

The Questions

Issues in Contemporary Ethics: Medical Neutrality

At a Glance

Medical neutrality refers to the international norm of noninterference with the provision of medical services and medical personnel in times of conflict. Among other things, medical neutrality states that during violent conflicts, physicians must be allowed to care for all sick and wounded people and all parties must refrain from attacking medical facilities. This brief examines the principle of medical neutrality in war and the ways it is disregarded.



Workers from Médecins Sans Frontières (MSF) in The People's Democratic Republic of Yemen

Case Study: The Bombing of Medical Workers and their Patients

On 3 October 2015, a US-led airstrike struck in Kunduz, Afghanistan and badly damaged Kunduz Trauma Centre, the only active medical facility in the area, killing 42 different people, including doctors, staff members and patients (Nordland, 2015). The airstrike is one example of parties in violent conflicts attacking medical centers that should be neutral and off-limits. While the United States government later took responsibility for this attack and offered monetary compensation to the families affected, experts in international law remain confounded as to why the attack was allowed to go through despite U.S. officials knowing that the location was that of an hospital.

Implications

With regard to international law, Article 19 of the Geneva Convention states that attacks against medical units and establishments must be avoided by parties in a war and instead, these establishments and personnel should be free to engage in their work at all times without the fear of being attacked (International Committee of the Red Cross). Based upon this, the MSF and other international organizations like Amnesty International have denounced this airstrike and others like it while continuously calling for the prosecution of those responsible for authorizing it. Meanwhile, despite their admission of guilt, according to Christopher Stokes, general director of MSF, the United States continues to maintain that the strike had taken place to defend local Afghan forces that were under Taliban fire that had originated from around the hospital (Latifi & Hennigan, 2015).

Comparing Perspectives

In this series, one rationalist ethics theory and one alternative ethics theory are explored to present contrasting views on issues and questions raised.

Medical Neutrality Reform

Medical Neutrality as we know it was enshrined into the international system in 1949, should this norm be revised?

With attacks on medical centers becoming more commonplace, is medical neutrality possible?

Medical workers often fear reprisals from governments for helping enemy fighters, should they be protected?

Enforcing Medical Neutrality

Economic sanctions are often used to enforce medical neutrality, do better deterrents exist?

Is the United Nations an effective enforcer of this norm?

Can non-state actors be trusted to respect medical neutrality?

Further Reading

Physicians for Human

Rights

Introduction to Medical
Neutrality.

Library of Congress

The Geneva Conventions of
12 August 1949.

Rubin, A.

Doctors Without Borders
Says It Is Leaving Kunduz
After Strike On Hospital

Médecins Sans Frontières
(MSF)

Does Staying Neutral and
Impartial Help MSF Save
Lives?

Médecins Sans Frontières
(MSF)

Attacks on Medical Care

Benton, A. & Atshan, S.
(2016)

“Even War has Rules”: On
Medical Neutrality and
Legitimate Non-Violence

University of Michigan
Health Lab – Kara Gavin
(2016)

Syrian Hospital Bombing
Highlights Plight of Medical
Teams in Conflict Zones

Contractualism

Contractualism is an ethical theory that is focused on judging actions on agreed-upon contracts that dictate how the agreeing parties should behave. With regard to the bombing of the hospital in Kunduz, a contractualist would closely consider the assertion of Afghan and American forces that the Taliban had fired on them from around where the hospital was located. Seeing as this action contradicts the generally accepted norm that military actions should not be taken close to civilian hospitals, a contractualist might argue that the Taliban forces were the first party to violate the terms of violent conflict as stated in the Geneva Convention. Consequentially, a contractualist might also argue that as such, the contract of the Geneva Convention and the terms within are not binding on the Afghan and American military forces. This could in turn lead a contractualist to believe that the collateral attacks on civilian hospital by the United States was ethically justifiable.

Feminist Ethics

Feminist Ethics is an alternative theory that examines the different ways that various institutions in society undermine and oppress certain groups of people who are already in a position of weakness. With regards to the scenarios discussed in this brief, the oppressed are (i) the health workers working in the hospitals (ii) their patients and (iii) the inhabitants of the city who are in a warzone. Despite the assertion of Afghan and American officials that the attack was based on the presence of Taliban fighters in the vicinity, a feminist ethicist might argue that the deaths and injuries inflicted on health workers and patients of the hospital, along with destruction of critical infrastructure is further proof of how the vulnerable are viewed as dispensable and suffer punishments that make their suffering worse. Furthermore, a feminist ethicist might argue that the attack was ethically unjustifiable based on the fact that these attacks do not happen in powerful countries where various human rights violations take place. In other words, the inhabitants of these cities are already marginalized and these bombings only compounded their suffering but do not take place in powerful countries with a history of human rights violations like China and Russia.

Questions for Reflections

Attacks on hospitals and other health care centers and their workers are a serious concern in multiple recent and current conflicts. MSF has reported attacks on medical centers and medical workers in places like Afghanistan, Sudan, and Yemen. Attacks like these often cause medical workers to severely reduce their presence in war-torn communities, which leads a lack of care for victims of war. What do parties involved in armed conflict gain from the absence of medical workers in a conflict zone? Additionally, what international sanctions exist for countries who ignore the medical neutrality norm? Are these sanctions effective or should they be made harsher to guarantee the security of medical workers and victims? What forms of recourse exists for victims of these bombings? Is international law a viable option?

International Committee of the Red Cross. International Humanitarian Law Database. https://ihl-databases.icrc.org/customary-ihl/eng/docs/v2_rul_rule28.

Latifi, A. M., & Hennigan, W. J. (2015, October 04). Doctors Without Borders closes Afghan hospital, says U.S. may have committed war crime. Retrieved June 20, 2020, from <https://www.latimes.com/world/afghanistan-pakistan/la-fg-doctors-without-borders-20151004-story.html>

Nordland, R. (2015, December 12). Doctors Without Borders Raises Death Toll in Kunduz Strike to 42. Retrieved from https://www.nytimes.com/2015/12/13/world/asia/doctors-without-borders-raises-death-toll-in-kunduz-strike-to-42.html?_r=0