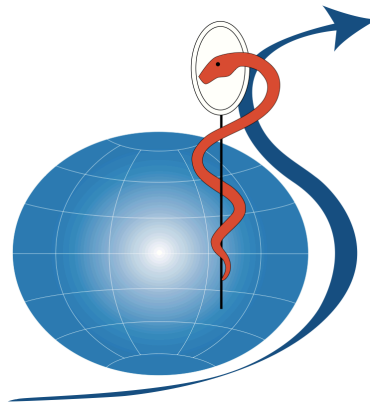




## 9th ICMM Workshop on Military Medical Ethics

### *Ethics of Dealing with Risks in Military Medicine*



19–24 May 2019

Congress Center Basel, 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  
ZH Center for Military Medical Ethics

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

#### Workshop Organization

Swiss Armed Forces,  
Medical Services Directorate

ICMM Centre of Reference for Education on  
International Humanitarian Law and Ethics  
ZH Center for Military Medical Ethics

## Scientific Coordination

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### ZH Center for Military Medical Ethics

Dr. phil. Daniel Messelken

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

Lt Col David Winkler, MD

dwinkler@cimm-icmm.org

## 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.

Over the last years, the workshop always took place at Forum Lilienberg in Ermatingen (Switzerland). In 2019, the workshop will be held in parallel to the 43<sup>rd</sup> ICMM World Congress at the Congress Center in Basel (Switzerland).

You can find more information on the ICMM World Congress at [www.icmm2019.ch](http://www.icmm2019.ch)

## Publications from previous workshops

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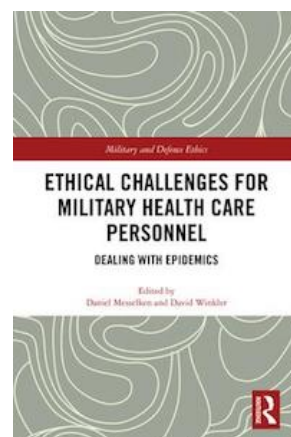
Messelken, Daniel; Winkler, David (2017), editors. **Ethical Challenges for Military Health Care Personnel: Dealing with Epidemics** (Proceedings of the 5th ICMM Workshop on Military Medical Ethics). 2017

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 <https://publications.melac.ch/>



**Sunday 19 May 2019**

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## Travel Day & Welcome reception at ICMM World Congress

20:00 – 23:00

*Welcome Icebreaker of ICMM World Congress*

*Details see ICMM WC Program*

**Monday 20 May 2019**

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## Plenary Sessions of the ICMM World Congress

08:00 – 12:00

08:00 – 10:00

*Opening Ceremony of the ICMM World Congress*

*Details see ICMM WC Program*

*Coffee Break*

10:30 – 12:00 Keynote ICMM World Congress

***The Future of Medicine***

*Details see ICMM WC Program*

12:00      *Lunch*

13:30 – 15:30 Plenary Session ICMM World Congress

***Military Medical Ethics and International Law***

TITLE      *t.b.a*

Prof. George Annas

TITLE      *t.b.a*

BG Darren Steward

*Counter-Terrorism Threats to Medical Ethics*

Dr. Leonard Rubenstein

*Coffee Break*

16:00 – 18:15 Plenary Session ICMM World Congress

***Cutting Edge Medicine: Emerging Technologies***

*Details see ICMM WC Program*

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**Tuesday 21 May 2019 MME Workshop**

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**Workshop Session I**

08:30 – 12:00

**Introduction & Field reports: risk of HCP**

Chair: D. Messelken / D. Winkler

**08:30 – 09:15**

*Welcome and Introduction to the Workshop*

D. Winkler & D. Messelken

**09:15 – 10:00**

*First Do Know Harm: mitigating biomedical ethical risks in military medical assistance missions*

Peter Clifford

*Coffee Break*

**10:30 – 11:15**

*Military Medical Providers and Personal Risk: Is "No" an Option?*

Jack Taylor

**11:15 – 12:00**

*Risk and infectious disease outbreaks: should military medical personnel be willing to accept greater risks than civilian medical workers?*

Heather Draper

12:00

*Lunch*

**Workshop Session II**

13:30 – 17:00

**Medical ethics & individual treatment: risk as background**

Chair: NN

**13:30 – 14:15**

*The Physician-Patient-Relationship in Times of Risk-Based Medical Decision Taking*

Dirk Fischer

**14:15 – 15:00**

*Preference Prediction Under Fire*

Nathaniel Sharadin

*Break*

**15:30 – 16:15**

*Ius ad Bellum as a risk reduction strategy for the use of off label and not yet approved medications on military personnel*

Nikki Coleman

**16:15 – 16:40**

Wrap-up Day 1 of the MME Workshop

*Coffee Break*

**17:15 – 18:15**

Industry Satellite Symposia (*Details see ICMM WC Program*)

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**Wednesday 22 May 2019**

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**Social event day of the 43<sup>rd</sup> ICMM World Congress**

Participants can choose among a list of complementary local and regional tours. More information is provided to participants during the registration process

**Workshop Session III**      *Research, Enhancement, New Technologies: risk of patients*  
08:30 – 12:00              Chair: NN

**08:30 – 09:15**

*Re-envisioning Medical Research Ethics in the Military Context*              Simon Kolstoe

**09:15 – 10:00**

*The Ethics of Biomedical Military Research: Therapy, Prevention, Enhancement, and Risk*              Alexandre Erler

*Coffee Break*

**10:30 – 11:15**

*Artificial Intelligence (AI) Partnership vs. AI Subjugation: The big risks of military medical automation*              Tomislav Miletić

**11:15 – 12:00**

*Unprecedented risk of irreversible harms? Military experimental research using implantable brain-computer interfaces*              Frédéric Gilbert

12:00              Lunch

**Workshop Session IV**      *Policy, Ethics and the Role of HCP: moral risk*  
13:30 – 17:00              Chair: NN

**13:30 – 14:15**

*'Dare Ye.../ To force our conscience'*              Sarah Hitchen

**14:15 – 15:00**

*Bridging the Gap - The delta between humanitarian ethics and military Humanitarian Assistance Disaster Response (HADR) Missions*              Joanne Clifford

*Break*

**15:30 – 16:15**

*Military Medical Ethics: An Examination of Policy and Practice*              Sheena Eagan

**16:15 – 16:40**

Wrap-up Day 2 of the MME Workshop & Closing remarks

*Coffee Break*

**17:15 – 18:15**

Industry Satellite Symposia (*Details see ICMM WC Program*)

**20:00**

Gala Dinner – *Details see ICMM WC Program*

## Plenary Session of the ICMM World Congress

08:00 – 12:00

**08:00 – 10:00** Plenary Session ICMM World Congress  
*Civil-Military Cooperation in Emergency & Disaster Medicine*

*Details see ICMM WC Program*

*Coffee Break*

**10:30 – 12:00**

*Closing Ceremony of the ICMM World Congress*

*Details see ICMM WC Program*

**12:00** *Lunch*

***End of the Workshop and the ICMM World Congress – Departure***

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## 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.

### Joanne Clifford – *Bridging the Gap - The delta between humanitarian ethics and military Humanitarian Assistance Disaster Response (HADR) Missions*

#### Abstract

The principles of dignity, participation and stewardship feature prominently in humanitarian ethics. Thus, critical considerations by individuals leading military Humanitarian Assistance Disaster Response (HADR) missions should include whether the mission is sustainable, and whether it allows and encourages citizen decision-making and active involvement in the recovery process. Through the combination of the haste to provide aid, and the dominant narratives, culture and traditions inherent to military forces, however, military actors are often either unaware of these considerations, or fail to incorporate them into their response. The result is that the provision of military aid, while beneficial in the immediate short term, often neither strengthens local capacities nor aligns with the longer-term needs and desires of disaster-affected citizens.

In exploring the delta between these well-defined humanitarian principles and what military planners and commanders achieve, I examine aspects of the 2010 Canadian Armed Forces (CAF) HADR mission in Haiti. The first, centres on the lack of participation and active involvement in decision-making by disaster-affected Haitian citizens. The second, the provision of free, non-earthquake related healthcare by CAF healthcare providers. Finally, I highlight the results of post-earthquake focus groups conducted with Haitians citizens. Although specific to the CAF mission in Haiti, to varying degrees, these challenges could be transposed upon any military HADR mission.

Through this retrospective examination of the CAF HADR mission in Haiti, my aim is to demonstrate the potential impacts of military HADR missions on the decision-making capacity and active involvement of disaster-affected citizens in the recovery process.

#### Biographical Note

Captain Joanne Clifford is a Bioscience Officer in the Canadian Armed Forces (CAF) and is currently completing her PhD in Carleton University's Ethics and Public Affairs PhD program. During her military career, Joanne has deployed on Humanitarian Assistance Disaster Response missions to both Turkey and Pakistan, a peacekeeping mission to Bosnia, and two missions to Kandahar, Afghanistan. Joanne's diverse experience includes positions as a medical intelligence analyst, a national public health advisor, an ethics advisor, and as a public health team leader in various field positions across Canada.

Joanne's research interests are the myriad ethical challenges that military healthcare providers and planners experience during international humanitarian deployments, and the subsequent impact these military missions may have on the host nation population. She holds Master's degrees in Ethics (MA) and Public Health (MPH), and has earned Bachelor's degrees in Public Health (BHSc) and Emergency Management (BTech).

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### Peter Clifford – *First, Do Know Harm: mitigating biomedical ethical risks in military medical assistance missions*

#### Abstract

Military forces are increasingly being utilized to provide short-duration, humanitarian medical assistance to vulnerable civilian populations. These missions are attractive to government and military planners; military healthcare providers are enthusiastic participants; and humanitarian missions often enhance domestic public relations for their sending governments. These military missions generally fall into three categories: medical civic assistance programs (MEDCAPs), medical readiness exercises (MEDRETES), or humanitarian assistance disaster relief (HADR). In addition to providing medical care to populations in need, these missions may also support the broader geopolitical and military aims of the sending government.

I argue that the inherent structures of these programs can create or exacerbate situational vulnerabilities in the patient populations that they are intended to assist. Furthermore, the intrinsic structures of these missions may challenge the ability of military healthcare providers to adhere to the four fundamental principles of biomedical ethics: *beneficence, nonmaleficence, respect for autonomy* and *justice*. By viewing these challenges through a biomedical ethical lens, I suggest that these ethical risks can be mitigated by: 1) enhanced pre-deployment training and education in biomedical ethics for healthcare providers; 2) improved partnerships with local healthcare providers

and governments, in both mission planning and in the provision of healthcare; and, 3) by encouraging frank dialogue with senior government and military decision-makers, in order to educate them on potential ethical risks and unintended consequences.

#### **Biographical Note**

Colonel Clifford joined the Canadian Armed Forces in 1993. He has held a variety of command and staff appointments. He currently serves as the Deputy Surgeon General, and is the ICMM representative for the Canadian Forces Health Services. Peter has participated in domestic, humanitarian, peace-keeping and war-fighting operations. The highlights of his professional career are his two missions to Kandahar. In 2006, he served as a Trauma Team Leader and the Medical Director at the NATO Role 3 Multinational Medical Unit. His second Afghanistan deployment was in 2010/11, where he served as Task Force Surgeon and Commanding Officer of the Health Services Unit during Canada's final combat tour in the region.

Peter holds a Baccalaureate (Dal.), Master's (UBC), and earned an M.D. (UBC). He has completed post-graduate residencies in Family Medicine (UBC) and Emergency Medicine (U of A), and earned a graduate certificate in Health Systems Leadership (Royal Roads).

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### **Nikki Coleman – *Jus ad Bellum as a risk reduction strategy for the use of off label and not yet approved medications on military personnel***

#### **Abstract**

Occasionally, due to extreme operational pressures in military operations, medications need to be approved for "off label" use or for use prior to clinical trials. Before these medications can be used on military personnel, approval must usually be gained from an appropriate ethics approval body, albeit with a severely shortened time frame compared to usual ethical approval processes. This short time frame, combined with the use of medicines not yet fully tested or approved for use in humans, creates a high risk situation for military personnel and for the medical staff caring for them. Previous situations such as these have been dealt with on a case by case basis by ethics approval committees, who may not have experience in dealing with such expedited medication use approvals, thus compounding this risk. This paper explores this situation as a type of supreme emergency, and examines whether the principles of *jus ad bellum* might provide a framework for making such decisions for committee members with limited experience of approving military use of off label medications for urgent operational use. It is hoped that this framework might provide a risk reduction strategy for such approval processes in the future.

#### **Biographical Note**

CHAP (FLTLT) Revd. Dr. Nikki Coleman is an applied ethicist who works in military bioethics and space ethics. She is a visiting research fellow at the Royal Australian Air Force Air Power Development Centre, a research associate at the Case Western Reserve University Inamori Center for Ethics and Excellence, a member of the summer teaching faculty at Yale Interdisciplinary Center for Bioethics, an adjunct lecturer at UNSW Canberra in the Space department, and a chaplain in the Royal Australian Air Force. She is also a member of the Australian Departments of Defence and Veteran's Affairs Human Research Ethics Committee.

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### **Heather Draper – *Risk and infectious disease outbreaks: should military medical personnel be willing to accept greater risks than civilian medical workers?***

#### **Abstract**

The global public health threat posed by infectious disease is well recognised. The obligation to treat whilst exposed to risk, and its limits, is debated with each novel serious and communicable pathogen. Within national jurisdictions, different responses are forthcoming. Some, like France in 2009, give government the power to require healthcare staff to work, and even to requisition staff, including retired professionals. Others rely on notions of solidarity and professional duty, with scope for individual discretion. Our research with staff in the West Midlands in 2008/2009 – including non-professionals – suggested a strong correlation between feeling a duty to work and willingness to work during a pandemic. This was more influential than removing other barriers to working. Medical military personnel



can already be ordered into risky situations. Our research in 2015/16 with those who worked in the Ebola treatment unit in Sierra Leone, suggested that their concerns about risk were complex: the perceived magnitude of the risk was only one factor, even though tolerance was high. The type of risk and circumstances requiring that risk to be taken were also influential.

Against this background, it will be argued, *with caveats* that:

- military medical personnel should be willing to accept greater risk than civilian medical staff;
- and that to maintain national health services during a communicable disease emergency:
- civilian medical staff ought to accept greater risks than they currently appear willing to tolerate;
- conscription - from civilian or military populations - is permissible, even though it may elevate personal risk.

#### Biographical Note

Heather Draper is Professor of Bioethics at the University of Warwick. She has published widely in bioethics including on military medical ethics issues. She was PI on the ESRC funded project 'Military healthcare professionals' experiences of ethical challenges whilst on Ebola humanitarian deployment (Sierra Leone)', in collaboration with the Royal Centre for Defence Medicine (academia and research). She also led a project looking attitudes of West Midlands (UK) healthcare workers to working during an influenza pandemic, which anticipate the swine 'flu pandemic 2009. She regularly contributes to the UK Defence Medical Services (DMS) annual ethics symposium and is a member of the DMS ethics committee.

Personal webpage: [https://warwick.ac.uk/fac/sci/med/staff/h\\_draper/](https://warwick.ac.uk/fac/sci/med/staff/h_draper/)

Military medical ethics project page: <https://warwick.ac.uk/fac/sci/med/research/hscience/sssh/ethics/milmed/>

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### Sheena M. Eagan – *Military Medical Ethics: An Examination of Policy and Practice*

#### Abstract

In recent years, there has been increasing academic attention focused on military medical ethics. The fields of medical ethics, professional ethics, and political science have begun to analyze the context of the military institution and the conflict zone, considering how the risks inherent in these settings may complicate moral decisions for those involved. The institutional purpose of the military and the context of deployment present risks that are rarely paralleled in civilian medicine, making risk management an essential part of military medical ethics. In recognition of this, militaries have begun including ethical principles and subject matter experts in mission planning and risk management decisions by way of formal doctrine. This paper will provide a comparative analysis, exploring the ways in which different militaries have included ethical discussion within the doctrine and policy. Through comparative analysis, this research will explore recurring themes in military medical ethics policies, and explore the different ways that various nations have chosen to integrate ethical issues into planning and practice. It will examine how the nature and context of the military mission, whether it is humanitarian, disaster relief, peacekeeping or armed conflict, influences the ethical decision making process. To accomplish these goals, this paper will utilize an interdisciplinary methodology grounded in primary source analysis of both relevant policies and proposed actions within NATO and its member states.

#### Biographical Note

Sheena M. Eagan is an Assistant Professor with the Department of Bioethics and Interdisciplinary Studies at East Carolina University. She received her Ph.D. in the medical humanities from the Institute for the Medical Humanities at the University of Texas Medical Branch and her Master of Public Health (MPH) at the Uniformed Services University. Dr. Eagan's areas of expertise research and teaching include military medical ethics, public health ethics, history of medicine, and the medical humanities. She has presented academic papers at conferences in medical ethics, military medicine, and military history in North America, Europe, and Asia.

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## Alexandre Erler – *The Ethics of Biomedical Military Research: Therapy, Prevention, Enhancement, and Risk*

### Abstract

A debate is ongoing in military ethics about the development of new technological interventions that would enhance the “normal” capacities of soldiers. One issue concerns the conditions under which it might be ethically appropriate to test such interventions using active military personnel as research subjects, with the associated risks for them. Some bioethicists have argued that enhancement research is more difficult to justify than research aimed at therapeutic or preventive interventions, because of the former’s worse risk-benefit ratio (RBR). In response, others have countered that the therapy-enhancement distinction is difficult to uphold in the military context, and that there are no grounds for viewing enhancements differently than therapies when it comes to assessing their RBR. We argue for an alternative approach relying on a tripartite distinction between “therapeutic”, “preventive” and “pure” enhancements. After offering examples from each category, we argue that, all else being equal, therapeutic enhancements can be expected to have a better RBR than preventive ones, thus making human trials easier to justify, and that the same can be said of preventive enhancements as compared with pure ones. That said, since things won’t always be equal, we agree that there is ultimately no substitute for individually assessing the RBR of each prospective enhancement. Still, we contend that our tripartite distinction does provide both a taxonomy and a rule of thumb that can be useful in the context of research ethics. We conclude by considering some potentially complicating factors, including the risk of triggering a new technological arms race.

### Biographical Note

Current position: Research Assistant Professor, Department of Philosophy and CUHK Centre for Bioethics, The Chinese University of Hong Kong

Areas of specialization: Applied and Biomedical Ethics, with a particular interest in emerging technologies. My doctoral dissertation, written under the supervision of Profs. Roger Crisp and Julian Savulescu and supported by a grant from the Swiss National Science Foundation, focused on "enhancement technologies" and their potential impact on human identity and authenticity.

Education: BA in Philosophy, English, and History, University of Neuchâtel, Switzerland; MA in Philosophy and Literature, UEA Norwich; DPhil in Philosophy, University of Oxford

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## Dirk Fischer – *The Physician-Patient-Relationship in Times of Risk Based Medical Decision Taking*

### Abstract

One of the core ideas in mostly every medical ethical concept is the physician-patient-relationship. Risk based medical decision taking surely has far-reaching consequences on both the physician’s and the patient’s self-understanding and their interpersonal relationship. The most obvious aspects of the latter is the trust, both physician and patient have in each other.

The philosophical concept of trust has to be analyzed concerning the actual development of medical decision taking. This is true particularly in a military medical setting. How do trust and risk go along with each other? Is there a need to build up an equilibrium between both of them in the context of contemporary medical decision taking processes?

In former times there was no need to stress the importance of trust in a physician-patient-relationship. Most examples in history, where this fundamental basis had been given up, led to disastrous outcomes.

Is there a need to formulate a trust based medicine in opposite to a risk based medicine? An existential philosophical approach shall help to lighten the phenomenon of both, trust and risk, and their influence on a physician-patient-relationship at the beginning of the 21st century.

### Biographical Note

Medical doctor, philosopher and theologian. Doctor of medical history, doctor of moral theology, medical ethics consultant in the medical service of the Bundeswehr, head of the Teaching and Research Unit for Military Medical Ethic at the Bundeswehr Medical Academy Munich.

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## Frédéric Gilbert– *Unprecedented risk of irreversible harms? Military experimental research using implantable brain-computer interfaces.*

### Abstract

How much risk should patients be exposed to when participating in invasive brain experimentation testing innovative technologies? The US Defence Advanced Research Projects Agency (DARPA) is currently running high risk trial using various sets of AI brain-computer interfaces (BCI) for medical and enhancement purposes in human. What risk of harms is it morally acceptable to expose patients to when experimenting cutting-edge implantable brain technologies? What kind of necessary risks may allow prescribing implantation or explantation of brain devices? The aim of this presentation is to explore novel and unprecedented risk of iatrogenic harms associated to BCIs experimental trials. The Declaration of Helsinki states that research with the “prospect of discovering new ways of benefitting people’s health” is only justifiable if “it can be carried out in ways that respect and protect, and are fair to, the subjects of that research”. The question with high risk and dangerous experimentation linked to BCIs is whether trial design can respect, protect, and be fair to the research subjects. The current investigational trials of BCI by DARPA target small number of participants, due to their experimental nature. As such, it imposes and exposes on participants severe risks of harms that are largely not accommodated by existing clinical practices. This is of most concern with irreversible physical and psychological harms at early trial stages, 1) where participants may forfeit any future therapy, and 2) in AI BCI personalised medicine, where the individual participant assumes all of the trial risk. I’ll illustrate our presentation by using examples from experimental BCI trials.

### Biographical Note

At the time of writing this bio, I am an Australian Research Council (ARC) Discovery Early Career Research Award Fellow, affiliated with the Ethics, Policy & Public Engagement program of the ARC Australian Centre of Excellence for Electromaterials Science (ACES), located at the University of Tasmania, Australia. I am concomitantly an Ethics Consultant for the Centre for Sensorimotor Neural Engineering, for which I conduct research at the University of Washington, in Seattle, USA. I have published over 60 articles in bioethics and neuroethics, including studies investigating risk of harms associated with experimental trial trying to establish safety parameters, especially within first-in-human trials

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## Sarah Hitchen & Richard Adams– *'Dare Ye.../ To force our conscience'*

### Abstract

The domains of private and public obligation share a *modus vivendi*. In this paper, we consider the special case of medical professionals in military service. We argue account must be taken of the international law, the conditions of military service, the prescription of professional medical codes and the dictates of private conscience.

With the dominance of law comes false belief that the state, and those who serve, must not place any great weight on the difference between law and ethics. But the high stakes of war and medicine exceed the competence, and scope, of law. Law’s language and logic close off and crowd out important moral ideas, which if they are not lost, are reduced to unworkability. When medical professionals elect to serve in the military some moral considerations must be expected to get out of the way. In choosing to serve, people consent to some of their actions being constrained – explicitly and implicitly. But they do not sign away their conscience.

In this paper we are concerned that the law may instrumentalise medical service personnel. The potential harms are serious. In civilian life, medical practitioners and their patients consent to shared risks. When things go awry, the patient may die or suffer harm; the doctor may be sued, suspended or struck off. But in military service, the nature of consent is entirely different. In military service, subject to the coercion of laws and conventions that obtain, neither doctor nor patient may knowingly consent to all those risks which arise.

### Biographical Notes

**Sarah Hitchen** is a philosopher who works in the philosophy of war and security studies. Her research interests in this area focus on the centrality of the combatant experience to the study of war, particularly in the context of modern warfare and insurgency fighting. She also works on the moral and political aspects of public acts of commemoration, in particular in environments where tensions between nations and communities still exist.

**Richard Adams** is an officer in the Royal Australian Navy. He is serving presently as the inaugural Chief of Navy Fellow within the University of New South Wales. Past postings have been to the Office of the Chief of Navy, the Centre for Defence Leadership and Ethics, the Navy Directorate of Leadership and Ethics, the Australian Defence Seaworthiness Board, the Australian Defence Force Academy, the Royal Australian Naval College and on attachment with the Special Air Service Regiment.

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## Simon Kolstoe – *Re-envisaging Medical Research Ethics in the Military Context*

### Abstract

The UK's national health service (NHS) has an extensive network of over 60 research ethics committees committed to facilitating and embedding research in healthcare settings. UK military medical personnel often hold joint contracts with the NHS, ideally allowing the free-flow of clinical innovation between military and civilian contexts. However, the two environments are not directly equivalent. Within research design significant challenges exist when trying to design ethically robust research that is acceptable, and applicable, to both military and civilian populations. Important principles in research ethics can be borrowed from the civilian world, but not always applied in exactly the same way. Challenges include gaining appropriately informed consent, dealing with incidental (and potentially career limiting) findings, conducting research on vulnerable recruits, managing research risks in environments of very high overall risks, and the requirement for transparency in the mandatory registration and results reporting processes introduced in the 2019 EU clinical trials regulation. This paper will provide a brief overview of the range of human participant research reviewed by the UK's Ministry of Defence Research Ethics Committee (MODREC) before discussing efforts being made to harmonise MODREC philosophy, practice and procedures with existing civilian medical research ethics paradigms.

### Biographical Note

Dr Simon Kolstoe is the civilian chair of MODREC and chair of the Hampshire A NHS research ethics committee. Originally a Biochemist working in pre-clinical drug development, he is now a Senior Lecturer at the University of Portsmouth, UK, with a research programme focussing on all ethical aspects of medical research. He has contributed to government inquiries on research integrity, published on the issue of reporting bias and clinical trial transparency, and recently been appointed to the committee advising UK ministers on the release of confidential patient information without consent (the Health Research Authority's "Confidentiality Advisory Group"). One particular area of interest is the governance of research ethics committees, and he has acted as a policy advisor to Universities, Government departments and independent organisations seeking to establish robust research ethics processes. Along with a PhD in Biochemistry he holds degrees in Philosophy and Research Ethics.

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## Tomislav Miletić – *AI Partnership vs. AI Subjugation: The big risks of military medical automation*

### Abstract

AI automation systems are already part of many social, healthcare, and business systems in the world. In healthcare alone, AI automation systems are rapidly and deeply changing the medical landscape in many of its important dimensions. As the influence of automated decision and treatment administration grows, numerous important ethical and legal questions are raised. The pertinent one among these is, should AI systems be designed to operate inside limited autonomy or should they be fully autonomous in their monitoring, evaluation, and administration of treatments and what are the main risks involved in both of these cases? Such risks can become exacerbated in military environments with the development and use of autonomous AI systems which can either remove the human partner out of the decision loop or, on the opposite, place a heavy cognitive and skill-related burden on her. Both of these approaches constrain rather than empower medical efficiency as they impoverish the proper utilization of synergetic human-AI possibilities for collaboration. To answer properly, military medical AI systems should be designed for partnership which achieves joint system collaboration that fully utilizes the capacities of its human and AI partners. In doing so, a relation of symbiotic interaction which optimizes Human-AI medical partnership and facilitates a successful mission outcome can be achieved.

### Biographical Note

Tomislav Miletić currently is a doctoral student, postgraduate doctoral study programme "Philosophy and Contemporaneity" at the Faculty of Humanities and Social Sciences in Rijeka. His personal and academic interests lie in interests exploring the ethical and social impacts of Artificial Intelligence inside the paradigm of Human Enhancement (Human Augmentation) specifically engaging the prospect of Human-AI Symbiosis and the formation of novel Human-AI moral-epistemic systems. As such, his research gravitates at the intersection of machine ethics and moral philosophy, philosophy of mind and epistemology, philosophy of technology and computer science..

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## Nathaniel Sharadin – Preference Prediction Under Fire

### Abstract

It's famously difficult to make treatment decisions for incapacitated patients in a way that respects their autonomy: surrogates are epistemically unreliable, and advance directives are notoriously imprecise. Healthcare personnel working in both military and humanitarian relief contexts face an acute version of this problem, since a higher proportion of their patients are likely to be incapacitated and in many cases surrogates and advance directives will be either unavailable or impractical. What to do? Here, I argue that recent proposals regarding so-called *patient preference predictors* (PPPs) have a natural home in this context. Briefly, PPPs are statistical models that take us *from* known demographic facts about a patient to unknown facts about that patient's treatment preferences. The idea, then, is that we can respect a patient's autonomy by making a treatment decision based on our best prediction of what the patient *would* want in the circumstances in which she's incapacitated (and so unable to indicate her preferences). Elsewhere, I've argued that the use of PPPs in making these sorts of treatment decisions presents novel ethical challenges. In short, the problem mirrors one familiar from legal scholarship: the problem of using naked statistical evidence to arrive at normative results. Here, I show that in the context of either military medicine or humanitarian relief, these challenges either do not arise or at least are much less serious. I argue that, especially in the case of military medicine, we should welcome the use of PPPs as a novel solution to a serious, widespread ethical problem faced by healthcare personnel.

### Biographical Note

Nathaniel Sharadin is an Assistant Professor of Philosophy at The College of New Jersey. His research focuses on normative and meta-normative issues in ethics and epistemology. More about his research available here: [www.natesharadin.com](http://www.natesharadin.com)

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## Jack Taylor – *Military Medical Providers and Personal Risk: Is "No" an Option?*

### Abstract

A considerable amount of thought and discussion has been given to the role of health care providers in the military, especially their roles when involved in military operations such as armed conflict or humanitarian assistance. Most international ethical standards do not accept the ideas of "mixed agency" or "dual loyalty"- physicians are expected to meet the ethical standards of the profession at all times even if it means choosing the role of physician over soldier. Less clear though is what level of personal risk should a medical provider be expected to take? In the recent conflicts of Iraq and Afghanistan, air superiority allowed for essentially unchallenged movement of patients from the point of injury to relatively safe sites for medical treatment. It is accepted that future conflicts may not enjoy this same level of safe patient movement. Models of light, more mobile medical units that can provide care closer to the point of injury are being developed. These medical units will be more medically capable but also more vulnerable to enemy attack. Implicit in voluntary service by an infantry soldier is the acceptance that he or she may be killed in the course of a battle. Does the physician also accept that same risk when volunteering for military service? Are there circumstances where the risk to the healthcare provider are so great that refusal to participate in a given mission is justified? I will discuss the concept of risk within the military medical mission then address these questions of reasonable risk acceptance.

### Biographical Note

Jack Taylor is a US Navy Surgeon currently serving at the NATO Centre of Excellence for Military Medicine in Budapest as the Chief of the Lessons Learned Branch. He completed his under graduate studies at the University of Georgia and his Medical Degree at Mercer University School of Medicine. He has deployed multiple times in support of combat operations. In addition to Military Medical Ethics, he is interested in Health Care Innovation and Technology.

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## Practical Information

### Registration

→ **Registration is mandatory for all attendants. No participation is possible without registration.** Registration to the workshop has to be completed via the website of the 43<sup>rd</sup> ICMM World Congress Website

→ <https://www.icmm2019.ch>

→ Indicate during the registration that you want to participate in the MME workshop (see screenshot below)

The screenshot shows the registration process for the ICMM 2019 World Congress. The event dates are MAY 19 - 24, 2019, in BASEL, SWITZERLAND. The registration progress bar shows: Sign Up, Contact Information, Participant Information, Registration (highlighted), Hotel, Confirm, and Registration Confirmation. Under the 'Registration' section, 'Full Congress Member CHF 700.00' is selected. The 'Workshop' section is highlighted with a yellow oval and contains the following information:  
 9th Workshop on Military Medical Ethics : Ethics of Dealing with Risks in Military Medicine **Free**  
If you register for the workshop, please note that your attendance is mandatory as we have a limited number of seats.  
The 'Networking Events' section includes:  
 Welcome Reception / Ice Breaker Cocktail at the Congress Center Basel **Free**  
Date: Sunday 19 May - Time: 20:00 - 22:00  
Dresscode: Military Personnel - Dark suit / Lounge suit, Civilians - Dark suit / Lounge suit  
 Gala Dinner at the Congress Center Basel **Free**  
Date: Thursday 23 May - Time: 20:00 - 23:00

### Workshop Language

All lectures and discussions are held in English language. No translation can be provided during the workshop.

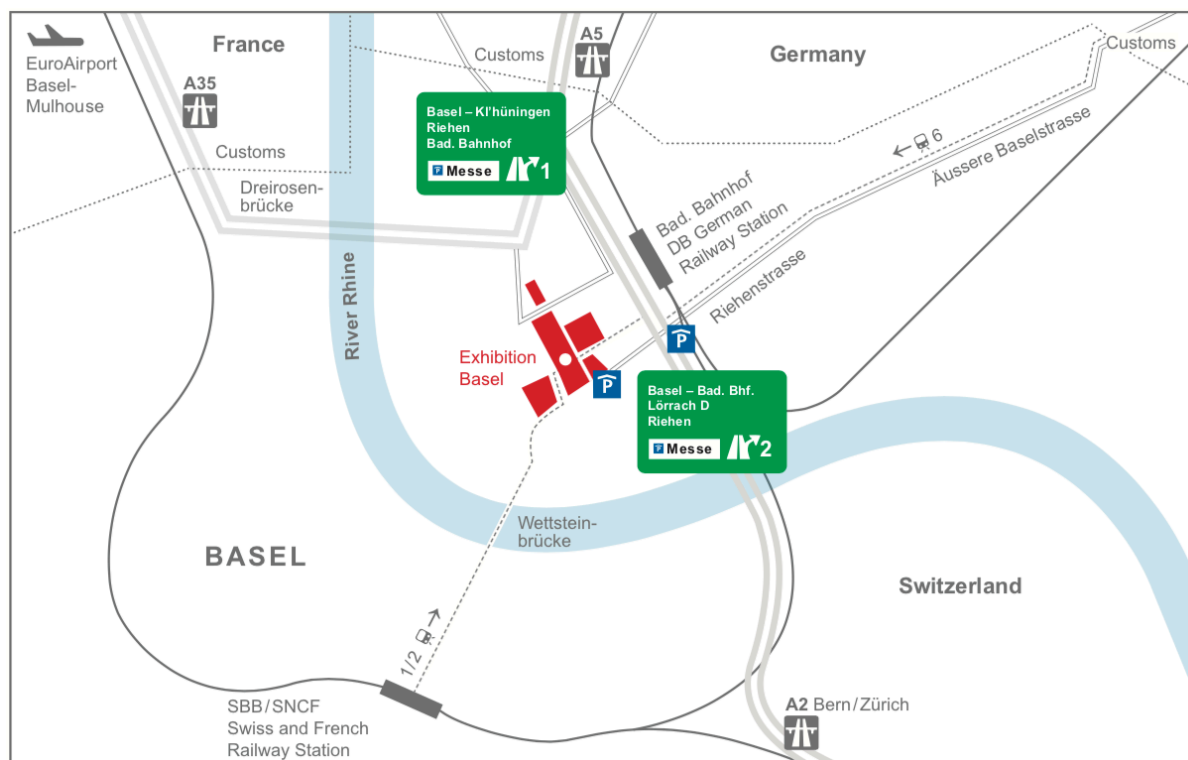
### Dress Code

**Military participants** Office uniform during workshop. Gala uniform during Gala Dinner.

**Civilian participants** Business Casual during workshop. Business Attire during Gala Dinner.

→ See also <https://www.icmm2019.ch/> for more details

## Venue: Basel Congress Center (CH)



Source: <https://www.congress.ch/-/media/congress/Documents/PdfTemplates/Plans/Anfahrtsplaene/ENG/TravelToMesseBasel.pdf>

<b>Website</b>	<a href="https://www.congress.ch/en-US.aspx">https://www.congress.ch/en-US.aspx</a>
<b>Address</b>	Messeplatz 21   4058 Basel   Switzerland More information: <a href="https://www.icmm2019.ch/congress-venue.html">https://www.icmm2019.ch/congress-venue.html</a>
<b>Airports</b>	Zürich Kloten (ZRH)   Basel Mulhouse (BSL)   Geneva (GVA)
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The ICMM 2019 Congress Organization will ensure transportation of registered ICMM 2019 delegates between the 3 major airport (Zurich, Basel, Geneva) and Basel. Delegates will also be greeted at Basel main train station (ICMM 2019 Hospitality Desks). More detailed information will be required from the delegates during the online registration process.

## Contact

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

Internet <https://www.melac.ch/>  
Email [workshop@melac.ch](mailto:workshop@melac.ch)

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

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Internet [www.armeesanitaetsdienst.ch](http://www.armeesanitaetsdienst.ch)  
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