



COMMENTARY

War, Conscientious Objection, and Physicians for Social Responsibility

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The founders of Physicians for Social Responsibility (PSR) had a very powerful new idea for physicians. This was that nuclear weapons should be seen as the supreme threat to the public health, and that nuclear war would be an unmanageable omniscient epidemic that must be prevented, and therefore physicians should work to prevent nuclear war. This idea appealed to physicians and the public. PSR became and remains a powerful force restraining the production and use of nuclear, chemical, and biological weapons.

During the 30 years of its history, PSR has found this approach to preventing nuclear and chemical and biological war sufficient. We have neither opposed U.S. military actions nor taken a position against war.

OPPOSITION TO THE GULF WAR

The Persian Gulf crisis elicited a new response from PSR. Soon after the deployment of U.S. forces in Saudi Arabia, the organization undertook a vigorous opposition to the "war option." The opposition advocated reliance on United Nations sanctions,

embargos, and negotiations for reversing the aggression of Saddam Hussein. Why did PSR choose this course?

Some of the reasons are easy to understand. In the Persian Gulf, chemical weapons were available to all the potential combatants, and nuclear weapons were also present in large numbers. The chance that these weapons might be used appeared great. Even if they were not used, threats to use them were clearly heard. We feared that even the possession of such weapons might appear to have made a major contribution to victory, and that the urge to obtain them on the part of many threshold nuclear nations might thereby be enhanced. Finally, one of the stated aims of the war was the destruction of Iraq's nuclear, chemical, and biological weapons complexes. This raised a question of whether wars might be selected in preference, for example, to the Comprehensive Test Ban (CTB) as a means of controlling the proliferation of nuclear weapons.

When fighting started in the Persian Gulf, the war raised anew fundamental questions about the basis of PSR's work. The tacit assumption underlying this work has been that it would be possible to control—even to eliminate—nuclear, chemical, and biological weapons while leaving the war system in place. This assumption has long seemed flawed to many people. As long as nations assign to the military its traditional role of defending their homelands, and their

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far-flung "interests," is it reasonable to suppose that these nations will ever abandon their most potent weapons? There are still people who think that we could have "won" the Vietnam War with a few nuclear weapons. Mr. Bush said that this time we would not be "fighting with one hand tied behind our backs." Whatever we may think, it is clear that the military does not see nuclear weapons as "useless." Nor does the general public, 45% of whom favored the use of nuclear weapons in the Gulf war if it would save American lives [1]

The Persian Gulf illustrated another reality. Military technology advances inexorably. Most of it results in ever more massive killing of civilians and destruction of the infrastructures critical to life in cities. The prospect of living with "conventional" wars has been getting steadily less attractive in the twentieth century. In the twenty-first century wars may well become far worse, even if nuclear weapons are never used.

THE ABOLITION OF ALL WAR

The question now is whether PSR should move to adopt the goal of the abolition of war. The history of attempts to control nuclear weapons, to obtain a Comprehensive Test Ban, and to restrain the production and use of chemical and biological weapons does not inspire much hope for the prevention of genocidal warfare through arms control. Should an organization of physicians devoted to preventing genocidal warfare now take the position that the war system is no longer compatible with long-term human survival?

The task of abolishing war is so formidable, and so unlikely to be rewarded with success in any of our lifetimes, that we shrink from putting it on our agenda. We risk seeming foolish, visionary, utopian. Unanswered questions crowd us from every side. Is not violent aggression, and even war itself, an ineradicable part of being human? How are we to deal with evil oppressors, invaders like Saddam? How will people defend their societies? As long as some are rich and some are poor, how can we hope to abolish war? Since we don't have clear answers to these questions—and many others as well—how could we adopt such a goal?

This writer suggests that we need not have answers to these questions in order to adopt the goal. Nor should we avoid the goal because we do not now have a program designed to implement it. We

could adopt the goal with the confidence that we will see as *time* goes on what we must do.

We must also ask what such a goal has to do with PSR. This should be considered in the light of what we have stood for and done in the past.

Our main goal has always been to prevent nuclear war. The central question, therefore, is whether we believe that nuclear and other genocidal warfare can be prevented permanently while wars continue.

There are other points to consider as well. PSR has been trying to redefine national security in terms of the health and well-being of society. We have recognized that military costs are among the main causes of the *slighting* of social needs. A case can be made that even a rich society like ours will not be able to afford guns and butter in the twenty-first century because modern military technology is so egregiously expensive. This is even more true of poorer countries.

PSR has launched an environmental program. Even if we ignore the extraordinary environmental destruction produced by the military, where will the world find the resources to restore the environment, control global warming, and encourage sustainable development in the third world if the military continues to consume the lion's share of the marginal energy and talent in most of the nations on earth?

If PSR is to consider seriously the sort of paradigm shift suggested here, there must be extensive and prolonged discussion of the issues involved at every level in the organization. This sort of change cannot be undertaken by "leadership." Indeed, such a change as this is more likely to succeed if it percolates up from the membership, not down from the Board. Some chapters have adopted this view already. Many may never have considered it, or may have elected not to accept it. It is of interest to note that if we do choose the goal of abolition, we will not be the first to do so. Both our Canadian and Australian counterparts in the International Physicians for the Prevention of Nuclear War have adopted this position after long discussion. The British affiliate is also considering an abolitionist position.

THE REFUSAL OF MILITARY SERVICE BY PHYSICIANS

A closely related issue is that of refusal of military service by physicians. If a large number of physicians come to believe that the war system is not

compatible with long-term human survival, some may refuse military service. This is particularly likely to occur when there is conscription. But even physicians who have earlier accepted military service may find, as a few have during the Persian Gulf war, that they cannot take part in a specific war.

Conscientious objection to military service based on religious conviction has been recognized legally in the U.S. and Britain for a very long time, but no legal recognition has to date been accorded those who refuse to serve on political or ethical grounds. Leaving aside such legal matters, are there grounds in medical ethics for refusing military service?

The central ethical problem for physicians in the military service derives from the Hippocratic Oath itself, which requires the physician to use medical art only for the benefit of the sick, never to do harm. The physician's *individual* duties in the military do not involve her or him in doing harm directly to patients, or in killing people. However, he or she is an essential member of an organization whose entire function is to practice or threaten mass killing. The military medical service exists, as field manuals make clear, to support the combat capability of its forces. A modern army, indeed, *could* not function without a medical service. Therefore, the physician is involved, even if indirectly, in causing injury and death.

Besides this general ethical consideration, there are more specific problems. On occasion military physicians may be asked to take part in research, testing, or preparation for bacteriological warfare. The use of specific medical expertise to foster mass killing is clearly in violation of the ethical obligation of physicians.

Sometimes the proffering of medicines or medical care has been used as a weapon by combat forces. Dr. Howard Levy was ordered, during the Vietnam war, to train "medical aidmen." These were armed combat troops trained to give certain kinds of medical care and to dispense medicines to villagers with the specific purpose of influencing the villagers to take "our side" in the war. Dr. Levy refused the orders because he found they violated his ethical obligations as a physician [2].

So far as I now know, no physician has tried to claim conscientious objection (CO) status on the basis that military service is incompatible with the ethical duty of a physician. Some physicians who are members of peace churches have been COs, but they presumably based their claims on religious, not ethical grounds.

There are said to be a number of physicians in the reserves or the regular military who refused orders to take part in the war in the Persian Gulf. The reasons for their refusal are unknown to me at this time, with one exception. This person came to the conclusion that her duty as a physician precluded service in that war because she perceived the war to be unnecessary, immoral, and to threaten nuclear and chemical warfare. She felt it her duty as a physician to act to prevent the war by refusing to serve in it [3].

As long as there is no conscription of physicians, it is unlikely that any large number will refuse service. But there is a large pool of young physicians who have received financing for medical education from the military and who are required to serve at some point as medical officers. It is possible that a considerable number of them might come to believe that they could not participate in war. It will obviously be very difficult indeed for such persons to establish that they have genuine moral or ethical objection. But this question is irrelevant to the fundamental problem of whether the ethical obligations of physicians are violated by military service. At present there are clearly only a few physicians who have even considered the problem. It is equally clear that, among those who have, there are wide divergences of opinion. This matter, like that of the abolition of war, deserves full discussion in PSR. ■

REFERENCES

1. Gallup poll. Quoted in: Los Angeles Times, February 3, 1991:1A.
2. Liberman, R, Gold W, Sidel VW. Medical ethics and the military. *The New Physician* 1968;17:299-309.
3. Statement of Dr. Yolanda Huet-Vaughn to press conference at the National Press Club, Washington, DC, January 9, 1991.