Chapter 9

Moral Dilemmas in Military Health Care

A.J. van Leusden and M.J.J. Hoejenbos

9.1 Introduction

Military health care is closely interwoven with the armed forces; its main task is to support military operations in conditions that are often difficult and risky. The military organisation has always known that ensuring good health care for military personnel boosts morale and increases the chances of a mission being successful. Originally, that health care focused mainly on restoring health (healing), when personnel became ill or were wounded in battle. Obviously that is still important, in the case of both physical and mental injury or illness. There was, however, a growing awareness that a military health care service could also help to prevent illness. Familiarity with the conditions that military personnel have to work in forms the basis for prevention. In the past, fighting armies and navies were often more hampered by malaria, scurvy and other, sometimes exotic diseases than by the fighting itself. These diseases occur less frequently when preventive measures are taken (Bwire, 2000). The preventive task of military health care in particular contributes to the deployability of military personnel. That task has become increasingly clear over the last few decades. As well as familiarity with the operational conditions, a knowledge of the increasingly sophisticated operational weapons systems is also essential. This is because those systems may place heavy demands on the physical or mental capabilities of the operators, not least because they often have to work in extreme conditions, as for example in the case of fighter pilots and divers.

Military health care focuses largely on common practice in civil health care and adapts it to suit the situation within the armed forces. The issues, moral and otherwise, which arise in civil health care also occur within the Defence organisation; the degree of closeness between military and civil health care is considerable. Some examples of moral issues in civilian health care are:

Health care is dominated by scarcity issues. Is it right to spend huge amounts of money for highly specialized care on one individual, when a large number of people can receive more basic treatment for the same amount of money?

The debates on euthanasia and gene therapy in the Western world also relate to the moral aspects of health care, and certainly not just for physicians.

Of an entirely different order is the question of whether it is ethical to accept donations from the pharmaceutical industry or the acceptability of collaboration by corporate doctors in drug and alcohol screening (Algera, 1993).

This chapter outlines a number of typical dilemmas within military health care, as experienced in the day-to-day practice in the Netherlands and on deployment abroad. The subjects that will be discussed range from establishing the boundaries of professional responsibility to those which directly affect survival during operational deployment. It touches on issues of legality (are actions in accordance with the law and/or are there sufficient grounds for deviating from it?) and also of justice. Criminal excesses, such as the practices of some Nazi doctors and the psychiatric abuses in the former Soviet Union, will not be discussed. Neither will non-Western dilemmas such as the compulsory cooperation of doctors in the enforcement of Shariah law, for example in the case of punitive amputations. One could of course encounter the latter during a deployment. Suffice it to say that especially in third world countries, medical officials too are sometimes involved in activities such as torture. But in the Western world too, there is a danger that boundaries will be crossed if, for instance, the medical service were to cooperate in the compilation of lists of suspects on admission to a medical facility (Netherlands State Institute for War Documentation [NIOD], 2002) or if they were to be party to unacceptable treatment of prisoners. Assisting with force feeding prisoners on hunger strike, for example, is controversial.

It will be shown that, particularly in operational circumstance, non-medical personnel will also have to make choices which could have far-reaching consequences for the health of individual military personnel, their group and any bystanders. This contribution is not, therefore, confined to the position of the military medical worker, but also looks at that of the commander. As well as looking at the executive level, this contribution also focuses on the policy and management level, as officials at those levels are responsible for ensuring the availability of the right personnel and equipment, providing clearly defined procedures and averting controversial assignments (Roscam Abbing, 1997).

**9.2 The Position of the Military Medical Worker**

**9.2.1 Legal Frame of Reference**

The Defence organisation’s medical health care system is based on legislation that applies in the Netherlands (SG Directive V19, 2002). Military physicians, just like all physicians, are governed by medical disciplinary law. The right of complaint for patients also exists within the Defence organisation. The professional autonomy of the doctor in terms of how he provides individual curative treatment is not open to