

EDITORIALS



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Medicine under fire

Even in war there are moral boundaries—they must be strengthened

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After the gunshot had gone, Lajos Joltan Zecs fought his way back into the burning hospital. In what remained of the intensive care unit, six patients were burning in their beds. Zecs is a nurse. He was working at the Médecins Sans Frontières (MSF) trauma facility in Kunduz, Afghanistan. These were his patients. Colleagues were also killed. “Our pharmacist—I was just talking to him last night and planning the stocks, and then he died there in our office.”^{1 2}

An internal investigation by the US described the targeting of the Kunduz facility as the result of “human error.” But for anyone involved in humanitarian medicine, two things stand out from the conflicts that have disfigured the world in recent years: the casting aside of moral boundaries; and its subsequent normalisation.

There is a shorthand for the moral boundaries that restrict indiscriminate force: international humanitarian law, principally the Geneva conventions.³ They describe a protected space: “Fixed establishments and mobile medical units of the medical service may in no circumstances be attacked,”⁴ “Persons taking no active part in hostilities . . . shall in all circumstances be treated humanely.”⁵

As the philosopher Michael Walzer writes, for as long as we have been talking about war, we have talked about it in terms of right and wrong.⁶ And among those voices have always been those who scoff at such talk, who tell us that “war lies beyond (or beneath) moral judgment.”⁷ Force, so the argument runs, creates its own realm.

We reject those voices. Nobody expects war to be civilised. War is confusion and chaos. War is hell. But war is waged by human beings. And because human beings make choices, the decisions they make in war are open to moral judgment. Intuitively we all know this: if there is no such thing as wrongdoing in war, then there can be no heroism. And not just the heroism of combatants. We are also thinking of the heroism of health workers who have taken hospitals underground; of those still working in Aleppo⁸; of those doctors, nurses, and support staff, MSF and others, who refuse to leave combat zones

in spite of the risks they confront. They quietly make heroic moral choices every day.

The Geneva conventions, like all moral boundaries, are not visible to the naked eye. They are informed by consensus, they can be upheld only by the rule of law and the institutions that support it. We strongly welcome the United Nations Security Council’s resolution 2286, that condemns attacks on medical facilities and personnel, and calls for an end to the impunity of the attackers.⁷

By itself, a resolution is not enough. Member states need to commit to its implementation. To this end, in the coming year, both MSF and the BMA will be looking for ways to raise the resolution’s profile among the international medical community.

But the casting aside of the Geneva conventions and international humanitarian law are only one dimension of the problem. The second is its normalisation. The assassination of individual health workers; the targeting of medical facilities; the use of bunker bombs on civilian targets; the deployment of chemical and biological weapons: we are increasingly inured to extremity. We shrug our shoulders. We sigh. What do you expect . . . ? We move on.

This could be our biggest threat—compassion fatigue, acclimatisation to moral horror. If ordinary people do not find motive in seeking to relieve the sufferings of others, who will turn to medicine as a profession? MSF relies on the moral choices of its donors and of the medical staff who volunteer. If donors did not see injustice they would not donate. Doctors and nurses would not travel thousands of miles to provide care. Many thousands more people would die. Similarly, the immunities provided by international humanitarian law will only ever be as effective as the political will that supports them. And if citizens do not recoil at moral horror, do not translate their feelings into political claims, then the will to enforce humanitarian law will slacken.

It has been a turbulent year. We have seen political and military decisions made whose outcomes are more than usually unpredictable. “Nobody knows what happens next” might be

the year's epitaph. But medicine has always drawn on values widely believed to be more durable than passing political whim. Perhaps we are as fatigued by exhortation as we are by outrage. As we go into the next year we need to find a way to reinforce medicine's core message: that lives matter, that human suffering calls for a response, that even war has limits.

JS has provided ethics advice for staff of MSF. VH is executive director of MSF UK.

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