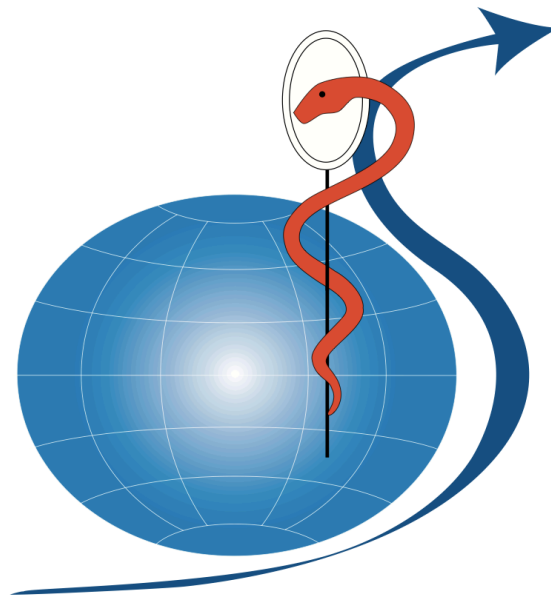


Workshop Program

4th ICMM Workshop on Military Medical Ethics in Disaster Relief, Humanitarian Missions, and Conflict

24 – 26 April 2014 – Forum Lilienberg
Ermatingen, Switzerland



Patronage

Major General (ret.) Roger van Hoof, MD (ICMM Secretary General)
Major General Andreas Stettbacher, MD (Surgeon General Swiss Armed Forces)
Prof. Dr. phil. Peter Schaber (Professor of Applied Ethics, University of Zurich)

Scientific Coordination

Dr. phil. Daniel Messelken
Maj David Winkler, MD, PhD

Workshop Organization

Swiss Armed Forces, Medical Services Directorate
ICMM Reference Centre for Education of
International Humanitarian Law and Ethics

Thursday, 24 April 2014

07:30 -08:30 *Breakfast*

Plenary Session I

09:00 – 12:00

Medical Neutrality in Theory and Practice

Chair: P. Schaber

09:00 – 09:20

Welcome Address and
Introduction to the Workshop

D. Messelken / D. Winkler

09:20 – 10:30

Experiences of a Medical Officer as
Healer and Killer (Case Study)

Mustafa Pasha (Bangladesh)

Coffee Break

10:45 – 12:00

Medical Neutrality

Paul Gilbert (United Kingdom)

12:15 *Lunch*

Plenary Workshop

14:00 – 18:00

Expertise in Ethical and Legal Aspects of Age Estimation during missions

Chair: D. Messelken/ D. Winkler/ J. Crouse

14:00 – 15:00

Introductory Session

Introduction
Medical Aspects and Limitations of Age Estimation
Legal Aspects of Age Estimation
Ethical Aspects of Age Estimation Processes

David Winkler (Switzerland)
Andreas Schmeling (Germany)
Johan Crouse (South Africa)
Daniel Messelken (Switzerland)

Coffee Break

15:20 – 16:40

Analyses in subgroups on the different aspects

17:00 – 18:00

Plenary Session to summarize the results

18:30 *Dinner*

Friday, 25 April 2014

07:30 -08:30 *Breakfast*

Plenary Session II.1

09:00 – 12:00

Disaster Bioethics

Chair: I. Kholikov/ D. Messelken

09:00 – 10:20

An ethical framework guiding humanitarian actors in their decision-making process

Caroline Clarinval (Switzerland)

Coffee Break

10:40 – 12:00

Resource allocation in humanitarian and military medicine

Cécile Bensimon (Canada)

12:15 *Lunch*

Plenary Session II.2

14:00 – 17:30

Disaster Bioethics (continued)

Chair: G. Thiéry/ S. Fournier

14:00 – 14:45

Case Study: Medical ethical issues in earthquake relief by Chinese Armed Forces

Min Yu (China)

14:50 – 16:00

Ethical Issues in Civilian Medical Assistance Programs in the U.S. Military

Sheena M. Eagan Chamberlin (USA)

Coffee Break

16:30 – 17:30

Is there an Unconditional Duty of Assistance?

Peter Schaber (Switzerland)

18:00 *Dinner*

Saturday, 26 April 204

07:30 -08:30 *Breakfast*

Plenary Session III

09:00 – 12:00

E-Learning in MME Education

Chair: A. Wildi

09:00 – 09:45

A Blended Learning Ethics Training Program
for Canadian Forces Healthcare Professionals

Ali Okhowat (Canada)

09:45 – 10:30

E-Learning at “zebis”

Veronika Bock (Germany)

Coffee Break

10:45 – 11:30

Experiences with Tele-Teaching

Martin Oberholzer-Riss (Switzerland)

11:30 – 12:00

Concluding Discussion

Closing Remarks

12:00

Closing Remarks

Andreas Stettbacher (Switzerland)

12:15

Lunch

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 do not have to take place at Chatham House, or be organized by Chatham House, to be held under the Rule

Meetings, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request. In cases where the Rule is not considered sufficiently strict, an event may be held 'off the record'

Abstracts

Cécile Bensimon – Resource allocation in humanitarian and military medicine

The ever-increasing need for humanitarian medicine in both acute and protracted crises is raising difficult questions about how to set priorities for the use of available resources and the basis on which to ground allocation decisions in the very same communities where humanitarian interventions may experience a crisis of legitimacy. Humanitarian response, even on the narrowest definition of humanitarian medicine as a response to an urgent imperative to save lives, is necessarily conditioned by contextual considerations that often have conflicting goals and interests. On what basis, then, ought allocation decisions be made? Are allocation decisions accepted as legitimate if they are deemed to be fair, as some have suggested? Can humanitarian medical organisations make fair allocation decisions that are consistent with their guiding principle of impartiality? And can military medical operations make fair allocation decisions with their inevitably partial and political mandates? I propose to explore the challenges of resource allocation in humanitarian medicine. In doing so, I will consider principles that guide resource allocation in contexts of scarcity and consider how these may apply, and the impact of their application, to humanitarian medicine. Further, I will examine whether humanitarian medical organisations, largely propelled by macro- and meso-level aid agendas, and military medical operations, bound by micro-level medical ethics, can have the same – or ought to have different – criteria justifying allocation decisions, even as they may share the same humanitarian space. Greater clarity about the basis on which to ground allocation decisions would enhance the fairness of priority setting in, and bolster the legitimacy of, humanitarian and military medical response.

Veronika Bock – E-Learning at zebis (Zentrum für Ethische Bildung in den Streitkräften)

Since December 2011 zebis maintains the online portal “Didaktik-Portal”, a password-protected platform for military chaplains and teachers of ethical education in the German armed forces. The portal takes up the guidelines and the curriculum laid out by the Joint Service Regulation ZDv 10/4 concerning the promotion and development of ethical competence in the armed forces.

“Didaktik-Portal” offers exemplary teaching concepts, didactical prepared lesson plans and additional teaching material including images, video and audio clips, Power Point presentations, essays etc. It aims at providing the teaching staff with a broad range of downloadable support material to facilitate the preparation of lesson plans. The modular design of “Didaktik-Portal” allows the teacher to individually adapt the material to his/her own requirements and thematic focus.

The presentation will introduce you to the e-learning portal’s structure and thematic priorities.

Sheena M. Eagan Chamberlin – Ethical Issues in Civilian Medical Assistance Programs in the U.S. Military

Civilian medical assistance programs involve unique ethical dilemmas for physician-soldiers—representing the use of medicine within the military as a strategic tool. While humanitarian or altruistic goals are often associated with the medical profession, the strategic intent inherent in these assistance programs is unique to the military. Thus, a military physician is expected to balance his role as soldier and his role as physician. Since these programs involve obligations reflecting the twin roles of the physician-soldier, it presents challenges that are uniquely complicated.

The ethical issues involved in civilian medical assistance programs also vary from those discussed in other humanitarian medical missions, typically led by civilian or Non-Governmental Organizations. These military missions have historically involved the prioritization of strategic goals, sometimes to the detriment of the medical objective. This prioritization creates a morally complicated space for the physician-soldier, as they are left feeling frustrated and able to practice only limited medicine.

The clear strategic intent is apparent in the doctrine that shaped these programs, the reports and narratives of participants and the primary source documents. The general purpose of these missions has been to use medicine to “win the hearts and minds” of civilian foreign populations, fostering positive international perceptions of the US, its government and military, while simultaneously expanding the American sphere of influence.

This presentation will offer a historico-ethical perspective on these programs. Analysis will begin with the Vietnam War and move forward to today, focusing on two specific programs: Medical Civic Action Programs and Medical Readiness Training Exercises.

Caroline Clarinval – An ethical framework guiding humanitarian actors in their decision-making process

The aim of this talk is mainly fourfold. First, it aims at raising awareness regarding ethical issues in the context of humanitarian action and highlights three ethical issues that humanitarian aid workers may be confronted with in the course of their deployments. The first case discusses a situation at *macro* level concerning decisions that are being made at head quarter level of a humanitarian organisation. The second case looks at issues concerning the *meso* level, and as such discusses issues that need to be solved at country or regional level and the third case proposes an ethical dilemma at *micro* level, where the patient – physician relationship is being displayed. Secondly, an ethical framework to assist humanitarian aid workers in their decision-making process will be proposed. The framework draws from the sets of values that guide humanitarian action and draws parallels to the fields of public health ethics.

Thirdly, a process that has been inspired by instruments that have proven useful in the clinical setting will be proposed which is an instrument that structures the decision-making process and promotes transparency. This is believed to improve the monitoring and evaluation of aid interventions. Fourth, certain organisational measures are suggested to implement the above successfully. As such the contribution of this talk is to apply theories and practices that have already proven useful in the field of public and clinical ethics to the challenging situation of decision-making during relief operations in the humanitarian aid context.

Paul H. Gilbert – *Medical Neutrality*

Under international law medical personnel enjoy immunity from attack on the understanding that they offer their services to the wounded on both sides of a conflict without discrimination, by analogy with the way in which the neutrality of non-belligerent states depends upon their not actively taking sides in a war. This paper examines some implications of medical neutrality and defends the resulting interpretation of the principle against possible criticisms.

Ali Okhowat – *A Blended Learning Ethics Training Program for Canadian Forces Healthcare Professionals*

Military healthcare professionals (HCPs) are regularly exposed to a variety of ethical challenges, during training, in garrison or on deployment. Researchers have noted that a significant portion of HCPs experience these ethical challenges while on deployment, during which time a paucity of training, experience or support can lead to an increased frequency and intensity of ethical challenges. Notable examples include issues related to standards of care, dual loyalty, informed consent, detainee treatment, and resource allocation. These issues have clear implications for the delivery of high quality patient care. In addition, they can have significant, deleterious effects on HCPs, including moral distress, outrage and residue, which may affect healthcare teams, and the military operation and organization, more generally. It is thus important to investigate the nature of the ethical challenges experienced by military HCPs in order to develop engaging and effective curricula and tools that may help them to better respond to these challenges.

Mustafa Pasha – *Experience of a Medical Officer as healer and killer (Case Study)*

In the south-eastern hilly districts of Blue land, insurgency problem was at its peak in 1990. A young military doctor after completion of his basic military training and a brief period of service in a field medical unit posted as war increment Regimental Medical Officer (RMO) to an Infantry Battalion deployed in insurgency prone hilly districts to fight counter insurgency. Before acclimatizing himself to the regimental environment he was issued with an AK-47 including extra magazines loaded with live bullets and hand grenades well fitted to his bandolier.

Young Captain has started his journey in a confusing dual role. A medical professional suddenly transformed to a combatant. Treating soldiers under his jurisdiction specially treating injuries and combating malaria and its sequel - complicated cerebral malaria in a malaria endemic zone, as well as participating in minor operations of war (patrolling, raid-ambush etc) became a routine affair. The officer was carrier conscious, so never objected to be a part of combat mission. Moreover, he was well briefed by his predecessor while handing-taking over that if he denies performing his combatant role Commanding Officer will take it very seriously and he will have to face the music - his forthcoming tenure with the battalion will be untenable. Nevertheless sometimes it was realized by him that his

medical role has been overshadowed due to his acquiescence in participating in combatant roles. But by assessing the reality he continued his dual role i.e. his combatant role by killing on the one hand and medical mission of healing on the other.

Peter Schaber – *Is There An Unconditional Duty Of Assistance?*

Humanitarian aid has been criticized for being inefficient. But humanitarian aid has also been criticized for being in some cases morally wrong. This talk will deal with the question of whether there is a point where humanitarian aid ceases to be ethical. How could this - if ever - be the case, provided that there are no intentions to contribute to wrongdoing? It will be argued that it is morally permissible not to help people, if the foreseen consequences that are brought about as side-effects of humanitarian aid are very bad. But it will be argued that it is at the same time morally permissible to help in such cases, provided that there is a serious reason to help.

Min Yu – *Medical ethical issues in earthquake relief by Chinese Armed Forces*

With a vast area and large population, as well as located in the Indian Plate, the Eurasian Plate and the Pacific Plate junction, China has suffered a lot from earthquakes, which caused massive losses of lives and properties. Chinese army has played a critical role in the earthquake relief. However, different from the medical care in peacetime, during earthquake relief, the military medical personnel are also facing new ethical issues, which include: the dilemmas between saving lives and treatment quality, patients' right of knowing and the emergency, treatment needs and medical resources, humanitarian principles and ineffective treatment abandon, the right to medical equality and medical triage and etc. In order to accomplish the sacred mission of the armed forces, it is necessary to conduct medical ethical research on disaster relief, to enhance the training and acquire the knowledge of medical ethics principles.

About the Speakers

Cécile Bensimon

Cécile Bensimon, MA, PhD is an academic bioethicist who earned her PhD from the Institute of Medical Science at the University of Toronto. She recently completed a visiting scholarship at Tel Aviv University's Sackler School of Medicine in humanitarian and disaster ethics, building on her expertise in public health ethics. Previously, she was a research scientist at Bridgepoint Health after completing a Post-Doctoral Fellowship at the Joint Centre for Bioethics *Canadian Program of Research on Ethics in a Pandemic (CanPREP)*. During that time, Cécile acted in an ethics advisory capacity to the Canadian Federal and provincial governments to guide H1N1 vaccination prioritization plans. Prior to that, she was a Research Fellow with McGill University Centre for Intellectual Property Policy where she was a member of the *International Expert Group on Biotechnology, Innovation and Intellectual Property*. As part of her work in global health, she jointly authored the book, *Bioindustry Ethics*, on ethical decision-making and corporate social responsibility in the bioscience industry. Cécile began her career in diplomacy with the Canadian Foreign Service after having earned degrees in International Development and Political Philosophy. Her recent publications have appeared in *Social Science and Medicine*, the *Journal of Bioethical Inquiry*, the *American Journal of Bioethics*, and the *Journal of the American College of Surgeons*.

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Veronika Bock

Dr. Veronika Bock studied theology with a focus on Christian social ethics in Würzburg. Vocational training in social therapy in Essen. In 1992, she became head of a health care institution of the diocese Mainz, where she also worked with war-traumatized women. From 1998 to 2006, Dr. Bock worked as a research assistant for Prof. Dr. Hoppe at the Helmut-Schmidt-University Hamburg (Catholic theology with simultaneous consideration for social sciences and social ethics). From 2006 to 2008, she was consultant at the German Caritas Association in Freiburg, where she participated in a project on the theological and ethical foundations of the association. She received her PhD from the University of Münster, where she had dedicated her thesis to the consequences of grave human rights abuses. PhD thesis award 'Religion and Ethics' from the University of Erfurt. From 2008 to 2010, she was lecturer and head of the department of theology and ethics at the Catholic Academy of the diocese Hildesheim. In 2009, she also worked as a part-time lecturer for Catholic social ethics at the Helmut-Schmidt-University.

Since March 2010, Dr. Bock has been director of the *Center for the Ethical Education of Armed Forces (zebis)* at the Institute for Theology and Peace, Hamburg. Various publications on human rights. Since October 2010 Dr. Bock has also been lecturer in the post-graduate programme *Master of Peace and Security Studies* at the *Hamburg Institute for Peace Research and Security Policy (IFSH)*.

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Sheena M. Eagan Chamberlin

Sheena M. Eagan Chamberlin was awarded her Ph.D. in the medical humanities from the Institute for the Medical Humanities at the University of Texas Medical Branch. Her doctoral dissertation was entitled 'Moral Dilemmas in Military Medicine: a historico-ethical analysis of the problem of dual loyalties and medical civilian assistance programs in the U.S. Army.' Before that, Dr. Chamberlin completed her Master of Public Health (MPH) at the Uniformed Services University in Bethesda, MD.

Dr. Chamberlin's areas of research/teaching include military medicine, ethics, philosophy of medicine, public health ethics, history of medicine, military medical history, and humanism/the humanities. Now an adjunct in the faculty of Philosophy at the University of Maryland University College, Dr. Chamberlin has also taught at St Mary's University in San Antonio, Tx. She has presented academic papers at conferences in the humanities, medical ethics and military history in the United States, Canada, Romania, Portugal and Italy.

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Caroline Clarinval

Caroline Clarinval worked for the International Committee of the Red Cross (ICRC) where she managed large-scale relief operations in contexts affected by conflict and natural disasters for a decade. She has a background in Communications and holds a Masters degree in Public Health from the University of Liverpool UK. At present, she works at the Federal Office of Public Health in Switzerland and is in charge of drafting the national strategy on rare diseases. Since 2011 she started her PhD at the Institute of Biomedical Ethics at the University of Zurich in Switzerland and focuses on elaborating an ethical framework to assist humanitarian aid workers in their decision-making process. As such, she aims at building on her 10 years field experience and her interest in ethical theories aiming at developing tools that assist humanitarian aid workers in their difficult task to allocate limited resources.

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Paul H. Gilbert

Paul Gilbert is Emeritus Professor of Philosophy at the University of Hull, UK. He has published several books and articles on the ethics of war and the sources of conflict, including *New Terror, New Wars* (Edinburgh University Press, 2003) and *Cultural Identity and Political Ethics* (Edinburgh University Press, 2010). His other most recent books comprise *The World, the Flesh and the Subject* (with Kathleen Lennon; Edinburgh University Press, 2005) and *An Introduction to Metaphilosophy* (with Sören Overgaard and Stephen Burwood; Cambridge University Press, 2013).

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Martin Oberholzer-Riss

Martin Oberholzer-Riss is Professor emeritus for Surgical Pathology at the University of Basel, Switzerland, and honoured Doctor of the Health Sciences University of Mongolia, Ulaanbaatar, Mongolia. He worked in the field of image analysis in Surgical Pathology and during the last years of his professional activity in the field of telemedicine (telediagnosics, teletaching, and teledocumentation). In his laboratory at the Department of Pathology at the University Hospital Basel, the system iPath, followed by the system CampusMedicus®, was developed. The system was very fast accepted and is now successfully used in many rural and industrialized countries over the world.

After his activity as Surgical Pathologist he is working since 2010 as the Dean of the Swiss Competence Centre of Military and Disaster Medicine, and since 2012 as the chairman ad interim of this institution.

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Ali Okhowat

Dr. Ali Okhowat is passionate about developing innovative ethics training tools for healthcare professionals (HCPs). As a PhD candidate in Bioethics at the University of Montreal, he is interested in professional ethics issues faced by humanitarian and military HCPs. Together with other members of the Ethics in Military Medicine Research Group (EMMRG) and with the approval of the Canadian military, he is undertaking a study to elucidate the ethical issues faced by deployed Canadian military HCPs and to better understand how these may inform the development of current and new ethics training tools.

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Mustafa Pasha

Brig Gen (Dr) M K Pasha, ndc, MPH (Epidemiology), MBBS is the director of a 500 bedded tertiary care hospital in Bangladesh. During his 25 years of 'doctor in uniform' career in Bangladesh Armed Forces he held many command and staff appointments in different medical units, Infantry Battalion, Inter-Services unit, Divisional and Army Headquarters, including Deputy Director General of Medical Services. He has received commendation from Chief of Staff, Kuwait Army for his contribution in reorganization of Kuwait and medals from Bangladesh Government for active participation in counter-insurgency operation and participation in disaster-management operation in devastating flood (1998) and cyclone (1991). He has attended many courses, seminars and workshops at home and abroad. He is an academic council member of Islamic University, nominated by the Honorable President of Bangladesh. His main research/publication field includes non-communicable disease, smoking initiation, health system reform & ethics in general. He has attended the highest all arms strategic and operational course 'National Defence Course' (ndc) and at present pursuing final part of M Phil (Security Studies).

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Peter Schaber

Degree in Philosophy, Linguistics and Literary criticism from the University of Zurich; Research studies in Oxford und London; 1998 - 2000 visiting professor at the Zentralen Einrichtung für Wissenschaftstheorie und Wissenschaftsethik at the University of Hannover; 2000 - 2002 acting chair at the Philosophischen Seminar of the University of Göttingen; Review Editor of the journal Ethical Theory and Moral Practice and co-editor of the series "Practical Philosophy" at Ontos-Verlag; Owner of the national Latsis-Prize 1998; currently working on a major research project about "Moral der Achtung".

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Andreas Schmeling

Andreas Schmeling is a professor of legal medicine at the University of Münster, Germany. His PhD thesis was entitled "Forensic age diagnostics of living individuals in criminal proceedings". For 15 years, his research has focused on age estimation in living individuals. He has carried out various research projects on this subject and published more than 100 papers. He is Associate Editor of the International Journal of Legal Medicine. In this capacity, he is responsible for the research areas age estimation and forensic anthropology. He has received the Konrad Händel award and the Gösta Gustafson award for his research achievements in the field of forensic age

estimation. As secretary of the international and multidisciplinary Study Group on Forensic Age Diagnostics he organizes annual scientific conferences and proficiency tests. In addition, he is external expert of the European Asylum Support Office for medical methods of age assessment.

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Min Yu

Professor of Institute of Medical Service, Academy of Military Medical Science, Beijing, China. He received a Bachelor Degree in Science at Xi'an Jiaotong University in 1983, a Master Degree in Medicine at The 4th Military Medical University in 1988, a Doctor Degree in Medicine at The 4th Military Medical University in 1995. He visited the London School of Hygiene and Tropical Medicine in 2003 and earned a Master Degree in Health Service Management in 2004 there.

He has worked at The Fourth Military Medical University for 25 years. He was appointed as associate professor in 1995. He visited Harvard School of Public Health for one year in 1997. He was appointed as a professor in 2000. He worked as Force Medical Officer in United Nation Mission in Sudan for one year in 2006. Now he is a member of the Technical Advisory Group of United Nation for medical services of Peacekeeping Operation and a LOAC teacher of the ICMM reference Center.

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Venue: Forum Lilienberg, Ermatingen (CH)

Map of the venue



- | | | |
|-----|----------------------|---|
| (1) | "Stiftung Lindeguet" | Guest rooms 1-6 |
| (2) | "Zentrum" | Plenary Hall |
| (3) | "Forum" | Reception & Restaurant (Breakfast, Lunch, Dinner) |
| (4) | "Gästehaus" | Guest rooms 10-35 |

Emergency-Number Forum Lilienberg (during the workshop only)

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Contact

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