

Conscience and Obligation: Physicians and "Just War"

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The Gulf War has given sudden urgency to questions that have lain dormant since Vietnam. What is the proper role of physicians and other health workers in war? What is their right of refusal to participate in a specific war, and is that right rooted in medical ethics and in the long-established ethical rules governing health workers who take a protected noncombatant role in war? What is a "just" war, who decides, and is the "just war" concept a part of medical ethics? And the Gulf War has raised new questions: has the relentlessly increasing lethal potential of modern warfare rendered the Geneva Conventions obsolete? Are traditional medical ethics so narrowly defined as to be irrelevant? What are the residual rights of conscience of volunteers who have freely enlisted without coercion by the state? Is there a justifiable basis for cancelling an obligation to treat the sick and wounded in combat?

These are no longer abstractions: they are real questions affecting real people, and not just health workers. The Military Counselling Network and related organizations in Germany, according to a recent report in the *Nation*, estimated that at least 1,000 U.S. army regulars and reservists were refusing to go to the Gulf. In North Carolina, 14 Marine reservists defied call-up orders or filed for conscientious objector status. In January, the San Francisco Board of Supervisors passed a resolution declaring the city a sanctuary for military resisters. There was little public notice of these events.

Almost all of the relevant questions have been raised by the widely publicized statement of Dr.

Yolanda Huet-Vaughn, a volunteer in the U.S. Army Reserve Medical Corps who refused deployment to the Gulf, and by the arguments of many groups of physicians who issued public statements and wrote letters to medical journals in support of her action. A necessarily brief and selective summary of their views may help to frame the issues.

Dr. Huet-Vaughn argued essentially that the impending Gulf War would not and could not be a just war. Although she did not explicitly invoke the traditional standards for a "just war," she used them, implicitly or directly questioning the motive for the war and the failure to exhaust alternatives for conflict resolution. Most emphatically, she invoked the principle of proportionality—that the means and the costs (in both Iraqi and American lives) must be commensurate with the objectives, and the objectives must be realizable without incurring unendurable costs. She predicted the wanton destruction of cities, as many as 100,000 civilian deaths, global environmental damage, the certainty of use of lethal high-technology conventional weapons, and the likely use of chemical, biological, and nuclear weapons of mass destruction.

In refusing orders "to be an accomplice in what I consider an immoral, inhumane, and unconstitutional" war, Dr. Huet-Vaughn specifically invoked her medical status, citing "my oath as a physician to preserve life and prevent disease," and asserting that:

As a doctor I know that where there can be no medical cure, prevention is the only remedy. I therefore commit my medical knowledge and training to this effort to avert war by refusing orders to participate . . .

Her supporters have gone further. One group of physicians, while conceding that "there is ample ethical precedent for physicians serving in noncombatant roles in the Armed Forces," argues that:

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such service is ethically permissible only in time of peace or in what the physician believes to be a just war. . . . No matter how useful the physician may be in preventing suffering and preserving life, if the physician believes he or she is supporting an unjust war or preparation for one, the action cannot be ethically justified [1].

Their statement does not speak to the *basis* for that belief. Most strikingly, they assert that a "war in which weapons of mass destruction may well be used . . . therefore cannot be a just war."

A second group, agreeing with Dr. Huet-Vaughn's assessment that the Gulf War is unjust by traditional criteria, argues that she is "invoking an ancient right, namely, the superiority of the law of conscience to that of the state." They then explicitly medicalize that claim by adding that "the conscience of the physician only permits participation in just wars; all others are violations of the fundamental rules of medical conduct" (emphasis added). Her refusal to serve, they write, is justified because ". . . a physician must be true to her or his conscience if the practice of medicine is to have any moral coherence" (H. Levy and J. Kovel, draft letter to the editor of the *New England Journal of Medicine*, January 28, 1991, personal communication).

A third physician's unpublished letter to a medical journal similarly agrees with Dr. Huet-Vaughn's assessment of the Gulf War as unjust and praises her "stand of conscience over unthinking obedience to the state, her commitment to prevention over futile triage and treatment" and urges others to follow "her example of fidelity to the moral and ethical dimensions of our medical profession" (emphasis added) (E. Messinger, draft letter to the editor of the *New England Journal of Medicine*, January 29, 1991, personal communication).

There are other issues and arguments, for example, repeatedly invoked citations of the reported inadequacy of medical facilities and burn beds in Iraq and the Middle East, on the one hand, or concern over the moral and contractual obligations of volunteers who have freely enlisted in the armed forces without any anticipatory statement of reservations or claims of right to judgment, on the other. However, it is the assertions of physician responsibility and medical ethics that seem to me to be central.

How should health workers, and others, respond to these claims? I believe the stakes are very high. The question is not merely the risk to Dr. Huet-

Vaughn and others who may face long imprisonment, loss of license, and other punishments for their principled resistance. What is at issue, as they and their supporters are first to assert, is the definition and understanding (by professionals and the public alike) of medical ethical responsibilities, the ways in which they are currently defined in relation to war, and the ways in which they may need to be redefined.

Let me temporarily set aside the difficult questions that may attend volunteer status. I believe that Dr. Huet-Vaughn, and others who made the same choice, made a *political* and *personal moral* judgment that this was not a just war—an absolutely defensible and (to many of us) correct judgment. I think she and others had a right of conscience to make that judgment and to act on it in ways that are completely consistent with the long and profoundly honorable tradition of civil disobedience. But I believe this was a *political* judgment, in the best sense of that word, one that is *not* rooted in medical ethics, and that the attempt to do so, to cloak it in physicianhood, is wrong, and represents, however unwittingly, an inappropriate and even dangerous medical elitism.

The right of conscience, and specifically the right to make political and personal moral judgments on participation in war, is not unique to health workers. Dr. Huet-Vaughn, Sgt. Derrick Jones (a resisting army medic who was flown to Saudi Arabia, over his protests, in shackles), and others have no greater claim to that right than do truck drivers, cooks, quartermasters, chaplains, and other noncombatants—and probably combatants as well. It is not "the conscience of the physician" that permits participation only in just wars; it is any soldier's, or citizen's, conscience. To participate in injustice is not uniquely or especially a "violation of the fundamental rules of medical conduct"; it is a violation of fundamental moral principles that apply to everyone. It is not *only* the physician who "must be true to his or her conscience" and not only the moral coherence of the practice of medicine that is involved. Physicians are as fallible as the next man or woman in making judgments of conscience (there are physicians who find it "morally coherent" to refuse to treat the uninsured poor or elderly). Rightly, we rely on the individual's conscience over the state's authority, but that reliance is not especially bequeathed to physicians or other health

workers, nor is it earned by the special nature of their work.

Would Dr. Huet-Vaughn, Sgt. Jones, and the others have made the same "just war" assessments of the Gulf conflict, and taken the same actions, if they were not health workers, and could not invoke oaths to preserve life and prevent suffering and untimely death? No one can say for certain—personal, professional, and political identities and personal moral beliefs are surely interwoven—but I think they would have.

What operates beneath some invocations of professional ethics, I suggest, is another, unacknowledged, claim: that because health workers, in the very nature of their tasks, *do more* about suffering and life and death, they *care* about them more than "ordinary" people—mothers and fathers, say, or truck drivers, cooks, and chaplains. And because of this, and because there are codified and long-established rules and principles of medical ethics, even of medical conduct in war, health workers have a unique (perhaps even superior) moral basis for making judgments about war. I disagree.

I wish to stress that to disagree is *not* to suggest that medicine should be sterile, politically neutral, and morally aseptic, or to say that physicians, as physicians, should not be involved in struggles for peace, or against racism, inequity, and injustice and other social and political issues, or to invoke their professional commitments and concerns in those efforts. Health workers join those battles because of *both* their awareness of the health consequences *and* broader personal political and moral commitments.

In fact, the existing codes of medical conduct in war make no mention of the issues around "just war." They trade off specific requirements: to gain special privilege and immunity from attack, physicians must not engage in combat and must dispense aid solely on medical grounds and not for political reasons (prohibiting the use of medicine as a weapon). Informally, at least, many of us apply medical ethics more broadly in relation to physicians and war. Two prominent examples are our opposition to physician participation in research on chemical, biological, or other weapons of mass destruction, and our assertion of responsibility both to inform the public and to act directly to reduce the threat of nuclear war. Many of the comments in support of Dr. Huet-Vaughn represent efforts to extend further the scope of the codes on physicians

and war, and particularly to incorporate the right to judgment on what are "just" and "unjust" wars. The question is: who decides, and on what basis? The danger is that the attempt to shelter what I believe are *political* decisions and judgments—absolutely defensible in their own right, and available to any citizen—under the umbrella of conventional medical ethics may threaten the special protection society has afforded those ethics.

In the effort to write new rules, there are problems that must be addressed and are yet to be resolved. One is the need to distinguish between *acts* that are prohibited, immoral, inhumane, or disproportionate, and *wars* that are unjust. It was an unethical act—training combat soldiers in medical knowledge to be used selectively for political purposes in the prosecution of the war—that Dr. Howard Levy courageously and properly refused in Vietnam (and for which he suffered court-martial and jail). Although the information was abundant, he was refused the right to introduce evidence at his military trial of the larger injustice of the war itself—the wanton destruction of civilians, the herbicides, the use of napalm and other chemical weapons.

How many prohibited *acts* make a war unjust? World War II produced a huge excess of civilian over military casualties. It witnessed the horrendous and deliberate bombing of civilians in Dresden and Hamburg and was characterized in its final years by gross inadequacies of medical facilities in Germany and Japan. It did serious environmental damage and ended with the wanton mass destruction of Hiroshima and Nagasaki. Was the war therefore unjust? Were the allied military physicians therefore unethical because of their participation? Of course not. Were all U.S. physicians who committed no prohibited act, but treated the sick and wounded in Vietnam unethical? Of course not. But those experiences, and all the wars since then—in which 70%–80% of the deaths have been civilians—set the stage for the redefinitions we must undertake now.

That raises a second and even more serious problem. In a gruesome parallel to the ways in which medical technology has overtaken conventional medical ethics on euthanasia, reproduction, and genetic disease, so have the lethal technologies of war—"conventional" weapons, let alone chemical, biological, and nuclear, and the global proliferation of all of them overtaken the Geneva Conventions, the Nuremberg principles, the World Medical As-

sociation codes, and other similar rules and principles. The argument is advanced that any war in which weapons of mass destruction *may* be used cannot be a just war, but since eight nations already have nuclear weapons and more than 20 (soon that number may be 40) have chemical or biological weapons [2], or both, where does that lead? Since South Africa may use its nuclear weapons, does that make the long struggle of the African National Congress against the South African army and its armed surrogates in Angola and Mozambique (and that was and is a war) unjust? Or is every third-world war or liberation struggle in which one or both participants are chemically armed an unjust war— independent of the social and political roots of the conflict? Is all war, by any superpower, in any circumstance, unjust? For religious and secular conscientious objectors and pacifists who oppose all wars, the resolution is straightforward, but that does not solve the problems for the rest of us who are not thus committed. We are still left with the task of deciding what is a just or unjust war. The grievance may be legitimate, all peaceful methods may have been tried and failed, but the disproportionate threat of mass destruction remains ever-present because of military technology. How are we to incorporate that balance of issues into a *medically ethical*, though not unique, basis for decision? Health-worker participation in almost any war, however restricted to healing, will, by furthering war and increasing combat effectiveness, inevitably result in a net increase in suffering and death.

Let me turn, finally, to the question of volunteer status. No one coerced volunteers to enlist, whether in the regular armed forces or the reserves. Health worker volunteers freely committed themselves to what were effectively contractual obligations to care for the sick and wounded when called upon. Few, if any, at the time of enlistment stated any explicit reservations or claimed the right to make future judgments, war by war. All of them presumably knew what armed forces *do*, and what their lethal capacities and potentials are. None attempted to restrict their enlistment to peacetime, and none presumably saw any conflict between their decision to enlist and what they regarded as their medical (or other) ethical commitments. There is a clear distinction, even in a society that induces armed forces enlistment by the poor and minorities through selective economic and racist restriction of civilian opportunities, between a voluntary action and the

state coercion of a draft.

These are powerful concerns, and they have been raised. Do they leave volunteers with residual rights of the kind Dr. Huet-Vaughn and others have claimed? Of course they do. The right of conscience is *always* residual and is never signed away. But the choice to exercise it, in the tradition of civil disobedience (though here we are talking of what is perceived to be an unjust war, not an unjust law) is an individual political choice, open to health workers and others alike, not rooted in existing medical ethics. To argue otherwise is to assert that all the health workers who *did* serve in the Gulf War, who saw no conflict between their healing roles in the military and their individual assessments of the war, were unethical. For individuals and organizations alike, there is an important difference between defending the individual right to make that judgment or strike that balance, and taking a position in support of the judgment itself, a stance that implicitly or directly urges everyone (or, at least, every health worker) to take similar action.

For those who have already signed up, the choice of refusal to serve comes (as does most civil disobedience) at the price of trial and possible punishment. In a society in which all military service is voluntary, we had better find other tactics. In 1968, a time of doctor-drafting, more than 300 American medical students signed a statement that said, in part:

It is the goal of the medical profession to prevent and relieve human suffering. My effort to pursue this goal is meaningless in the context of the war. Therefore I refuse to serve . . . I intend to seek means to serve my country which are compatible with the preservation and enrichment of life.

Despite the medical language, I believe that is a political statement, based on an assessment of a specific war. Its message to those who share that view, in today's society, is clear: don't enlist, if you want the untrammelled right to decide, case by case, which wars are just and which are not. That is a political freedom and a moral imperative that non-enlistees—all the rest of us, medical and nonmedical equally—share without restriction. ■

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