a thin principlism or military authority — they are grounded in a higher order that constrains and enables both.

"…**endowed by their Creator** with certain unalienable Rights, that among these are Life…"

Human dignity is **given**, not constructed. It cannot be revoked by triage status or military necessity. Every casualty — regardless of treatability — carries dignity that precedes any clinical assessment.

"…appealing to the **Supreme Judge** of the world for the rectitude of our **intentions**…"

Moral accountability attaches to **intention**, not only outcome. The Founders understood that right action could not be evaluated solely by result — a framework of profound relevance when combat medicine is confronted with futility.

"…with a firm reliance on the protection of **divine Providence**…"

Outcomes beyond human control are entrusted to God; military clinicians cannot claim omnipotence any more than the Founders could. The Founders understood themselves as **creatures** — finite beings whose dignity came from their Creator, not from themselves or their professions.

Deepening the Bioethics Category of Futility

- "**Futility** is… a medical intervention's inability to deliver the benefit for which it is designed." (Brown, 2018)
- Both military and medical ethics confront the question of **futility**. Members of the profession of arms and the profession of medicine must eventually reckon with their own limitations and those inherent to their respective professions.
- "My religious belief teaches me to feel as safe in battle as in bed. **God has fixed the time for my death**." — MG Thomas J. "Stonewall" Jackson, 1861 (Jackson, 1861, as cited in Imboden, 1887, p. 238)
- Empirical research suggests that recognizing the limits of both the clinician and the capabilities of medicine can alleviate moral distress. (Lamiani, et al., 2025).

Deepening the Bioethics Category of Futility, continued

- The Founders' moral ecology, then, **deepens rather than replaces** the bioethical concept of futility. Chaplains can attend to the **souls** of military clinicians, recognizing that we all must reckon with our own **finitude** and the limitations inherent in both ourselves and our professions.

- Recognizing the limits of medicine and medical professionals alike can mitigate the moral distress associated with a God complex. Said differently, clinicians who implicitly or explicitly reject the Creator–creature distinction risk two errors:

  - **Therapeutic overreach**: Pursuing a cascade of interventions long after they have become medically futile, thereby inflicting harms that outweigh any potential benefit to the patient entrusted to their care.

  - **Moral incapacitation**: Becoming morally incapacitated when their interventions, whether medically indicated or otherwise, fail to save a patient.

How To Practice Medicine with Limits in Mind

In either case, military clinicians can prepare morally for the exigencies of combat medicine and, by an argument from the greater to the lesser, the moral duress of peacetime medicine. Like the Founders, **they can appeal to the Supreme Judge of the world for the rectitude of their intentions** rather than the outcomes of their actions. They bear responsibility for the **former**, not the latter.

Transitioning to Practical Spiritual Tools

As we undertake the moral profession of medicine, mindful of both our own limitations and those of our profession, care teams can put these principles into practice through concrete measures that address the moral distress clinicians may experience following traumatic events.

Polling Question #3

What do you do to unwind after a tough day?

Secondary Traumatic Stress: What Is Trauma?

- *Traumatos* – Wound
- Trauma – A deeply distressing or disturbing experience that overwhelms an individual's ability to cope, causing lasting emotional, psychological, or physical damage.
- Secondary Trauma – The emotional, cognitive, and physical distress resulting from indirect exposure to trauma, such as hearing stories, witnessing aftermath, or caring for victims. (NIH)
- Secondary Traumatic Stress (STS) – Symptoms similar to PTSD

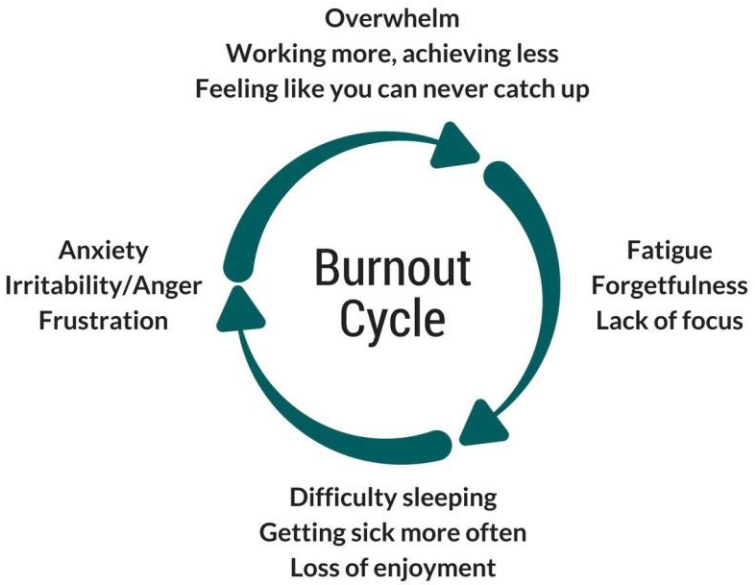
Significance of STS

- “The pooled prevalence of secondary traumatic stress among emergency nurses was 65%.” (Hu, et all, 2024)
- Depression
- Anxiety
- Intrusive memories and dreams
- Substance Abuse



STS Leading to Burnout

- Description
  - Emotional Exhaustion
  - Depersonalization
  - Reduced Personal Accomplish
- Effects
  - Interpersonal Conflicts
  - Physical Symptoms
  - Compulsive Behaviors
  - Decreased Productivity
  - Negative Emotions



“SAFERR” method of crisis intervention



STABILIZE



ACKNOWLEDGE THE EVENT



FACILITATE UNDERSTANDING (NORMALIZE)



ENCOURAGE HEALTHY COPING STRATEGIES



RECOVERY OR REFER

C.A.R.E. Spiritual Self-Assessment Model

Culture and Biases:
What do my values and beliefs tell me about dealing with trauma?

Awareness:
What are my emotional reactions to the effects of trauma?

Resources:
What spiritual, religious, and resiliency self-care resources do I connect with?

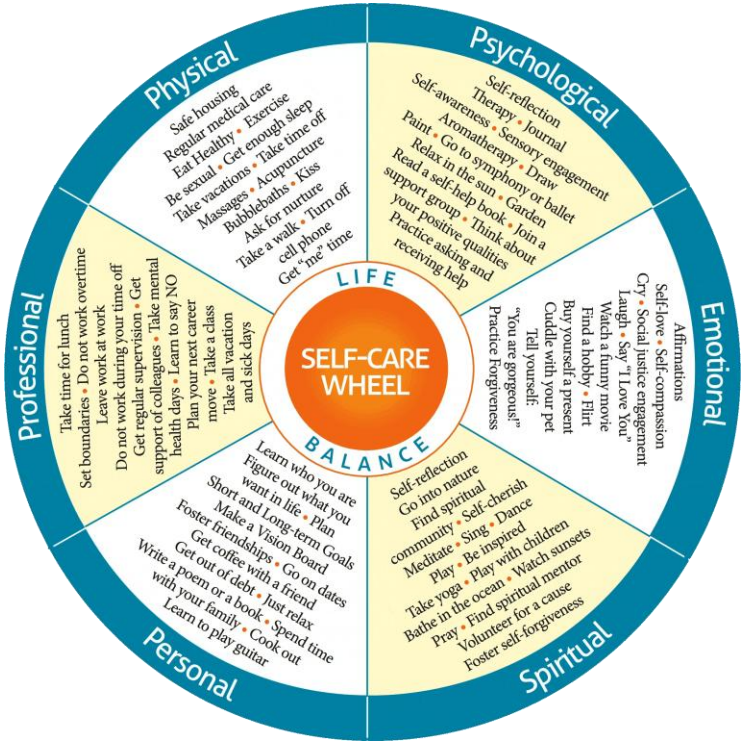
Evaluate:
How can I use the clinical method of learning (Action, Reflection, Integration) to work with future potential traumatic events (PTE)?

Respond not React

- Body Scan Meditation - “Cultivating or ability to pay attention in the present moment.”
- Mindful Meditation on Readings – (i.e., Lectio Divina) Repetition, Paraphrase, Visualization, Prayerful Response, Reflection
- Mindful Exercise – yoga, nature walks, martial arts
- Volunteer Activities – Faith communities and charitable organizations

Self-Care IS Patient Care

- What do I do well?
- What can I improve on?
- What can I add that's important to me?



Key Takeaways

- Moral distress and moral injury threaten clinical readiness, underscoring the need for proactive moral preparation before potentially morally injurious events occur.
- Chaplain-led moral prophylaxis includes educating clinicians in the Creator–creature distinction, preparing them to recognize their own finitude and the limits of medicine.
- The Founders' moral ecology deepens rather than replaces the bioethical concept of futility, helping clinicians distinguish moral responsibility from outcomes beyond their control.
- Traumatic event management complements proactive moral preparation through practical interventions, including SAFERR, C.A.R.E., and spiritual self-care, to address the effects of trauma.

References

Brown, G. T. (2018). Medical futility in concept, culture, and practice. *The Journal of Clinical Ethics, 29*(2), 114–123. https://doi.org/10.1086/JCE2018292114

Continental Congress. (1776, July 4). *Declaration of Independence*. National Archives. https://www.archives.gov/founding-docs/declaration-transcript

Department of the Army. (2019). *Army leadership and the profession* (Army Doctrine Publication 6-22, Change 1). Army Doctrine Publication 6-22, Change 1

Fantus, S., Cole, R., Usset, T. J., & Hawkins, L. E. (2024). Multi-professional perspectives to reduce moral distress: A qualitative investigation. *Nursing Ethics, 31*(8), 1513–1523.https://doi.org/10.1177/09697330241230519

Fantus, S., Cole, R., Usset, T. J., & Hawkins, L. (2025). Understanding and addressing morally injurious events of healthcare chaplains in Texas: Insights for health and well-being. *Journal of Religion and Health, 64*(2), 1047–1067. https://doi.org/10.1007/s10943-024-02228-9

Furner, E. M., II. (2026). The Far Country moral injury and the recovery of chaplain identity. *Journal of Spirituality in Mental Health*. Advance online publication. https://doi.org/10.1080/19349637.2026.2659113

Hawkins, L. E. (2021). *Investigating the relative effectiveness of cognitive processing therapy for moral injury trauma types vs. life-threat and traumatic loss trauma types* [Doctoral dissertation, The University of Texas at Austin]. Texas ScholarWorks. https://hdl.handle.net/2152/86947

References (continued)

Hegseth, P. (2026, September 30). State of the Force address [Speech]. Defense Visual Information Distribution Service. https://www.dvidshub.net/video/1025037/hegseth-delivers-state-force-remarks

Imboden, J. D. (1887). Incidents of the first Bull Run. In R. U. Johnson & C. C. Buel (Eds.), *Battles and leaders of the Civil War* (Vol. 1, pp. 229–239). The Century Company.

King, E. L., & Hawkins, L. E. (2023). Identifying and mitigating moral injury risks in military behavioral health providers. *Military Psychology, 35*(2), 169–179. https://doi.org/10.1080/08995605.2022.2093599

Lamiani, G., Montecalvo, M., Luridiana Battistini, C., Borghi, L., Meyer, E. C., & Vegni, E. (2025). Coping with moral distress: A qualitative study exploring psychological strategies used by healthcare professionals. *BMC Psychology, 13*, Article 589. https://doi.org/10.1186/s40359-025-02926-3

Sharma, V., Marin, D. B., Koenig, H. K., Feder, A., Iacoviello, B. M., Southwick, S. M., & Pietrzak, R. H. (2017). Religion, spirituality, and mental health of U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Affective Disorders, 217*, 197–204. https://doi.org/10.1016/j.jad.2017.03.071

Weiss, M. A., Hawkins, L., & Yarvis, J. S. (2023). Moral injury in women military members and Veterans: What do we really know? *Journal of Military, Veteran and Family Health, 9*(4), 129 136. https://doi.org/10.3138/jmvfh-2022-0075

Questions?

How to Obtain CE/CME Credit

*Only those who support the Military Health System are eligible to claim CE/CME credits

Clinical Communities Speaker Series: Healthcare Innovations: Catalyzing the Future of Patient Care Delivery

Credits are awarded by session. To claim CE/CME credit for the session(s) you attended, complete each evaluation survey and pass the posttest with 100% accuracy before the evaluation period ends on **November 19, 2026, at 11:59 PM Eastern Time**.

1. Visit the registration page at **https://www.dhaj7-cepo.com/content/2026-nov-ccss** . From there, register for the event or log in to your account if already registered.
2. Once logged in and registered, on the event page, select “Get Started” (located in the menu below the event title on desktop and at the bottom of the page on mobile devices). Note: This tab will not appear unless you are registered and logged in to your account.
3. Under the “Get Started” tab, scroll down to a session you attended and select “Claim credit.”
4. Proceed to take the evaluation and posttest to obtain your certificate after the session has ended.

Once you have been awarded credit, you can download your certificate anytime through your account. Any activity you register for but have yet to complete will be available under your pending activities until the evaluation period ends.

Questions?
Email the DHA J-7 Continuing Education Program Office at dha.ncr.j7.mbx.continuing-education-office@health.mil.