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## *Perspectives*

# Endoscopy During a Missile Attack: A Military Dilemma for Civilians

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### ABSTRACT

In modern warfare, civilian populations may find themselves under immediate personal danger with very little warning. While there are ways to minimize this danger, there is a paucity of literature discussing this modern dilemma, and it is therefore important to try to address these situations in advance both logistically and ethically. Discussion of this case includes several relevant ethical principles.

### INTRODUCTION

Medical staff obviously has a responsibility and an obligation to the best interests of their patient. There are also situations when there may be conflicts of loyalty that can impact medical care. One problematic area is the dual loyalty of military physicians under duress. In modern warfare, the battlefield is often civil-

ian urban centers. Citizens of Israel can find themselves in acute war situations within seconds, in which issues of personal safety arise. While performing a routine screening colonoscopy recently, we were suddenly thrust into an acute ethical dilemma.

### CASE REPORT

A 54-year-old man was due to have a screening colonoscopy on Monday, 12 March 2012, in the late afternoon in the city of Ashdod in southern Israel. The procedure was to be performed in the Assouta Medical Center. Three days previously, hostilities had erupted between Israel and the Palestinian Authority in Gaza. This involved several hundred missiles being fired at civilian centers in southern Israel. There were several cases of the rockets penetrating the Iron Dome anti-missile system and landing in civilian areas, with both damage to property and injury of civilians. The Iron Dome system identifies a rocket launch from Gaza, calculates the trajectory, sounds an alarm in the targeted areas (approximately two minutes) and, if the rocket is projected to land in a populated area, it will launch a missile to destroy the rocket. It seems to be more than 80 percent effective.

While the first author was parking at the hospital site, there was an alarm followed by a successful shooting down of a missile. About an hour earlier, a similar rocket had landed in a shopping center not far away, causing damage to several shops in the area.

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The screening colonoscopy was performed by standard techniques and the patient received sedation with 5 milligrams of midazolam and 50 micrograms of fentanyl. The patient was monitored with pulse oximetry. As the colonoscopy was inserted to the mid-transverse colon, another alarm was sounded. The hospital had a protected area with concrete reinforcement, but at a distance from the endoscopy suite.

Both the physician and the nurse made an immediate decision to continue with the procedure and not leave a sedated patient with no medical supervision and approximately 60 centimeters of an endoscope inserted via the rectum. We thought that an unobserved period of several minutes would pose a danger to the patient. It may not have been possible to stop the procedure and transfer the patient to a safe area within the 90-second warning period provided by the alarm.

## DISCUSSION

We report this episode since it presents an acute modern ethical dilemma. There is no doubt that a direct hit on the hospital is a potentially life-threatening episode to people who are not in a protected area. Several years ago a Grad missile severely injured a gynecologist in an ambulatory clinic in the nearby city of Ashkelon. A number of ethical principles are relevant to this case.

### 1. The Principle of Non-Abandonment

There is a well-established tradition of not deserting a wounded combatant in the midst of battle. We would argue that a similar obligation applies to a civilian physician treating a patient. The doctor-patient relationship also mandates that a physician not abandon his or her patient similar to the obligation not to flee in the midst of an infectious disease outbreak. The medical staff has an obvious responsibility to the best interest and physical safety of the patient they are treating, and non-abandonment is a cardinal tenant of medical professionalism.

### 2. Organizations Should Ensure Maximal Protection

If it is rightfully expected by society that healthcare workers will put themselves at risk

to care for their patients, then healthcare organizations have to ensure that maximum protection, in terms of protective gear and reinforced environments, is given to staff and patients. For example, in the care of patients with highly communicable diseases, physicians are typically provided with high-tech masks and outerwear. In the current situation, efforts should be made to provide for the patient and staff, by providing care in as safe an environment as possible.

### 3. Effect of Stress on Performance

Stress or tiredness can affect the performance of medical procedures. There is evidence suggesting that the performance of colonoscopy is worse in the afternoon than in the morning, possibly due to fatigue on the part of the colonoscopist.<sup>1</sup> It is possible that the stress of a potentially life-threatening event, together with the unknown situation of friends and loved ones who live or work in an adjacent area, may negatively impact the performance of the colonoscopy. The physician with consultation must then decide if it is reasonable to cancel elective procedures, notwithstanding the difficulties this may cause.

A complicating issue in this case is the rapidity with which such situations arise—literally within the space of a few minutes. Colonoscopy requires preparation at least one day in advance and thus is difficult to reschedule.

### 4. Dual Loyalty

Physicians in the military may have a dual loyalty to the patient and to a third party, such as a military commander. In civilian situations, there may also be a dual loyalty to a medical insurance provider, which may impact the decision to perform a procedure. There is also an issue of personal safety and obligation to family, friends, and colleagues. There is a paucity of discussion of this issue in the literature.<sup>2</sup>

As this case demonstrates in modern warfare, civilian populations may find themselves under immediate personal danger with very little warning. There are ways to minimize this danger. Sometimes decisions need to be made unexpectedly and in a timely fashion. There is

a paucity of literature discussing this modern dilemma, and it is therefore important to try to address these situations in advance both logistically and ethically.

#### **MASKING OF THE CASE**

Some details in this case were changed to protect the identity of the patient.

#### **NOTES**

1. M.R. Sanaka et al., "Afternoon colonoscopies have higher failure rates than morning colonoscopies," *American Journal of Gastroenterology* 101 (2006): 2726-30.

2. S.R. Benatar and E.G. Upshur, "Dual loyalty of physicians in the military and in civilian life," *American Journal of Public Health* 98 (2008): 2161-7; E.G. Howe, "Ethical issues regarding mixed agency of military physicians," *Social Science and Medicine* 23 (1986): 803-15.