



## Evaluation of 4<sup>th</sup> ICMM Workshop on Military Medical Ethics 24.-26. April 2014, Forum Lilienberg, Switzerland

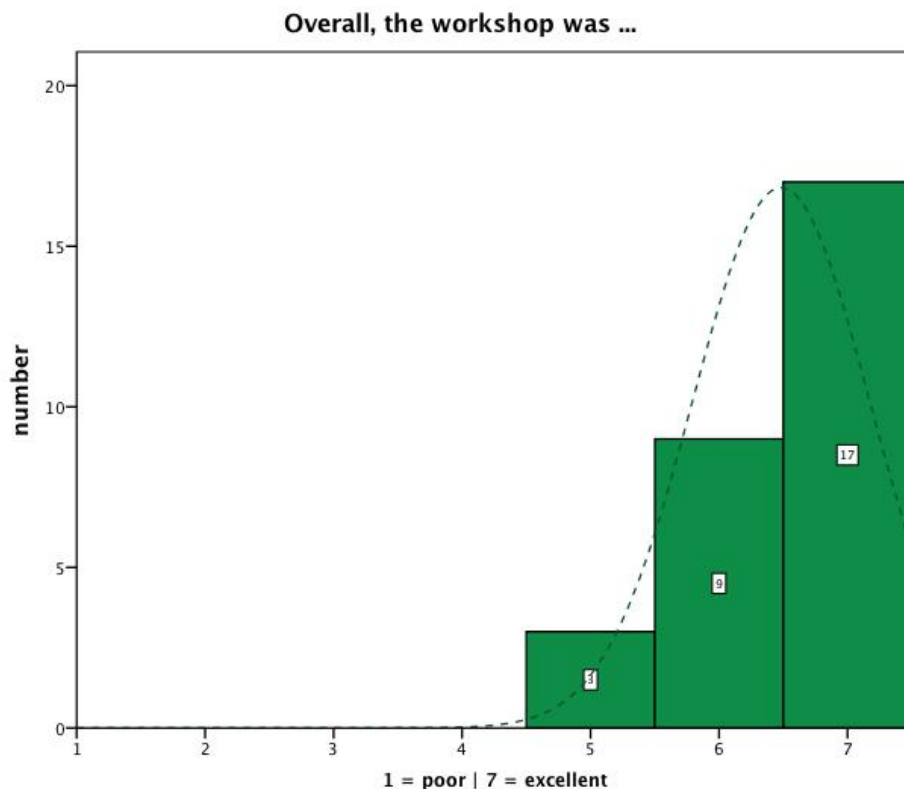
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23 May 2014

### 0. Basic Data

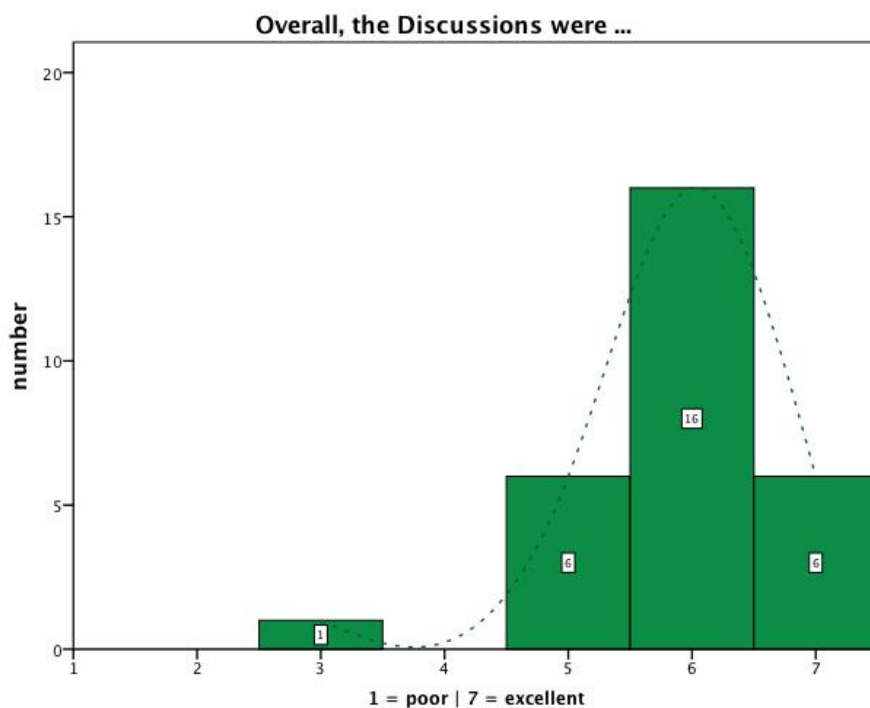
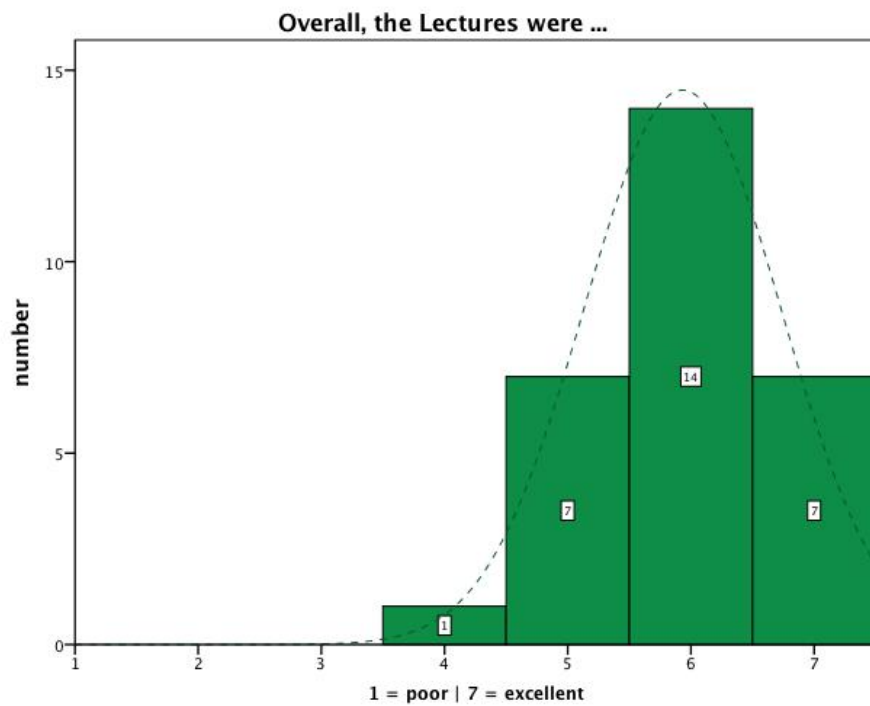
Evaluation form	Online survey, open to all participants and speakers of the workshop (34)
Evaluation period	26.04.2014 – 11.05.2014
Participation	29 persons (~85%) answered the questionnaire (3 only partially) Of the respondents, 14 were military (~48%), and 12 civilian (~42%), 3 did not mention their affiliation (10%).

### 1. Overall Rating of the workshop

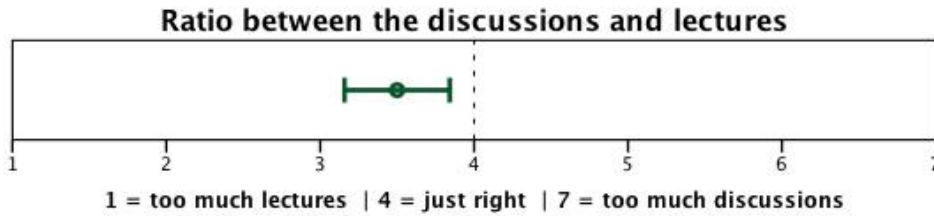
In general, the 2014 **workshop was overall again very positively received and much appreciated by the participants** of the survey. All participants in the evaluation survey rated the workshop overall positively. About 90% of the respondents rated it as “excellent” or almost excellent, the two highest available options out of seven. The mean of all answers is 6.48.



Over the whole workshop, the **lectures** have received a slightly less positive feedback than the discussions. On the other side, the evaluation of the discussions varies somewhat more as the second graph below shows.

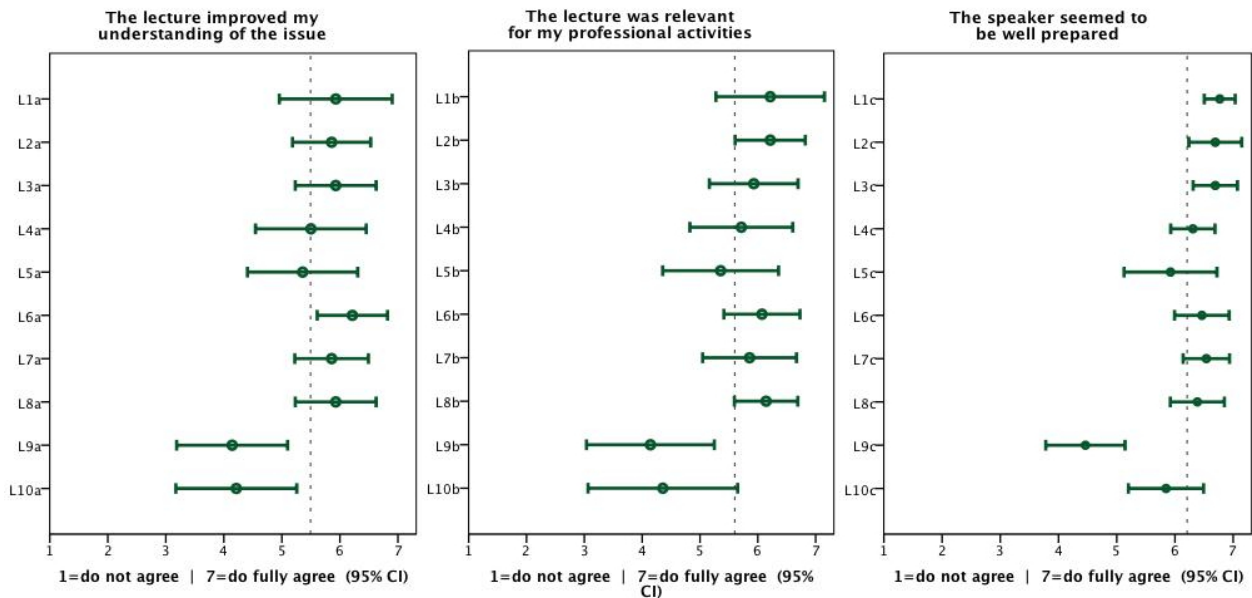


With regard to the **ratio between lectures and discussions**, this year’s evaluation shows a small predominance of lectures which means that participants would have preferred to have less lectures. However, as the more detailed evaluation of the discussions shows (section 3 below), the discussion time itself was not strongly felt to be too short.



## 2. Evaluation of the lectures

The plenary **lectures received a very positive feedback** from the participants of the evaluation. All three aspects (“improvement of understanding”, the “relevance of the content” and the “preparedness of the speaker”) were rated on a high level for the majority of the lectures. The feedback for each lecture can be directly taken from the graphs. They are listed in order they were held at the workshop with the first lecture on the top of the Y axis.

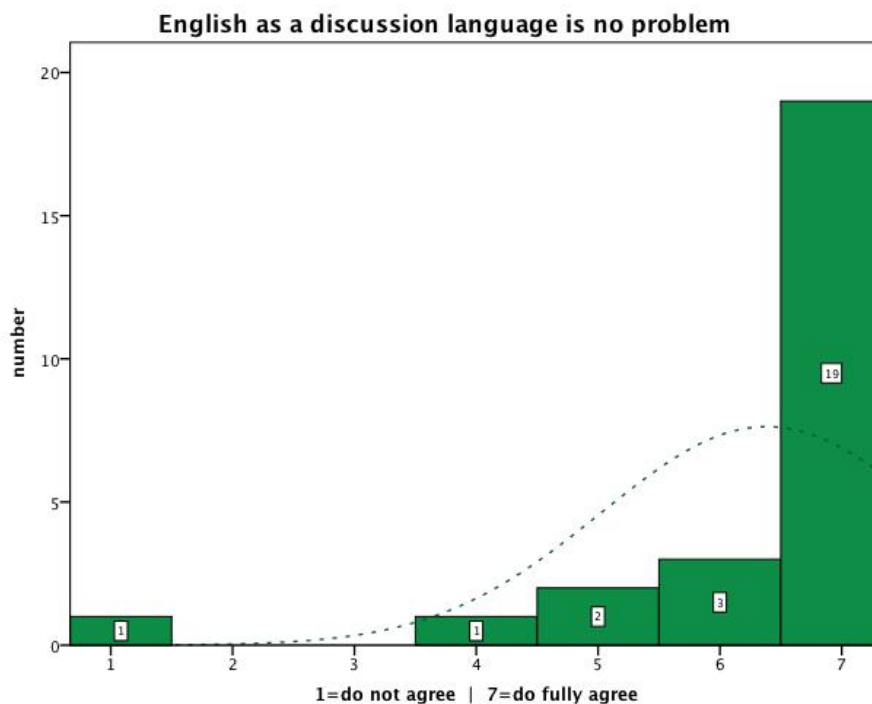
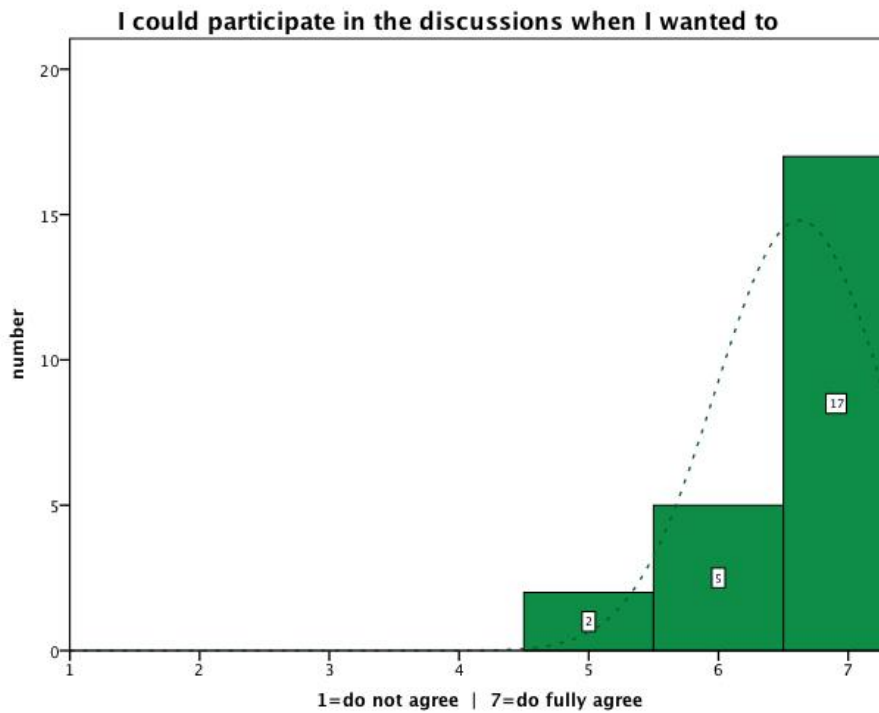
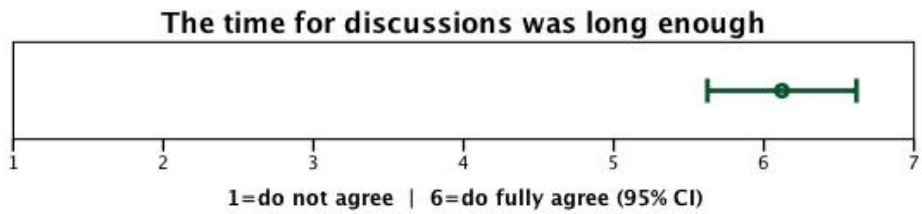


The scale on the X axis ranges from 1 meaning “I do not agree” to 7 meaning “I fully agree” Means are indicated by dots in the graphs. The dashed grey vertical line indicates the mean over all lectures. Deviations from the mean and differing evaluations are depicted by the horizontal lines which show the range of the average evaluations of each lecture (confidence intervals at the 95% level).

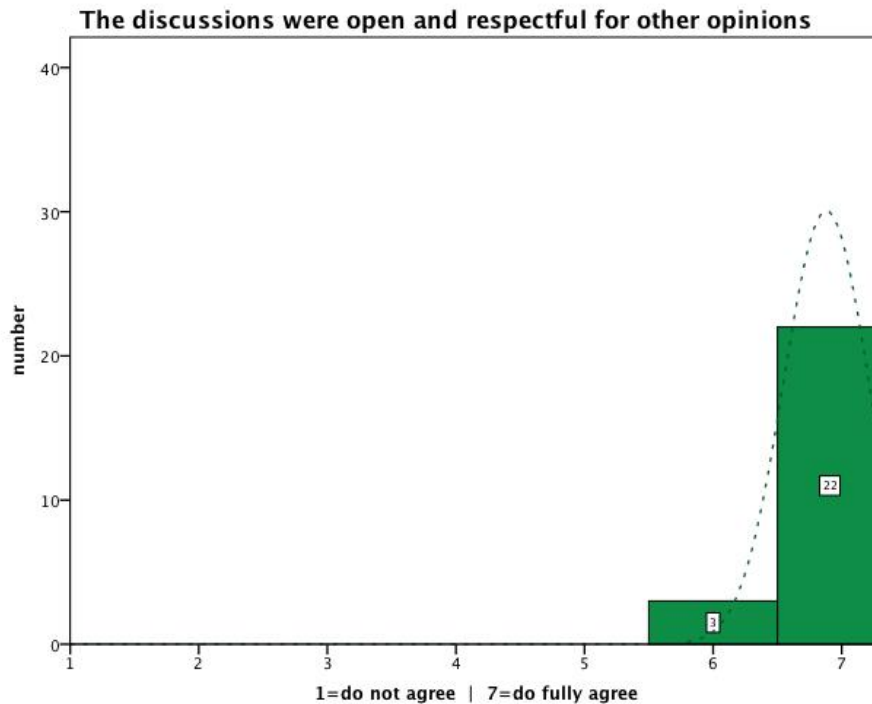
### 3. Evaluation of the discussions

A closer look at the evaluation of the discussions gives also a very positive picture of the participants' opinion. The discussion time was mostly rated to be long enough and the vast majority felt to be able to participate in the discussions when they wanted.

English language, however, constitutes an obstacle for some participants.

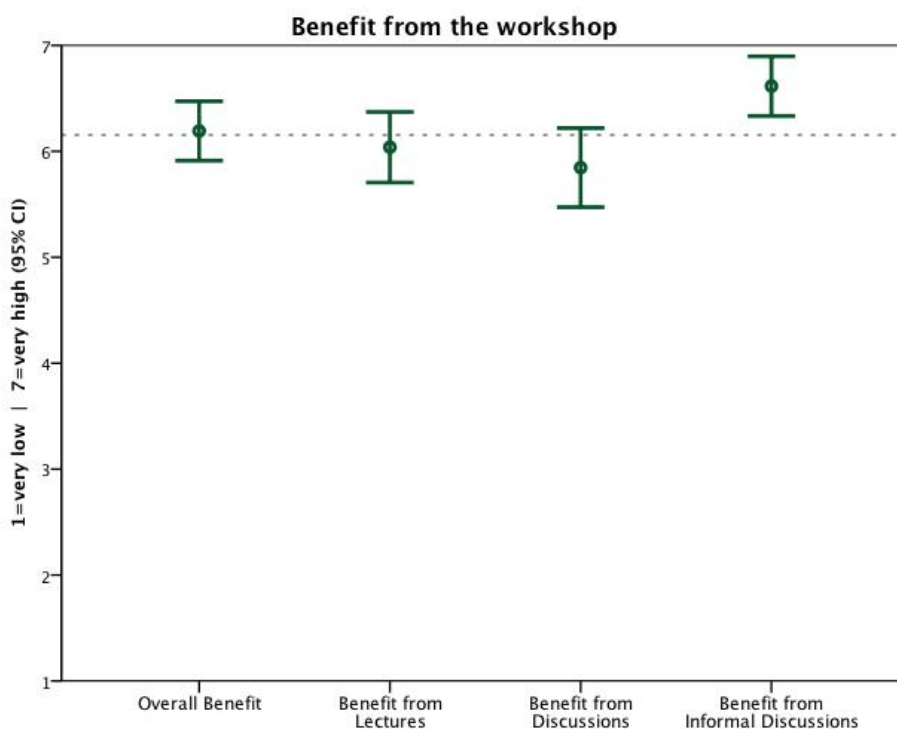


Almost all respondents **acknowledged the openness of the discussions**. This is all the more important and considerable as the workshop explicitly aims at establishing a space for open, respectful, and free discussions.

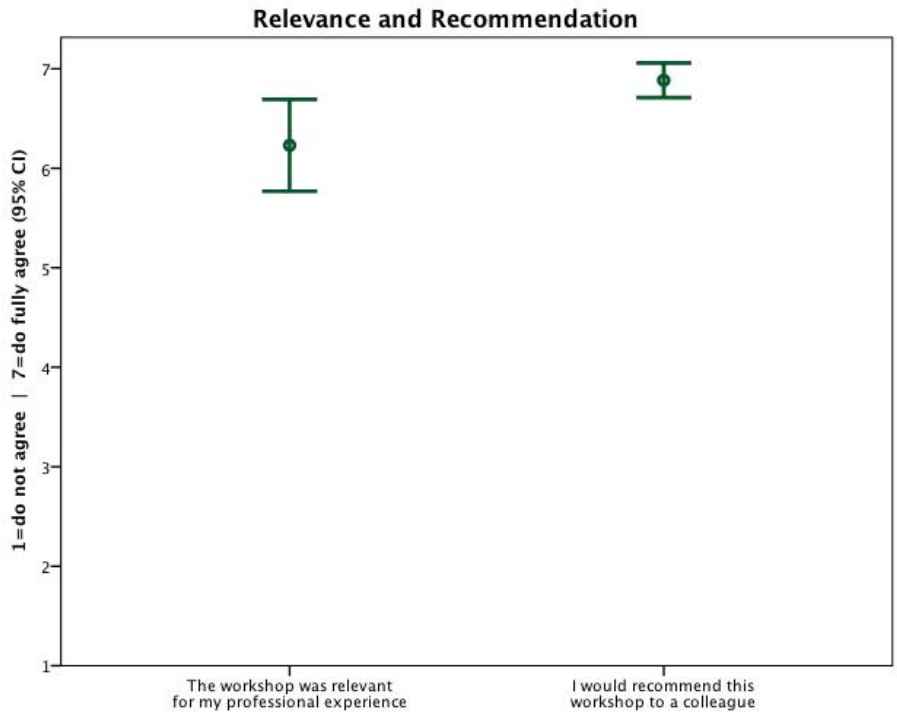


#### 4. Evaluation of the benefit taken from the workshop

The **benefit** which the participants could take from the workshop was felt to be **very high overall**. The different parts of the workshop received a slightly different feedback, though. Interestingly and in contrast to the evaluations of the preceding years, the **plenary discussions produced a smaller benefit for the participants than the lectures**. As in previous years, the **informal discussions** are felt to very important for the benefit of the workshop. This proves, once again, that is important to leave enough space during the workshop for these informal discussions.



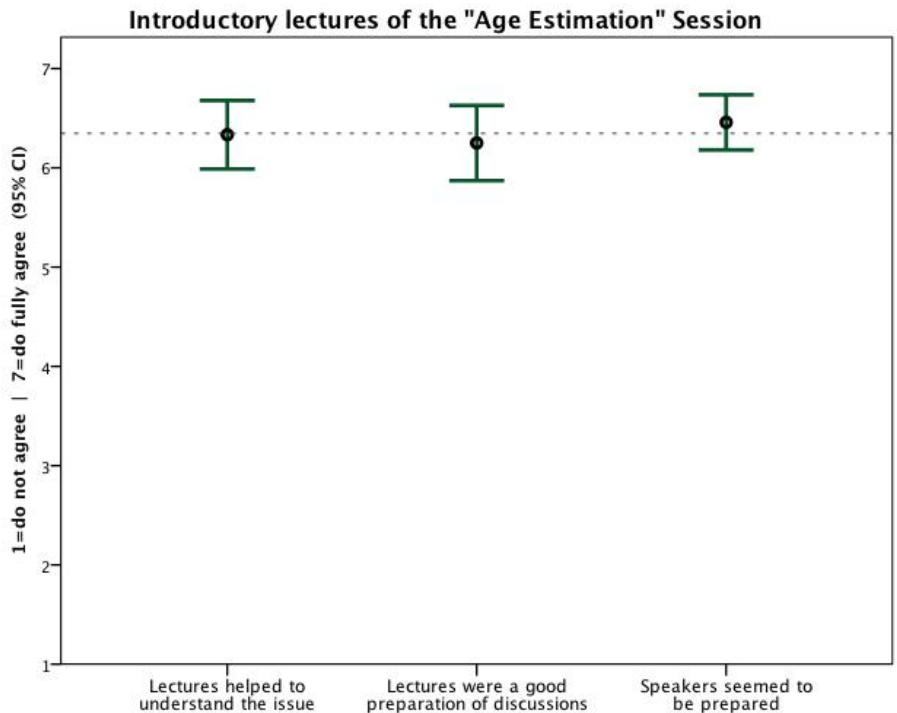
Most of the respondents found the workshop to be relevant for their professional activities and almost everyone would recommend the workshop to colleagues.



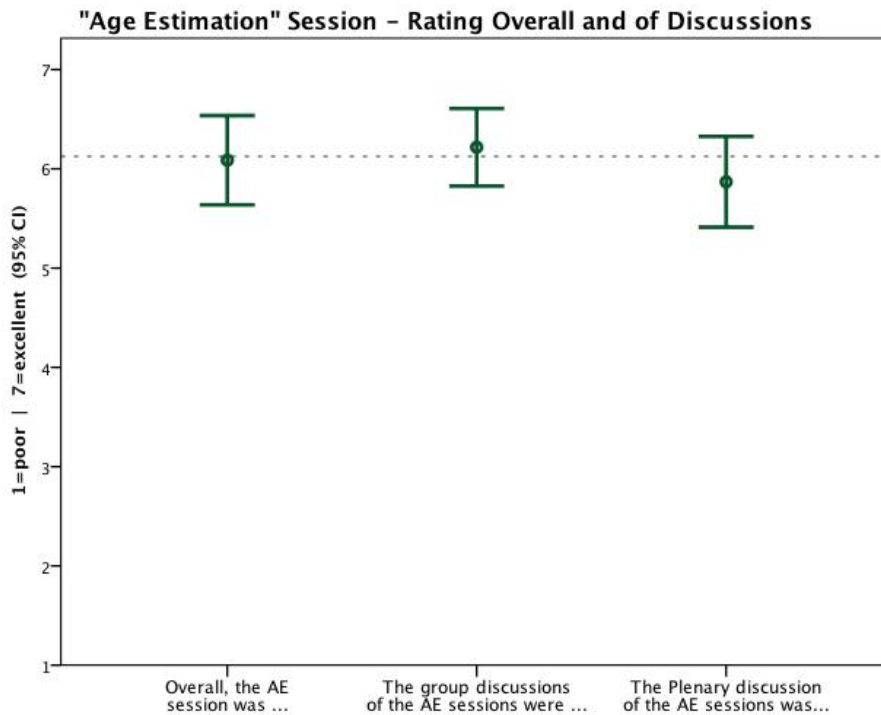
### 5. Evaluation of the Session on Age Estimation Guidelines

Conducted as an “experiment”, the brainstorming session on possible guidelines for physicians’ participation in (medical) age estimation procedures of refugees, prisoners, detainees, asylum seekers ... also received an encouragingly positive feedback.

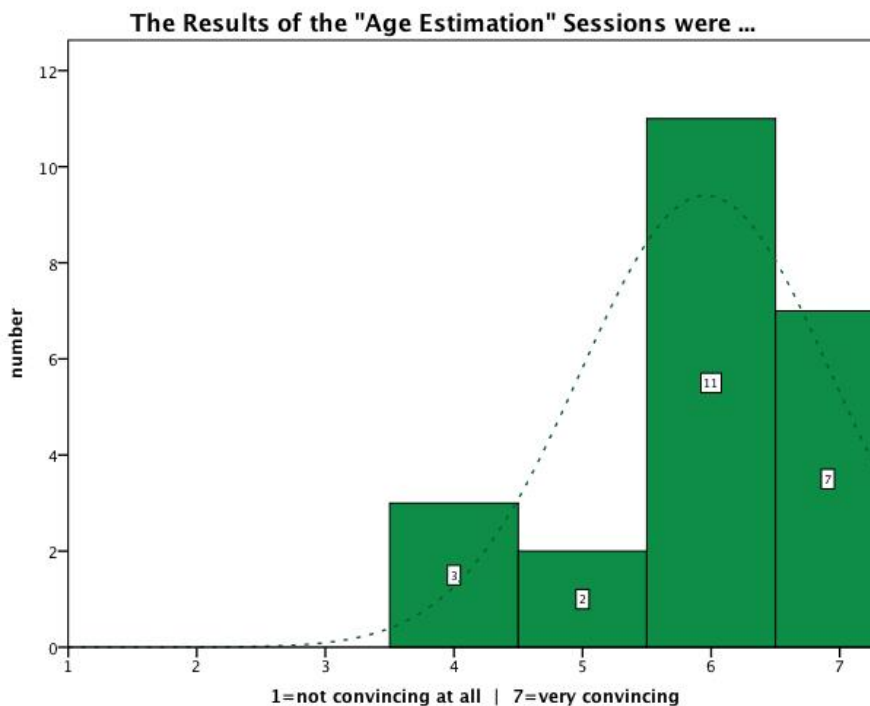
The introductory lectures were rated by the respondents on a similar or higher level compared to the average of the other lectures of the workshop (shown above in section 2).



Similarly, the discussions (both in group and in the plenary) received a positive feedback. Some smaller points of critique can be found in the general comments in section 7.3 below.

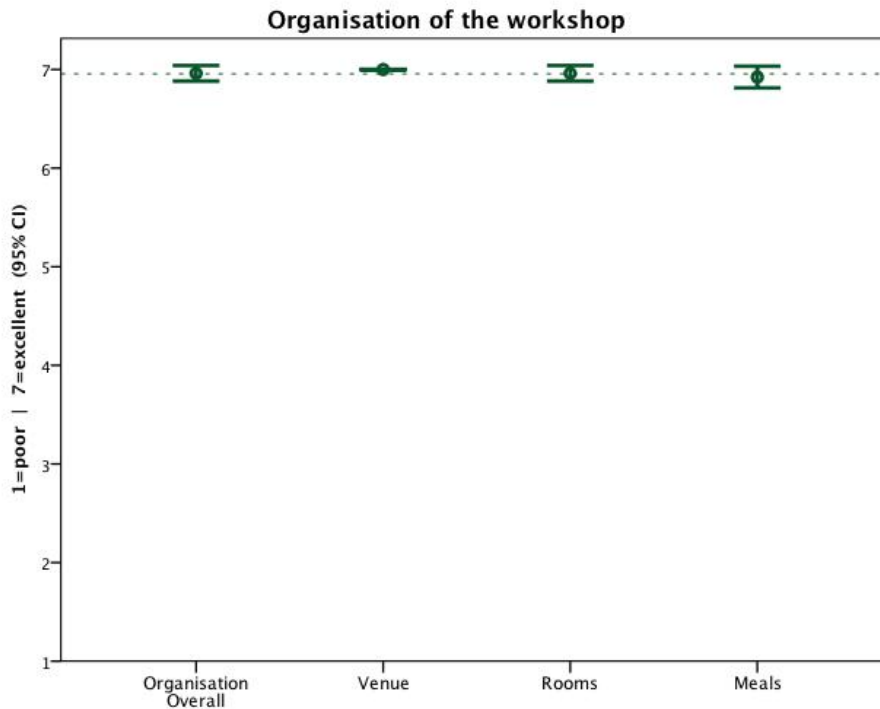


With regard to the results of this brainstorming sessions, the ratings given by the respondents are a bit more diverse. This may be due, however, to the brainstorming character of the session that did not aim at reaching final conclusions. From this point of view, the evaluation of the results rather shows that the ideas went in the right direction and are worth of being pursued in the envisage further work on the topic.



## 6. Evaluation of the organisation

As far as the organization of the workshop is concerned, the results of the survey are close to an optimal evaluation over all aspects of the organisation that have been evaluated.



## 7. Other aspects mentioned in open questions of the survey

The following points have been made by single participants in the open questions. Not all given answers are presented here and some have been slightly shortened.

### 7.1 General aspects regarding the workshop

- Good workshop overall
- Do not increase number of lectures
- I thought this was really well done and very much represented a broad swath of experiences, insights, and backgrounds. The participants as well as the presenters were all very collegial and mannered. It was a lively group and very well organized.  
I was thinking however, that it tended to focus primarily on issues that are faced by broad based organization (humanitarian aid) and the military physician. I would recommend for future discussion the idea of broadening the medical professional to experiences of nurses, medics, and med techs. Moreover, I think there are ethical issues in medicine that include the "patient" perspective, here the ethical issues of medicine pertaining to the soldier.  
Just thoughts for ways of getting even more insights from various professionals. One might even be able to think about the insights from refugees that attend to the humanitarian perspective.  
I loved however the insights from the field that were represented by academics, physicians, and lawyers.
- It was very very helpful. Very well presented in a way that contextualized broad issues in military medicine and humanitarian missions from the academic, practical, and operational perspectives.
- Congratulations on an excellent workshop!
- Je voudrais bien qu'on diminue le nombre de conférences et qu'on augmente le nombre de travaux en groupe "team work"



- Too much focus on humanitarian aid, would prefer more practical issues like the age estimation (after a thorough theoretical session)
- Workshop content were developed sequentially and chronologically, keeping ethical dilemma issues into the center point: From root to leaf - from ground reality to philosophy.
- The informal discussion at dinner, coffee, lunch and the Remise were excellent and very much enriched the experience.

## 7.2 Comments on the Age Estimation Sessions

- The time for the syndicate work wasn't enough and presentations of the results suffered because of this element. Therefore, clear results and recommendations were rather "foggy"
- The question was very broad
- Better moderator would be appreciated, now not everyone contributed to the discussion
- It could have been more effective, if the discussion topic was notified earlier.

## 7.3 Proposals for future workshops (topics etc.)

- I would say a topic that was regularly being discussed was Moral Distress. I read that to be the issue of the effects that emerge from having to be in situations of moral dilemmas. We talked a lot about the solutions for training and teaching more ethics, which is clearly a starting point. However, I might take up this topic as a broad based conference topic and explore it from the perspective of various humanitarian and military medical professionals.  
I sense that moral distress is really real across the reality of work in military or humanitarian organizations whether or not one is in fact a physician or just a participant. It is a huge topic just starting to emerge in the literature. In some circles it has also been called Moral Injury. This would also let you bring in scholars from various perspectives such as theology and psychology. Oh yeah and I would also say you could get some military social workers experiences. They have such rich insight into how to develop ethics curriculum and training.  
These are just some of my own personal thoughts on how to make it more interdisciplinary and take "medical ethics" more broadly. Sort of to take on the dyad of care provider and patient along side the question of ethical relationships that do or do not cause moral distress!  
Just a few thoughts and very timely so it seems. I would also say just from my own research that a topic that is becoming more timely is question of reintegration in terms of psychology, justice, and public health.
- Problèmes d'éthiques rencontrés par les médecins militaires dans les unités des différents services.
- First and above all, I wish to thank the organisers for allowing me to participate in such a stimulating and thought provoking workshop and wish to submit following thoughts:  
*Topics to cover:*
  - relationship between military personnel and humanitarian organisations when deployed to the field
  - the challenges and limitations of informed consent in the context of disasters (from the perspective of the armed forces, humanitarian actors, civilian populations)
- Thank you Daniel and David for all your efforts and making sure that this was another thriving learning experience.
- More time for syndicate work and discussions
- Cases : as recent as possible, if not too sensible
- Interactions between military and civilian health care providers during humanitarian mission in a refugee camp (who should be the leader)?
- The effect of cyberwar on medical ethics.
- I would like to hear more on the discrepancy between what people say they want to do and what they actually do, hence psychology. In spite of the fact that people in general know they should not do bad things - e.g. mistreating others or worse, war crimes - lots and lots of times they happen, even today after so many years of Geneva, ICRC, MSF etc. We can talk a lot about how

we should like people to behave, as long as we do not understand why they behave otherwise it is a uphill-battle. Psychologists now a lot about this discrepancy and - more important - how to act on it.

- Comparison of military virtues and virtues of good doctors.  
Status of medics assisting insurgent groups.
- Discussions in small groups are very interesting and demand more personal involvement.
- Dilemma issues related to:  
Medical Confidentiality  
Triage  
Interrogation  
Human Experiment  
Vendor Connection  
Protection of Medical units
- Resource allocation in military humanitarianism: issues and tools
- I would be interested to continue to learn more about the ethics education/training/policies internationally (related to military medicine).  
I also think that historical case studies could be useful in grounding contemporary debates and discussions.

#### **7.4 On the organisation**

- je crois que deux jours de travail au lieu de 3 seraient entièrement suffisants.
- The room sockets only allow slim European plugs. In the rooms there should be at least be one bigger socket, where bigger plugs could fit in, to charge electric devices.
- Pity that I had to leave way to early for the airport
- Wi-Fi everywhere!
- Two big warm meals a day are a little bit too much ! Perhaps sandwiches at noon would be better for the concentration during the afternoon (and certainly better for the weight of the participants).
- More emphasis to be given on informal discussion.  
Participation from different sociocultural background to be further encouraged.  
Logistic helpline (Telephone, e-mail etc) may be incorporated in Notification/Invitation letter.  
Equal time slot may please be given to all the lecturers (if possible).
- The venue is spectacular, don't change it!