Ethics at War: Review of Elizabeth Scannell-Desch and Mary Ellen Doherty, *Nurses in War: Voices from Iraq and Afghanistan*

COMPTE-RENDU / REVIEW

Leigh-Anne Gillespie[1]

Résumé

Dans *Nurses in War: Voices from Iraq and Afghanistan*, Elizabeth Scannell-Desch et Mary Ellen Doherty font un voyage à travers les expériences vécues de 37 infirmières militaires américaines qui ont servi en Irak ou en Afghanistan pendant les années de guerre 2003 à 2010.

Mots clefs

Infirmier militaire, la guerre, l'Irak, l'Afghanistan, l'éthique

Summary

In *Nurses in War: Voices from Iraq and Afghanistan*, Elizabeth Scannell-Desch and Mary Ellen Doherty take a journey through the lived experiences of 37 United States military nurses who served in Iraq or Afghanistan during the war years 2003 through 2010.

Keywords

Military nursing, war, Iraq, Afghanistan, ethics

Affiliations des auteurs / Author Affiliations

[1] Health Policy PhD Program, Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Canada

Correspondance / Correspondence
Leigh-Anne Gillespie, gilleslb@mcmaster.ca

Introduction

Little has been written about United States (U.S.) military nursing experiences in the Iraq and Afghanistan wars, and this book is uniquely positioned to better prepare future clinicians for modern wartime deployment. *Nurses in War: Voices from Iraq and Afghanistan* [1] delivers candid stories of the lived experiences of 37 nurses who deployed in two, brutal wars during the years 2003 through 2010. This book makes nurses voices heard, and it is hoped that their voices will contribute to improvements in training for future generations of nurses. It is a fascinating read for anyone interested in the moral experiences of health practitioners on a wartime deployment, and for informing policy decisions in this context.

Methodological approach

The first chapter traces the origins and purposes of early military nursing, while subsequent chapters offer rich, first-person accounts of wartime nursing derived from three qualitative research studies. A phenomenological research design is employed to gain a deep understanding of the thoughts, feelings, and meanings of the lived experiences of military nurses. Due to redundancy within answers to the research questions, only select statements that best describe the essence of an experience are included in the book.

Two wars, two realities

The authors open their book with a thoughtful overview of the history of military nursing; however, there remains an important distinction that should be made between the war in Iraq and the one in Afghanistan. While there is nothing that developed countries will gain materially from helping one of the poorest countries in the world, the Iraq situation is different, and the past two decades have witnessed the emergence of peacekeeping missions that may not be fundamentally moral [2]. This is revealed in the book as significant when one Air Flight nurse who served in both wars recalls, "There's a big difference between Iraq and Afghanistan. In Iraq, we were considered occupiers, and in Afghanistan we were considered liberators (…) In Iraq, our soldiers were suspicious of any nationals approaching the base. Too many soldiers and Marines got blown up at the gates from insurgents posing as families or innocent locals needing medical assistance" [1, p. 102-114].

Their military family

Although a common thread shared among the nurses interviewed for this book was a deepened appreciation for their freedoms and way of life in the U.S. — a country that places emphasis on the individual and autonomy — they were also attracted to the camaraderie and closeness found in deployment. As one nurse remarks, "I like to be a part of something bigger than myself. In my civilian job back home, we don't have the same sense of belonging, commitment, and teamwork" [p. 180-190], while another adds, "We all left together and we all came home together" [p. 115-127]. The underlying philosophy of the U.S. military is to leave no soldier behind. As one active duty Air Force flight nurse describes, "They'll go and land under fire to save this one soldier. (…) Then, they'll fly a plane in harm's way, with the soldier being cared for by flight nurses in back (…)" [p. 191-202]. The fate of soldiers and non-combatant healthcare professionals (in this case, nurses) is shared. Solidarity, a concept or principle increasingly found in the bioethical literature, reflects this sense of unity in sharing a common fate.

Conflicting values within conflicts

Nurses in War: Voices from Iraq and Afghanistan demonstrates that nursing care in uncertain, turbulent, and insecure environments presents challenges beyond those encountered in civilian nursing. Technical questions can quickly mutate into major ethical dilemmas due to heightened security issues, greater needs, scarcer health resources, and prominent population health considerations. The ethical dilemmas nurses encounter in their provision of care, and the means they employ to respond to situations, are varied. While the World Medical Association code of ethics states that ethical medicine in times of conflict is the same as in peacetime [3], feelings of futility, frustration, anger, and sadness are commonly cited by nurses as they face the ethical dilemma of, for example, deciding who can be saved, and who is beyond saving, in conditions that are only remotely like those in peacetime healthcare provision. One nurse felt that she had to play God in the field when dealing with two presenting patients who were critically wounded. As well, the worse injured are invariably cared for first, even if this involves prioritizing treatment of enemy combatants. Another nurse assigned to detainee care questioned whether her responsibility was to her profession, her ethics, or

her Army peers. Emphasizing her loyalty and duty to patients, she stated, "I'm a nurse, and if anyone gets in the way of my job, there is going to be a problem. I'm not going to back off of my ethics" [p. 141-162].

What supports and resources?

The authors stress that nurses involved in military or disaster nursing must be clinically prepared with solid medical-surgical and trauma nursing skills prior to deployment, yet they do not discuss practical or conceptual tools that could be helpful for nurses and other healthcare professionals in facilitating the resolution of ethical challenges. Findings from the studies presented in this book reveal that many nurses feel ill prepared for the situations they face in the field, indicating that guidance is needed to help nurses act ethically in such contexts. As one active duty Air Force nurse — an anesthetist assigned to mentor and teach Afghan medical teams — recalled, "We didn't have any goals or end point or any direction from our headquarters. We were just told to make this hospital work" [p. 115-127]. Even where centrally designated policies existed, there were still instances of tensions between policies and the realities of implementation.

Mobilizing a growing body of knowledge about nursing in war

In circumstances characterized by uncertainty, anxiety, and a dearth of evidence to guide treatment, time and space for rigorous ethical and social research are essential but also seriously constrained. For example, data obtained for Iraq studies was generated in the war zone, although researchers could not interfere with combat operations in the conduct of their research; the duty to protect the integrity of research participants is foremost, regardless of whether these are soldiers, healthcare professionals, or civilians. Nonetheless, it is hoped that such research will have an impact on professional practice and play an active role in molding the policy issues facing military nursing today in order to enhance their capacity to provide best care.

Conclusions

The valuable stories shared throughout this book embody the core values integral to the ethical practice of military nursing. Undoubtedly, this book represents an important resource for preparing future nurses for deployment, improving training for those who will follow, and supporting nurses who have deployed to transition back into peacetime nursing. While military nursing care is no more likely a context to encounter ethical challenges than civilian nursing care, there is a clear difference in the quality and acuteness of ethical challenges encountered in military nursing. Yet, while *Nurses in War: Voices from Iraq and Afghanistan* captures effectively the essence of what separates military nursing from civilian nursing, further exploration is needed to support the development of ethical practice for military nurses that is context sensitive and able to reflect and attend to these important differences.

References

1. Scannell-Desch E, Doherty ME. *Nurses in war: voices from Iraq and Afghanistan*. New York: Springer Publishing Company; 2012. 274 p.

2. Wiss R. *FOB doc: a doctor on the front lines in Afghanistan: a war diary*. Vancouver: Douglas & McIntyre; 2009. 208 p.

3. World Medical Association. WMA Regulations in Times of Armed Conflict and Other Situations of Violence. World Medical Association, Inc.; 2012. Available from: http://www.wma.net/en/30publications/10policies/a20/index.html