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 in 1979 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.

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. When adversity strikes and all others lose hope: if medical professionals retreat into “pure” scientific methodology; 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. 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.

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-
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 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 emotional efficacy. More than simply derivate 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 demythologize 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.
From young to old, new believer to mature, all who have gone through JumpStart have grown in their faith and ministry.

...borrow an old slogan, and Marines. The recruit is equipped by seasoned NCOs and Officers so they can achieve greater proficiency and, to makers. This is the principle of multiplication, and it works. Equipping young Christians to be disciple makers is akin to basic training as the foundation for military service. Through basic training recruits become Soldiers, Sailors, Airmen, and equips them to make disciples who will then make disciples. The principle of multiplication at its best.

When Chaplain Stephenson shared Christ with Sgt. Reinhard on a mountaintop in El Yunque, Puerto Rico he had no idea what God had planned. Almost forty years later he says, discipling Christians in his or her unit will greatly benefit by using the JumpStart curriculum.

In a similar way, new Christians can be trained by proficient leaders (disciple makers). This is the principle of multiplication, and it works. Equipping young Christians to be disciple makers is akin to basic training as the foundation for military service. Through basic training recruits become Soldiers, Sailors, Airmen, and equips them to make disciples who will then make disciples. The principle of multiplication at its best.