

Ethical Guidelines for Military Medical Providers

In 2004 Eric Rasmussen, MD, MDM, FACP, was Chair of the Bioethics Committee at Naval Hospital Bremerton near Seattle when news outlets were reporting that military medical providers were present during the abuse of prisoners at Guantanamo Bay. While withholding judgment during the investigations, he created a set of pocket guidelines to help military medical professionals at all levels to understand their obligations to their patients.

That set of guidelines, always unofficial but reviewed by both the Judge Advocate General Corps and the Chaplain Corps, was sent with Army medics, Navy Corpsman, nurses, physicians, nutritionists, radiology technicians and laboratory technicians to Iraq, Afghanistan, Guantanamo Bay and elsewhere from 2005 to 2008. It was disseminated as a single, laminated, two-sided card the size of a playing card, designed to fit in the upper right pocket of a field uniform. Whether that distribution continued after Rasmussen's retirement is unclear.

Front side:

Do No HARM

Providing competent care to anyone who needs you is your duty, your mission, and your promise.

1. You must triage patients only by medical need - not by any other criteria.
2. Medical providers must, by US law, provide medical and dental care to Enemy Prisoners of War, to Retained Personnel, and to civilian internees. *Geneva Convention Article 15, OPNAVINST 3461.6*
3. While treating civilians, medical personnel are required by US law to treat them humanely, to respect their customs and religion, and to protect them from sexual assault, violence, and insult. *Geneva Convention Article 13 and Article 17, OPNAVINST 3461.6*
4. A camp or hospital commander must, by US law, appoint an officer to investigate and report every death or injury suspected to be caused by guards, sentries, another civilian internee, or any other person. *Geneva Convention Article 12, OPNAVINST 3461.6*

When in doubt, protect the patient.

Back side:

Do No HARM

DETAINEES: Health care personnel (Doctors, Nurses, Corpsmen, Medics) will ONLY evaluate, protect, or improve the physical and mental health of detainees.

5. **Protection:** Health care personnel have a duty to protect detainees and provide appropriate care when needed. They are to use the same care standards established for members of the US military and will strive to ensure the humane treatment of detainees.
6. **No Interrogation Support:** Health care personnel must not apply medical knowledge or skills to assist in the interrogation of detainees. Further, health care personnel cannot certify the fitness of detainees for punishment or for interrogation. Additionally, they cannot participate in the conduct of interrogation or the inflicting of punishment.
7. **No Restraint Support:** Health care personnel will not participate in any procedure for applying physical restraints except when it is for the immediate protection of the physical or mental health of the detainee or protection of the staff or fellow detainees as judged by a health care professional.
8. **Medical Records:** Accurate and complete medical records on all detainees shall be created, maintained, and kept confidential within the same standards expected for medical records of US military personnel.

When in doubt, protect the patient.

Additional References:

- *AsstSecDef for Health Affairs Memo 03 June 2005*
- *United Nations Universal Declaration of Human Rights*
- *Geneva Convention 1949 and OPNAVINST 3461.6*