



Quid Est Amor Patriae?

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The meaning of "amor patriae" ("love of country" or "patriotism") and its ethical implications for physicians have varied over the millenia. These implications are particularly controversial in the current era, with increasing civilian/military casualty ratios, destruction of health-protective infrastructure in civilian areas by massive bombing, the stockpiling and use of weapons of mass destruction, and the creation of vast numbers of displaced people and refugees. Recent refusal by several U.S. military medical officers on ethical grounds to serve in the Persian Gulf war increases the urgency of reevaluation of implications of "amor patriae" for military service by physicians. [PSRQ 1991;2:96-104]

This article, whose title may be translated colloquially as "What is Patriotism?" has an unusual provenance. The first part, "Patriotism Prevails," was written in 1988 in response to an appeal by the American Medical Association (AMA) for contributions to restore its commemorative plaque in the Washington Monument. It was submitted to the *Journal of the American Medical Association (JAMA)* for consideration for publication, was rejected by *JAMA* and is published here with minor revisions. The second part of this paper, "Out-Dated Patriotism Rests in Peace," and the third part, "New Patriotism Arises," have been written since the start of the war in the Persian Gulf.

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VINCIT AMOR PATRIAE

In 1988, the AMA solicited funds for the restoration of a commemorative stone carving in the Washington Monument [1,2]. The donation of the carving was initiated by a resolution adopted at the AMA Annual Meeting in 1852, 5 years after its founding, which declared that "... the medical profession of the United States, heretofore not wanting in patriotic feeling or action, desire to cooperate with other public bodies and institutions of the country in rendering their profound reverence" to President Washington. The carving, completed in time for exhibition at the Eighth AMA Annual Meeting in 1855, was financed by voluntary contributions from "a thousand visionary physicians" and bears the inscription, "American Medical Association, MDCCCXLVII, Vincit Amor Patriae."

The model for the carving, selected by an AMA Committee, was Girodet's "Hippocrates Refuses the

Gifts of Artaxerxes." Painted in France in 1792, it depicts emissaries of the king of Persia, then at war with Greece, offering gifts to Hippocrates to secure his services in treating Persian soldiers suffering from plague. Hippocrates, according to the minutes of the AMA proceedings, responded, "Tell your master, I am rich enough; honor will not allow me to succor the enemies of Greece" [1].

The subject of the painting and its choice for the carving must of course be seen in the context of their times. The year 1792 in France saw the formation of the revolutionary Paris Commune, the invasion of the Tuileries, the suspension of the Legislative Assembly, the imprisonment and trial of Louis XVI, and the introduction of Dr. Guillotin's invention for "humane" executions. The early 1850s in the U.S. were not quite so fast-paced, but saw adoption of the Fugitive Slave Act, Senator John Calhoun's declaration that "the cords that bind the States together" were snapping, Henry Clay's short-lived Compromise of 1850, Stephen Douglas' Kansas-Nebraska Act that led to "Bleeding Kansas," Sam Houston's unheeded reminder to the Senate that solemn treaties guaranteed most of that territory to its aboriginal inhabitants "as long as the grass shall grow and the water run," and the publication of Harriet Beecher Stowe's *Uncle Tom's Cabin* [3]. It is little wonder that Girodet in his time, and the AMA shortly after its formation, celebrated the action of the "father of medicine" in refusing medical care to his country's enemies.

But it is no longer the 1790s or the 1850s. As physicians, we have, it is fervently to be hoped, learned some lessons since then. One is the modern reaffirmation of the concept that doctors should serve all who need their "succor," even if they are "enemies." The other is the more recent recognition, much slower in coming into general consciousness, that "love of country" may rest more on supporting its just national and international policies, strengthening its economy, and protecting the health and well-being of its people than on supporting the conquest of its "enemies."

The necessity for humane treatment of the sick and the wounded of both sides in any conflict was expressed in China as long ago as the fifth century B.C. by Sun Tzu in *The Art of War*, but the doctor's special role in treating those in medical need on both sides burned itself into public consciousness in the 1860s in the aftermath of the Crimean War and the

U.S. Civil War [4]. That special role of physicians is now embodied in the public expectations and in the ethical training of doctors in most societies. It provides one of the bases for the Geneva Conventions that define medical personnel as noncombatants and therefore mandate the protection of doctors during war. It is embedded in the World Medical Association's Declaration of Geneva ("I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient"), which is administered as a "modern Hippocratic Oath" to graduating classes at many medical schools [5]. Indeed the concept of this special role is now well accepted by most people and by most doctors in the United States: physicians have an obligation to treat all those who need their help. Refusal to treat the sick, because they have a disease potentially hazardous to doctors, because they hold views different from those of the doctor, or even because they are seen as national "enemies" [6], poses great danger to the ability of doctors to be of full use to their patients and their communities.

History has also taught us lessons about the nature of national security. Analysts in many nations, representing many different disciplines, are now cogently presenting the argument that nations weaken themselves by too great a reliance on military force and military action and too little reliance on the just principles and the productive forces that are the real strength of any people. Historian Paul Kennedy [7] and economist Richard Barnett [8] have made recent important contributions to our understanding of this idea. The Board of Directors of Physicians for Social Responsibility in 1987 adopted a resolution making "redefinition of national security" one of its major program emphases for 1988 [9] and doctors in 69 nations who are members of organizations affiliated with the International Physicians for the Prevention of Nuclear War (IPPNW) have been pursuing the idea that the only way to achieve global security is to end the threat of nuclear war and to substitute international cooperation in promotion of health and social well-being [10].

This is not in any way an attempt to suggest that physicians should not contribute to the restoration of the carving in the Washington Monument. Quite the contrary, the carving is a part of our national and medical history and there is great importance in history being preserved. As Santayana warned: "Progress . . . depends on retentiveness Those

who cannot remember the past are condemned to fulfil it" [1].

This is instead a plea for physicians to adopt a broader concept of "love of country" and to contribute in a broader sense to our nation and our planet. To take just one example, the U.S. is seriously delinquent in meeting its agreed-upon contributions to the United Nations, the World Health Organization (WHO) [12], and the Pan American Health Organization (PAHO) [13]. The U.S. administration's request for fiscal year 1989 appropriations represents 86% of our obligation to WHO and 83% of our obligation to PAHO. Combined with our arrears for prior years, the shortfall in 1989 will be \$28 million for WHO and \$26 million for PAHO. This loss of available resources will lead to significant slowing of efforts to provide safe water supplies, improve immunization coverage, and provide primary health services in developing countries. (In 1990 Congress approved payment of the entire 1990 and 1991 U.S. assessments to the UN, WHO and PAHO and payment of the arrears over a span of 5 years.)

Physicians can raise their voices to urge that our nation honor these international obligations that contribute in important ways to our own national security as well as to global security, and can add their personal contributions of energy, time, and money to this effort. In this way, physicians can best honor our first President, "first in peace" as well as "first in war," whom the inscription at the base of his monument describes as "friend of mankind" as well as "father of nations," who in his "farewell address" urged: "Cultivate good faith and justice toward all nations. Cultivate peace and harmony toward all" [14].

Yes, "Vincit Amor Patriae." But in a complex technological and nuclear age new meanings for "conquer" and for "love of country" must urgently be found. Physicians can help lead the way.

REQUIESCIT IN PACE ANTIQUUS AMOR PATRIAE

The reviewers' comments that accompanied the rejection of the preceding material by *JAMA* were, with one exception, concerned with emphasis and style. The one comment on the substance of the article read:

There is no history to suggest the AMA ever sanctioned refusing care to U.S. enemies. Witness the

Civil War activities of physicians. Rather Girodet's painting was selected to demonstrate the physician's willingness to treat regardless of payment. It would be a misreading of history to say otherwise (anonymous reviewer, *JAMA*, 1988).

This spirited defense of the AMA's views in the 1850s, perhaps somewhat disingenuous, seems flawed in two ways. First, Plutarch's description of the incident, on which the painting is reported to have been based [1], makes clear the nature of Hippocrates' refusal. Plutarch writes of Marcus Cato, a Roman soldier and statesman, as

... suspicious of Greeks who practiced medicine in Rome. He had heard, it would seem, of Hippocrates' reply when the Great King of Persia consulted him, with the promise of a fee of many talents, namely, that he would never put his skill at the service of Barbarians who were enemies of Greece. He said all Greek physicians had taken a similar oath, and urged his son to beware of them all [15].

It is difficult to believe that the AMA committee was ignorant of the central point of the Plutarch story that inspired the painting or that "vincit amor patriae" would have been used as the inscription for the commemorative carving if fee-refusal by physicians were the message intended. Furthermore, no evidence can be found in the records of AMA meetings during that period that in the pre-Civil War United States there was a great deal of sympathy for even-handed medical care of "enemies."

As has been noted, however, the lessons learned during the decade *after* the AMA chose its commemorative plaque, a decade that saw large numbers of war casualties in the Crimea and in the United States, reaffirmed the ancient concept that health personnel should serve anyone who needs their aid, even if they are "enemies." It is important to note that leadership in raising this new consciousness was assumed by nonphysicians. Extraordinary contributions were made by Florence Nightingale, who served as a nurse in Turkey and the Crimea from 1854 through 1856, and Dorothea Dix, whose work in bringing humane care to mental patients in the U.S. led President Lincoln to ask her to organize the U.S. Army Nursing Corps and to become the first Superintendent of Nurses in the U.S. Army. In 1863 Francis Lieber, a U.S. jurist horrified by the casualties of the Civil War, wrote *Care for the Government of Armies*, which laid the foundation for the international conference in Geneva the following year.

Henri Dunant, a Swiss businessman who was an eye-witness at the Battle of Solferino in 1859, organized medical services for the Austrian and French wounded; in his 1862 *Un Souvenir de Solferino* he proposed the establishment of voluntary aid societies in all countries and negotiation of an international agreement protecting those wounded in war. In 1864 he, with others, founded the Red Cross and also participated in the 1864 Geneva conference that adopted the "Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field." For the first time it provided for the impartial reception and treatment of all combatants and for the neutrality and protection of personnel, facilities, and transport for the care of casualties.

Following this first convention on treatment of war casualties, over the next 80 years three additional international agreements were negotiated. The second, the "Convention for the Amelioration of the Wounded, Sick and Shipwrecked Members of Armed Forces at Sea," dealt with the care of casualties of naval warfare. The third, the "Convention Relative to the Treatment of Prisoners of War," defined the treatment and repatriation of prisoners. The fourth, the "Convention Relative to the Protection of Civilian Persons in Time of War," prohibited deportation, taking of hostages, torture, and discrimination in treatment. All four agreements were codified in a single formal document at an international meeting in Geneva in 1949 and are called the "Geneva Conventions" [16].

There is indeed no doubt that the AMA today supports these Conventions and the principles that apply directly to physicians: the responsibility to care for all the sick and wounded without discrimination and the responsibility and the privilege of noncombatant status. It should be noted, however, that organized medicine in the U.S. has done little in recent years to protect these principles from erosion.

As an example of erosion of nondiscrimination in care, the medical society of Maryland and the AMA refused to criticize a Maryland psychiatrist who had testified voluntarily before the Un-American Activities Committee of the U.S. House of Representatives in 1960 about information he had obtained in the course of treatment of an employee of the National Security Agency (NSA). His patient had later defected to the U.S.S.R. together with another NSA employee with whom the patient had allegedly had

a sexual relationship. The psychiatrist, clearly without his patient's permission, provided to the Committee information given to him by his patient, and the material was leaked to the press by the Committee. To a petition by a group of Maryland psychiatrists and other physicians asking that the psychiatrist be censured, the medical society responded that "the interests of the nation transcend those of the individual" [6,17].

As an example of erosion of distinction between combatant and noncombatant roles, a U.S. Army exhibit at the 1967 AMA Convention was entitled "Medicine as a Weapon" and featured a photograph of a Green Beret (Special Forces) aidman handing medicine to a Vietnamese peasant [18]. Dr. Peter Bourne, who had been an Army physician working with the Special Forces in Vietnam, wrote of this time:

Due to the sudden awareness by our military leaders that medicine can be used for politico-military ends, the physician in Vietnam has suddenly found himself an integral part of the offensive war effort. Special Forces medics (trained in medical techniques by army doctors) deliberately used their skills on the wives of Viet Cong in the hopes that these women could then be persuaded to provide intelligence information which in turn would probably lead to the deaths of their husbands.

Their [the medics] primary role is combat. On patrol their job is to seek and destroy the enemy and only incidentally to take care of the medical needs of others on the patrol. In the event the camp comes under attack, their initial assignment is to man the mortars rather than to be prepared to care for casualties [19].

The Army Special Forces Manual of the period encouraged the use of medicine as barter ("when required . . . barter items such as medicine, gold, or other scarce items") and specifically recommended "the judicious control of supplies" in order to "persuade the guerrillas . . . to support U.S. objectives" [20].

In 1967, Dr. Howard Levy, a captain in the U.S. Army Medical Department, refused to obey an order to train the Special Forces aidmen in medical skills. He refused specifically on the grounds that the aidmen were being trained predominantly for a combat role and that cross-training in medical techniques eroded the distinction between combatants and noncombatants [21]. At Levy's court-martial, Drs. Louis Lasagna, Jean Mayer, and Benjamin

Spock and the author of this paper testified for the defense. Their testimony was summarized in a report in *Science*:

First, as a physician, Levy's primary duty is to his own interpretation of the ethical codes that govern medicine; second, the historic separation of military from medical functioning had practical as well as ethical roots; and third, they would have grave doubts about training Special Forces themselves, as long as the program implied the paramountcy of military-political judgments. . . . [They] argued that the political use of medicine by the Special Forces jeopardized the entire tradition of the noncombatant status of medicine. The four agreed with Levy that a physician is responsible for even the secondary ethical implications of his acts; that he must not only act ethically himself but also anticipate that those to whom he teaches medicine will act ethically as well [22]

Dr. Amos Johnson, former head of the American Academy of General Practice, testified for the prosecution at the court-martial that no breach of medical ethics was involved in training the aidmen in medical techniques. The AMA neither sent a representative to testify nor affirmed publicly the importance of the distinction between combatant and noncombatant activities of medical personnel. Although Levy was a medical officer, the court-martial panel did not include a physician. Levy was sentenced to dishonorable discharge and to 3 years of hard labor at Fort Leavenworth.

Returning to the early 1850s, with its omens of "unjustifiable and monstrous rebellion" (a phrase used by an AMA leader a few years later), the AMA may have meant by its use of "amor patriae" to suggest unqualified support to their nation and to its defense. Indeed organized medicine and most U.S. physicians today accept as a patriotic duty unqualified support of their nation's "defense," including willingness to serve their country's military operations in noncombatant status.

The "noncombatant" role of the physician in military service, even if frank combatant activities are eschewed, is however an ambiguous one. Military physicians must accept different priorities than do their civilian colleagues. The primary role of the military physician is expressed in the motto of the U.S. Army Medical Department: "To Conserve the Fighting Strength" [23]. In describing this role, a faculty member of the Academy of Health Sciences at Fort Sam Houston in a recent article in *Military*

Medicine cites as "the clear objective of all health service support operations" the goal stated in 1866 by a veteran of the Army of the Potomac:

. . . strengthen the hands of the commanding general by keeping his Army in the most vigorous health, thus rendering it, in the highest degree, efficient for enduring fatigue and privation (sic), and for fighting [24]

Principles of triage unacceptable in civilian practice may be required, such as placing first emphasis on patching up the lightly wounded so they can be sent back to battle. In another recent article in *Military Medicine*, "overevacuation" is cited as "one of the cardinal sins of military medicine" [25]. Violation of patient confidentiality unacceptable in civilian practice may be required. Perhaps most important in this context, military physicians like all members of the armed forces are limited by threat of military discipline in the extent to which they can publicly protest what they believe to be an unjust war.

The issue of what is a "just war," debated since at least the time of St. Thomas Aquinas and Maimonides, can be touched on only briefly here [26,27]. There are generally held to be two elements in a just war, both terms taking us back to the Latin roots of much of our language and many of our concepts: "jus ad bellum" (when it is just to go to war?) and "jus in bello" (what methods may be used in a just war?). Among the elements required for jus ad bellum are a just grievance and the exhaustion of all means short of war to settle the grievance. Among the elements required for jus in bello are protection of noncombatants and proportionality of force, including avoiding use of weapons of mass destruction such as chemical, biological, and nuclear weapons and massive bombing of cities. Membership in the armed forces, even in a noncombatant role, requires suppression in public statements of any doubts about the justness of a current war.

In sum, the AMA's use of "vincit amor patriae" in the 1850s may have simply signified unqualified support for the preservation of the union and a declaration of uncritical fealty to that union similar to "my country right or wrong." Whether such a position is ethically permissible for physicians, in an era of massive aerial bombing of cities and stockpiles and precedents for use of weapons of mass destruction, requires further debate.

Finally and most speculatively, there is yet another possible reason for the use by the pre-Civil

War AMA of "vincit amor patriae" Its leaders were almost certainly familiar with Virgil, generally considered the greatest Latin poet. Virgil wrote in the *Aeneid* of Lucius Junius Brutus, the founder of the Roman republic, who executed his own sons for plotting the restoration of his predecessors:

He shall be the first to receive consular rank and its
power of
Life and death: when his sons awake the dormant
conflict,
Their father, a tragic figure, shall call them to pay
the extreme
Penalty, for fair freedom's sake. However posterity
Look on that deed, patriotism shall prevail (*vincet
amor patriae*) and love of
Honor . . . [28].

To this day great leaders have power over life and death and can require their sons (although in the U.S. today it is more likely to be the children of poor people and people of color) to pay the extreme penalty in the name of freedom, honor, and patriotism, not to mention the unspoken desire for power and wealth. Is it possible that the fathers (there were no mothers) of the AMA, in tribute to the peaceful actions of the father of our republic (in contrast to the actions of the father of the Roman republic), were using "vincit amor patriae" sardonically, as a suggestion that acts of so-called patriotism can lead to the "extreme penalty" of war and that physicians should be suspicious of such acts just as they should question Hippocrates' refusal to succor the enemies of Greece? While such an interpretation is at least as disingenuous as the one offered by the anonymous *JAMA* reviewer, like the other interpretations above, it raises questions about physician acceptance of old concepts of patriotism.

EXSURGIT NOVUS AMOR PATRIAE

As wars of the twentieth century kill an increasing percentage of civilians with so-called conventional weapons, and escalate threats of use of weapons of mass destruction, what form of amor patriae is appropriate for the ethical physician? One response was suggested a half-century ago by Dr. John A. Ryle, then Regius Professor of Physics at the University of Cambridge:

It is an arresting, if at present a fantastic thought, that the medical profession which is more international than any other, could, if well coordinated, of its own initiative put a stop to war, or at least increase

its uncertainties, and temper its aims considerably so as to give pause to the most bellicose of governments. It is everywhere a recognized and humane principle that prevention should be preferred to cure. By withholding service from the Armed Forces before and during war, by declining to examine and inoculate recruits, by refusing sanitary advice and the training and command of ambulances, clearing stations, medical transport, and hospitals, the doctors could so cripple the efficiency of the staff and aggravate the difficulties of campaign and so damage the morale of the troops that war would become almost unthinkable. Action of this kind would also produce profound effect on the popular imagination. In such refusal of service . . . there would be no inhumanity comparable with the inhumanity which medicine at present sanctions and prolongs. But let the dream pass and fantasy make room for facts [29].

During the Vietnam War more than 300 American medical students and young physicians brought Ryle's fantasy a step closer to reality by signing the following pledge:

In the name of freedom the U.S. is waging an unjustifiable war in Vietnam and is causing incalculable suffering. 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 in the Armed Forces in Vietnam; and so that I may exercise my profession with conscience and dignity, I intend to seek means to service my country which are compatible with the preservation and enrichment of life [30].

Ryle's fantasy of course echoes the fantasy of Aristophanes in his comedy *Lysistrata*, written in 411 B.C. just before the probable time (circa 400 B.C.) of Hippocrates' refusal to treat the Persians. The title character, an Athenian woman, ends the second Peloponnesian War by organizing all the wives of the soldiers of both armies to refuse sexual intercourse with their husbands while the war lasts. To hasten the war's end Lysistrata recruits a woman to expose herself to both armies. The Athenians and Spartans make peace quickly and go home with their wives [31]. Although women in the United States were far less supportive of the Vietnam and the Persian Gulf wars than were men [32], it is extremely unlikely that either Aristophanes' or Ryle's fantasy of effective mass refusal to support a war effort will come to pass.

Individual women and men, and individual physicians, can nonetheless make a difference by refusing to support a war. One of the most dramatic examples of refusal to go along with the military

option was provided by a physician, Doctor Yolanda Huet-Vaughn, a captain in the U.S. Army Medical Service Reserve. Dr. Huet-Vaughn refused, at the risk of court-martial and possible severe punishment, to obey an order for active duty in the Persian Gulf. In her statement, she explained:

I am refusing orders to be an accomplice in what I consider an immoral, inhumane, and unconstitutional act, namely an offensive military mobilization in the Middle East. My oath as a citizen-soldier to defend the Constitution, my oath as a physician to preserve human life and prevent disease, and my responsibility as a human being to the preservation of this planet, would be violated if I cooperate.

It should be noted that the reasons Dr. Huet-Vaughn gave for her action were quite different from the reasons given by Dr. Levy. Dr. Levy refused to obey an order that he believed required him to perform a specific act that would violate medical ethics. Dr. Huet-Vaughn refused to obey an order she believed required her to support a particular war that she felt to be unjust and destructive to the goals of medicine and humanity. One of the questions raised by Dr. Huet-Vaughn's action is whether there is a special ethical responsibility for physicians, in view of their obligation to protect the health and the lives of their patients and the people of their communities, to refuse to support an unjust war that they believe will cause major loss of life and destroy the health and environment of both combatants and noncombatants. The U.S. armed forces recognize the right to be a "conscientious objector" to any service in the armed forces when that objection is based on deeply held moral, philosophical, or ethical beliefs. If a physician considers service in support of a particular war unethical on the grounds of sworn fealty to medical ethics, may—or, indeed, must—that doctor refuse to serve? Furthermore, is there an ethical difference if the service is required by the society, as in a "doctor draft," or if the service obligation has been entered into voluntarily to fulfill an obligation in return for military support of medical training or for other reasons? And is military service indeed a "voluntary obligation" if enlistment, as for many poor and minority people, has been prodded by lack of educational or employment opportunities or, as for many doctors, by the cost of medical education or specialty training that in other societies would be provided at public expense?

While few physicians are willing or able to take

an action such as that of Dr. Huet-Vaughn, other actions are available to oppose acts of war considered unjust, to oppose a specific war, or to oppose war in general. One action would be acceptance of a service alternative consistent with an ethical obligation to care for those wounded or maimed without simultaneously supporting a war effort. Opportunities for service in an international medical corps such as *Medicins du Monde* or *Medicins sans Frontieres* are unfortunately limited, but physicians may wish to demand that the U.S. redirect to the United Nations or WHO some of the 300 billion dollars it spends annually on preparation for war to help provide funds for an international medical service to treat the casualties of war.

Other physicians may wish, as individuals and particularly in groups, to help to prevent war by contributing to public and professional understanding of the nature of modern war, of the risks of weapons of mass destruction, and of the nature and effectiveness of modern alternatives to war, such as strict economic sanctions imposed by the United Nations and maintained for a long enough period to be effective. Many physicians have done this through support of groups such as Physicians for Social Responsibility (PSR) and IPPNW. PSR, for example, placed an advertisement in the January 17, 1991, *New England Journal of Medicine* documenting the risks to combatants and noncombatants of initiation of further military action in the Gulf and urging an alternative: "maintain sanctions for as long as it takes to reach a peaceful solution." Once U.S. military action started, the PSR Board of Directors issued the following statement:

PSR calls upon all nations to seek immediate alternatives to continuing hostilities in the Gulf. We urge negotiations to achieve implementation of the United Nations resolutions regarding Iraqi withdrawal from Kuwait and imposing sanctions. PSR will continue to highlight the high human and environmental costs and medical consequences of a Gulf war, including the growing risk that weapons of mass destruction will be used.

IPPNW sent a delegation to the Gulf nations during the period of sanctions, supported maintenance of strict sanctions with provision for supplies of food and medicine (as called for in the Security Council resolutions), and called on all participants to refrain from the use of weapons of mass destruction. When military action was initiated by the U.S.

and its coalition, IPPNW demanded a cessation that would permit treatment of casualties, maintenance of sanctions, and negotiations on outstanding issues of the region.

In contrast, organized medicine in the U.S. did not protest initiation of military action by the U.S. and, like the majority of the U.S. population, has supported the war effort. If continued, in short, to embrace the old concept of *amor patriae* rather than exploring new concepts. The net result of the military actions, tens if not hundreds of thousands of military and civilian casualties from the war and its aftermath and a likely legacy of instability and of hatred of our nation in the region for decades to come, appear to many to serve neither the interests of international security and international health nor the security and health of our nation. When will organized medicine and the people of the United States—and the physicians and people of the world—awaken to the need to consider new forms of *amor patriae* if the world is to survive? ❧

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