Ethical Considerations During Times of Conflict: Challenges and Pitfalls for the Psychiatrist

Rael D. Strous, MD

1 Beer Yaakov Mental Health Center, Beer Yaakov, Israel
2 Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

ABSTRACT

Despite the advances of civilization, conflict remains in many areas around the world. Often psychiatry finds itself playing an essential role in dealing with the consequences of conflict or influencing the process. Along with this involvement comes great responsibility as well as many associated ethical dilemmas. Although bound by professional medical oaths, many physicians disregard fundamental medical ethical principles during times of conflict and situations of “dual loyalty.” The phenomenon should be addressed so that ethical awareness and sensitivity to these issues are nurtured. Important factors for psychiatrists during times of conflict to consider include their “social contract” with the community, dangers of boundary violations, the ethics of media contact, involvement in governmental and political activities and confidentiality. In addition, their role in conflict resolution and unique ethical considerations in the military should be considered. While as regular citizens, psychiatrists in their individual capacity may involve themselves in political activism, at an organizational level it should be discouraged. A physician’s skills should only be exploited to save lives and provide comfort as entrusted by society, and any other pursuit, even in the name of the state, should be proscribed. Rather than engage in political activism, psychiatrists can promote the rights of patients, especially if these rights are limited during conflict. Responsibility and ethically-driven commitment needs to be primary for the psychiatrist who involves himself either directly or indirectly with patients during times of conflict. Trauma and its effects during conflict should be addressed without any unbalanced attention to pathological responses.

INTRODUCTION

Unparalleled developments and opportunities exist in medicine today as technology and our knowledge of epidemiological factors associated with disease progress in leaps and bounds. Many barriers at the international level have been scaled down or removed and a state of globalization prevails in a manner that it never has since the beginning of recorded history (1-3). However, despite these remarkable advances, modern society remains in a perpetual state of conflict to varying degrees in many areas of the world (4). People in the medical profession in general, and often the field of psychiatry in particular, frequently find themselves playing an essential role in the conflict: either being called upon to deal with the consequences of conflict or directly playing a role and influencing the process (e.g., 5-8). Along with this involvement in times of conflict comes great responsibility. More importantly, many ethical issues arise which are associated with this involvement. Considering the often intensive involvement of psychiatrists during such times, it is critical to discuss the dilemmas that arise and become aware of the important issues. Although it is usually accepted that all doctors are bound by their professional medical oaths with comparable value systems, in practice many physicians appear to disregard fundamental ethical principles of medicine during times of conflict and situations of “dual loyalty” between the individual and state (1).

While there is often no one correct way of dealing with the issues, it remains essential to address the topic so that some level of ethical awareness and sensitivity is nurtured. In this paper, some of these issues will be addressed, including dangers of boundary violations and the ethics of media contact, involvement in governmental and political activities and confidentiality during times of conflict. In addition, the role of the psychiatrist in conflict resolution...
will be explored as well as some of the unique ethical factors applying to psychiatrists working in the military. It is hoped that the concepts discussed will be able to be extended to other dilemmas that may arise and which may become subject for ethical discussion and analysis.

**SOCIAL CONTRACT WITH COMMUNITY**

The unspoken contractual relationship that society throughout history has with physicians is clearly associated with the duty to relieve pain and suffering and to manage disease and disability (9). More specifically, psychiatry is characterized by the study of human behavior and mental processes and the subsequent treatment or management of those who are struggling with pain, suffering or impairment in function. The stipulated “social contract” that psychiatrists have with the community is to describe, understand, predict, and modify behavior, particularly in cases of mental illness and in so doing to alleviate emotional difficulties (10). In addition, research psychiatrists investigate biological, cognitive, emotional, and social aspects of human behavior. Along with the right and duty to explore and manage illness comes the right and privilege to enter into patients’ lives in an intimate and invasive fashion, at both the physical and emotional level, that practically no other profession is allowed. Psychiatrists arguably more than anyone else have an extended and privileged access to the human psyche and behavior. However, together with this dispensation comes tremendous responsibility and the primary duty to care and even protect the mental health of patients even under conditions of health inequality (11-13). This is the essence of the profession. Many would consider that to act otherwise would construe abandonment of professional responsibility. It is this responsibility and ethically driven commitment that needs to be first and foremost in the mind of the psychiatrist who involves himself or herself either directly or indirectly with patients during times of conflict.

**BOUNDARY VIOLATIONS**

The primary problem with involvement in areas not mandated by the social contract that society privileges psychiatrists is violation of boundaries. The term “boundary violation” has been defined by some as a disruption of the acceptable barrier between professional and client. It refers to the distinction between professional and personal identity (14). Boundaries should not be seen as an obstacle to contact, rather they permit and foster safe interaction between the psychiatrist and the patient/society. Thus professional boundaries define the parameters of the interactive relationship so that the patient/society can interact in a safe atmosphere with a psychiatrist who is responsive, respectful and receptive. Boundaries determine the limits of professional identity and roles and also demarcate the framework of encounters between the professional and layperson and between the professional and broader society. Boundaries come to maintain safety of both parties which is of special importance in times of conflict. Boundary violations thus reflect an affront to the safety of the interaction between the psychiatrist and patients as well as between the psychiatrist and the broader public (15). Any form of boundary violation can be a significantly damaging phenomenon. Unbridled involvement of psychiatrists during times of conflict including political activity and involvement in governmental action without any consideration of ethical principles would be considered a gross boundary violation (10).

While the attraction to involvement in many activities associated with conflict is most certainly understandable, psychiatrists in their professional capacity need to hold back from involvement in areas that supersede medical practice and thus resist any temptation to employ their training and professional skills in areas where they do not belong. If psychiatrists are compelled to participate in political activism, then it is critical that they engage in such activity as “concerned citizens” and not as professionals (10).

**IN VolVEMENT IN GoVERNMENT ACTIVITIES**

Arguably the most egregious area of involvement of psychiatrists fraught with ethical problems is involvement of psychiatrists in governmental activities to further the aims of the state during times of conflict. Psychiatrists are often called upon by the state to make use of and exploit their unique skills and understanding of human behavior in order to control, punish or manipulate situations where psychiatrists are uniquely poised to assist (e.g., 16). Such situations may range from participation in government sponsored torture and interrogation to coercion and even executions (17). The United Nations Declaration of 1975 (article 1) defines torture as “any act by which severe pain of suffering, whether physical or mental, is intentionally inflicted …… on a person for the purposes of obtaining information or confession.” In addition, such practice or complicity breaches the basic medical ethical principles of the Hippocratic Oath and the World Medical Association Declaration of Tokyo which specifically states that no physician should participate in any “practice of
torture or other forms of cruel, inhuman or degrading procedures, whatever the offense of which the victim of such procedures is suspected, accused or guilty” (18). It is absolutely prohibited for any physician to participate in such activity – even to facilitate such a process by being present. Physicians including psychiatrists may not be involved in any manner or in any procedure which may cause harm to someone in detention (9). The valuable trust that psychiatrists have nurtured with the community would be jeopardized. While it may be proposed that the psychiatrist’s involvement or participation may contribute some degree of humaneness or protection during interrogation, the military medical professional participating under such conditions which may involve torture and abuse, given methods of aggressive interrogation, would violate basic tenets of human rights law and medical ethical standards (19). Moreover, psychiatrists are required to report any such coercive treatment in order to prevent any complicity in such activity (19).

Even if these activities are in the interest of the state and national security, cooperation by psychiatrists using their skills would be considered a gross boundary violation and therefore deemed unethical conduct (20). To make use of a physician’s skills to do other than save lives and provide comfort as entrusted by society even in the name of the state is a dangerous perversion (21). This is despite the psychiatrist possibly feeling torn with a sense of dual loyalty to both the patient and an obligation to the community and state (9, 19). While the rule of Law is paramount, on medical ethical grounds the duty to care for the individual patient should override any commitment the psychiatrist may have towards the state (22).

Psychiatrists during the Nazi era proclaimed that what they were doing (medical experimentation, euthanasia of mentally-ill and those unfit to work) was in the best interests of society and the country. Nevertheless, what they succeeded in accomplishing contributes to the time being considered one of the darkest periods in the history of medicine. They allowed the political atmosphere of the time to influence their professional activities. Few refused to cooperate even though those who did refuse were generally spared any retribution. They failed to recognize that civic duty in times of conflict can never override medical ethical principles (23).

CONFIDENTIALITY
In the midst of turmoil and conflict, both acute and chronic in nature, psychiatrists are often called upon to provide information regarding situations or individuals. For example, following terror or kidnapping, psychiatrists may be consulted by private individuals or the public (media, agencies, government, etc.) to provide data, statistics or information regarding degree of acute or chronic psychological injury of those affected. In addition, psychiatrists may be approached for information regarding medical/psychological status or for an opinion of a national or international political leader. It should be stated unequivocally that without having received permission from the individual, it is unethical to provide any professional analysis of the individual's personality, ability, competence or function-ability. This is in addition to the fact that the psychiatrist has not examined the leader. Along these lines, following the problematic “Barry Goldwater affair,” in 1973 the American Psychiatric Association (24) published an unambiguous statement forbidding such analyses in a document entitled “Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry.” Even if the leader is not a patient of the physician, medical ethical principles are still relevant. It should be noted that the high standards of confidentiality which apply even in times of conflict would not necessarily apply to the same extent for political analysts or social scientists who, in contrast to the physician, may render opinions of leaders and political processes. The psychiatrist is held to a higher standard in light of his or her strict code of professional ethics. Any breach of this sacred code of confidentiality and confidence that the community places in the psychiatrist would greatly compromise the psychiatrist’s ability to provide treatment. It may as well compromise the patient’s desire to seek help and assistance.

CONFLICT RESOLUTION
While it is important to be aware of the unacceptable behaviors during times of conflict, it is as important to be cognizant of where psychiatrists may play a role in conflict resolution. There is a wide range of approaches to deal with conflict at both the individual, national and international level. Based on an academic and clinical understanding of human and group behavior, psychiatrists together with other social scientists may contribute to the resolution of conflict and political upheaval by means of suggestions as to how to diminish the destructiveness of conflict and how to end it. Some would argue that just as a physician has a moral obligation to exploit his or her professional skills and assist at the scene of a motor vehicle accident, so too should a physician knowledgeable of human behavior provide neutral non-judgmental
input into the understanding of conflict. For example, academics in the field as well as experienced clinicians with a profound understanding of human behavior may assist in the general understanding of ambitions and motives of political leaders as well as the origins of such behaviors. They may assist in providing some sense of what makes a political leader charismatic and successful as well as what determines popularity at the polls in times of calm and turmoil. What are the critical determinants of a leader who may contribute to the prevention of violence between groups (25)? How may unconscious conflicts of the voter be exploited by politicians (e.g., 26)? Especially during times of conflict, what determines patriotism and nationalism or political violence and terrorism? How are attitudes and responses to conflict established? How can they be channeled in a positive manner for the good of the individual and community? What are the factors that lead individuals and nations to war hostilities?

Similar to the medical model in which there is a professional and almost moral obligation to encourage and promote disease prevention, psychiatrists may contribute in the prevention of conflict (25). This may be facilitated by contributing to the understanding of group processes and dynamics especially during negotiations to resolve conflict. This would include awareness of the social context in which the conflict and hostilities take place (e.g., Zimbardo's [27] notorious prison experiment). While this may be played out initially at an academic and research level, this may be expressed in consultation at the political level with true transparency and without any recourse to exploitation of manipulative mechanisms of influence using skills and knowledge of the profession. Thus psychiatrists may offer their assistance in a proactive manner to troubled communities and countries in conflict mediation and helping those involved in conflict to appreciate the mutual benefits of learning to live together (28).

There are obvious dangers and costs in this task despite the apparent benefits to society by the psychiatrist's academic contribution (29). Most importantly, should mental health practitioners really leave the confines of the treatment room and reach out to the nation and address its psyche? Even if the contribution/analysis is neutral/non-condemning/non-judgmental, should this be considered a boundary violation as described above? While group therapy may play a role in influencing attitudes of individuals regarding breaking down barriers between ethnic/cultural groups, should mental health practitioners extend their skills in group therapy dynamics and awareness of unconscious motivations to “clinical” intervention even if desired by politicians and national/international decision makers? Since psychotherapy in both individual and group frameworks contributes to greater personal growth, psychological sophistication and enhancement of an inner sense of authority, some have proposed that psychotherapy should be encouraged for all combatants and politicians on moral grounds in order to improve the quality and integrity of conflict even if unavoidable (29). Further discussion on this issue with professional bodies and their relevant ethical committees should be encouraged.

**POLITICAL INVOLVEMENT AT INDIVIDUAL AND/OR ORGANIZATIONAL LEVEL**

Although many would argue an official response to and involvement in political conflict at the local and international level cannot and should not be made at an organizational level by psychiatry, any individual response to conflict or community activism in the context of voluntary contributions to society, however, would be desirable and honorable (10). While not all would agree with this assertion, it remains a central premise of this paper and the firm opinion of many in the field including the author of this review. Response as an individual member of society is what makes us human and which lies at the heart of democratic process. A political activist response made at the organization level would be too divisive and thus damaging to the field - redirecting much of the profession's limited energy and time. This in turn would inevitably adversely affect patient care and would damage psychiatry's standing and respect.

Several examples in history exist where psychiatrists have not taken heed and have engaged in critical boundary violations by involvement in political and group conflict leading to much damage to the profession. For example, psychiatrists in the former Soviet Union cooperated in the undermining of political dissent by “inventing” a diagnosis of “sluggish schizophrenia” which subsequently led to the hospitalization of some individuals whose only “misdeed” was to challenge the political establishment (30). Further examples of unethical involvement in political conflict, or provision of substandard care due to political considerations, by psychiatrists have been reported in Argentina (31), South Africa (32) and the U.S.A. (33). Some of this involvement has even led to national professional bodies declaring various levels of political involvement and commentary to be unethical. As referred to above, a prominent example is the 1973 statement of the American Psychiatric Association indi-
cating that psychiatrists should desist from the unethical practice of analyses of political figures (24). Rather than engage in political activism, psychiatrists can promote the rights of patients especially if these rights are limited during conflict. This includes budget and/or service cuts or human rights violations adversely compromising patient care. Much of this approach reflects the clinical therapeutic process which is to facilitate change rather than “make better.” As discussed elsewhere, this would inculcate facilitating the growth of community projects and challenging situations where the mentally ill are not treated fairly at both the clinical level and by the justice system. In this manner the psychiatrist would be upholding appropriate professional standards of conduct rather than allowing the political abuse of health care and its practitioners (10, 34, 35). The psychiatrist has a professional and ethical obligation to ensure that a comprehensive approach to trauma is based not merely on an understanding of psychobiological mechanisms, but also on the ‘specific psychosocial context’ with which the response to trauma is associated (36). Thus care has to be taken to evade exclusive medicalization of responses after trauma (36).

**INDIVIDUAL AND COMMUNITY ADVICE/GUIDANCE DURING TIMES OF EMERGENCY AND CRISIS**

It is during times of acute crisis and emergent situations that the profession of psychiatry may demonstrate its commitment and service to the community. For example, it was the psychiatrist Paul Friedman, sent by the Joint Distribution Committee (JDC) to evaluate the mental health of Jewish concentration camp survivors after the Holocaust, who first described “an enormous dislocation of spirit” and “serious emotional problems” in children and adult survivors. As a responsible psychiatrist under times of stress and crisis, he proclaimed a need for urgent psychological aid and rehabilitation of these individuals (37). Others have stated that while society has a moral obligation to hear the pain of survivors, the psychiatric profession has a professional obligation to listen rather than participate in a conspiracy of silence (38–40).

During periods of national and international conflict, psychiatrists are often called upon for assessment and management of acute stress reactions and PTSD which may develop over time. It has been estimated by the World Health Report that during times of armed conflict 10% of those involved will experience traumatic events and will develop serious mental health problems. A further 10% will exhibit behavior impairment as a result of the trauma exposed to during the conflict (41). While the disorders of acute stress reaction and PTSD are the most obvious and most commonly known conditions to result during conflict, other conditions may also be commonly exhibited. These include depression, anxiety and psychosomatic disorders (42). With specific regard to PTSD, based on differing methodological and varying risk factors (such as torture), the prevalence rates reported in conflict affected areas range from 0% in Iran to 99% in Sierra Leone (43). Depression rates in conflict plagued regions have been described to range between 3–86% (43).

In addition, psychiatry may contribute by assisting in the establishment of mental health support structures for the community during times of escalating conflict (e.g., 42). This may include training of laymen and other mental health professionals in managing individuals affected by terror and conflict as well as the assessment of community mental health needs during conflict and war and finally the direct management of those affected by the conflict. This may include facilitation of social support and self-help in the community as well as consideration of cultural factors in their delivery. While psychiatry is not able to solve all problems during conflict, many disorders have been associated with external factors such as violence, poverty and deprivation (6). Psychiatrists may have a role in anticipating problems with appropriate acute and longer term responses where initial catastrophic reactions develop into a more chronic disruption of social and economic community structure with inevitable levels of long-term psychological repercussions (6).

Although the response of clinical psychiatry during times of conflict largely includes assessment and management of stress and affective conditions, other conditions also demand psychiatric input. This includes evaluation and management of traumatic brain injury (TBI) as a result of blasts and other hostilities with subsequent neurological, behavioral and psychological consequences. Psychiatrists should become aware of emerging technologies in the evaluation and management of such TBI conditions in order to best address the needs of those civilians and combatants affected (44). Advances in technology will contribute to the early diagnosis and management of various conflict associated conditions.
and will include a requirement for knowledge of various emerging genetic and molecular technologies. In addition, various biomarkers show promising results for the early detection of PTSD (45). The challenge will remain for those in the profession to search for appropriate biological and psychological management vehicles or combinations that will treat specific subtypes of conditions (44).

Labeling of all those exposed to trauma as potentially ill or psychologically unstable is unethical, is not without its dangers and should be avoided (46). Thus psychiatry also plays a role in contributing to the understanding of the important phenomena of resilience, recovery and effectiveness of public health responses during times of conflict (42). In addition to caring for those affected by trauma and conflict, the role of psychiatry should also extend to caring for the caregiver (local health workers, community leaders etc) by preventing, assessing and managing any mental health problems in staff and volunteers in the mental health team. All of the above requisite input by psychiatrists should be mandatory on ethical and professional grounds.

Despite the challenges, research of psychiatric practice under conditions of conflict is also demanded. Zwi et al. (47) has reviewed some of these factors which include lack of formal ethical review infrastructure in unstable settings, limited political and institutional recognition of ethical issues, competing interests, and limitations in clinical and research practice.

**THE MILITARY PSYCHIATRIST**

Combat psychiatrists are faced with many unique ethical dilemmas. Based on the inevitable problem of dual allegiance as discussed above as well as multiple relationships and potential boundary crossings, military psychiatrists face intense, often competing, value systems and struggle with management decisions due to divided loyalties (19, 48, 49). This state of dual loyalty is reflected in the psychiatrist’s ethical dilemma of doing what is in the best interest of their patient (be it a fellow or opposing soldier or even terrorist) or of doing what is in the best interests of the state and other fellow soldiers. As has been discussed by Silver (22), when the soldier is in a military conflict, who is the patient – the wounded infantryman or the Army? Ethical concerns for the military psychiatrist include honest medical record keeping, accurate reporting of illnesses, prevention of falsification of death records, refraining from designing and implementing psychologically coercive interrogations and protection of detainees’ human rights (18). It has been reported for example that in Guantanamo Bay and Abu Ghraib, military medical personnel in general and psychiatrists in particular were involved in various practices encouraged to force detainees to cooperate. These “extreme stress” situations were reported to include “sleep deprivation, prolonged isolation, painful body positions, feigned suffocation and beatings” (19, 33). It is highly conceivable that military mental health personnel would be consulted in designing the most appropriate methods for these purposes despite such practices being in stark contravention of the Geneva Convention.

Even if the military psychiatrist’s involvement brings with it some element of dignity for the detained, any cooperation in interrogation overtly compromises medical ethical principles of autonomy, beneficence and non-malfeasance. All physicians, including military psychiatrists, have obligated themselves to ensuring patient comfort and reducing pain and suffering. It would be devastating for any prisoner or detainee to discover that their mental health caregiver was at worst assisting in their interrogation or torture and/or violating their medical confidentiality or at best remaining silent in the face of such abuse or human rights violation (19).

**MEDIA CONTACT**

One of the principal minefields for psychiatrists during conflict is media contact. The media is clearly thirsty for information and “scoops” during acute conflict. They have to serve an even thirstier public clamoring for information and reassurance especially during acute conflict. Several of the hazards mentioned above frequently become the burial-ground of extremely competent psychiatrists – it is usually the best, most well known and most accomplished practitioners who are contacted by the media for information during conflict. Common pitfalls include boundary violations (commenting on individuals or situations that have nothing to do with clinical management), compromising on confidentiality (providing information on famous patients or injured patients, providing analysis of leaders – especially without their permission) (50) and commenting on political process and leadership. A further area where psychiatrists exhibit astonishingly poor judgment is in commenting offhand and in an informal manner on the psychological suitability of an individual for leadership (51). Rendering a professional opinion about a well known individual or celebrity regarding a specific diagnosis, condition or prognosis is problematic.
However, general information may be provided about a condition as it may apply to a particular individual (51).

In addition, many would consider psychiatry has a role via the media in educating the public to diminish intergroup conflict by means of “learning to live together” and instruction of children and others in how not to hate (44). Finally, as was demonstrated during the Gulf War in Israel, mental health professionals may have an ethical obligation to legitimate feelings of anxiety by the general population and by means of frequent media appearances, offering advice, explanations and reassurance (38).

CONCLUSION
Psychiatry has much to contribute to the study and analysis of political and historical processes within the context of rigorous academic investigation. This may even extend to encouragement of “conflict resolution, conflict transformation and building peace through health” (52). Such involvement, however, is very different from political activism which may directly influence political and government activity or policy. Many would argue that the focal point of mental health professionals during times of conflict should be swayed to a focus on resilience rather than one of pathology. In this manner the expectation is created that diminishing of stress after trauma is normal and should be celebrated (36). We are living in an age where there is a rise in the culture of trauma and widening of the boundaries of psychiatric injury during times of conflict (46). The field of psychiatry has an ethical duty to ensure that trauma and its effects during conflict are placed in its rightful context without any disproportionate attention to pathological responses.

Input by psychiatry during times of conflict should be part of the total relief, rehabilitation and reconstruction process that follows the stage of conflict resolution including coherent strategies for their remedy (42). The involvement of psychiatrists in addressing and organizing a clinical response to trauma, conflict and its repercussions should be coordinated both at an individual clinician level as well as an organizational response such as statements by the World Psychiatric Association in its guidance of psychiatrists under such conditions (6). This has included international meetings convened precisely for this purpose such as the June 2003 meeting in Malta entitled “The Role of Health and Culture in Conflict Resolution” (6). In addition, a WPA taskforce on Violence and Mental Health issued a declaration following the World Conference on Psychiatry in Cairo 2005 encouraging the prevention of psychosocial consequences of conflict and the recommendation to assist in the prevention of mass violence. The objective of this taskforce was to educate and increase awareness among psychiatrists of the consequences of conflict and of the devastating effects on the population of wars and violence (6). Many would argue that mental health practitioners have an ethical responsibility to use their clinical psychotherapeutic skills as well as methods and insights of psychiatry (25) in furthering the process of peace and ambiguity tolerance – thus limiting the destructiveness of war (29). Effects in this manner would trickle down to other community members not directly in contact with the mental health practitioner. Difficulties arise when psychiatrists are “blinded” by theoretical knowledge and professional dogma.

While it is important for psychiatrists to contribute during times of conflict, in order to do so competently and effectively, it is critical that practitioners acknowledge their own vulnerability and aggression (38) as well as develop a framework for their input including overcoming barriers to care. This would include training implications at graduate and post-graduate levels which should take into account conflict and post-conflict interventions as well as human rights obligations for both individual and group frameworks (19, 52). It is imperative however that this is achieved in a neutral manner. Nothing less than the dignity, pride and distinction of the profession are on the line.

References


51. Friedman RA. Role of physicians and mental health professionals in discussions of public figures. JAMA 2008;300:1348-1350.