

Episode: *Author Interview: “How Should Military Health Care Workers Respond When Conflict Reaches the Hospital?”*

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Hunter Jackson Smith, Chief of Preventive Medicine at the US Army Medical Research Directorate Africa, stationed in Kisumu, Kenya, and an adjunct Assistant Professor in the Department of Preventive Medicine and Biostatistics at the Uniformed Services University in Bethesda, Maryland. He also serves as a subject matter expert for the Department of Defense Medical Ethics Center. He's here to discuss his article coauthored with Joseph Procaccino and Megan Applewhite, *How Should Military Health Care Workers Respond When Conflict Reaches the Hospital?*, in the June 2022 issue of *The Journal*, [Health Care in Conflict Zones](#). Dr Smith, thank you so much for being on the podcast with me today. [music fades out]

DR HUNTER JACKSON SMITH: It's a pleasure to be here. Thanks for having me, Tim.

HOFF: To begin with, what's the main ethics point that you and your coauthors are making in this article?

SMITH: I would say there's four key points, [chuckles] and I'll try to keep it brief. So, first, that conflict itself creates these ethical pressures for health care providers, so, for example, questions of distributive justice related to challenges from rationing of limited resources or triaging of care that arise really quickly and urgently. There are also competing priorities and interests between oneself and one's family versus one's obligations to patients and their treatment teams.

Second, I would say there are unique ethical challenges for military medical providers in conflict scenarios. In addition to some of those aforementioned ethical questions, there's this additional layer of obligation to serve one's military and one's country in the interest of its national defense.

Third, military medical providers receive more direct training regarding mass casualty and crisis standards of care scenarios, which can help build up both their readiness for such circumstances when they arise and their moral resilience by going through that process of familiarizing themselves, processing the events after the fact, and planning for the requirements such contexts demand from clinicians.

And finally, that civilian health care providers have faced some challenges similar to conflict medicine during the COVID-19 pandemic in that many hospitals were confronted by overwhelming numbers of patients during these surges that we saw and these waves of cases throughout the epidemiologic history of this pandemic. And this forced them into confronting these crisis standards of care that they otherwise might not have been as fully

prepared for like their military peers. And I think that's also a reason why there were military deployments set up within the United States for military health care providers to provide support and aid to civilian hospitals during those particularly difficult surges.

HOFF: Hmm. And so, what do you see as the most important thing for health professions students and trainees who, as you say, might not get the same kind of training and also might not experience the same kind of things in regular practice, what's the most important thing for those folks to take from this article?

SMITH: Certainly. Yeah, and I know many, particularly civilian health professions students and trainees might be wondering, why should I be invested into these ethical questions regarding conflict and war zones?

HOFF: Mmhmm.

SMITH: But I think it is vitally important for all health care providers to develop that underlying moral resiliency, regardless of the setting of their practice. So, moral resilience is, I define it as the ability for an individual to handle ethically adverse or challenging situations. So, during the, for example, during the height of the pandemic, many clinicians were forced into roles they otherwise thought they were kind of removed from. So, for example, pediatricians were forced into treating adults. Subspecialists were needed to help staff the ICU. And so, to begin developing the tools to address morally strenuous situations, particularly in safer spaces such as when one is a student or trainee, is a critical opportunity.

HOFF: Mmhmm. And if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

SMITH: I think I would kind of hit back on that point, in that the challenges that we describe in this article are not necessarily limited to these really vivid crisis, mass casualty, or conflict scenarios. Clinicians will inevitably be confronted by morally strenuous situations regardless of their training. There might be a really difficult end-of-life patient whose care plan you disagree with or any myriad of other challenging contexts from big to small that happen every day in the clinical setting. And a clinician who has built moral resilience, internal moral resilience, will have a better chance at one, managing those situations in the moment when they arise, and two, processing them afterwards to protect against burnout.

And for, I think, military medical trainees, you kind of go in knowing that there's this potential for confronting a conflict scenario. And for me personally, the Hawaii Missile Crisis in 2018 inspired this article because it's something that I lived through during my first year of residency at Tripler Army Medical Center in Honolulu, Hawaii. And the way that the hospital reacted that I personally processed afterwards is something that has stuck in my mind since then.

And I think this article is really important right now because now when you look at the Ukraine-Russia war currently waging, it's put this question of military health care providers in conflict zones in really vivid relief. I mean, the hypothetical case that we created for this article months and months ago was set in a military medical center in Eastern Europe, and there's a Ukrainian military hospital in Chernihiv, Ukraine, where I am certain the military medical providers there are experiencing these very same ethical pressures in a very real way. Many of the ethical questions presented in this article and in this theme issue as well are not just theoretical. They're issues that health care providers across Ukraine are

facing, and I just want to say our thoughts are certainly with them during these extremely difficult times. [theme music returns]

HOFF: Mmhmm. As are ours. Dr Smith, thank you so much for your time on the podcast today and for you and your coauthor's contribution to the Journal this month.

SMITH: Thank you so much for having me.

HOFF: To read the full article, as well as the rest of the June 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.