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12th ICMM Workshop on Military Medical Ethics

Medical Neutrality in Theory and Practice

15-17 June 2023 | Hybrid Workshop

Spiez (Switzerland) and Online

Patronage

Major General Andreas Stettbacher, MD (Surgeon General, Swiss Armed Forces)
Lieutenant General Pierre Neirinckx, MD (ICMM Secretary General)
Prof. Dr. phil. Peter Schaber (Professor of Applied Ethics, University of Zurich)

Scientific Coordination

Dr. phil. Daniel Messelken
ZH Center for Military Medical Ethics

Col David Winkler, MD, PhD
ICMM Center of Reference
for Education on IHL and Ethics

Workshop Organization

Swiss Armed Forces
Medical Services Directorate
Centre of Competence for Military
and Disaster Medicine

ICMM Centre of Reference for Education on
International Humanitarian Law and Ethics

ZH Center for Military Medical Ethics

Scientific Coordination

ZH Center for Military Medical Ethics
Dr. phil. Daniel Messelken
messelken@militarymedicalethics.ch

ICMM Centre of Reference for Education on IHL and Ethics
Col David Winkler, MD
melac@cimm-icmm.org

Idea of the workshop series

The idea of the *ICMM Conference Series on Military Medical Ethics and IHL* is to bring people from different backgrounds together, to share their experience and expertise on specific problems or ethical issues with the aim of discussing how to (re)act in future comparable situations. Speakers and participants have their expertise and experience in the fields of military, international humanitarian law, and philosophy, both from academia and practice. The conference itself gives large room for plenary and informal discussions. The plenary lectures shall be published.

Chatham House Rule

The whole workshop shall be held under the "**Chatham House Rule**" to encourage open discussions among the participants and the sharing of information.
This rule reads as follows:

> *When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.*

The Chatham House Rule originated at Chatham House, and it is now used throughout the world as an aid to free discussion. Meetings, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request.

SIWF Accreditation

The MME workshop 2023 has been accredited by the **Swiss Institute for Postgraduate and Further Education in Medicine** (SIWF / ISFM) with up to 12 Credit Points depending on participation in the sessions. Participants will receive a certificate and can check with their national institutions if the credit points are accepted by them.

Thursday 15 June 2023

All times are given in CEST = UTC+2

Session I — Introduction, History, and Experience Reports

09:00 – 12:00 (CEST/ UTC+2) **Chair: D. Winkler/ D. Messelken**

09:00 – 09:45

Welcome	Chairman ICMM Center of Reference	David Winkler
	Swiss Surgeon General	Andreas Stettbacher
	ICMM Secretary General	Pierre Neirinckx
Introduction to the Workshop		Daniel Messelken

09:45 – 10:30

Some lessons from the past – challenges for the future — Adriaan van Es

Coffee-Break 30 minutes

11:00 – 11:30

Medical Neutrality in Times of a Military Coup. Field report from Myanmar — Wunna Tun

11:30 – 12:00

A void in military medical ethics in a special scenario, chronic form of war — Suryakanta Acharya

Lunch Break

Session II — Neutrality in Different Contexts

13:30 – 17:00 (CEST/ UTC+2) **Chair: A. Wildi/ von Einem**

13:30 – 14:00

Medical Neutrality and Impartiality in UN Peace Keeping Operations — Min Yu

14:00 – 14:30

Dual Professional Loyalty and Medical Ethics Outside Armed Conflicts — Innocent Eze

14:30 – 15:00

Time for Plenary Discussion of all Case Reports — Moderated by Chairpersons

Coffee-Break 30 minutes

15:30– 16:15

Providing Medical Care to further non-medical ends — Precious Ncayiyana

16:15 – 17:00

Dual Loyalties/ Military Medicine — Cecil B. Wilson

Evening at free disposal

Friday 16 June 2023

All times are given in CEST = UTC+2

Session III — Understandings and Ethical Aspects of Neutrality

09:00 – 12:00 (CEST/ UTC+2) **Chair: Pamela Ermuth / Bernhard Koch**

09:00 – 09:15

Introduction to Day Two — David Winkler/ Daniel Messelken

09:15 – 10:00

Medical Neutrality: different interpretations and uses — Ana Elisa Medeiros Barbar

10:00 – 10:45

Ethical aspects of the principle of medical neutrality — Eva van Baarle

Coffee-Break 30 minutes

11:15 – 12:00

The high-tech healing scenario: is medical neutrality poised to deteriorate — Tomislav Furlanis

Lunch Break

Session IV — Medical Neutrality and Politics

13:30 – 16:15 (CEST/ UTC+2) **Chair: Johan Crouse/ Ismail Ülgür**

13:30 – 14:15

A practical reflection on leveraging health as a means to another end — Melissa McRae

14:14 – 15:00

Political allegiances and activities and medical obligations in conflict — Leonard Rubenstein

Coffee Break 30 minutes

15:30 – 16:15

Medical Impartiality, Economic Sanctions and the Human Right to Health — Julian W. März

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17:00 – 22:00 **Social Program & Host nation dinner** (on-site participants only)
Details and meeting point will be communicated during the workshop
(Civilian clothes)

Saturday 17 June 2023

All times are given in CEST = UTC+2

Session V — Medical Neutrality – An Outlook

09:00 – 12:00 (CEST/ UTC+2) **Chair: D. Messelken/ D. Winkler**

09:00 – 09:10

Introduction to Day Three — David Winkler/ Daniel Messelken

09:10 – 09:55

Medical neutrality as a ground for prioritizing medical care in war — Erik Gustavsson

09:55 – 10:40

Are military HCP involved in strategic Global Health Engagement protected under Medical Neutrality? — Loretta Stein/ Simon Horne

Mini-Break

10:45 –11:30

Medical neutrality – is this a fallacy? — Martin Bricknell

11:30 – 12:00

Closing Remarks *Swiss Surgeon General and ICMM Vice Chairman* — Andreas Stettbacher

Lunch Break

End of the Workshop – Departure

Abstracts and Bio Notes (in alphabetical order)

Suryakanta Acharya – *A void in military medical ethics in a special scenario, chronic form of war*

Abstract

Military medical ethics applies to every kind of war, however the chronic form of war is often forgotten or conveniently overlooked. Here I am describing a void in military medical ethics applicable to a war that started in 1967, the Naxalbari uprising in eastern part of India. The Naxalite–Maoist insurgency, otherwise known as the Left Wing Extremism, is an ongoing conflict between Maoist groups known as Naxalites and the Indian government. The armed wing of the Naxalite–Maoists is called the People's Liberation Guerrilla Army and is equipped with arms. The Naxalites have frequently targeted tribal police and government workers in what they say is a fight for improved land rights and more jobs for neglected agricultural labourers and the poor.

Doctors are posted by the state government in the conflict areas which are remote. During armed conflicts between police/paramilitary personnel and Naxalites there are causalities from both sides. For a doctor there is no confusion on dealing with injured police or paramilitary personnel, however there is a grave concern on how to deal with injured Naxalites who are not in police custody. Doctors are usually kidnapped by Naxalites to remote locations in the forest to treat injured Naxalites. Here the doctor faces the biggest conflict as well as threat of life. Here the doctor is treating a Naxalite who had taken and will be taking many innocent lives. To complicate the situation, some doctors give the services forced by gunpoint while few doctors voluntarily do this in return for huge money. Such incidences are kept secret by both sides. As a doctor we are morally bound by medical ethics to treat criminals in police custody, however outside police custody the course of action is not well described by military medical ethics in chronic form of war.

Biographical Note

Suryakanta Acharya is a Radiation Oncologist with 22 years of clinical experience. He had graduated in 2001 and obtained his MD degree in 2008. He has special interest in medical ethics, especially prison and military medical ethics. After graduation he was posted as junior resident in medicine department of DDU Hospital, Delhi where he frequently dealt with patients from Tihar jail, the largest jail in South Asia. He had served as assistant surgeon in Naxalite affected area of Odisha. Dr Acharya is an ardent advocate for human rights and 'health and climate change'. He is a member of Medical Association in India (IMA), Kenya (KMA) and World Medical Association.

Email suryaoncology@gmail.com

Ana Elisa Medeiros Barbar – *Medical Neutrality: different interpretations and uses*

Abstract

The presentation will seek to explore how different uses of the expression "medical neutrality" result in various interpretations of what "neutral" means. It will compare the use of "neutrality" as in "impartial", obeying the ethical principle of non-adverse discrimination, to the use meaning "exclusively medical", drawing nuances of what is debated around health in politics, diplomacy and its impact on medically-assigned activities. The proposed debate focuses on the possible consequences of referring to "medical neutrality" without the attention to such conflicting, and sometimes paradoxical connotations.

While there seem to be a public consensus that the medical function should not be used to cause harm, and that it should be accessible in an equitable way to all in need of care, assumptions of "neutrality" in health care remains as a topic of dissent as the term is used indiscriminately between the before-mentioned assumptions, and the article will seek to point out how authors have varied in their adoption of the expression. Also, it will point to the ethical dilemma that neutrality might open in relation to what is expected as a behavior of a medical worker, when implying that medical personnel should refrain from acting in domains beyond health care. Finally, both the presentation and the article will present the issue using peace-time, civil insurgence, and conflict scenarios to better propose a discussion on what could be the readings of medical neutrality in each case, with a final argument in favor of dissociating "neutrality" and "impartiality" as being discrete and complementary elements that may (or may not) be more or less present in health care.

Biographical Note

Ana Barbar is specialist in Primary Health Care and has a masters in International Negotiations and Policy-making. She holds a bachelors degree and a clinical license in Psychology, and has worked for the past 8 years in the humanitarian sector, in Latin America, Africa and the Middle East. She is currently based in the headquarters of the

International Committee of the Red Cross, where she advises operations and high-level mobilization around the topic of violence against healthcare. Previously, she worked in the Brazilian national health system, in areas extremely vulnerable to violence.

Email aembarbar@gmail.com

Martin Bricknell – *Medical neutrality – is this a fallacy?*

Abstract

The humanitarian principles of humanity, neutrality, impartiality, and operational independence underpin UN agencies and humanitarian non-government organisations during disasters and complex humanitarian emergencies. These principles enable humanitarian organisations to access vulnerable populations without hinderance from warring parties.

Sovereign governments are responsible for the provision of health services to meet the needs of its citizens. Where a sovereign government exists, humanitarian organisations may only operate under the legal authority of the state. This places a tension between medical services operating under state authorities and those that operate under humanitarian principles. This is most apparent for medical services that support the security forces, which, by definition, cannot be neutral as they are agents of the state. They have two key functions; to enable a medically fit security force and to treat security forces casualties in order to return them to duty. Even civilian public health services cannot be operationality independent of state authorities.

This presentation will postulate that health services that operate under the authority of a state cannot be neutral nor operationally independent. However, they must comply with the primary principle of humanity of the Geneva Conventions and wider International Humanitarian Law (IHL); acting to protect life, health and respect for fellow humans. It will also challenge the humanitarian principle of impartiality (making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions) when many national health economies determine access to care on the basis of ability to pay, level of insurance, employment, and other discriminatory factors. It will close by considering the implications of conflicts in which at least one party deliberately targets health services and other elements of critical civilian infrastructure as a means of waging war.

Biographical Note

Martin Bricknell was appointed as Professor of Conflict, Health and Military Medicine at King's College London in April 2019 after serving a full career in the UK Defence Medical Services culminating in the appointment of Surgeon General. His research covers the organisation of security medical services, military healthcare ethics, and institutional learning.

Email martin.bricknell@kcl.ac.uk

Innocent Eze – *Dual Professional Loyalty and Medical Ethics Outside Armed Conflicts*

Abstract

The foundational challenge of dual professional loyalty can create tensions for ethical medical practice. The military health professionals have rights and duties that are unique to their profession and are also subject to military law throughout their service in the armed forces. Fundamentally, ethics for healthcare professions which starts with the dictum 'first do no harm' contrasts sharply with the 'military profession' that has the ultimate function of applying lethal force against a nation's enemies to achieve political objectives. Autonomy, beneficence and its corollary non-maleficence, justice and confidentiality are occasionally at loggerheads with many legal and ethical aspects of military service. While much emphasis on the academic debate for military medical ethics (MME) is placed on compliance with International Humanitarian Law (IHL) especially during armed conflict, the non-operational component of MME must not be neglected. This is because the majority of a military healthcare professional's clinical career is likely to be spent on military health facilities outside armed conflicts zones. Here, the military medical professionals, similar to colleagues in armed conflict environment, do often encounter situations in the military health facilities where, occasionally, clinical decisions are taken more to please military superiors contrary to ethics and evidence-based practice. This could result in crises of value and cause significant mental distress to the military health professional, and a times could compromise care in the best interest of the patient.This paper is an effort to share a personal experience as a military health professional on how following military orders can impact on ethical medical practice and the "principle of neutrality" in military health facilities outside armed conflict. The

author hopes sharing the experience will stimulate further debate on the subject towards resolving the conflict in the interest of the patient.

Biographical Note

Innocent Eze is a medical doctor with over 15 years of clinical experience with keen interest in humanities and medical ethics. He is currently serving as the Chief Consultant and head of the Department of Obstetrics and Gynecology at a military reference hospital in Southern Nigeria. He was enlisted into the Nigerian Navy and was commissioned to the rank of Surgeon Lieutenant Commander in 2018. Since then, aside professional military duties and experience, he has practiced in busy military tertiary health facilities for over 5 years. This has significantly exposed him to the conflicts and impacts of dual professional loyalty on ethical medical practice by military health professional. He has also been actively involved in training of interns, house officers and post graduate resident doctors. He has actively participated in a few national and international academic conferences and workshops, and has a few published works.

Email docinno.ie@gmail.com

Tomislav Furlanis – *The high-tech healing scenario: is medical neutrality poised to deteriorate*

Abstract

In this ethical investigation, I will posit the idea that the future of armed conflict may exacerbate the disregard for the principle of medical neutrality if medical treatments, provided on the field of battle, allow for an in-situ, high-speed treatment of injuries (time factor) without the need for a physical removal from the battlefield (space factor). Similarly to the mythical battle of Heracles against Antaeus, where the mythical half-giant remained practically invulnerable while touching the earth, one force in a conflict could have its soldiers rejuvenated directly on the field of battle, putting them into a state of combat performance beyond the usual, historically standard, range.

Consequently, the opposing side might target the provision of medical services to negate this performance enhancement. As a result, targeting military medics may be justified by a military rationale aimed at reducing the performance enhancement of enemy troops, even though the provided medical service remains within its historically understood domain (i.e., treatment). Consequently, this scenario asks if the constitutive condition of the neutrality principle ought to be derived from the difference in the domain of medical intervention and a (bio)medical rationale (i.e., medical enhancement vs. medical treatment) or the difference in the value, or range, of the medical intervention and thus a military rationale. If the understanding of medical neutrality on a battlefield shifts from the former to the latter, military medics might become even greater military targets, even though the practice of their service remains unabated and within the confines of their, historically understood, medical role.

Biographical Note

Tomislav (Tom) Furlanis is an independent researcher in ethical Human-AI symbiotic cooperation with a doctoral degree in AI ethics. His academic expertise lies in ethical conceptualizations and analysis of symbiotic Human-AI systems facilitating the augmentation of human capacities, especially human morality. Tom is a proficient lecturer and a public speaker with a decade of experience in various teaching environments. His current, non-academic, preoccupation lies in board game design and the narrative shaping of social practice.

Email tom.furlanis@gmail.com

Erik Gustavsson – *Medical neutrality as a ground for prioritizing medical care in war*

Abstract

According to the Geneva Conventions, the wounded and sick should receive care according to their medical need, regardless of whether they are combatants or civilians, and irrespective of which party to the conflict they belong. This is one implication of medical neutrality. Accordingly, medical neutrality says something about how medical care should be distributed in war, or more specifically, it specifies grounds on which such care should not be distributed. The rationale here is that morally irrelevant features should not be given any importance. This structure is analogous to considerations (made in day-to-day priorities) of formal justice according to which like cases should be treated alike. For example, in a Swedish context the principle of human dignity guides priorities in the sense that it specifies grounds on which priorities should not be set. Both these principles come with several such morally irrelevant factors. The principle of human dignity is associated with the irrelevance of, for example, patient's previous lifestyle and their chronological age, whereas medical neutrality is concerned with, for instance, the irrelevance of whether individuals are combatants or civilians. Furthermore, these principles are often interpreted as absolute in the sense

that it is never justified to violate them. However, medical neutrality may be absolute in at least two senses: (a) medical care should be prioritized only according to medical reasons, and therefore for example, military needs must never outweigh medical needs, or (b) no weight should be given to which party to the conflict patients belong to. I will argue that medical neutrality cannot be reasonably understood as being absolute in any of these senses but should be interpreted as a mid-level principle for distributing medical care in war. This means that a patient's medical need may have to be weighed against that patient's claims based on medical neutrality.

Biographical Note

Erik Gustavsson is a senior lecturer in applied ethics with a special focus on medical ethics at Linköping University in Sweden (https://liu.se/en/employee/erigu18). He defended his doctoral thesis on needs in health care priority setting in 2018. Since then, his main research interest relates to medical ethics, especially ethical issues that arise in health care priority setting. During 2022 and 2023 he primarily works on his post-doctoral project From scarcity to extreme scarcity – priority setting in crisis and war funded by The Swedish Civil Contingencies Agency (MSB).

Email erik.gustavsson@liu.se

Julian W. März – *Medical Impartiality, Economic Sanctions and the Human Right to Health*

Abstract

Economic sanctions are a key tool of foreign policy, which former UN Secretary-General Kofi Annan has described as a "necessary middle ground between war and words". Economic sanctions are, however, often criticized for their humanitarian impact and their potential collateral damage to health and healthcare, which can potentially go far beyond the target country: If sanctions disrupt global supply chains of alimentary, pharmaceutical and medical products, they can potentially entail collateral damage not only in the target country, but also in third countries, particularly those with strained and less resilient healthcare systems. In this presentation, I will analyze the implications of the human right to health and the principle of medical impartiality for the use of economic sanctions, and will present possible solutions to mitigate the unintended humanitarian impact of economic sanctions.

Biographical Note

Julian W. März is a research fellow at the Institute of Biomedical Ethics and History of Medicine (IBME) of the University of Zurich. He has studied law, medicine and bioethics at the Universities of Zurich, Oxford, Munich, Regensburg and Passau, and the IEP de Paris, and has worked as researcher for the German Cancer Research Center (DKFZ, Heidelberg) and the Centre for Law, Medicine and Life Sciences of the University of Cambridge. He is currently advising the World Health Organization (WHO) on a number of topics in the area of public health ethics, global health ethics, and clinical ethics.

Email julian.maerz@ibme.uzh.ch

Melissa McRae – *A practical reflection on leveraging health as a means to another end*

Abstract

The biosocial model of health has gained acceptance over the decades, further heightened by the COVID-19 pandemic. It warrants reflection if this evolution has opened space to reframe health outcomes as the primary objective of diverse global policies, from border security to peace building. The WHO Global Health for Peace Initiative is one example, advocating for healthcare professionals (HCPs) to work 'on' conflict to influence conflict dynamics in a positive way. Leveraging health for objectives beyond direct healthcare delivery challenges several medical ethical principles. According to the medical ethical professional code, HCP must prioritise health as the primary endpoint, above other competing interests. This ethical norm safeguards a trusting, person-orientated 'HCP-patient' relationship for which the profession is renown. Respect of medical neutrality also safeguards this relationship, whilst demanding non-interference and exclusive assignment of HCPs to only 'medical duties' to be afforded protection. Yet the reference to healthcare interventions in global policies is increasingly diverse and concerningly vague; what constitutes medical duties or a health intervention? Part of this vagueness is to be celebrated, for increasing recognition of public health and the relevance of health system governance. However, ambiguity and the potential for harm can emerge when HCP trustworthiness and health's moral value are leveraged as positive anchors for broader global goals. Médecins Sans Frontières is analysing the evolution and operational impact of initiatives that leverage health as a 'means to end' other than direct health care. In particular, the impact on i) HCP trust, ii) healthcare access, and iii) ethical tensions in conflict and fragile settings. This analysis will draw on

the author's experience in humanitarian contexts, literature and semi-structured interviews to provide a practical approach for HCP to navigate such global initiatives.

Biographical Note

Melissa McRae is an Australian Doctor, dual specialised in Emergency Medicine and Public Health with an advanced master in bioethics. She has worked in the humanitarian sphere for over 20 years in a range of roles including clinical care, medical operational strategy development, implement and evaluation, research, management and leadership and medical ethics. Melissa has experience working for government, non-government, and humanitarian organisations in low-, middle- and high-income countries across Australia, Africa, Asia, Middle East, Europe, and the Caribbean. Within the humanitarian sphere she has worked predominately with the Red Cross and Médecins Sans Frontières (MSF), most recently as Medical Director for MSF (Amsterdam). Melissa currently works for the MSF Research Unit on Humanitarian Stakes and Practices based in Geneva.

Email melissa.mcrae@geneva.msf.org

Precious Ncayiyana – *Providing Medical Care to further non-medical ends*

Abstract

The question around neutrality and impartiality has been around us for a very long time especially in South Africa given our long history of apartheid. A well documented case is the one of "Dr Death" who was South Africa's chemical and biological warfare program director called "Project Coast" during apartheid. This program was established in 1981 violating the Biological and Weapons Convention of 1972. The main objective of Project Coast was to annihilate the black population by developing agents that could poison human beings and go undetected post-mortem. Part of the project included developing the "Black Bomb" which was meant to be a biological weapon that would selectively attack black people. Dr Death won all 67 charges against him. He simply told the court that he was following orders and the court could not find sufficient evidence that personally implicated him in manufacturing and distribution of biological weapons and toxins. The protracted nature of Dr Death's" prosecution at the criminal courts and medical council highlights the difficulty of finding neutrality and harmonising dual loyalties for military health care practitioners.

The present study found that Dr Death, despite not being found criminally liable, was found guilty of unethical conduct by the Health Professions Council of South Africa in 2013 and a recommendation was made that he be removed from the register. The doctor is still legally practising. A few areas of great concern regarding the protection of medical personnel working as soldier under command were also noted. Borderline unethical conduct was also detected. Others recommended that medics should be allowed to deregister and re-register for certain operations like in Special Forces. Unethical conduct included delaying to treat a prisoner of war whilst being interrogated.

Application of ethics in military medical practise is complex and controversial and this leaves the practitioners exposed to possible sanction by their regulatory professional bodies. Perhaps there should be different kinds of ethics for Military Medics. This is by no means promoting unethical conduct but it is meant to support and protect the small number of medics involved in special operations.

Biographical Note

Lt Col Precious Ncayiyana holds a B. Pharm, UKZN (2001); PDBA, GIBS (2006); MBA-Finance, City University London (2008) and MSc Med-Bioethics and Health Law, Wits (2017). She's a Chief Pharmacist at 1 Military Hospital. Previously deployed at the Mobile Military Health Formation as a Staff Officer for Pharmaceutical Support to External Operations. She has over 20 years of experience in Pharmacy. She is a Deputy Chairperson for the South African Military Health Services (SAMHS) Antimicrobial Stewardship (AMS) Committee and SAMHS Formulary Committee. She's a former Consumer Representative at the United Nations Development Program's Standard and Labelling Project Steering Committee. Her interests include, AMS, Polypharmacy, Bioethics and Health Law. She's presented in countries like, Botswana, Namibia and Zimbabwe. She also has television and radio experience as a guest and co-producer at the South African Broadcasting Corporation (SABC).

Email preciousncayiyana@gmail.com

Leonard Rubenstein – *Political allegiances and activities and medical obligations in conflict*

Abstract

The question of how professional ethics, humanitarian principles, and international law apply to political activities and affiliations of civilian health workers during armed conflicts and situations of political volatility has become a vexing one for practitioners. In Syria, Myanmar, Turkey, Egypt, Sudan, and elsewhere government-affiliated military or security forces have arrested, punished or otherwise targeted health professionals for explicit or assumed allegiance to an enemy or opponent of government or engaging in activities deemed political These activities may include, for example, engaging in political protests, supporting a protest by organizing or participating in medical support activities for a protest, expressing opinions on social or other media, and others. One of the principal justifications for the arrest for arrest or punishment is breach of an asserted duty of neutrality. That duty is claimed to derive from humanitarian principles, medical ethics, or international humanitarian law. This paper will address three key issues arising from these developments:

1. Whether ethical principles, humanitarian principles or international law require health professionals to refrain from political allegiances or political activities, and if so, which activities may be covered and on what grounds.
2. If any type of political activity or allegiance by a health professional can be considered a breach of duty, which is the proper forum for accountability for it.
3. Whether as a result of a breach of medical ethics involving a political activity or stance, whether related to political allegiances or activities or other violations, such as refusing to treat wounded or sick people of one side of the conflict (a violation of the duty of impartiality) a health professional loses protection under the Geneva Conventions for acts outside their humanitarian functions harmful to the enemy.

Biographical Note

Leonard Rubenstein is Professor of the Practice in the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health, and Interim of its Center for Public Health and Human Rights. He is also a core faculty member the Berman Institute of Bioethics and the Center for Humanitarian Health at Johns Hopkins University. Prior to coming to Johns Hopkins, Professor Rubenstein was a Senior Fellow at the United States Institute of Peace and before that President of Physicians for Human Rights. He has been the recipient of numerous awards, including the American Public Health Association's Sidel-Levy Award for Peace. He is a graduate of Wesleyan University and Harvard Law School. He founded and chairs the Safeguarding Health in Conflict Coalition and is the author of *Perilous Medicine: The Struggle to Protect Health Care from the Violence of War* (Columbia University Press, 2021).

Email lrubenstein@jhu.edu

Loretta Stein/ Simon Horne– *Are military HCP involved in strategic Global Health Engagement protected under Medical Neutrality?*

Abstract

Military Global Health Engagement (GHE) encompasses a broad scope of health activities from military-military readiness training courses, to overseas laboratory research and bio surveillance, to hospital ship missions, and to health systems development. All GHE activities are employed to challenge Great Power Competition and China's whole-of government approach to gaining access, influence, and power around the world, and to develop strategic partnerships that support global health security and defense security cooperation efforts in alignment with national security policy. Given the strategic non-medical ends to which GHE is directed, the authors consider the question: are military healthcare personnel (HCP) involved in strategic global health engagement protected under the principles of International Humanitarian Law and medical neutrality? GHE, by definition, is fundamentally different that humanitarian aid conducted in crisis to relieve suffering and humanitarian principles should not be used to analyze or judge GHE activities, as they will always fail to be meet the humanitarian criteria. However, if military HCP involved in GHE are limited to health activities which provide genuine health benefit to partner nation population, those HCP ought to be protected under the principle of medical neutrality. The purpose of this presentation is to share a GHE ethical framework that has been developed in partnership between US and UK military GHE professionals based on classic biomedical ethical principles and "scaled up" to the broader GHE context. Through a case-based discussion, presenters will demonstrate how it guides GHE toward strategic objectives while maintains freedom of action of HCP to engage in ethical patient care and transparent relationship building, and ultimately, the primacy of medical neutrality and protection of military HCP involved in GHE.

Biographical Note

Loretta L. Stein is a Commander in the United States Navy and board-certified ophthalmologist. She currently serves as the Chief of Surgery at US Naval Hospital Naples, Italy. She received a Master's of Science in Global Health Science from the University of Oxford (2007) and her Medical Degree from Tufts University School of Medicine (2011). She holds academic appointments as a Clinical Associate Professor of Surgery at the Uniformed Services University of the Health Sciences and Adjunct Professor at the Defense Medical Readiness Training Institute. Her interest in medical ethics focuses on the strategic, operational, and tactical challenges of military global health engagement in practice. She was recently named the 2022 Oxford University ETHOX Centre Andrew Markus Visiting Scholar.

Email loretta.steinmd@gmail.com

Wunna Tun – *Medical Neutrality in Times of a Military Coup. Field report from Myanmar*

Abstract

On February 1, 2021, Myanmar had a military coup. Arresting health care professionals, attacking hospitals and clinics, the barbaric slaughter of thousands of innocent people, particularly women and children, are all routine in Myanmar today There have been several incidents of atrocities of Myanmar military against our medical professionals Since the Myanmar military and security is purposely bombing civilians and hospitals in Myanmar, violating the neutrality of health care in active battle, Myanmar's health staff have been mobilized under exceptionally difficult conditions. Over a year, tens of thousands of our medical educator colleagues and students have been prisoned and some being killed. The medical professionals were arrested and killed because of providing medical treatment to injured. Medical neutrality is often disrespected in Myanmar: There are several statements by international medical community for Myanmar. The Myanmar military and security forces disregard them and more and more Myanmar health professionals suffer and even family members of medical professionals have been arrested and killed when they cannot find medical personnel. International NGO are reluctant to provide humanitarian assistance to refugees and injured because their staff have greatest chance of endanger their own life as well as their family members due to Myanmar military action. I hope this proposal will provide an opportunity to discuss medical neutrality as perspectives of humanitarian health care provider in Myanmar during military coup and critically reflect on own experience on medical neutrality in actual combat zones in Myanmar.

Biographical Note

Wunna Tun, MBBS, Msc, MD currently serves in the frontline area of Myanmar. He was Secretary of JDN, World Medical Association. Dr. Tun led on drafting statement of WMA RESOLUTION IN SUPPORT OF MEDICAL PERSONNEL AND CITIZENS OF MYANMAR and contributed on drafting and revision of Medical Ethics in times or conflict and war, Physician Pledge, International Code of Medical Ethics, various WMA medical ethics declaration and resolutions. He chaired and moderated WMA Thematic Session on Warfare Ethics last April 2022 and published a report about it on World Medical Journal. Dr. Tun served on various leadership positions locally and internationally. Since the Military coup in Myanmar, he is living and caring for Myanmar people in an area where booms resound from nearby combat, fighter planes soar overhead where Myanmar military fires volleys of missiles from the sky to kill communities and innocent people.

Email onlinewunna@gmail.com

Eva van Baarle – *Ethical aspects of the principle of medical neutrality*

Abstract

The principle of medical neutrality is grounded in International Humanitarian Law as well as in Human Rights Law and implies that military physicians should provide health care without concerning the moral status of those to whom it is provided, irrespective if they are fellow combatants, civilians or enemy forces.

This presentation focusses on the ethical aspects of the principle of medical neutrality and the underlying value of humanity. Should medical neutrality be viewed as an obligation, as being unconditional and, in that sense, used as an absolute moral value or, should it be considered a relative or instrumental value? It seems that both the absolute and the relative are in play here. Within the value of humanity there is a contradictory logic similar to that identified by Jacques Derrida within the concept of forgiveness. There is the unconditional value of humanity, as charity; at the same time, there is the pragmatic imperative of historical, legal or political conditions which demand the opposite (i.e. taking sides). These two remain irreducible: Medical action thus has to be related to a moment of

unconditionality if it is not going to be reduced to the prudential demands of the moment. On the other hand, such unconditionality can hardly be permitted in operational practice, as decisions would be deduced from incontestable ethical precepts or principles. It requires respect for both poles of this tension. Thus it presents an immense difficulty, military physicians continue to be predisposed to choose where to provide health care, where to judge and where to condemn, as well as to where to pronounce innocence and humanity.

Biographical Note

Eva van Baarle is assistant professor military ethics and philosophy at the Netherlands Defense Academy. She teaches military ethics at the Netherlands Defense College: both staff courses and international courses. She also is a project leader and trainer in the train-the-trainer course military ethics for non-commissioned officers (all services). Her research focusses on fostering moral competence of military personnel through ethics education; reflection on hazing rituals in the Armed Forces; understanding moral issues in soldier enhancement; and she is involved in an action research project aimed at fostering a 'just and psychologically safe culture in the Armed Forces'.

Email em.v.baarle@mindef.nl

Adriaan van Es – *Some lessons from the past – challenges for the future*

Abstract

The Netherlands Ambulance was an institution with a positive image and royal connections. The Dutch Red Cross deployed mobile medical units, or hospitals, so-called Ambulances, to many battlefields, such as the French-Prussian war, the Boer war (1899-1902), Balkan war (1912-1913). Fresh in the memory of the Dutch population were the Abessynian and Finnish Ambulances. The (then) medium size world power the Netherlands adhered strictly to political and military neutrality.

This all changed in 1940. After the German occupation the Red Cross was nazified and a new ambulance – under the SS – was deployed to the eastern front, where it settled in a requisitioned hospital, less that a mile away from Babi Yar. The chief surgeon of the ambulance had been a notorious camp doctor in concentration camp Amersfoort. In May 1945 he was arrested by American troops in Germany and handed over to the Dutch authorities. He was brougt to court and was convicted to 20 years inprisonment and litetime professional bar. Both the prosecution and the defense brought forward the Geneva Conventions. The prosecution for his cruel treatment of Sovjet POWs as a camp doctor, and the defense with the argument that the Geneva Conventions should protect him from prosecution for serving in the Ambulance at the eastern front. Both arguments failed in court.

How do medical doctors solve the problem of dual loyalty? A military surgeon recently said: "I am a colonel-surgeon, not a surgeon-colonel." Are they whistlebowers? A military historian recently noted that only very seldom health professionals report violations of the Geneva Conventions.What is (medical) neutrality? One is neutral in relation to politics, warring parties. But can one also be 'neutral' to human rights violations?

Biographical Note

Medical School Utrecht 1966-1973. Medical Officer in Charge, Dormaa Hospital, Ghana 1975-1979. Family doctor, Amersfoort, 1979-2015. GP-trainer Medical School Utrecht 1990-2015. MD asylum seekers 2015-2019. MD Moria Refugee Camp, Lesbos, Greece 2019.

Co-founder and president Johannes Wier Foundation for health and human rights (1985-1998). Founder and secretray IFHHRO | Medical Human Rights Network www.ifhhro.org (2002-).

Various fact-finding missions, reports, guidelines and articles. Member International Forensic Expert Group IFEG. Co-author Istanbul Protocol 1999 and 2022. Co-author Dual Loyalty & Human Rights in Health Professionals Practice 2002.

'Maar ik ben geen schooier', Nico van Nieuwenhuysen, arts in Kamp Amersfoort en aan het Oostfront('Yet I'm not a monster', biography of Nico van Nieuwenhuysen, surgeon in Camp Amersfoort and at the eastern front) 2023

Email a.van.es@planet.nl

Cecil B. Wilson – *Dual Loyalties/ Military Medicine*

Abstract

Military medicine relates at least in part to the issue of dual loyalty and how it relates to those health care personnel who are both officers in the military and medical officers such as doctors and nurses. It brings great opportunities as well as great challenges. The information brought here is from work done by the US Defense Health Board (DHB),

which gave recommendations to the Secretary of Defense. It had two queries that asked (1) How can military professionals most appropriately balance their obligations to their patient against their obligations as military officers to help commanders maintain military readiness? (2) How much latitude should military medical professionals be given to refuse participation in medical procedures or request excusal from military operations with which they have ethical reservations or disagreement?

The DHB evaluated the current state of the military ethics landscape and what are the current potential problems that can be seen today. They gave 16 recommendations that included among other things the establishment of a defense Medical Ethics Center (DMEC) at the Uniformed Services University (USU), and establishment of the principles of medical ethics. All of the recommendations I presented here were adopted by the Secretary of Defense.

The recommendations came from a group that included line officers and physicians in the military. It also included ethics departments from civilian institutions and institutions with strong ethical ethics such as universities and organizations that included the World Medical Association, the American Medical Association, the World Nurses Association and the American Psychiatric Association.

Biographical Note

Cecil B. Wilson, MD, is an internist from Winter Park, Florida, and is past chair and president of the American Medical Association, past president of the World Medical Association and past chair of the Board of Regents of the American College of Physicians. Doctor Wilson served in the United States Navy for eleven years rising to the rank of a commander. He participated in the work of the Defense Health Board bringing recommendations to the US Secretary of Defense on the subject of Dual Loyalties/Military Medicine. He has been a private sector advisor to the United States Delegation to the World Health Assembly at the World Health Organization (WHO) in Geneva. He is a graduate of the Emory University College and School of Medicine, and completed his residency in internal medicine at the US Naval Hospital, San Diego.

Email cecilbwilson@earthlink.net

Min Yu – *Medical Neutrality and Impartiality in UN Peace Keeping Operations*

Abstract

Medical professionals have been playing an important and unique role in UN Peacekeeping Operations. They come from different countries around the world, serving people with diverse religious, cultural, and educational backgrounds. To guide their activities, the UN formulated and distributed the Medical Support Manual, including the ethical code for medical practitioners. Furthermore, in addition to any national code of ethics, during their services in the United Nations, all physicians, including TCC/PCC-provided physicians and United Nations staff or volunteer physicians shall be guided by and consistent with the International Code of Ethics for Occupational Health Professionals and the International Code of Medical Ethics.

As peacekeepers, medical professionals follow three basic principles: consent of the parties, neutrality, and non-use of force, which continue to set UN peacekeeping operations apart as a tool for maintaining international peace and security for decades. Neutrality had been a key code for UN medical professionals' practices. However, years ago, with the development of UN's peacekeeping mission, the principle of 'neutrality' was replaced by 'impartiality' which was considered crucial to maintaining the consent and cooperation of the main parties. With this change, UN's peacekeepers should be impartial in their dealings with the parties to the conflict, but not neutral in the execution of their mandate. Affected by this change, the medical service has been facing new challenges. Some cases are discussed to analyze the dilemma of medical professionals for peacekeeping missions.

Biographical Note

Min Yu is a professor of Health Services Administrant and Management in the Academy of Military Medical Science. He was appointed as associate professor in 1995 at the Fourth Military Medical University. He visited Harvard School of Public Health, Dept. of Health Policy and management for one year in 1997. He was appointed as professor in 2000.

He worked as chief Force Medical Officer in United Nation Mission in Sudan for one year in 2006. Since 2010, he had worked as the military medical expert of United States' the Technical Advisory Group for the Pilot Project on Military Medical Support Capability Development. Since 2013, he has been working as a professor at Academy of Military Sciences. From 2019 to 2022, he was the Chairman of the Technical Commission on administration and medico-military Logistics of the International Committee of Military Medicine.

Email yumin002@hotmail.com

Publications from previous workshops

Eagan, Scheena; Messelken, Daniel (2023), editors. **Resource Scarcity in Austere Environments: An Ethical Examination of Triage and Medical Rules of Eligibility.** Springer.

Messelken, Daniel; Winkler, David (2022), editors. **Health Care in Contexts of Risk, Uncertainty, and Hybridity.** Springer. DOI 10.1007/978-3-030-80443-5

Messelken, Daniel; Winkler, David (2020), editors. **Ethics of Medical Innovation, Experimentation, and Enhancement in Military and Humanitarian Contexts**. Springer. ISBN 978-3-030-36318-5

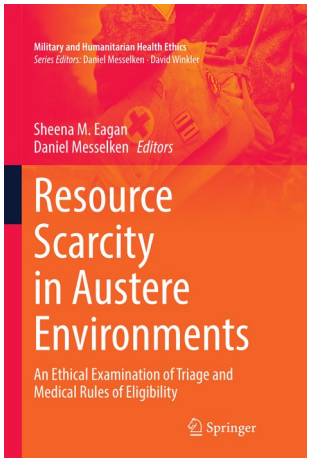
Messelken, Daniel; Winkler, David (2017), editors. **Ethical Challenges for Military Health Care Personnel: Dealing with Epidemics** (Proceedings of the 5th ICMM Workshop on Military Medical Ethics). Routledge. ISBN 978-1472480736

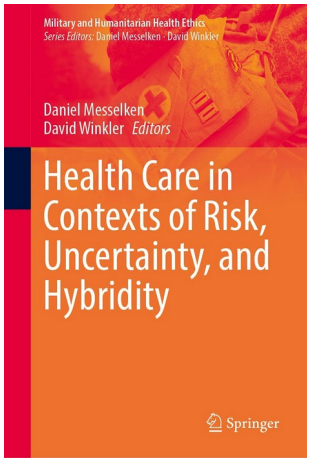
Messelken, Daniel; Winkler, David (2015), editors. **Proceedings of the 4th ICMM Workshop on Military Medical Ethics**. Bern, 2015. ISBN 978-3-905782-98-1

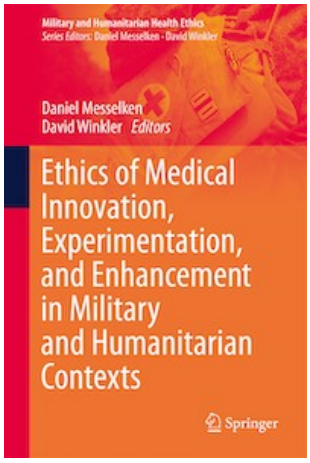
Messelken, Daniel; Baer, Hans U (2014), editors. **Proceedings of the 3rd ICMM Workshop on Military Medical Ethics**. Bern, 2014. ISBN 978-3-905782-97-4

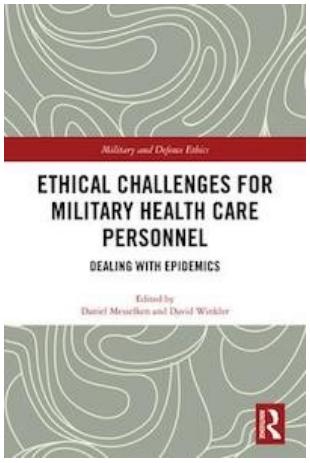
Messelken, Daniel; Baer, Hans U (2013), editors. **Proceedings of the 2nd ICMM Workshop on Military Medical Ethics**. Bern, 2013. ISBN 978-3-905782-94-3

More information on http://publications.melac.ch /









Practical Information

Registration is mandatory for all attendants. No participation is possible without registration and the zoom access links will only be distributed to admitted participants.

Please be aware that **places at the workshop are limited** as we want to keep the format of the workshop as close as possible to the previous years, which includes time and opportunity for discussions. These are only possible in a smaller group. Participants will be selected with the aim of putting together a well-balanced group of speakers and participants to allow for productive discussions. The number of participants per country can be limited.

Criteria for selection will be:

- The motivation and previous knowledge/ expertise/ experience of applicants
- The function and institutional role of applicants
- Date the application is received

Workshop fee online	**75 CHF** (an invoice will be sent after registration). On justified request, the fee can be waived for participants from LIC and students.
Workshop fee on-site	**800 CHF** to be paid directly at the hotel in Spiez Includes 3 hotel nights (14-17June 2023) and all meals during the workshop and the transport from Zurich airport to the hotel in Spiez. The host nation dinner on Friday is offered to all on-site participants.

Workshop location

The on-site workshop will take place at
Hotel Seaside, Schachenstrasse 43, 3700 Spiez, Switzerland
https://www.hotel-seaside.ch/en

The online workshop will be streamed via zoom videoconferencing.

Dress code

Dress code during the workshop is office uniform for military personnel, and smart casual for civilian attendees and military personnel who cannot wear their uniform.

Contact

ICMM Centre of Reference for Education on International Humanitarian Law and Ethics
Internet https://www.melac.ch/
Email workshop@melac.ch

Swiss Armed Forces, Medical Services Directorate, Centre of Competence for Military and Disaster Medicine
Internet www.armeesanitaetsdienst.ch
Email mme-loac.astab@vtg.admin.ch

ZH Center for Military Medical Ethics | Fachzentrum ZH Militärmedizinethik
Internet www.militarymedicalethics.ch
Email: messelken@militarymedicalethics.ch

Emergency contact during the workshop

Workshop staff	**+41 79 781 55 25**
Workshop venue "Hotel Seaside"	+41 33 650 81 81