

11th ICMM Workshop on Military Medical Ethics

The Future of Military Health Care Utopian and Dystopian Prospects on the Role of (Military) Health Care Providers

16-18 June 2022 | Hybrid Workshop
In Spiez (Switzerland) and Online via zoom



Patronage

Major General (ret.) Geert Laire, 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
Centre of Competence for Military
and Disaster Medicine
ICMM Centre of Reference for Education on
International Humanitarian Law and Ethics
ZH Center for Military Medical Ethics

Scientific Coordination

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ICMM Centre of Reference for Education on IHL and Ethics

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Idea of the workshop series

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.

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, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request.

SIWF Accreditation

The MME workshop 2022 has been accredited by the **Swiss Institute for Postgraduate and Further Education in Medicine** (SIWF / ISFM) with max. 11 Credit Points. Participants will receive a certificate and can check with their national institutions if the credit points are accepted by them.

Session I

10:30 – 12:30 (CEST/ UTC+2)

New Technologies: Experiences & Reports

Chair: D. Winkler/ D. Messelken

10:30 – 10:50

Introduction to the Workshop

David Winkler/ Daniel Messelken

10:50 – 11:30

Military Medical Ethics and the Future Character of Warfare

Martin Bricknell

Old Issues Or New Problems

11:30 – 12:00

Human Performance Modification

Christian Haggemiller

12:00 – 12:30

The enhanced soldiers: the position of the French military health service

Marion Trousselard

Lunch Break

Session II

13:30 – 17:30 (CEST/ UTC+2)

Ethical Aspects of New Technologies

Chair: NN

13:30 – 14:15

Can a Soldier Say No to an Enhancing Intervention?

Sahar Lateef

14:15 – 15:00

Ethics in a changing environment - are we allowed using HPM in military?

Thomas Franke

Coffee-Break 30 minutes

15:30– 16:15

Moral issues in soldier enhancement: military physicians' perspectives

Eva van Baarle

16:15 – 17:00

*The War on Covid-19 and the Protection of Civilians:
unpacking the politics of mandatory vaccination*

Kristin Sandvik

17:00 – 17:30

Wrap-Up Day One – Time for Plenary Discussion

Moderated by Chairpersons

Session IIIa Role of Mil HCP

10:30 – 12:30 (CEST/ UTC+2) Chair: NN

10:30 – 10:45

Introduction to Day Two

David Winkler/ Daniel Messelken

10:45 – 11:30

Healthcare personnel in the Dutch armed forces. A historical approach to ethical dilemmas, their impact, and the meaning of autonomy and (hybrid) professionalism

Francesca Hooft

11:30 – 12:15

Mixed roles and obligations – How new technologies may overload the role of mil HCP and when to say 'No'.

Daniel Messelken

12:15 – 12:30

Time for Plenary Discussion

Moderated by Chairpersons

Lunch Break

Session IIIb Role of Mil HCP (continued)

13:30 – 17:30 (CEST/ UTC+2) Chair: NN

13:30 – 14:15

Palliative Hospitality: Love in Austere Medical Operations

Erika 'Ann' Jeschke

14:15 – 15:00

Military-Affiliated Populations & Patient Trust in Health Systems

Sheena Eagan

15:00 – 15:30

Wrap-Up Day Two – Time for Plenary Discussion

Moderated by Chairpersons

16:00 – 22:00

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

Details and meeting point will be communicated during the workshop

(Civilian clothes)

Saturday 18 June 2022

All times are given in CEST = UTC+2

Session IV

09:00 – 12:00 (CEST/ UTC+2)

Ethics Education and Joint Approaches

Chair: Messelken/ Winkler

09:00 – 09:10

Introduction to Day Three

David Winkler/ Daniel Messelken

09:10 – 09:55

How Military Values Best Serve a Future Beneficial to All

Erny Gillen

09:55 – 10:40

Do we need a common, user-friendly framework to guide decision making in military medical ethics

Charles Beardmore

Mini-Break

10:45 – 11:30

Concluding Plenary Discussion on MME Education and Joint Approaches

Moderated by chairpersons

11:30 – 12:00

Closing Remarks

Swiss Surgeon General and ICMM Chairman

MG Andreas Stettbacher

Lunch Break

End of the Workshop – Departure



Charlie Beardmore – *Do we need a common, user-friendly framework to guide decision making in MME?*

Abstract

International Humanitarian Law principles and practice are well established, widely understood and, with notable historical exceptions, largely adhered to. There are also well established norms for (civilian) medical ethics based on international consensus. There are many lists of Military Medical Ethical (MME) 'Principles', 'Factors' and 'Tenets' (such as those from ICRC, WHO, WMA, US DoD, UK MoD, BMA) but few frameworks for practitioner use that are widely accepted as having universal utility. There are also widely differing interpretations globally among Nation States, Alliances and Non-state actors regarding: - Military Healthcare Workers (MHW) responsibilities and duties to their patients versus those to their employers - MHW responsibilities to treat their own most severely injured first versus their duty to return those lightly injured to combat roles - MHW responsibilities to care for 'Opposition' forces and 'Neutrals' (such as civilians) versus duty to care for their own side - MHW interactions with Non-state actors - MHW responsibilities to balance protection of the individual against protection of the Force Much greater effort should be applied to developing a framework for making decisions in ethically challenging or ambiguous circumstances. Such a framework should provide greater coherence across current guidance. As a minimum, the framework would ensure recognition of the absolute duties and prohibitions regarding MME, such as a duty to expose perfidy and apparent transgressions of IHL. The framework may also reveal differences in stakeholder perspectives and priorities during decision making. The validity of such a framework would be established by consultation with practitioners through experimentation and testing against a range of MME scenarios. This presentation will highlight the current situation and describe our approach to conducting this work under the auspices of the NATO Military Healthcare Working group over the next 18-24 months.

Biographical Note

Dr **Charlie Beardmore** is currently undertaking a PhD in Military Medical Ethics with Kings College London. He has many years previous experience as a medical practitioner and leader within the UK Defence Medical Services. He is particularly interested in deriving pragmatic military medical ethical frameworks which have broad utility in times of conflict and which can successfully guide clinical decision making, in often difficult circumstances. His current work builds on his previous experience gaining a Masters in Medical Law and Ethics, operational deployments and military leadership and management training and practice.

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Martin Bricknell – *Military Medical Ethics and the Future Character of Warfare – Old Issues Or New Problems?*

Abstract

This paper will open by presenting the results of our thematic analyses of papers on military medical ethics published since 9/11. It will cover the Euro-Atlantic perspective that is dominated by commentary on the practice of military health practitioners during the conflicts in Iraq and Afghanistan as reflected in English language papers. This perspective will be contrasted with a wider global view based on a similar analysis of publications in other languages and from other countries that have different military experiences. This will show how themes in military medical ethics are not necessarily universal and are influenced by military experience, language, and culture. We will then consider the emerging narratives on the changing character of war driven by new technologies (e.g. autonomous weapons, hypersonic missiles, cyber, cognitive warfare) and new domains (space and information/cyber). These two topics will be fused to consider if the nature of military medical ethics needs to fundamentally change to adapt the themes of the last 20 years to the potential reality of conflict in the new era of state-based competition and confrontation. The paper will close by examining the health implications of current developments in the conduct of confrontation and warfare (e.g. the direct targeting of healthcare facilities, the use of migrants as to destabilise security, vaccine disinformation to erode social cohesion). This will question the nature of 'dual loyalty' for military health practitioners in understanding the role of military and medical ethics as influences on the choice of instruments of war to maintain the principles of 'jus in bello'.

Biographical Note

Professor **Martin Bricknell** took up his appointment as Professor in Conflict, Health and Military Medicine at King's College London in April 2019 to build a focus for research into civil-military relations in global health systems. Prior to this he served 34 years in the UK Defence Medical Services, culminating his service as the Surgeon General of the UK Armed Forces. He undertook operational tours in Afghanistan, Iraq, and the Balkans with multiple additional overseas assignments. In 2010 and 2006, he held senior Medical Adviser appointments in the NATO ISAF mission. He was awarded the Companion of the Order of Bath, the Order of St John and the US Bronze Star during his military service. He has trained as a general practitioner and is an accredited specialist in both Public Health and Occupational Medicine. He has published over 100 academic papers across military medical subjects. He is especially interested in how organisations learn, care pathways in military healthcare, and the political economy of health in conflict. He is also Deputy Director of the KCL Centre for Military Ethics.

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Sheena Eagan / Erika K. Johnson – *Military-Affiliated Populations & Patient Trust in Health Systems*

Abstract

Being in the military can change what it means to be a patient and impact how this population seeks care. Service-members relinquish aspects of their autonomy when they join the military. This limited autonomy extends into the world of healthcare, where military hierarchy and institutional needs may influence clinical interactions as well as the patient-provider relationship. Anecdotally, members of this population have reported a lack of trust in health systems/health care providers that is informed by the perception that health care is connected to military service and, therefore, part of the military institutional structure. Not only is access to health care a direct benefit of service (their employment), receiving medical care is also a part of their job and can be compulsory.

Our research aims to better understand the relationship between military-affiliated populations and perceptions of trust in health care. Specifically, this study provides an update to the question of whether rank and other salient variables impact patient trust in their provider and health systems. This study uses a survey method to ascertain the relationship between the variables: healthcare decision-making source, government trust, news trust, the rank of provider, and the variables trust in science and provider trust among veterans and active-duty military. This interdisciplinary study combines qualitative research with discussion and concepts deriving from the medical humanities.

Biographical Note

Dr **Sheena M. Eagan** is an Assistant Professor with the Department of Bioethics and Interdisciplinary Studies in the Brody School of Medicine at East Carolina University. Dr. Eagan holds PhD in the medical humanities from the Institute for the Medical Humanities at the University of Texas Medical Branch in Galveston as well as a Master of Public Health from the Uniformed Services University. Her research and teaching have focused on medical ethics and the history of medicine, with a subspecialized focus on military medicine. Before coming to ECU, she worked as a defense sub-contractor providing ethics education to military service-members and their families. Dr. Eagan also held a variety of visiting scholar positions for Yale University, the Brocher Foundation, and the University of Belgrade.

Dr. Eagan is co-director of ECU's Veteran to Scholar Boot Camp, a program supported by grant funding from the National Endowment for the Humanities. Sheena is also the creator and president of the American Society of Bioethics and Humanities group for Military, Humanitarian and Disaster Medicine and maintains close connections with local military installations.

Dr. **Erika K. Johnson** is an assistant professor at the East Carolina University School of Communication. She has a Ph.D. in journalism from the University of Missouri, where she also earned a M.A. in journalism and M.P.H. in public health. Her interests are in persuasion, strategic communication, health communication, and research methods in graduate and undergraduate teaching. Her research involves persuasion and how persuasive media can be wielded to impact prosocial and health communication. In the realm of persuasion, she is exploring how interactive and entertainment media formats impact psychological processing and health behavior. She additionally studies how social media and human presence attributes (e.g., human voice, attractiveness) can persuade health and potential social change (e.g., in the case of climate change research).

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Thomas Franke – *Ethics in a changing environment - are we allowed using HPM in military?*

Abstract

Currently, the legal, ethical and political group (LEP) is doing research on legal and ethical considerations within partner countries on the ability using HPM-methods and its restrictions. The group will develop a fluid framework accelerating the usage of HPM-technologies and to ensure interoperability in a multinational setting. To that date of June '22 the group will not have finished its work on it but can give an outlook on the current status and would honoured discussing the group's approach with the distinguished participants in the workshop. The content of the speech will be: - Status quo of HPM-technologies within MCDC nations - Legal and ethical constraints - Recommendation for a fluid process in nation's policies adapting to new technologies and different strategic and tactical situations - Discussion of the approach amongst WS-participants.

Biographical Note

Thomas Franke is working as reservist at Planungsamt der Bundeswehr and joined HPM and its previous project in 2020. Before this, Franke headed a binational research consortium dealing with security solutions for pharmaceutical logistics. In 2016, Franke established the "Forum Vernetzte Sicherheit" a network building up consortia which aim finding new and synergistic security solutions for current and upcoming threats.

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Erny Gillen – *How Military Values Best Serve a Future Beneficial to All*

Abstract

Medicine, armies and morals address practical challenges not only by already proven responses, but also by innovative or newly blended approaches. COVID19 gives us a glimpse how Governments ruled the engagement of their military capacities to cope with the unpredictable and changing needs within their societies. The proposed Luxembourg case study shall show at least 5 different and specific ways the Army was and still is instrumental to handle the sanitary crisis: protecting sensitive facilities; providing manifold logistical support; implementing sanitary tactics to push vaccination rates; providing leadership respectively stress management training, as well as upholding critical positions during the management of the crisis. Internally and politically a 2020 elaborated Values Charter together with a grid of values and a military code provided a coherent framework to set the military capacities as hidden assets within a liberal democracy free. Against this background the proposed contribution shall analyse whether and how a system of interactive values can best serve meaningful evolutions in moral conundrums and provide a trustworthy guide for rapidly changing innovations and applications in medicine and health care. It will be argued that (more) higher education of military personnel in ethics will be beneficial for society and military itself as they evolve rapidly alongside new technologies in medicine, biology, robotics, calculation power, etc.

Biographical Note

Dr. **Erny Gillen** is an international ethicist who has taught, published, and practised for more than 30 years in the many fields of bio-medical, organisational, theological, and fundamental ethics. More recently, he developed a Values Charter with the Luxembourg Army through a participatory process including international partners from 6 European nations. For more information: moralfactory.com

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Christian Haggenmiller – *Human Performance Modification*

Abstract

Some say the last decade has brought more biotechnological advances than the last 50 years. At the same time, armed forces struggle to recruit sufficient personnel fit for the steadily increasing physical and cognitive requirements. Adopting some technologies to augment human performance might be legally unproblematic, other technologies raise many complex legal issues across a wide range of legal aspects. Currently, there seems to be a patchwork of national legal and ethical guidance to different degrees which impairs multinational collaboration. This project collected and analyzed knowledge of currently available technologies and methods for modifying human performance that might be applied in the immediate and more distant future which are calling for specific guidance for both offensive and

defensive use and conduct of future combat operations. This study developed a set of definitions for the ones most frequently used terms such as Modification, Augmentation and Degradation and recognized some threat considerations which require a comprehensive and interdisciplinary approach to mitigate potential hybrid whole-of-society scenarios.

Biographical Note

CDR (N) Dr **Christian Haggenmiller** is currently serving as a Health and Security researcher at the German Institute for Defence and Strategic Studies. He is also a lecturer at the Command and Staff College of the Bundeswehr. Prior to that he assumed positions at NATO's Joint Analysis and Lessons Learned Centre and the Bundeswehr's Operational Forces Command. His focus areas are, comprehensive medical support in complex emergencies, human performance & longevity, bio-cybersecurity and the dual-use of biotechnology.

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Francesca Hooft – *Healthcare personnel in the Dutch armed forces. A historical approach to ethical dilemmas, their impact, and the meaning of autonomy and (hybrid) professionalism*

Abstract

Deployed on military operations with the armed forces, physicians and nurses have been confronted with multiple problems. Battle casualties, scarcity of supplies, danger, and civilians requesting medical aid were amongst the factors that could compromise medical professional standards. Meanwhile, military hierarchy and the deployment context potentially threatened healthcare professionals' autonomy and aspirations. Physicians and nurses in the armed forces had to continuously navigate between the different expectations and moral codes that came with membership of both the medical and the military profession.

This research traces the developments in the deployment of medical personnel with the Dutch armed forces between 1990 and 2010. It analyses physicians' and nurses' actual deployment experiences of practical problems and ethical dilemmas, revealing the salience of professional identity in all phases of decision-making. Three different patterns of coping with dilemmas were discovered through the analysis of discourse and emotions, reflecting the medical, military or – as identified by this research – hybrid professional identity. And although situational factors remained influential, these different expressions of professional identity influenced the meaning and extent of autonomy physicians and nurses were willing and able to claim in complex situations. It demonstrates how medical personnel coped with military service and dealt with the obvious tension between professions and identities in reality. It thereby offers a new perspective on the paradox of the medical-military identity.

This presentation will discuss the most important conclusions from my dissertation 'White coats, green jackets: Physicians and nurses in the Dutch armed forces, professional identity & agency, 1990-2010' and provide further insight on the impact ethical dilemmas had on medical personnel both during and after deployment. Moreover, it will provide lessons for future military engagement concerning the intertwining of the military and the operational context, the nature of healthcare, and the position and welfare of medical personnel.

Biographical Note

Francesca Hooft is a PhD candidate and lecturer at the History of International Relations section at Utrecht University. Her research focusses on the deployment of medical personnel on military operations in the post-Cold War era. Central to her research is the tension between the medical and military professional identity during combat, peacekeeping, and humanitarian operations and its impact on medical professionals, both during and after deployment. She will defend her PhD thesis on 14 April 2022.

Further research interests include conflict analysis, the use of violence by state and non-state actors, the role of non-combatants, the relation between the environment and conflict, transitional justice, and memory studies.

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Erika 'Ann' Jeschke – *Palliative Hospitality: Love in Austere Medical Operations*

Abstract

In this presentation, I explore what it means to love neighbor in complex austere medical operations by presenting a thick account of caring. As a Catholic, the notion of a just and lasting peace has strong resonance not only as the telos against which moral decision making in warfare ought to be evaluated, but also a way to orient my understanding of the complex challenge of making sense of what it means to engage in warfare. Within the Catholic theological tradition, love of neighbor is the glue that binds all just war principles together. Unfortunately, both theological just war theory and the notion of love remain abstract in relationship to the medical realities of the battlefield. In an interesting turn of metaphor, Pope Francis argues that the Roman Catholic Church should be understood as a Field Hospital after battle. This metaphor calls people of good will into a loving confrontation with and response to human suffering, but also provides a helpful way to both ground abstract just war thinking in love of neighbor. I am going to suggest that a robust concept of care needs to encompass and address the complex layers of human fragility and vulnerability that are present in the suffering wounded who need tending on the battlefield. To understand what those layers of human suffering might entail, ethical and political theories need to rely on the lived experience of combat casualty care experts who can provide concrete detail about the human face of suffering amidst mass casualties. To achieve this goal, the definition of wounded will also need to expand to include care for the injured, caregiver, organization, and society that is encircled in a cycle of caring encompassing the entire deployment cycle (i.e. ad bellum, in bello, and post bellum).

Biographical Note

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

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Sahar Lateef – *Can a Soldier Say No to an Enhancing Intervention? (Title TBC)*

Abstract

Technological advancements have provided militaries with the possibility to enhance human performance and to provide soldiers with better warfighting capabilities. Though these technologies hold significant potential, their use is not without cost to the individual. This paper explores the complexities associated with using human cognitive enhancements in the military, focusing on how the purpose and context of these technologies could potentially undermine a soldier's ability to say no to these interventions. We focus on cognitive enhancements and their ability to also enhance a soldier's autonomy (i.e., autonomy-enhancing technologies). Through this lens, we explore situations that could potentially compel a soldier to accept such technologies and how this acceptance could impact rights to individual autonomy and informed consent within the military. In this examination, we highlight the contextual elements of vulnerability—institutional and differential vulnerability. In addition, we focus on scenarios in which a soldier's right to say no to such enhancements can be diminished given the special nature of their work and the significance of making better moral decisions. We propose that though in some situations, a soldier may be compelled to accept said enhancements; with their right to say no diminished, it is not a blanket rule, and safeguards ought to be in place to ensure that autonomy and informed consent are not overridden.

Biographical Note

Sahar Latheef is a Doctoral candidate in International, Political and Strategic Studies, at the Department of International Relations, Australian National University. Her research explores the ethical issues surrounding the use of human enhancement applications in the military, focusing on cognitive enhancements and moral responsibility. Sahar has completed four master's degrees in Biomedical Engineering, International Security Studies, Policing Intelligence and Counter-Terrorism, and National Security Policy (Honours). Her research interest is in ethics, military

technology and policy making. Sahar has a professional background in neuroscience research and she currently works at the Department of Defence, Australia

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Daniel Messelken – *Mixed roles and obligations – How new technologies may overload the role of mil HCP and when to say ‘No’.*

Abstract

The discussion about future role(s) and tasks of military health care providers often focuses on the potential of new technologies and how they could enhance medical care and, more generally, force protection. The positive potential of new technologies is obvious and shall not be disputed. But new technologies can also have less visible and longer-term effects, namely regarding expectations, role understandings and role obligations. If medical technologies become an inherent part of force protection (e.g., in the form of HPM and soldier enhancement) then medical personnel may shift the focus of their work away from their traditional (purely) medical role. As a result, they risk losing the protection granted by IHL on the one hand but also to find themselves in situations of mixed roles and mixed obligations.

This presentation takes a new look at the concepts of dual loyalty and mixed obligations to illustrate how conflicting role obligations lead to unhealthy loyalty conflicts. It consequently argues that roles should not be overloaded and discusses what this means for future role(s) of military HCP.

Biographical Note

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

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Kristin Sandvik – *The War on Covid-19 and the Protection of Civilians: unpacking the politics of mandatory vaccination*

Abstract

To provide effective protection of populations, the workforce and societal and economic infrastructure against COVID-19, a relatively high rate of vaccine coverage is necessary. While fair vaccine distribution has been significantly lacking, vaccination schemes have also engendered an unprecedented rate of social unrest and resistance (including armed resistance) globally. Given the infectiousness, prevalence, lethality and societal impact of COVID-19, old debates about individual choice versus mandatory vaccination schemes have entered new territory. This also applies in contexts of conflict and disaster. While an established set of norms from international law and case law from international courts have calibrated the scope of vaccine requirements – and the consequences of vaccine rejection – the starting point for this commentary is the observation that for the Protection of civilians (PoC) agenda, something is new with respect to COVID-19 in terms of how the nature of the pandemic shifts tentatively settled issues on individual choice, bodily integrity, borders, health care workers and domestic populations. Whereas the Ebola response gave rise to difficult debates about a perceived militarized medical intervention, the ‘War on Covid-19’ engenders an extremely complex set of questions regarding the nature of medial, political and economic force. Drawing on the authors engagement with the global health and the PoC-agenda, the paper surveys the developments from January 2020 and outlines a set of key ethical dilemmas for the protection of civilian’s agenda. Specific focus is given to mandatory vaccination schemes as a protection tool.

Biographical Note

Kristin Bergtora Sandvik (Cand.jur UiO 2002; S.J.D Harvard Law School 2008) is a professor of legal sociology at the Faculty of Law, University of Oslo, and a Research Professor in Humanitarian Studies at PRIO. She is also the co-founder and first director of the Norwegian Centre for Humanitarian Studies. Sandvik is an international authority on the digital transformation of humanitarian action and refugee management. Sandvik is the project leader for LAW22JULY: RIPPLES: Rights, Institutions, Procedures, Participation, Litigation: Embedding Security (SAMRISK). She also participates in the project Vulnerability in the Robot Society (VIROS) and the initiative "COVID-19 and the rule of law". She is a member of the Ethics Advisory Board for the Human Brain Project (neuroscience, computing, and brain-related medicine). Sandvik is also the project leader of the PRIO-based Do No Harm: Ethical Humanitarian Innovation and Digital Bodies (NORGLOBAL). She has published extensively on the COVID-19 pandemic.

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Marion Trousselard – *The enhanced soldiers: the position of the French military health service*

Abstract

Upon the creation of the Defense Ethics Committee (DEC) in 2019, one of the priorities for ethical debate was an ethical opinion on the augmented soldier. This opinion, delivered on September 18, 2020, identified 13 guiding principles and 17 recommendations. While the French military health service is clearly identified as an important player in thinking about the ethical questions faced to the soldier enhancement, it is only involved as an advisor to command. This position only makes the health service more responsible for the advice it gives. There is a real ethical issue at stake as the French military health service personnel, and in particular the researchers, endeavour to think about the ethical and deontological problems of the question, especially in terms of the maintenance of a scientific watch in the field of human neuro-augmentation. This last point is particularly important in view of the recommendation made by the CED of the need to maintain a regular watch in the field in view of the rapid evolution of technologies and uses.

We will recall the position of the French armed forces health service and to describe certain opinions centred on training in the detection of ethical dilemmas and on the modalities of ecological enhancement of the soldier.

Biographical Note

Professor **Marion Trousselard** is a military physician, assistant director of the Department of neurosciences and cognitive sciences and cognitive sciences of the IRBA, and professor of neuroscience and cognitive science at the University of Lorraine.

Her research focuses on a better understanding of stress mechanisms, vulnerability, and protection factors for the benefit of high-risk professions, including soldiers and firefighters. She works more particularly on the neuro-bio-psychological mechanisms of the mindfulness disposition to better define programs for optimizing functioning adapted to high-risk professions. She is also working on the ethical and deontological aspects regarding the position of military doctors vis-à-vis enhanced soldiers.

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Eva van Baarle – *Moral issues in soldier enhancement: military physicians' perspectives*

Abstract

Dealing with soldier enhancement can be challenging for military physicians. As research on the ethics of soldier enhancement is mostly theoretical, this study aims to gain insights into the actual moral issues military physicians encounter, or expect to encounter. To that end, we carried out a qualitative study involving six focus groups of Dutch military physicians (n=28) in operational roles. The participants voiced their concerns about moral issues concerning soldier enhancement. Based on the group discussions, and using inductive thematic analysis, we ascertained three major themes: 1) Doing no harm in soldier enhancement: uncertainty and high-stakes; 2) Dependency relationships and conflicting moral responsibilities; and 3) The risk of ethical slippery slopes. Our findings illustrate that dealing with these moral responsibilities requires considerable skill and acuity to weigh up all the situated complexities and dependency relationships that go beyond abstract rules or moral principles. A care ethical approach that

acknowledges the contextual and relational aspects of moral complexities along with peer consultation and joint reflective dialogue on moral issues can help military physicians deal with soldier enhancement responsibly.

Biographical Note

Eva van Baarle is assistant professor of Military Ethics and Philosophy at the Netherlands Defense Academy. She teaches military ethics at the Netherlands Defense College: both staff courses and international courses. She also is a project leader and trainer in the train-the-trainer course military ethics for non-commissioned officers (all services). Her research focusses on (empirical) studies into 1) fostering moral competence of military personnel through ethics education, 2) Hazing rituals in the Armed Forces, 3) Moral issues in soldier enhancement and she is involved in 4) An action research project aimed at fostering a 'just culture', or a learning culture in the Armed Forces, as a project leader. In addition to her research within military organizations, she is conducting research in collaboration with the Amsterdam VU University into the further professionalization of ethics support in healthcare and into preventing sexual boundary violations in healthcare organizations

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Publications from previous workshops

Messelken, Daniel; Winkler, David (2022), editors. **Health Care in Contexts of Risk, Uncertainty, and Hybridity**. Springer. DOI 10.1007/978-3-030-80443-5

Messelken, Daniel; Winkler, David (2020), editors. **Ethics of Medical Innovation, Experimentation, and Enhancement in Military and Humanitarian Contexts**. Springer. ISBN 978-3-030-36318-5

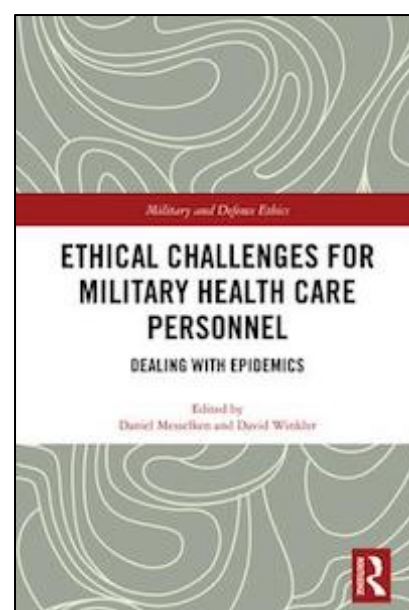
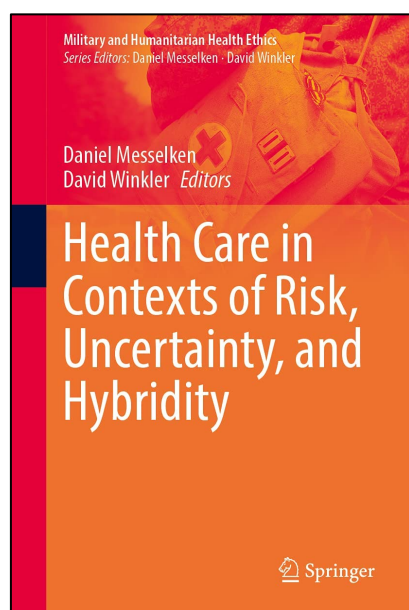
Messelken, Daniel; Winkler, David (2017), editors. **Ethical Challenges for Military Health Care Personnel: Dealing with Epidemics** (Proceedings of the 5th ICMM Workshop on Military Medical Ethics). Routledge. ISBN 978-1472480736

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



Practical Information

→ **Registration is mandatory for all attendants. No participation is possible without registration and the zoom access links will only be distributed to admitted participants.**

Please be aware that **places at the workshop are limited** as we want to keep the format of the workshop as close as possible to the previous years, which includes time and opportunity for discussions. These are only possible in a smaller group. Participants will be selected with the aim of putting together a well-balanced group of speakers and participants to allow for productive discussions. The number of participants per country can be limited.

Criteria for selection will be:

- The motivation and previous knowledge/ expertise/ experience of applicants
- The function and institutional role of applicants
- Date the application is received

Workshop fee online **50 CHF** to be paid via PayPal (an invoice will be sent after registration).
On justified request, the fee can be waived for participants from LIC and students.

Workshop fee on-site **750 CHF** to be paid directly at the hotel in Spiez
Includes 3 hotel nights (15-18 June 2022) and all meals during the workshop and the transport from Zurich airport to the hotel in Spiez.
The host nation dinner on Friday is offered to all on-site participants.

Application form for on-site and online participation: <https://apply.melac.ch/index.php?r=survey/index&sid=285419>

Workshop location

The on-site workshop will take place at
Hotel Seaside, Schachenstrasse 43, 3700 Spiez, Switzerland
<https://www.hotel-seaside.ch/en>

The online workshop will be streamed via zoom videoconferencing.

Contact

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