

## The Obligation to Treat

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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

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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 responsibilities to their community, while not compromising their moral objections to combat.

As physicians, our overriding responsibility toward 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 convicted 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 patients, 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 our 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 physicians, 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 government, 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 responsibilities as citizens might override 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 commission of war crimes, and if this medical treatment would enable those soldiers to continue to commit war crimes, one might be inclined to withhold medical 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 Loretz'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.