Selected Military Medical Ethical Issues since 9-11

COL (Ret) Elspeth Cameron Ritchie, MD, MPH
Elspeth.Ritchie@dc.mil

The Last Ten Years

- 9/11/2001
- Operation Enduring Freedom
- Guantanamo Bay
- Operation Iraqi Freedom
- Abu Ghraib
- Psychological Issues for Soldiers
  - PTSD, suicide
- Camp Liberty and Fort Hood shootings
- Death of Osama Bin Laden
9/11/2001

Historical Perspective

- Army medics always exposed to trauma; prepared for battlefield medicine, disasters and chem/bio
- Not well prepared for detainee care
Selected Ethical Issues for Massachusetts Medical Ethics Society

- Psychological issues for Soldiers
- Mental health care for detainees
- Behavioral Science Consultation Team policy
Recent Background

- Volunteer Army
  - Know they are going to war
  - Seasoned, fatigued
  - Large Reserve Component
    - Reserve, National Guard
- Elevated suicide rate
- Wounded Soldiers
- Effects on Families
  - Continuous deployments
  - Families of deceased
  - Families of wounded
- Difficult Economy

Initial Issues for Soldiers Deployed to OEF/OIF

- Short notice before deployment
- Uncertain length of deployment
- Threat of chemical and biological attack
Ongoing Issues

- Heavy Exposure to trauma
- Threat of personal danger
- Repeat rotations
- Austere environment

Range of Deployment-Related Stress Reactions

- Mild to moderate
  - Combat Stress and Operational Stress Reactions (Acute)
  - Post-traumatic stress (PTS) or disorder (PTSD)
  - Symptoms such as irritability, bad dreams, sleeplessness
  - Family / Relationship / Behavioral difficulties
  - Alcohol abuse
  - “Compassion fatigue” or provider fatigue
  - Suicidal behaviors

- Moderate to severe
  - Increased risk taking behavior
  - Depression
  - Alcohol dependence
  - Completed suicides
PTSD Diagnostic Concept

- Traumatic experience leads to:
  - Threat of death/serious injury
  - Intense fear, helplessness or horror

- Symptoms (3 main types)
  - Reexperiencing the trauma (flashbacks, intrusive thoughts)
  - Numbing & avoidance (social isolation)
  - Physiologic arousal (“fight or flight”)

- Which may cause impairment in
  - Social or occupational functioning
  - Persistence of symptoms

*mTBI may be associated with PTSD, especially in the context of Blast or other weapons injury*
Suicide Rates from 1990-2009

![Graph showing suicide rates from 1990-2009 with Army and U.S. civilian population data.](image)

**Comparable civilian rates were only available from 1990-2006.**

Current Ethical Dilemmas Reference Soldiers

- Psychiatric medications and the battlefield
- Return to Duty Considerations
- Confidentiality
Mental Health Care to Detainees

- What is adequate mental health care
  - Issues of culture, language, medications
- How to prevent suicidal gestures
  - Secondary gain
  - Symmetrical warfare
- How to take care of guard staff
  - Avoid behavioral drift

Issues for Medical Staff

- Austerity
- Sub-optimal medical equipment
- Language, culture
- Dangers from detainees
- Scrutiny from multiple sources
Behavioral Science Consultation Team (BSCT) Policy

• In the beginning there was no policy on the role of medical officers in interrogation
• Young doctors in difficult situations
• Intense outside interest in whether physicians should participate
  – APA, AMA
• Policy developed and published in 2006

Background

• Pre-9/11:
  – Psychologists have supported interrogation & detention operations for decades as behavioral science consultants (BSCs)
  – Prior to GWOT support was provided by personnel organic to the intelligence & special operations communities
• Post-9/11 & GWOT:
  – an unprecedented & sustained requirement for BSCs, a direct result of increased reliance on intelligence from human sources (HUMINT)
  – Expanded demand required assignment of psychologists, psychiatrists & techs from other mission areas within the DoD, e.g., AMEDD
  – Highly visible, politically charged, intensely demanding assignments requiring unique skill sets & specialized expertise
BSC - DoDD 3115.09

• Behavioral Science Consultants (BSC):
  
  “…are authorized to make psychological assessments of the character, personality, social interactions and other behavioral characteristics of interrogation subjects, & to advise authorized personnel performing lawful interrogations regarding such assessments…. [BSCs] may not provide medical care for detainees except in an emergency…"

  “Health care personnel qualified in behavioral sciences who are assigned exclusively to provide consultative services to support authorized law enforcement or intelligence activities…”

Behavioral Science Consultants

• Guidance
  – May not provide healthcare to detainees or staff
  – Are not identified to detainees as providers
  – May observe but not conduct or direct interrogations
  – May advise command on detention facilities environment & determinations of release or continued detention

DoDI 2310.08E, Medical Program Support for Detainee Operations (6Jun06)
BSCT Policy Covers

- Ethics
- Training
- Chain of Command
- What one can do and not do
- APA, CEJA position statements

MEDCOM Policy

- BSC Team Mission:
  - Provide psychological expertise & consultation to assist command in conducting safe, legal, ethical, & effective intelligence-collection & detention operations

OTSG/MEDCOM Policy 06-029 (Behavioral Science Consultation Policy, 20Oct06)
Should Psychiatrists Participate on BSCT teams

• Pros
  – Social Responsibility: consistent with Oath of Office
  – Non-maleficence: detainee is not harmed, may benefit from cooperation
  – Utilitarian: alleviates psychologist shortfall
  – Successful track record

• Cons
  – Autonomy: no consent/assent
  – Role does not comply with APA position statement
  – Public perception

Areas of High Exposure for Medical Staff

• In theater
  – Numerous operations
  – Exposure to wounded soldiers, Iraqi insurgents, detainees, burned children

• Germany
  – High exposure to severely wounded
  – Brief stay on way to CONUS
  – Morale high

• Walter Reed
  – Patients needing numerous surgeries

• Brooke
  – Burn unit
Challenges for Medics

- High exposure to trauma
- Often PROFIS (Professional Officer Filler System)
  - May not know unit
  - May have little warning before deployment
- Unfamiliar roles
  - Hospital commander
  - Sometimes unclear chain of command
- Scandals from Gitmo, Abu
  - Distortions in media
- Ethos of “stiff upper lip”

Reactions

- Growth
- Pride in right shoulder patch
- Irritability, bad dreams, lack of connectedness
- “Compassion fatigue”, burn-out
- Hard to talk to those who have not been there
- PTSD symptoms
- Failed marriages
- Difficulty at work
- Leaving the Army
The Wars Go On