The Obligation to Treat

Ira Helfand, M.D.*

Grant that I may ever be ready
To sustain and help
The rich and the poor, the good and the bad,
the enemy and friend.
Oh, let me ever behold in the afflicted and the
suffering,
Only the human being

—The Prayer of Maimonides

The recent Gulf war has engendered a surprising
debate about the alleged right of doctors to
withhold their services from the military as an
act of conscientious objection. Surprising, because
in past wars many, although not all, conscientious
objectors have identified the medical corps as a place
uniquely suited to allow them to meet their responsi-
abilities to their community, while not compromis-
ing their moral objections to combat.

As physicians, our overriding responsibility to-
ward our patients is embodied in the passage from
The Prayer of Maimonides quoted above. Our job is
to ‘sustain and help’ and it is irrelevant whether our
patients are ‘good or bad, enemy or friend.’ This
obligation pertains in peacetime as well as in war
and relates directly and continuously to our practice
of medicine. For example, in the community where
I work as an emergency room physician, there is a
county jail. I am frequently called on to treat con-
victed murderers, rapists, and child molesters. I do
not have the right, nor should we as physicians in
general have the right, to refuse to treat these pa-

tenants, no matter how repugnant their past behavior

may have been. We may refer these patients to other
practitioners if such arrangements can be made, and
especially if we feel that their revulsion at their past
behavior may cloud our judgment and compromise
the quality of care they receive from us. But we may
never simply abandon them. Our job is to heal, not
to punish. We are physicians, not vigilantes.

In time of war, whether we voluntarily enlist or
find ourselves drafted, the sick and wounded who
are brought to our attention are our patients. It is
our responsibility to care for them to the best of our
ability, unless we are able to make specific other
arrangements for their care. This obligation extends
to the troops of our own Armed Forces, to civilians
in areas where we may be deployed, and to captured
enemy prisoners of war.

Aside from our specific responsibilities as physi-
cians, we also have other responsibilities as citizens
of the general community. This is particularly true
for those of us who live in a democracy where we
are directly responsible for the actions of our gov-
ernment, but it is also true for those who live under
authoritarian regimes. We have, for example, the
responsibility to refrain from committing war crimes
and from acts of genocide, and to do whatever is
within our power to prevent our governments from
committing such acts.

Are there times when these broader responsibili-
ties as citizens might overtake our obligation as
physicians to provide direct medical care to patients?
There may be, but certainly these circumstances are
very rare and would need to be precisely defined.
For instance, if one were called on to take care of
soldiers who were actively engaged in the commis-
sion of war crimes, and if this medical treatment
would enable those soldiers to continue to commit
war crimes, one might be inclined to withhold med-
ical treatment. Such a decision to withhold needed
medical care from soldiers in order to stop the com-
mission of further war crimes is morally identical to a decision to kill those soldiers—and operates entirely outside the framework of the medical profession. To withhold medical care from soldiers (even in this extreme hypothetical situation) would be a violent act of omission, no less lethal than the act of inflicting the wounds in the first place. A physician taking this course would thus be deciding to abandon the role of healer and to enter actively into the war as a combatant.

It is important to understand that to withhold medical care from soldiers has nothing whatsoever to do with pacifism or conscientious objection, which in my view does not offer grounds for a physician to abandon his primary responsibility to care for the patient. Only in the actual context when refusing to provide direct medical treatment might prevent the commission of further war crimes might we consider it proper to abandon our traditional role as physicians. It is not, in my view, proper to abandon this role in order to make a political statement about our opposition to war in general or to the particular war being fought.

Erratum

A line of text was dropped from John Lorentz’s commentary “Getting to Certainty: The Science and Politics of Climate Change” in the March 1991 issue of The PSR Quarterly. At the bottom of page 58, the last sentence in the right column should read “Historically, scientists have expressed greater uncertainty about global warming than they have about stratospheric ozone depletion, but this situation is rapidly changing.”

The printer sincerely regrets this error and any inconvenience it may have caused.