

Michael L Gross & Don Carrick (eds.), *Military Medical Ethics for the 21st Century*. Farnham: Ashgate, 2013. Note, Index, vii + 304pp. ISBN 078-1-4094-3898-4 (Hardback). Price £63.00.

Military Medical Ethics for the 21st Century is an excellent and long-overdue text that brings together the two existing fields of medical and military ethics. In doing so it helps promote a new field of enquiry. Gross and Carrick, who have brought together an international cast of authors, show that the relationship between medicine and warfare has never been more complex or the role of military medicine more important. For some time there have been a number of issues in terms of dual loyalty and wartime moral dilemmas, but the constant evolution of modern combat with unconventional and asymmetric conflict, technological and biological enhancements, greater visibility, and an expansion of international law have created new challenges for medical professionals working in a military context. Additionally, there are new and emerging medical technologies that have potential military applications, as well as military technologies that have the potential to influence civilian medical practice.

The book is divided into three sections: 'Battlefield Ethics'; 'Military Medical Ethics & New Technologies'; and 'Patient Rights, Research Ethics and Military Medical Ethics Education'. The first section raises some challenging issues in terms of medical neutrality, dual loyalties and the limits of impartiality. Military medical teams often come under attack, a violation of their status under the Geneva Conventions. They are also called upon to negotiate their way through the competing needs of their patients, the military hierarchy and civilians caught up in the conflict. The issues involved in treating civilian casualties and the pressures brought to bear by mass casualties are well covered and addressed. The chapters refrains from easy answers and platitudes but confronts the realities of what impartiality and neutrality entail. The dilemmas of prioritizing casualties and the role of military medicine in retaining manpower and contributing to the maintenance of morale are approached from the perspectives of medical ethics and international and humanitarian law. Using specific examples from recent conflicts has really added both to the identification of theoretical issues and the applicability and relevance of this emerging field for serving military personnel.

The second section, 'Military Medical Ethics and New Technologies', brings together a number of disparate areas but perhaps serves as a framework into which other topics could be slotted. One chapter explores the intriguing notion of the use of enhancement techniques such as biological and cognitive enhancements and offers a number of models with which to explore the topic. A further chapter explores the extent to which the use of enhancements could be voluntary on the part of soldiers and what that means. At present this may seem like 'blue skies thinking' but what is

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concerning is the potential development programme which would be needed to develop enhancements in any meaningful way and the extent to which military personnel consent to participate. The issue of censorship of military medical research is especially important, given the current extent of military funding for research.

The chapter on psychologists, torture and Survival Evasion Resistance and Escape (SERE) addresses many of the important current and historic abuses carried out during interrogations in Iraq, Afghanistan and Guantanamo. Although noting that torture methods themselves were in use well before the SERE programme was ever developed, the chapter focuses mostly on the ethics of participation in SERE. While clearly some personnel may have taken steps to oppose torture it is equally clear that many did not. The authors recognise that to understand the full scope of the torture and abuse we need to examine more closely the behaviour of health care personnel in the context of the pressures created by the 'War on Terror'.

In the third section, 'Patient Rights, Research Ethics and Military Medical Ethics Education', a number of other issues are considered including: the ethics of military medical experiments, the development of non-lethal weapons, medical education in the military, and the tensions between military service and professional medical ethics. While these chapters addressed important issues, they raised more questions for me, and the omissions were frustrating. For instance, I would have welcomed discussion of the ethics of military psychiatry and in particular the role of psychiatrists in manpower retention. Given the potential catastrophic consequences of 'acute-combat-related breakdowns' on military function this is an area that needs some discussion in its own right. The dual loyalty issue has been explored in many places in the book but military psychiatry during war has always focused on manpower retention as an explicit goal. The pressure that this puts on clinicians in their decision-making can be enormous.

A book of this nature cannot be exhaustive but the gaps within it offer a framework for further development of military medical ethics as a discipline. While reading it I reflected on a number of the issues brokered by the authors and was frustrated by underexplored areas. Nevertheless, the book was certainly engaging and I believe it to be very useful. It will be of particular value to clinicians, ethicists and military personnel and should be an essential part of the curriculum for military medical education. I very much look forward to the second edition.

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