Toward a Framework for Military Health Ethics¹

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As muscle work declines, large numbers of unskilled laborers are increasingly replaced by smaller numbers of highly trained workers and intelligent machines. This process, too, is perfectly parallel in the military, where smart weapons require smart soldiers. The idea that the Gulf War was a ‘high-tech’ war in which the human element in combat was eliminated is a fantasy. The fact is that the forces sent by the allies to the Gulf were the best educated and technically expert army ever sent into battle. The new military needs soldiers who use their brains, can deal with a diversity of people and cultures, who can tolerate ambiguity, take initiative, and ask questions, even to the point of questioning authority. The willingness to ask and think may be more prevalent in the US armed forces than in many businesses. As in the civilian economy, fewer people with intelligent technology can accomplish more than a lot of people with the brute-force tools of the past. (Toffler and Toffler 1993, 73–77)

Even when those called professionals are something more than average people, few can be immune to the constraints surrounding the work they do. It is the institutional ethics of professionalism. If the institutions surrounding them fail in support, only the most heroic individuals can actively concern themselves with the ethical issues raised by their work. Professionalism requires attention to the ethical status of those institutions. (Friedson 2001, 12)

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1 Introduction

This paper offers a brief examination of ethical health issues arising from military operations and outlines which, if any, of these ethical health issues apply to current Australian Defence Force (ADF) military operations. The transparency of military operations provided through real time global media reporting and the Internet, has raised public awareness of incidents that can be viewed broadly as ethical issues or dilemmas. While many of these issues are not new, it is the changing context of post cold war military operations and scale and demand of humanitarian operations that places new requirements on how the ADF best addresses these potential issues before they become critical incidents.

In identifying potential ethical issues arising from military health operations, it is recognized that military health personnel operate within a command and control organizational structure and associated culture. It is also recognized that the complexity of the issues and the environment within which military health personnel are expected to operate will raise ethical health issues not likely to be encountered to the same degree by those health practitioners operating in the average suburban practice or hospital, except when health personnel are confronted with large scale emergencies, such as those encountered with recent terrorist attacks and massacres. Some of the potential causes of these issues will arise from:

1. Role complexity (resulting in conflict within a role). This can be further distinguished as
   
   (a) Self conflict as a holder of a role (where there is internal conflict between expectations of knowledge or performance with what others expect of a person in that role. Perhaps best expressed by Laing (1970) “There is something that I don’t know that I am supposed to know. I don’t know what it is I don’t know, and yet am supposed to know, and I feel I look stupid if I seem not to know it and not know what it is I don’t know.”)
   
   (b) Conflict resulting from feedback from different stakeholders (where different stakeholder have conflicting expectations “Stakeholder A praises my work, but Stakeholder B is never happy, I don’t know whether what I am doing is a good enough job in meeting expectations of Stakeholder B”)

2. Inter-role conflict (i.e., conflict resulting from holding more than one role)
3. Role ambiguity (i.e., uncertainty about the requirements of a role)
4. Inadequate resources, information or time for decision-making
5. Human frailties (e.g., limited energy and courage; self-interest)

This paper is divided into three major sections:

1. A brief outline of a broad framework for the context for identifying potential ethical health issues or dilemmas within the culture of a military command and control organization.
2. An overview of the role of health professionals in the military and reported ethical issues arising from this role.