The Military Chaplain as Bioethicist in the Medical Decision-Making Process

Major Jeff Matsler, USA
US Army Bioethicist
Walter Reed National Military Center, Bethesda, MD

In the military, the role of ethical integrity in medical research and care is entrusted to the Chaplaincy Corps. Congress, recognizing the need for the promotion of ethical standards in military health care, instructed the Chaplaincy in1979 to establish the position of a Military Bioethicist. The US Army has, since 1990 provided for academic training and assignment of a Bioethicist to serve as advisor, educator and trainer of US Army Medical Command leadership on the subject of medical ethics. This Chaplain – assigned to Walter Reed National Military Medical Center - subsequently trains and advises the Department of Defense's medical community in its entirety. The role of the bioethicist in military medicine is to assist in correct and proper decision making within the military medical community. The need to make decisions that result in best practices within this community and those it impacts, namely patients and their families must be the primary concern of those involved in this endeavor.

In medicine, as in life, nothing is static. The truism, *"Everything changes and nothing stays the same,"* applies nowhere more acutely than in the development and practice of medical care – except perhaps in the ethical analysis of these new practices.[1]

There is no paradigm more perilous than one in which humanity reaps the consequences of unethical practices by the medical institution upon its recipients of care (for example: consider the NAZI experiments of Jewish prisoners or the NIH's Syphilis research on residents in Tuskegee, Alabama). The ethical implications of technological, scientific and medical advancement constantly need revision and review. The bioethicist working within the medical community makes decisions daily which impact the lives of others. Decisions of this magnitude require a balancing of values, variables and potential effects - all the while seeking to ascertain practices benefiting individuals while upholding the medical community's ability to aid and heal in a highly volatile and shifting environment. Bioethics plays a significant role in sustaining and maintaining of communal and individual values.

The sense of chaos accompanying any critical incident has a tendency to paralyze and eliminates one's sense of choice. This perceived loss is correspondent to subjugation and equates on the personal level with a loss of hope.[2] When adversity strikes and all others lose hope: if medical professionals retreat into "pure" scientific methodology[3]; if institutions regress from reliability into capitalistic corporations, perceiving patients and clinicians alike as commodities; and if patients either concede to dehumanization or react in emotional and/or religious rhetoric - it is the role of the bioethicist in each of these instances to ensure hope is not lost, or if already is – that it is restored. In simplest terms, it is the task of the bioethicist to ask:

1. What are the resultant negative effects of the current medical setting? *(Harm)*
2. "What does 'right' look like for all involved?" *(Objective)*
3. "How do we get there from here?" *(Course of Action)*

In the US, the Bioethical model of care used derives from the findings of the Belmont Commission and its subsequent report which champions four ethical pillars: benevolence; non-maleficence; autonomy of the individual; and justice.[4] While optimal for our nation's medical institution, this model is inoperational in the military setting - and when taught to our medical providers (and ethicists) it generates abstruseness in ethical consults and standards of care because it is incongruent with the practical application of medicine with military troops. The key issue revolves around the fact that Belmont does not reflect the social or legal construct which US military personnel exist, who in order to more effectively serve and defend the Constitution and those it represents, adopt a culture whose autonomy is seriously diminished – to the point that they do not always have final say in determining the outcome of their medical care.

Nowhere, except perhaps around the altar or in the nave, does one experience as wide an emotional range as in the emergency rooms, surgical centers and birthing facilities of the hospital. Consequently, when making medical decisions we tend to think emotionally about reasonable actions. This thinking leads one first to irrationality and ultimately to justification ("rationalizing") of these irrational thoughts and choices.[5]

The vehicle in which one chooses to embark on bioethical choices in the military the medical community must recognize the specific rights of the individual without negating the responsibilities of the individual towards others. Objective decision-making requires a competent process that rationally and respectfully, addresses the emotional issues in any particular medical scenario. What is required is a unified methodology for thinking ethically about medical practices. Any unified bioethical decision making process must analyze each medical consideration - not simply by seeking to placate the will of the patient, but looking carefully and honestly at the objective considerations involved in the decision making process.

In determining the best course of medical action, it is critical to understand the situation presented and the impact of the various methods. Bioethicists must utilize all the elements of operational art as we assist in determining best medical practices. In order to do this, prior to determination of an acceptable course of action, the military incorpo-

rates Design Methodology - an ongoing process of conceptualizing and identifying a situation that incorporates elements of operational art to visualize and implement a practical model in order to effectively remedy the identified problem. Utilizing this methodology enables one to inform physicians, patients and families by issuing guidance, knowledgeable dialogue and engaging in discourse that ultimately coalesces in an ethical construct for action.

Rather than create a new paradigm for decision making, the Military Bioethicist modifies in order to utilize the Joint Operations Planning process as outlined in *Joint Operations Planning (JPO 5-0)*.[6] Familiar to all in military leadership, the process is utilized by every military branch to ensure best courses of action are taken and organizational goals achieved -whether that entails building a bridge, conducting air and land operations, establishing best procedures for running a medical hospital or determining the right and proper "ethical" actions in each of these scenarios.

The medical and military institutions share a common dependence on technology and an inherent self-regulatory prohibition against exploiting this same technology to the detriment – real, potential or perceived - of those whom they engage. Both face demands requiring procedures and operational doctrine to rapidly evolve and respond as new threats arise. In either arena this adaptive change is not measured in years or months, but in moments. The bioethicist, in support of best medical practices must involve planning, preparation, execution, and assessment in the decision-making process and this highly reliable model allows one to quickly and efficiently anticipate, resist, and recover from critical incidents and changing scenarios. The necessary steps for an objective bioethical decision making model (Med DMP) are as follows:

A Medical Ethics Model for Decision Making

1. Situation (Moral Construct) Identified and Defined
2. Desired End State (Ethical Analysis) Identified and Defined
3. Develop Potential Courses of Action
4. Analyze Each Potential Course of Action, Including 2nd and 3rd Order Effects
5. Compare Courses of Action
6. Determine Best Course of Action to Attain Predetermined Desired End-State
7. Develop and Actualize General Plan to Attain Desired End State
8. Repeat Steps 1-7 & Refine Until Course of Action for Best Specific Ethical Outcome is Achieved

While the military medical community – trained in the art of MDMP - may have no issues utilizing these military terms in a clinical setting, there are times, when we must be able to communicate with clinicians outside the boundaries of the United States Army Medical Command (MEDCOM) and its parent organization, the Defense Health Agency (DHA). Additionally, these terms as defined by United States Army Training and Doctrine Command (TRADOC) are not always applicable in the medical setting. Therefore I recommend using the following clarified terms when assessing PMESII-PT in cases of bioethical environmental consideration:

Variables Impacting the General Bioethical Decision Making Process

1. *Political:* the existing organized hierarchies and power structures involved in the decision making process (institutional, family, etc.), as well as any informal or covert factors which may come into play during the process;
2. *Motivating / Competing Goals:* what are the desired and/or acceptable outcomes of all involved participants / entities and what capabilities do they have to actualize their goals;
3. *Economic:* how are resources pertaining to an ethical construct produced, distributed and utilized by those impacted;
4. *Social:* cultural, religious and ethnic factors impacting the implementation of any ethical decision made by the patient or team;
5. *Information:* what evidence of the situation is reported and by what means is its status communicated;
6. *Infrastructure:* what facilities are available (or not) and how does this impact implementation;
7. *Physical Environment:* environmental factors which may impact any given situation under consideration;
8. *Time:* the sequential, constraining and enduring aspects of activities involved with the ethical construct in question.

This method of analyzing variables is particularly effective both in area and scope of operation in medical and healthcare scenarios and is highly effective in dealing with big picture issues such as the general morality of abortion, euthanasia, or eugenics. Generalities, however, do not always translate well into specific instances of care and concern. More and specific information must be examined when considering particular instances and the unusual circumstances that may apply (for instance, one may argue generally that abortion is immoral and yet be willing to concede its legitimacy in extreme and specific instances such as rape, incest or life threatening conditions). This requires a more precise analysis of variables than this general model of ethical thinking presents. In practical applications it is conducive to apply a secondary level of variable analysis. As one prepares to think ethically and critically about a specific medical act it is beneficial to filter pertinent information into categories correlating with the operational variables in deference to the desired end state.

Military commanders use mission variables to refine their understanding of the situation and to visualize, describe, and direct movement. The specific variables military commanders on the ground evaluate are: mission; enemy; terrain and weather; troops and support available; time available; and civil considerations. The military community refers to these concepts collectively as "METT-TC."[7] In bioethical scenarios mission specific variables can be construed as follows:

Variables Impacting Specific Cases of Bioethical Consideration

1. *Mission:* desired outcome and quality of care;
2. *Existing Adverse Condition:* including factors such as strength, location, stamina, endurance, extenuating circumstances, perpetuity, lethality, symptoms, specific vulnerabilities and anticipated courses of action);

3. *Technical Landscape:* features and elements of a physical facility, or in some instances, the larger community, which assist and/or detract from the viability of particular courses of action.
4. *Treatment and Support:* includes all assistance available including treatments, medications, procedures, supplies and services utilized against the condition in question.
5. *Time Available:* time required by the various options of care as well as limitations on time imposed by the medical condition in question;
6. *Clinical Considerations:* to include areas, structures, capabilities, organizations, people and events (ASCOPE), which factor into the decision making process.

In dealings with medical staffs, patients and families the bioethicist must apply critical and creative thinking to promote rational, hopeful decision-making in critical situations. Collaboration and dialogue must take place if the medical community is truly to ascertain the best course of action in each ethical scenario. Candid and frank scrutiny of opposing perspectives within the construct of a unified framework will eliminate all but the most just and most rational courses of action. Disagreement must be welcomed and even encouraged among staffs as moral concepts and potential procedures are refined. Until a conclusive solution is reached, individuals must be willing to consider widely differing options in search of that which best meets the given mission's objectives and parameters. Bioethicists must have the courage to recommend - and physicians to accept the burden of risk involved in - a true Med DMP. In an objective process, a person or committee must not only be able to compare and contrast alternatives, citing the strengths and weaknesses of each while providing the determining factors involved in choosing the favored option and be brave enough to enact the plan once a course of action is determined.

As Chaplains and ethicists we can use the operations process to drive the conceptual and detailed planning necessary to understand, visualize, and describe moral aspects of the medical environment; make and articulate decisions; and direct physicians and patients in these matters while continuing to assess ongoing and proposed medical practices for moral efficacy. More than simply derive an analogy that evokes emotional response or repulsion for the proposed method we must examine scenarios from all aspects in order to ensure what may seem right from one perspective is not, from a different yet equally valid vantage point, illuminated to be an atrocity to the human condition. This is not the same, however, as coming to a position in which all are in equal agreement. Those with dissenting estimations must be given equal voice and their positions given equal weight in the decision making process if we are to say with any degree of integrity that a decision has been made objectively.

Bioethicists must be willing to explore even those moral constructs, which intuitively seem abhorrent in the effort to deductively reach a place of familiarity and knowledge with all potential courses and outcomes so as to determine the most plausible course. We must be able to explain in a concise manner what elements within the contrasting construct should be considered.

Conclusion

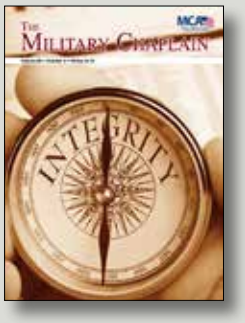
As the military's subject matter expert on medical ethics, the Bioethicist identifies existing / potential harms in medical scenarios, conducts general and specific data analysis, develops potential courses of action and compares their ability to meet the specified end state. Once the best course is determined a plan is developed. This model of viewing specific medical practices as parts in a greater whole allows analysis of variables that consistently impact decision making in general and specific instances which might otherwise go unnoticed.

A unified bioethical decision making process (Med DMP) establishes a common vantage point and frame of reference for those in dialogue and an effective mechanism for identifying, assessing, and solving ethical dilemmas impacting the medical community and its patients. This methodology should be understood as an interpretable guide, not a rigid set of required practices or rules. Not an inflexible construct, the process must constantly be reevaluating itself and adjusting in effort to meet the goal of providing ethical care to those whose health is entrusted to medical community. The goal of the Med DMP is to establish a non-biased template for making decisions by examining moral consideration as a part of the planning process.

Like those responsible for developing the military commander's plan of attack, we in bioethics ultimately face the epic challenge of victory by means of creatively overcoming adversity. As healers seeking peace and wholeness for those we assist, this can only be accomplished by recognizing issues of biomedical significance as what they are: human situations in need of resolution. We alone among clinicians are predicated with and ability to demythogize and depoliticize medical situations – avoiding agenda based decision making for that which truly benefits, honors and bring hope to all involved. Bioethics in this vein encourages teams and colleagues to dialogue on points of adversity, seek out creative solutions and knowingly maximize best practices from an objective ethical perspective. Finally, we must ensure bioethics remains an endeavor perceiving and upholding best practices for those in the medical community as they assist those in need.

[1] Tom Harbor, "Adapting to Change," Fire Management Today 68, no.2 (Spring 2008): 4.
[2] Jurgen Moultmann, "The Crisis of Domination," in God in Creation (Minneapolis: Fortress Press, 1993), 23-32.
[3] Gerald McKinney, To Relieve the Human Condition (Albany: New York Press, 1997), 1-6.
[4] Beauchamp T, Childress JF. Principles of biomedical ethics. 6th ed. New York, NY: Oxford University Press; 2008.
[5] "Rationality vs. Reasonableness," in *Encyclopedia of Ethics, Volume III*: P-W, ed. L & C Becker (New York: Routledge, 2001), 1451-1454.
[6] *Joint Operations Planning (JPO 5-0)*, (Washington DC: Defense Publication Headquarters, 2011).
[7] Ibid.

Table of Contents



The Cover
Integrity is a core value of service in the Armed Forces of the US. It is a vital element of a strong moral compass.

THE MILITARY CHAPLAIN ISSN-00260-3958 is published quarterly by The Military Chaplains Association, 5541 Lee Highway, Arlington, VA 22207-1613. Articles in this publication express author point of view only and not necessarily that of the Association, the Military Services, the Department of Veterans Affairs, or the Civil Air Patrol.

Advertisements do not imply Association endorsement unless so indicated. This publication is mailed to current Association members and subscribers. Annual Association membership dues are $50.00 with $20.00 allocated for publication and mailing of the magazine. Non-member annual subscription rates are Domestic bulk rate $20.00, Domestic 1st Class postage rate $25.00, and International $30.00. Non-profit Postage Paid at Stone Mountain, GA and additional mailing offices.

POSTMASTER: Please send address changes or Form 3579 to: EDITOR, THE MILITARY CHAPLAIN
PO Box 7056, Arlington VA 22207-7056