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## 14th ICMM Workshop on Military Medical Ethics

# *Protection, Precaution, Proportionality. Is respect for ethics in conflict in decline?*

19-21 June 2025 | Hybrid Workshop

Jongny s/ Vevey (Switzerland) and Online

### Patronage

Major General Andreas Stettbacher, MD (Surgeon General, Swiss Armed Forces)

Lieutenant General Pierre Neirinckx, MD (ICMM Secretary General)

Prof Dr Francis Cheneval (Center for 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

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## Scientific Coordination

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### **ZH Center for Military Medical Ethics**

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### **ICMM Centre of Reference for Education on IHL and Ethics**

Col David Winkler, MD

melac@cimm-icmm.org

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## Idea of the workshop series

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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.

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## Chatham House Rule

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The workshop discussions shall be held under the “**Chatham House Rule**” to encourage open exchanges. 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.

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## SIWF Accreditation

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The MME workshop 2025 shall be accredited by the **Swiss Institute for Postgraduate and Further Education in Medicine** (SIWF / ISFM). Participants will receive a certificate and can check with their national institutions if the credit points are accepted by them.



## Session I

09:00 – 12:00 (CEST/ UTC+2)

## Introduction & Exploring the Workshop Topic

Chair: D. Winkler/ D. Messelken

**09:00 – 09:15**

Welcome

Chairman ICMM Center of Reference  
Swiss Surgeon General  
ICMM Secretary General

David Winkler  
Andreas Stettbacher  
Pierre Neirinckx (t.b.c.)

**09:15 – 09:30**

*Introduction to the workshop: Protection of medical personnel/ facilities  
and the question of proportionality*

Daniel Messelken

**09:30 – 10:15**

*Treating Irregular Forces in Defensive Wars*

Florian Demont-Biaggi

*Short-Break 15 minutes*

**10:30 – 11:15**

*Reverse Triage and Large-Scale Combat Operations*

Daniel Hurst

**11:15 – 12:00**

*Analysing the distinctive emblems through semiotic and  
trademark theories*

Maciej Polkowski

*Lunch Break*

## Session II

13:30 – 17:00 (CEST/ UTC+2)

## Forced Evacuations and Humanitarian Aspects

Chair: B. Koch/ F. Demont-Biaggi

**13:30 – 14:15**

*No safe passage: The impossible choices during hospital evacuations in conflict*

Christa Callus  
Christina Wille

**14:15 – 15:00**

*The Ethics of Forcing Civilian Hospital Evacuations in Armed Conflict:  
Case Studies and Implications*

Thornton Ray  
[Via videoconference]

*Coffee-Break 30 minutes*

**15:30 – 16:15**

*The future of humanitarian notification systems*

Daniel Trusilo  
David Danks [Online]

**16:15 – 16:45**

*Time for Plenary Discussion*

Moderated by Chairpersons

*Evening at free disposal*

### **Session III**

09:00 – 12:00 (CEST/ UTC+2)

### **Philosophical & Theoretical Approaches**

Chair: A. Wildi/ I. Ülgür

**09:00 – 09:15**

*Introduction to Day Two*

David Winkler/ Daniel Messelken

**09:15 – 10:00**

*Proportionality and Military Medical Ethics*

Anthony Lupo

**10:00 – 10:45**

*Proportionality: Lessons from public health for military healthcare*

Julian März

Nikola Biller-Andorno [Online]

*Coffee-Break 30 minutes*

**11:15 – 12:00**

*Technological Mediation in Military Healthcare: Responsibility,  
Relationality, and Proportionality in the Age of AI and Drones*

Paschal Ukpaka

[Via videoconference]

*Lunch Break*

### **Session IV**

13:30 – 15:00 (CEST/ UTC+2)

### **Autonomous Systems, AI, and Decision-Making**

Chair: J. Crouse/ P. Ermuth

**13:30 – 14:15**

*Unmanned Yet Accountable: Ethical Implications of Autonomous Systems  
in Battlefield Evacuation*

Jeanne Krick

**14:15 – 15:00**

*Skin in the Game: Artificial Intelligence versus Human Decision-Making  
in High Stakes Military Medicine*

Erika Ann Jeschke

[Via videoconference]

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**16:00– 22:00**

**Social Program & Host nation dinner** (on-site participants only)

Details and meeting point will be communicated during the workshop

(Civilian clothes)

**Session V**

09:00 – 12:00 (CEST/ UTC+2)

**Broadening the Perspective and Outlook**

Chair: D. Messelken/ D. Winkler

**09:00 – 09:10**

*Introduction to Day Three*

David Winkler/ Daniel Messelken

**09:10 – 09:55**

*Can Research Ethics respond quickly in a Medical or Military crisis?*

Simon Kolstoe

**09:55 – 10:40**

*Just Culture as Dialogical Learning: Theoretical Foundations and  
Practical Implications of Restorative Justice*

Eva van Baarle

*Short-Break 20 minutes*

**11:00 – 11:45**

*Closing Plenary discussion*

Moderated by chairpersons

*Outlook: Measures to be taken / Action Plan*

**11:45 – 12:00**

*Closing Remarks*

*Swiss Surgeon General*

Andreas Stettbacher (t.b.c.)

*Lunch Break*

*End of the Workshop – Departure*

**Christa Callus / Christina Wille – No safe passage: The impossible choices during hospital evacuations in conflict**

**Abstract**

Under International Humanitarian Law (IHL) conflict parties have the legal obligation to protect the medical mission, ensuring that medical personnel can carry out their duties without interference. If medical facilities must be evacuated, parties are obligated to facilitate and take all feasible measure to protect civilians, including patients and medical personnel. Furthermore, the evacuation of medical facilities requires coordination between military personnel and humanitarian organizations, to ensure that evacuations do not place health personnel and patients at greater risk. Such evacuations thus demand ethical and logistical considerations, to safeguarding integrity and dignity of patients and health personnel.

Insecurity Insight documents and analyses data on attacks on healthcare, providing a critical foundation for understanding patterns of attacks. Since the escalation of military action in the Gaza strip, Insecurity Insight has tracked attacks on medical facilities, offering insights into the scale and frequency of these violations. The timeline and patterns of attacks highlight the pervasive insecurity faced by healthcare providers – including during evacuations of health facilities.

This presentation proposes to delve into ethical and legal considerations of evacuating medical facilities amidst continuous assaults, using Kamal Adwan hospital in northern Gaza as a case study. It will critically examine the complexities of such evacuations and argue that it is nearly unattainable for health workers to safely evacuate patients from medical facilities, particularly in the context of persistent attacks on healthcare, creating an ethical dilemma for health providers on whether to move or stay. The presentation will also highlight how an unrelenting and sustained pattern of attacks, including blockades preventing essential supplies from reaching the hospital, interferes with the ability of medical personnel to carry out their duties. It will argue that these actions may constitute a deliberate strategy to force the nonetheless unsafe evacuation of the hospital.

**Biographical Note**

Christa Callus is a senior researcher at Insecurity Insight, oversees data quality control for the organisation's conflict incident database and manages the conflict-related sexual violence portfolio. She contributes to the SHCC report and wrote reports on explosive weapons impacting healthcare. She holds a Masters in Humanitarian Action (NOHA) and is completing an MA in Human Rights Law at the University of Malta.

Christina Wille is the founding Director of Insecurity Insight, which strengthens the evidence base on violence affecting the humanitarian sector. Under her leadership, the organization has pioneered AI technology to track violence against aid, healthcare, education, and food security. She edits the Safeguarding Health in Conflict Coalition Report and is a board member of the Explosive Weapons Monitor and the h2h network. She studied International Relations at the University of Cambridge, UK and previously worked for the Small Arms Survey and European Commission.

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**Florian Demont-Biaggi – *Treating Irregular Forces in Defensive Wars***

**Abstract**

In a defensive war, countries with a high percentage of private firearms must be prepared to deal with irregular forces defending their own homes, resources, and territories. The medical treatment of such irregulars raises questions. Traditionally, the Martens Clause of the 1899 Hague Convention was intended to deal with such cases.

Theodor Meron (2000) argued that International Humanitarian Law cannot be separated from the principle of humanity, but still argues against an overregulation of armed conflicts and emphasizes the differences in how proportionality is understood in International Humanitarian Law, in International Human Rights Law, and the jus ad bellum. While both irregular and regular forces may draw on jus ad bellum to justify their engagement as proportionate collective, self-defense, proportionality for military medical treatments may be influenced by all three approaches to proportionality. Antonio Cassese (2000) holds that the Martens Clause is significant for interpretation and in the formation process of customary international law. As such there is a possibility that it helps navigating the different approaches to proportionality influencing medical treatments. Attempting an application of

the Martens Clause to the medical treatment of irregulars hence raises some basic questions about the right balance between human rights considerations and military proportionality. It may, however, also provide a normative for treating irregulars in defensive wars.

#### Biographical Note

Dr. phil. Florian Demont-Biaggi has been a lecturer at MILAC at ETH Zurich since 2013. He has published in applied philosophy, particularly leadership ethics and military ethics. His most recent book is "Elements of Leadership Ethics" available in German and English through Springer. In spring 2025 he started a new research project on possible tensions between Just War theorizing and Human Rights considerations.

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### Daniel Hurst – *Reverse Triage and Large-Scale Combat Operations*

#### Abstract

During future high-intensity conflict, especially conflict with near-peer or peer-peer adversaries that have technological advances such as ballistic missiles and drone strikes, the military health system will be confronted with mass casualty events. Mass casualty events trigger triage guidelines in which those casualties with more severe wounds are generally treated first. However, in future large-scale combat operations, these mass casualty events may be dissimilar to the recent wars that the United States and its Coalition partners fought in Afghanistan and Iraq. During those wars, the US and its partners had air superiority and the ability to quickly evacuate casualties from the point of injury to a higher echelon of care—a medical aid station, combat support hospital and then, if needed, to a medical facility outside the area of operations. Despite occasional shortages during intense fighting, medical resources and medical care for Coalition partners were readily accessible. This may not be the case in future conflict with an adversary that has anti-access and area denial capabilities.

During mass casualty events, reverse triage rules may apply, requiring first-in-line care for Coalition forces who will return to duty. Under these conditions, returning soldiers to duty and conserving the fighting force supersedes saving the critically ill and treating based solely on medical need. Although reverse triage is rare, it may occur when medical resources are scarce. Yet, reverse triage is at odds with International Humanitarian Law, which stipulates: "Only urgent medical reasons will authorize priority in the order of treatment to be administered." Reverse triage also opens the door to possible moral injury of compatriots, potential breakdown of unit cohesion, and allegations of breaking international law. As scant normative ethical writing has dealt with the problem of reverse triage, this presentation will assess these ethical implications for future large-scale combat operations.

#### Biographical Note

Daniel J. Hurst is Associate Professor in the Department of Family Medicine, and Director of Medical Professionalism, Ethics, and Humanities, at Rowan-Virtua School of Osteopathic Medicine in Stratford, New Jersey, USA. His work is primarily focused on normative and empirical questions in bioethics. In addition, Hurst has served as a Chaplain in the United States Air Force Reserve since 2011. He earned his PhD in healthcare ethics from Duquesne University, his MSc in global health and infectious diseases from The University of Edinburgh, and holds additional graduate degrees in theology and moral philosophy.

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### Erika Ann Jeschke – *Skin in the Game: AI versus Human Decision-Making in High Stakes Military Medicine*

#### Abstract

Using qualitative data from our study entitled: "Dynamic Triage: Military Medical Decision-Making in Austere Mass Casualty," this presentation will compare study findings to the goals of The Defense Advanced Research Program Agency (DARPA) project entitled "In the Moment (ITM)." Our goal is to illustrate the unique elements of a human bodily epistemology that is essential to real-time, military medical decision-making. The ITM project has been tasked to develop a human off-the-loop algorithm to perform high-stakes, decision-making during major mass casualties. One hypothesis of the ITM program is that replacing human decision-making with artificial intelligence will reduce the burden of moral decision-making by removing human beings from the triage decision-making loop. However, this particular Artificial Intelligence (AI) ignores the value of enfleshed reasoning. Special Operations Forces (SOF)

medics described the sentient process of weighing and balancing multiple values as well as environmental threats and constraints, amidst major mass casualty scenarios. We call this latter process having “skin in the game.” In comparison to ITM’s stated goals, our study, strongly suggests that algorithmic decision-making does not have the deliberative force of this bodily epistemology. Enfleshed reasoning allows SOF medics to engage dynamic, multi-dimensional assessments of the operational scenario. Sans “skin in the game,” SOF medics’ ability to develop and sustain the skill of real-time Gestalt discernment of the operational environment will be reduced. Findings also illustrate enormous tension between the ethical duties to provide immediate care at point of injury and the need to balance the operational demands of far forward SOF Missions. However, participants were resistant to the idea of that human moral responsibility could or should be removed from their decision-making process through the use of AI. To do so would likely inflect ambiguity into their sense of purpose and obfuscate their ethical-professional duties amidst far forward SOF missions.

#### Biographical Note

E. Ann Jeschke is currently a faculty of the MacLean Center for Clinical Medical Ethics at the University of Chicago. She collaborates on research with the Air Force Research Lab, the Army Institute for Surgical Research, Navy Medical Research Unit, and the Tri-Service Nursing Research Program on a program of research to develop a theory of performance for trauma medicine that is framed by culturally sensitive and salient attributes of well-being. Her research is grounded in the following question: What does it mean to care amidst violence? Relying on medical humanities and anthropology, she seeks to expand the context of caring beyond the medical clinical and physician-patient dyad to include communal healing rituals as a means of restoring social identity and social justice after experiences of collective trauma.

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### Simon Kolstoe – *Can Research Ethics respond quickly in a Medical or Military crisis?*

#### Abstract

The continuing global condition of conflict and disease, and the subsequent need for evidence based solutions and decisions, creates a moral imperative for conducting robust, reliable, timely and ethical research. While generally slower than other forms of evidence gathering and synthesis, research has an unequalled track record of delivering transformation and innovation across all spheres of knowledge. Key to this is the process of Research Ethics as a methodology of review and assessment. However, research ethics is also accused of being overly bureaucratic with complex administrative or legal hurdles. For much research this is frustrating, but for research addressing pressing military or medical matters this can be prohibitive. For instance there was a critical need for quick and efficiently research during the COVID pandemic, while the rapid development of new technologies in conflicts such as Ukraine created a vacuum of reliable evidence for decision makers as research processes simply could not match operational pace. To address these challenges, and counteract attempts to bypass ethics procedures, the UK's Ministry of Defence Research Ethics Committee (MODREC) has worked closely with the UK's Health Security Agency, and Health Research Authority, to refine processes that assess methodological and ethical issues in the design of military and medical research. During the COVID pandemic the three agencies re-defined the definition of activities that fall within the scope of research, and since the pandemic have implemented "proportionate review" processes that aim to better match operational (both medical and military) pace. These regulatory innovations match the December 2024 updates to the World Medical Association's influential Declaration of Helsinki. The proposed session will discuss the need for regulatory and ethical innovation, describe solutions implemented in the UK and being advanced internationally, and emphasise how innovation is imperative to ensure that respect for ethics is maintained.

#### Biographical Note

Dr Simon Kolstoe is Associate Professor of Bioethics at the University of Portsmouth, UK, and chair of the UK Ministry of Defence Research Ethics Committee (MODREC), and the UK Health Security Agency's Research Ethics and Governance Group (UKHSA REGG). During the COVID pandemic he also chaired the UK's "Fast Track" research ethics committee that aimed to streamline regulatory approval of medicinal products, and also served as the Bioethicist on the UK's Human Challenge research ethics committee that approved the only three COVID human challenge studies to be conducted globally. He works closely with the UK's Defence Medical Service providing advice and support for research aimed at gathering evidence and data supporting medical innovation. A key project



is to ensure that decision makers, both military and civilian, understand and respect the critical role of ethics in research.

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### **Jeanne Krick – *Unmanned Yet Accountable: Ethical Implications of Autonomous Systems in Battlefield Evacuation***

#### **Abstract**

On the modern-day battlefield, militaries are exploring the integration of technological platforms that can provide rapid, efficient and safe medical evacuation while simultaneously reducing further risk to personnel. Autonomous casualty evacuation (TACEVAC) systems could leverage unmanned aerial, terrestrial, and maritime systems to provide this capability in contested environments. While a promising application of emerging technologies, its future use raises important ethical considerations that military leadership at strategic, operational, and tactical levels must address.

This presentation offers an ethical analysis of autonomous TACEVAC systems by examining the ethical tensions that arise during planning and implementation. First, we explore the current state of casualty evacuation, with a focus on the ethics of battlefield triage, the ethical status of care delivery, and Law of Armed Conflict considerations. Next, we discuss ethical considerations for the implementation of these technologies. Here, we explore standard of care concerns that may occur, how leaders must consider these concerns during preliminary use, and the importance of military community endorsement and education. Finally, we examine the ethical tensions of a future state, where autonomous TACEVAC is fully integrated on the battlefield. Several questions that we will offer an opportunity for discussion and open discourse on include: What is the ethical status of autonomous TACEVAC entities? Would a military leader owning a platform be held to the same ethical standard for triage as a medical provider? Should the standard of care change when autonomous systems are involved in TACEVAC? What ethical obligations are there to ensure a human presence for a critically ill or dying casualty? What moral injuries will military medical personnel suffer when they are augmented by autonomous TACEVAC? Each of these questions will be considered from military, clinical, ethical, and legal perspectives as we wrestle with the implications of this technology on the battlefield.

#### **Biographical Note**

Dr. Jeanne Krick, MD, MA is a U.S. Army physician and bioethicist who currently serves as the Consultant to the Surgeon General of the Army for Medical Ethics. She is an Associate Professor of Pediatrics at the Uniformed Services University of the Health Sciences (USUHS), where she is also the associate course director of the medical ethics course for the school of medicine. She is currently stationed at Brooke Army Medical Center in San Antonio, Texas, where she is the chair of the institutional ethics committee and serves as the Program Director for the Neonatology-Perinatology Fellowship program.

Dr. Krick received her undergraduate degree from the United States Military Academy, medical degree from USUHS, and Master's in Bioethics and Humanities from the University of Washington. Her research and teaching interests include military medical ethics, physician-family communication, pediatric ethics, and shared decision-making.

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### **Anthony Lupo – *Proportionality and Military Medical Ethics***

#### **Abstract**

Acts in war with lethal effects on non-traditional targets, such as military healthcare personnel and facilities, are either categorically disproportionate (i.e., *mala in se*) or proportionate under certain, limited conditions. The former is incompatible with traditional just war theory and should be rejected. The second approach involves *jus in bello* proportionality judgments about incommensurate values, or values (e.g., 'military advantage' and 'reducing suffering') that do not reduce to a common unit of measure. I argue this approach depends upon an analogical conception of justice whereby acts of war are just only when they correspond (i.e., are properly analogous) to a properly ordered sense of goods. My approach provides the conceptual language for describing why it is sometimes permissible to cause harm to non-traditional targets and why, in other cases, militaries ought to make special efforts

to protect the same personnel and facilities. I argue this analogical conception of justice reconciles perceived conflicts between medical and military ethics.

#### **Biographical Note**

MAJ Tony Lupo teaches philosophy at the United States Military Academy at West Point. Tony graduated from West Point in 2010. He earned an MLitt in Philosophy from the University of St. Andrews in Scotland, U.K. (2011); a Master's of Military Art and Science from the Command and General Staff College in Fort Leavenworth, KS (2021); and an MA in Military Ethics from Case Western Reserve University in Cleveland, OH (2024). Tony has published on the intersections of metaethics, just war theory, and operational planning.

Tony is a military intelligence officer in the U.S. Army and has served in intelligence positions from the tactical to strategic levels, including one deployment to Afghanistan during Operation Enduring Freedom (2012-13).

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### **Julian März / Nikola Biller-Andorno – *Proportionality: Lessons from public health for military healthcare***

#### **Abstract**

In this talk, we will present key findings from our forthcoming book *Proportionality: A Guiding Principle in Public Health Law, Ethics and Policy*, co-edited by Corine Mouton-Dorey and Stéphanie Dagon (Oxford University Press, 2025). The book explores how proportionality can guide and shape decision-making under crisis conditions. As the most comprehensive academic work on proportionality to date, it brings together the expertise of 49 scholars and practitioners from around the world on the theme of proportionality. It aims to shed light on the principle/process of proportionality, in order to better decide and apply proportionate measures in the face of future public health crises, whether infectious, ecological, or linked to armed conflict.

In our presentation, we will highlight the book's key themes and connect them to military medical ethics. Just as in public health crises, armed conflicts demand careful proportionality assessments to reconcile operational necessity with ethical duties, such as safeguarding healthcare facilities and preventing harm to civilians. By juxtaposing case studies from both contexts, we invite a discussion on the shared challenges and lessons in applying proportionality as a guiding principle for decision-making under crisis conditions. We emphasize the need for transparent, inclusive processes that respect fundamental rights while enhancing the resilience and adaptability of healthcare systems in both civilian and military contexts.

#### **Biographical Note**

Dr. Julian W. März, M.D., Ph.D., LL.M., J.S.D., is a physician, lawyer, and bioethicist currently working as a research fellow at the Institute of Biomedical Ethics and History of Medicine at the Medical Faculty of the University of Zurich. In recognition of his expertise in global health ethics and his long track record of contributions to WHO's activities in this field, Julian was appointed as a member of the World Health Organization (WHO) Research Ethics Review Committee (ERC) for the 2024 – 2027 term in October 2024.

Prof. Nikola Biller-Andorno, M.D., Ph.D., M.A., M.B.H.A., directs the Institute of Biomedical Ethics and History of Medicine, University of Zurich, Switzerland. As a Past-President of the International Association of Bioethics and as Chair of the WHO Collaborating Centre Network for Bioethics, she has a keen interest in the global dimension of the key bioethical challenges our societies face.

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### **Daniel Messelken – *Protection of medical personnel/ facilities and the question of proportionality***

#### **Abstract**

Medical facilities are protected under IHL during armed conflicts and may not be attacked. Exceptions are strictly regulated and require either a prior misuse of the facilities for military purposes or a very significant and otherwise unattainable military advantage. From an ethical perspective, protection and respect are even more important. In reality, medical facilities have been increasingly disrespected in recent years. Instead, deliberate attacks on medical facilities, or at least the acceptance of the destruction of such facilities as collateral damage, appear to be part of the new reality of war. From a military-ethical perspective, any use of military force must fulfil a number of criteria, in particular only legitimate targets may be attacked ('discrimination') and attacks must be proportional. Both criteria

are not met in the case of attacks on protected facilities. In the debate to date, however, reference has primarily been made to the criterion of discrimination. The criterion of proportionality of attacks on medical facilities, on the other hand, is less considered, although it seems to provide very strong arguments against the legitimacy of such attacks. At least if the requirements for proportionality are not artificially narrow, but the effects beyond the direct attack are also taken into account. Especially in regions with a weak healthcare system, the destruction of even small facilities has an enormous impact on healthcare provision.

This presentation will therefore analyse the question of whether attacks on (protected) medical facilities can fulfil the military ethical criterion of proportionality at all. Should this prove to be at least very difficult, as suspected, this would provide a further strong argument in favour of protecting medical facilities.

#### **Biographical Note**

Daniel Messelken is a research associate at the Center for Ethics at Zurich University and leader of the Zurich Center for Military Medical Ethics ([www.cmme.uzh.ch](http://www.cmme.uzh.ch)). He also serves as Head Ethics Teacher for the Center of Reference for Education on IHL and Ethics of the International Committee of Military Medicine and is member of the Board of Directors of the International Society for Military Ethics in Europe (EuroISME). Dr. Messelken studied Philosophy and Political Science in Leipzig and Paris (1998-2004) and received his PhD in philosophy from the University of Leipzig in 2010. Besides Military Medical Ethics, his main research fields include Just War Theory, the Morality of Violence, Military Ethics, and Applied Ethics more generally.

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### **Maciej Polkowski – *Analysing the distinctive emblems through semiotic and trademark theories***

#### **Abstract**

The red cross and red crescent emblems ('the emblems') embody the humanitarian ethos of the Red Cross and Red Crescent Movement ('the Movement'). Their history is intertwined with the Movement's institutional history and with the development of International Humanitarian Law (IHL). Prevention of the misuse of the emblems is undertaken by a vast number of the National Societies and a major and constant area of policy engagement assumed by the International Committee of the Red Cross (ICRC).

At the same time, despite the presence of a universally accepted normative framework and significant worldwide efforts aimed at its dissemination and implementation, the Movement's policy towards the prevention of emblem misuse remains at least partially ineffective. On the one hand, the inappropriate use of distinctive emblems to denote healthcare services, goods and personnel in times of peace is highly prevalent. On the other hand, the aspects of IHL that stipulate the use of the distinctive emblems to protect civilian healthcare in times of conflict appear to be, at best, only marginally implemented by state-governing bodies.

This article will attempt to discover why such a divergence between the policy and its implementation has proven to be so persistent and proposes avenues for further research and more effective policymaking. In doing so, it relies on semiotic theory and trademark theory to elucidate how the emblems produce meaning and how they function in social space.

#### **Biographical Note**

Maciej Polkowski holds a Masters degree in Indian Studies from Jagiellonian University and a Masters in linguistics from the School of Oriental and African Studies. He joined the ICRC in 2005 and worked across India, Pakistan and Afghanistan on detention, networking with non-state armed groups and protection of healthcare. Between 2017 and 2023 he headed the Health Care in Danger initiative in Geneva and in 2022 deployed to Warsaw to open the ICRC mission to Poland. Maciej's interests include partnerships, research and operational policy.

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## Thornton Ray – *The Ethics of Forcing Civilian Hospital Evacuations in Armed Conflict: Case Studies & Implications*

### Abstract

Forcing the evacuation of civilian hospitals, both enemy and friendly, during armed conflicts presents profound ethical challenges that balance military necessity against the principles of medical neutrality and humanitarian protection. Such actions disrupt critical healthcare services, endanger patients and medical personnel, and often exacerbate suffering among already vulnerable populations. This article examines the ethical dimensions of hospital evacuations through case studies from diverse conflicts, including Vukovar hospital in Croatia (1991), Kabgayi hospital in Rwanda (1994), Puthukkudiyiruppu hospital during the Sri Lankan civil war (2009), Kodok hospital in South Sudan (2015), and Al-Shifa hospital in Gaza (2023), among others.

Each case study highlights specific ethical dilemmas, including the prioritization of military objectives over civilian health, the violation of international humanitarian law, and the long-term societal consequences of disrupting healthcare infrastructure. The analysis evaluates the decision-making processes behind these evacuations, the roles of medical neutrality and consent, and the degree to which these actions were justified under the doctrines of military necessity.

The article concludes with recommendations for mitigating the ethical and humanitarian impacts of hospital evacuations. By examining past evacuations and their outcomes, this work aims to inform future policy and operational decisions, ensuring that healthcare remains a protected space even amid the chaos of war.

### Biographical Note

Major Thornton Ray brings over 16 years of diverse military experience, spanning the U.S. Army and U.S. Air Force. Currently, he serves as a Medical Service Corps officer in the Air Force Reserves and as a consultant for the U.S. Navy Bureau of Medicine and Surgery, offering critical insights into operational healthcare policy. A published author in the *British Medical Journal*, his co-authored article, *Reassessing Reverse Triage in Future Conflict*, examines a potential ethical challenge in battlefield medical care. He has also contributed to public discourse on military resilience with his article, *Tabbed and Tenacious: W&M Alumnae Conquer the U.S. Army's Toughest School*, highlighting groundbreaking achievements of female graduates of Ranger School. With a wealth of operational and academic expertise, Thornton is passionate about addressing the ethical complexities of military medicine, from battlefield triage to healthcare leadership. His views are his alone and don't reflect official policy of the DoD.

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## Daniel Trusilo / David Danks– *The future of humanitarian notification systems*

### Abstract

Currently, there is a collection of ad-hoc humanitarian notification systems (HNS), often also referred to as target deconfliction mechanisms. These systems are intended to provide location information on protected humanitarian sites, including healthcare infrastructure, such as field hospitals, as well as humanitarian movements, such as civilian ambulatory operations, to military actors to ensure they are not targeted. Existing HNS mechanisms, which typically rely on email-based communications, are notoriously unreliable for both the humanitarians that voluntarily provide information and the military entities that receive the information. The consequence of the current state of unreliable HNS is incidents involving military targeting of civilians seeking medical care and the humanitarian personnel who are working to reduce suffering, with little or no accountability when tragedies occur. Prof. Dr. David Danks and I argue that AI technologies, if operationalized in a responsible way, can have positive impacts on situational awareness for military and humanitarian actors and improve accountability and transparency for all stakeholders. Specifically:

- AI systems can be leveraged to improve the communication of quality data for deconfliction processes, taking into consideration the different needs of humanitarian and military actors.
- By leveraging emerging technologies, the international community can improve the safety of humanitarian medical operations in contested areas while also supporting military civilian harm mitigation efforts.
- Applying data science best practices can improve the likelihood of accountability under IHL.
- Technological solutions exist that are flexible and fast enough to be appropriate for the dynamic nature of humanitarian operations in conflict zones, for instance, to help verify ambulatory operations and alert military actors to temporary protected sites.

Our objective is to share ongoing efforts to develop HNS mechanisms that leverage AI technology and to further the discussion related to the challenges to implementing improved HNS mechanisms for both humanitarian and military actors.

#### Biographical Note

Dr. Daniel Trusilo is a consultant working at the intersection of responsible AI, humanitarian operations, and government policy. His work focuses on the practical implications of AI for humanitarian and conflict environments. Previously, Trusilo was a postdoctoral scholar at the University of California, San Diego (UCSD) and a Humanitarian Assistance Advisor to the Military for the U.S. Agency for International Development. Trusilo also served seven years as a U.S. Army officer. He holds a B.S. from the United States Military Academy at West Point and Masters and Doctorate degrees from the University of St. Gallen, Switzerland.

Dr. David Danks, Professor of Data Science, Philosophy, & Policy at UCSD, works on ethical and societal implications of AI, as well as (experimental) cognitive science. Danks serves on multiple government and industry advisory boards focused on frontier AI models.

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### **Paschal Ukpaka – *Technological mediation in military healthcare: responsibility, relationality, and proportionality in the age of ai and drones***

#### Abstract

The incorporation of developing technologies, such as artificial intelligence, drones, and telemedicine, into military healthcare brings substantial ethical issues that need a re-examination of core values like protection, precaution, and proportionality. Drawing on Hans Jonas' philosophy of responsibility and Emmanuel Levinas' ethics of relational care, this paper argues that these technologies transform the moral landscape of military healthcare in three key ways. First, they displace moral responsibility onto technology systems, producing an ethical vacuum where blame gets distributed among non-human actors. Jonas' cautionary ethic of technology underlines the hazards of such displacement, as it risks eroding humanity's ability to behave ethically in high-stakes contexts. Second, these technologies diminish the relational and embodied dimensions of care important to Levinas' idea of the ethical encounter, turning caring into disembodied, transactional actions that contradict the dignity and individualization of patient care. Finally, the dual-use nature of these technologies destabilizes the idea of proportionality, as military aims progressively intrude onto humanitarian needs, gradually changing ethical frameworks to meet operational expediency.

As a solution, this paper makes three suggestions. First, human monitoring is needed at important decision points. For example, AI triage systems, require a human healthcare professional to evaluate and approve all key choices, ensuring moral culpability remains with a person. Secondly, there is a need to implement a hybrid care approach that blends human touchpoints with technology systems. For instance, even in telemedicine settings, caregivers might arrange periodic in-person visits or employ immersive technology (like VR) to generate a more embodied feeling of presence. Lastly, there is a need to separate humanitarian and military tasks inside technical technologies. Medical drones, for instance, should be rigorously designated for healthcare reasons and integrated with tamper-proof technologies to avoid dual-use activities like surveillance.

#### Biographical Note

Paschal Ukpaka is a PhD candidate in Philosophy at the University of Johannesburg, researching the intersection of artificial intelligence, creative writing, and authorship. His Master's research, also completed at the University of Johannesburg, focused on the role of generative adversarial networks (GANs) in creativity within the fashion industry.

Paschal has held research fellowships at the Gulf University of Science & Technology and the Institute of Management and Technology, where he explored AI ethics in diverse cultural contexts. He is an active member of the UJ Metaverse Research Unit, contributing to advancements in AI and its societal implications.

His work has earned him prestigious accolades, including the Lembede Essay Prize and the University of Johannesburg VC Metaverse Bursary. With a strong commitment to philosophical inquiry, Paschal's research aims to address critical questions about the ethical and intellectual dimensions of emerging technologies.

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**Eva van Baarle – *Just culture as dialogical learning: theoretical foundations and practical implications of restorative justice***

**Abstract**

Just culture is a recent perspective on responding to accidents or incidents in organizations. It refers to the importance of doing justice to the situation and the people involved, aimed at strengthening safety and preventing future harm. Looking into two approaches in contemporary philosophy and ethics can deepen our understanding of what a just culture entails and how to foster it in practice: dialogical hermeneutics and care ethics. Both these approaches go beyond a view on people as independent rational beings and acknowledge that individuals are part of a web of relationships and act within a specific social context. Dialogical hermeneutics and care ethics enable us to specify repair as a relational practice, understanding as an interpretation of the situation and identification of needs, and moral learning as dialogical and democratic processes of joint reflection. By discussing a concrete example, the deliberate or incidental attacks on healthcare infrastructure, it is demonstrated how the theoretical characteristics of a restorative justice inspired by dialogical hermeneutics and care ethics may be translated into practical processes of joint moral learning.

**Biographical Note**

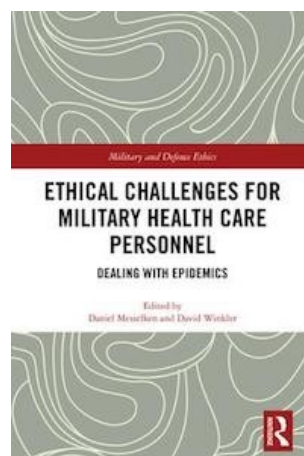
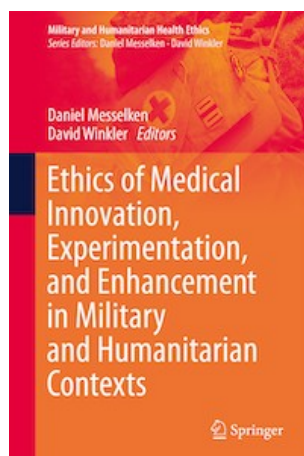
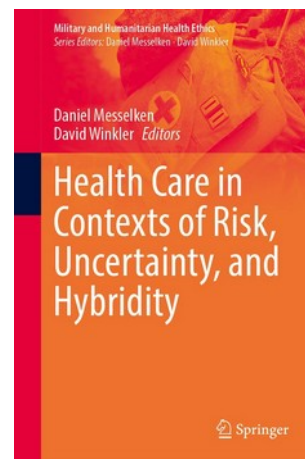
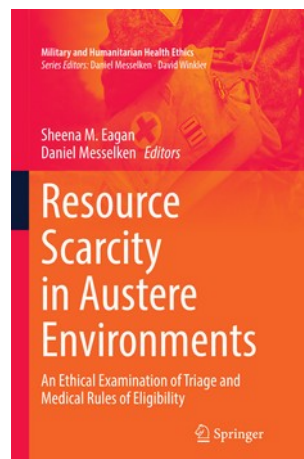
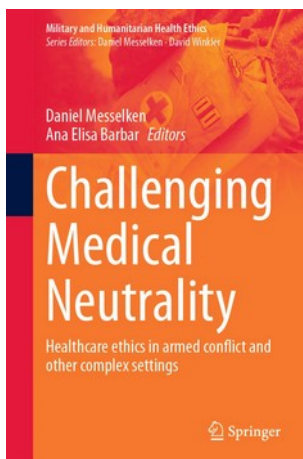
Eva is an Associate Professor of Ethics and Psychological Safety at the Netherlands Defense Academy and a Research Associate at Amsterdam University Medical Center. Her research focuses on enhancing moral competence through ethics education and training. Additionally, her work extends to organizational ethics, where she is involved in an action-oriented research project aimed at fostering a just and psychologically safe culture within the Armed Forces.

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- Barbar, Ana; Messelken, Daniel (2024), editors. **Challenging Medical Neutrality - Ethics of providing health care in armed conflict and other complex settings**. Springer.
- Eagan, Scheena; Messelken, Daniel (2023), editors. **Resource Scarcity in Austere Environments: An Ethical Examination of Triage and Medical Rules of Eligibility**. Springer. DOI 10.1007/978-3-031-29059-6
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More information on <http://publications.melac.ch/>



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## 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**      Free of charge, motivation letter needed.

**Workshop fee on-site**      **856 CHF** to be paid directly at the hotel  
Includes 3 hotel nights (18-21 June 2025) and all meals during the workshop and the transport from Geneva airport to the hotel in Jongny s/ Vevey.  
The host nation dinner on Friday is offered to all on-site participants.

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## Workshop location

The on-site workshop will take place at  
Hôtel du Léman, Ch. de la Fontaine 2, 1805 Jongny s/ Vevey  
<https://www.hotel-leman.ch/en.html>

The online workshop will be streamed via videoconferencing.

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## 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.

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## Contact

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**ZH Center for Military Medical Ethics | Fachzentrum ZH Militärmedizinethik**

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**Workshop staff**      **+41 79 781 55 25**

Workshop venue "Hotel du Léman" +41 21 923 03 03