

It may be that contemporary military and medical ethics simply have not had their world war. Contemporary ethics may be a luxury that rich nations can afford at present because their armed conflicts are not immediately life-threatening to themselves and their citizens. This might change, however, if the current campaigns to kill their innocent civilian populations get worse, which they may. A well-known nuclear weapons expert predicts that a nuclear bomb will be exploded in the United States within the next five years. If something of the kind happens, the United States will almost certainly, regardless of whatever the ‘just-war’ treaties say, adopt new and ever more severe emergency measures on interrogation and detention. A prominent legal scholar recently proposed that interrogational torture be permitted under court order. American courts, aware that they know little about national security, and remembering Justice Robert Jackson’s warning not to convert the “Bill of Rights into a suicide pact,” will be reluctant to question such measures. In any case, a president will always take whatever emergency action he thinks necessary, whether or not it is authorized, as presidents have

done in the past.

A severely threatened nation might simply abandon the humanitarian law of war as offering it no protection. It might reject the whole *jus ad bellum/jus in bello* scheme that limits how it can wage war regardless of how urgent and just its reasons for going to war, and regardless of what kind of war its enemies are waging. Gross accepts that a “supreme emergency” might create an exception to the double effect doctrine and the proportionality principle, but he offers no historical examples. Instead, he emphasizes the uncertainty of estimates of threats and of the utility of extreme measures, and he believes that neither the “indignity or hardship of surrender” nor the prospect of “significant” casualties are supreme emergencies. If severely threatened, a nation will not calculate this way. It will do what it thinks necessary and will take its chances with the judgment of history. Winston Churchill was well aware of the excesses of World War I, saying that “torture and cannibalism were the only two expedients that the civilized, scientific, Christian States” did not use on each other. But in World War II, believing Britain could only be saved by “an absolutely devastating,

exterminating attack by very heavy bombers . . . upon the Nazi homeland,” he supported a protracted carpet-bombing campaign against German cities and civilians. As intended, it was horrible and murderous, and in retrospect was probably of little military value. The British, however, were and remain unapologetic.

Under extreme circumstances, the medical profession will face the acute dilemmas Gross discusses, and the public may grow intolerant of physicians who want to treat enemies as it treats its friends. If we want to enjoy the benefits of contemporary military ethics and bioethics, we must try to keep the world from getting more dangerous.

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Dialysis Rounds

Patients in rows, on carts, in chairs,
waiting on their machines,
and I their roving doctor, here,
seeing that they be seen;

a younger doctor walks by me,
last hour he walked this floor
doing those necessities
he does not need me for;

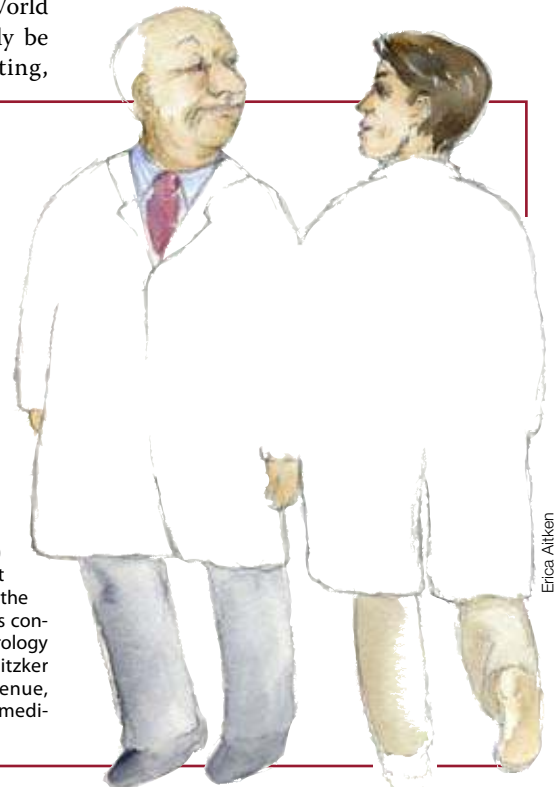
in several months I'll find he's left
to practice on his own,
he is fitted to this craft
as marrow in the bone
takes the shape that harbors it,
and makes that shape its own;

little I do, then, walking round,
senior, if I am,
certainly not a teacher, now,
for this finished man

who honors our formality
because he chooses to,
and proffers me the company
of a man I think I knew.

Fredric L. Coe, MD

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