**DUAL LOYALTY IN MILITARY MEDICAL ETHICS: A MORAL DILEMMA OR A TEST OF INTEGRITY?**

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**ABSTRACT**

When militaries mention loyalty as a value they mean loyalty to colleagues and the organization. Loyalty to principle, the type of loyalty that has a wider scope, plays hardly a role in the ethics of most armed forces. Where military codes, oaths, and values are about the organization and colleagues, medical ethics is about providing patient care impartially. Being subject to two diverging professional ethics can leave military medical personnel torn between the wish to act loyally towards colleagues, and the demands of a more outward looking ethic. This tension constitutes a test of integrity, not a moral dilemma.

Keywords: loyalty, moral dilemmas, professionalism, tests of integrity

Key messages:

* Ethicists distinguish two kinds of loyalty: group loyalty and loyalty to principle.
* Many issues military medical personnel face stem from the fact that militaries further group loyalty, while the medical ethic asks for impartiality and loyalty to principle.
* Group loyalty is not a value, and the choice between loyalty to colleagues and acting impartial is therefore not a moral dilemma, but a test of integrity: it is clear what is the right thing to do, but there is considerable pressure to choose the wrong course of action.
* Militaries should reconsider policies that hamper military doctors and nurses in acting impartially.

**INTRODUCTION**

In a much watched interview series on Dutch television about the dilemmas professionals struggle with, a military nurse relates in an episode devoted to the armed forces how in Afghanistan a desperate father came to her base with his snake-bitten baby. As there were only two ampules with antidote, which were held in reserve for her military colleagues, she had to choose between following the military line, despite the fact that sending father and child away would in all likelihood mean the death of the child, on the one hand, or taking a more lenient view, perhaps acting upon her medical professional ethic, on the other. Earlier research into the functioning of Dutch military nurses in Afghanistan showed that most of them think that they can handle such moral dilemmas rather well.[[1]](#endnote-1) In practice, the solutions chosen differed very much from person to person, though: where one nurse was prepared to use medical means kept for military personnel to help a local in need, another was not, and both would be convinced that what they had done was right. Similar to most members of the military, military medical personnel attach great value to being able to ‘look at yourself in the mirror.’ But although it is of course a good thing that military medical personnel feel morally competent when confronted with such difficult dilemmas, the fact that different persons take different decisions makes the situation rather unpredictable for locals needing medical help.

One could argue, however, that at least some of the dilemmas military medical personnel face are actually tests of integrity, which differ from moral dilemmas in the fact that it is clear what the right thing to do is, yet with considerable pressure (from peers, or the prospect of furthering one’s own interest) to choose the wrong course of action.[[2]](#endnote-2) Especially interesting, though, are the situations in which this apparently straightforward distinction between ethical dilemmas and tests of integrity is blurred. For instance, it is generally thought that the loyalty one feels towards colleagues is nothing more than a pressure that can create a test of integrity. But if loyalty amounts to a value, and for most members of the military (including military medical personnel) it does, then there might be a dilemma again.[[3]](#endnote-3) Below, we will try to answer the question how loyalty fits into the military medical profession. To that purpose, the next section distinguishes two kinds of loyalty, one quite principled and one less so, while the section after that looks into the role these types of loyalty fulfil in the military and in the medical profession.

**TWO KINDS OF LOYALTY**

Loyalty is not on the traditional lists of virtues of for instance Plato or Aquinas. That does not mean that loyalty is a modern virtue (just think of Sophocles’ play on conflicting loyalties *Antigone*), but that it is only since fairly recently that it goes under its own name. The existing literature on loyalty is still rather scant, however, and that might very well be because loyalty is a virtue that is rather hard to define. More important, the harder one tries to grasp its content, the more questionable it becomes whether it really always is a virtue. Defending one’s fellow countrymen, colleagues, or organization when it is clear that they are in the wrong is not the moral thing to do. Yet, it seems that to a certain extent that is what loyalty is often about: sticking with your group just because that is what it is, your group. In general, loyalty involves giving priority to the interests of that group, even when reason dictates a different direction.[[4]](#endnote-4)

However, not all loyalty is group loyalty: a closer look learns that loyalty comes in two varieties. There is the above-mentioned loyalty to a group (which can range from one’s primary group to one’s country), but there is also something like loyalty to a principle (such as justice, or respect for human life). This is an important distinction, since the claims that are made upon a person by group loyalty frequently go against the demands of loyalty to principle. Most philosophers and ethicists have an understandable preference for loyalty to principle, as group loyalty ‘requires us to suspend our own independent judgment about its object,’ and ‘affects one’s views of who merits what.’[[5]](#endnote-5) Even if not all group loyalty is blind loyalty, it does presuppose a certain near-sightedness.

Although often treated under one heading, one could even wonder if group loyalty and loyalty to a principle are really two manifestations of one phenomenon, or two different things altogether. Suspension of independent judgment, or the ‘willingness *not* to follow good judgment,’[[6]](#endnote-6) is in general not required by loyalty to principle, to name one important difference. One could argue that, from this point of view, it is only insofar as loyalty takes the form of loyalty to principle that it can be said to be a laudable trait, while loyalty in its more familiar meaning of loyalty to a group is, because of its inherent bias towards near and dear, in general not a moral quality. Viewed that way, the conflicting demands that originate from these two types of loyalty constitute tests of integrity, not moral dilemmas. That doctors and nurses working for the military face such tests is because the medical profession and the military profession both point to rather diverging directions as to who or what one should be loyal to.

**LOYALTY IN MEDICAL AND IN MILITARY ETHICS**

Militaries are in general a lot less hesitant than most ethicists about the beneficial qualities of group loyalty. Armed forces socialise their employees thoroughly into the organisation, which contributes to the strong loyalty military personnel feel towards each other and the organisation. That military personnel is predominantly trained in house, whereas doctors and other professionals receive most of their formal professional training before entering their job,[[7]](#endnote-7) makes this socialisation into the organisation, instead of into a profession, easier. As a consequence, different militaries have different organisational values (often still service specific), but there are no values of the military profession as such. The different value lists of armed forces have a common denominator, though: they mainly mention functional values (such as courage, loyalty, discipline, and obedience) that further military effectiveness and the interests of soldiers and the military organization.[[8]](#endnote-8) They are not particularly beneficial to people outside the organization.[[9]](#endnote-9) By contrast, the values and standards of the medical profession, which have largely originated in universities and professional associations, are much more outward looking. Likewise, military codes of conduct often aim at safeguarding military personnel against pestering, sexual intimidation, and discrimination, while codes of conduct for medical personnel emphasize the interests of third parties, namely the patients. And where the military oath stresses loyalty to a head of state, constitution, or republic and people, the medical oath stipulates that doctors should work in the interest of their patients. Most military codes, military oaths, and value systems are thus antagonistic to the idea that the plight of a local civilian counts for the same as that of a Western soldier.[[10]](#endnote-10)

The moral dilemmas military medical personnel face stem from a conflict between loyalty to one’s colleagues or organisation on the one hand and a more universal ethic on the other.[[11]](#endnote-11) Militaries sometimes relieve that tension by providing clear rules regarding who is entitled to what. In a way, such rules can turn moral dilemmas into mere tests of integrity. But one could equally argue that providing rules poses a new dilemma for military medical personnel: does one follow the rules, or one’s own conscience and moral standards? A stronger claim would be that it is a test of integrity, and not a moral dilemma, in the first place when the demands of the military and the medical ethic collide. Faced with a choice between loyalty to a group and loyalty to a profession, it lies at hand that the latter is the one to act upon, since it has a wider scope and includes more than just the interests of colleagues or an organization. In many aspects, the professional loyalty that characterizes medical ethics has a lot more in common with loyalty to principle than with the group loyalty that militaries further.

**CONCLUSION**

Military effectiveness and loyalty to organization and colleagues still hold central place in the military ethic. Given the effort militaries make to ensure that bonds between their soldiers are strong, it is fairly unsurprising that military medical personnel feel loyal to their colleagues, and sometimes let their loyalty to colleagues override their obligations to their patients. But such a strong loyalty to colleagues and the organization is at odds with what professionalism entails. What distinguishes a profession from other occupations that require a fair amount of skill and training is that professionals are in general more loyal to their professional ethic and their clients than to their organization and colleagues. Although these conflicting loyalties puts military medical personnel seemingly in a difficult position, perhaps the real problem is that there are cases in which it is evident that one should be loyal to one’s principle, but is tempted to act on group loyalty nonetheless.[[12]](#endnote-12)

The nurse mentioned in the introduction decided to send the father and his baby away. A hard decision, no doubt. But perhaps it is time that militaries reconsider existing policies and guidelines that put military medical personnel in a position where they are not allowed to do what their professional medical ethics describes, and forces upon them a loyalty that prioritises the interests of colleagues above the interest of those who the military is meant to protect. Loyalty to colleagues is not a value for military nurses and doctors, and expecting them to show that loyalty nonetheless is a test of their integrity that should be avoided.

1. Meerbach, C. M. C. *Morele professionaliteit van Algemeen Militair Verpleegkundigen in hedendaagse operaties*. Breda: Netherlands Defence Academy, 2009. [↑](#endnote-ref-1)
2. Coleman, S. The Problems of Duty and Loyalty. *Journal of Military Ethics*,8(2), 2009: 105-15. [↑](#endnote-ref-2)
3. See also Coleman 2009: 112 [↑](#endnote-ref-3)
4. Ewin, R. E. Loyalty and Virtues. *Philosophical Quarterly*, 42(169), 1992: 406 [↑](#endnote-ref-4)
5. Ewin 1992: 403, 406, 411. [↑](#endnote-ref-5)
6. Ewin 1992: 412 [↑](#endnote-ref-6)
7. Mintzberg, H. *Structure in Fives*. Englewood Cliffs: Prentice-Hall 1983: 192. [↑](#endnote-ref-7)
8. Robinson, P. Ethics training and development in the military. *Parameters* 2007, Spring [↑](#endnote-ref-8)
9. It is telling that military ethics is often ‘sold’ to military personnel by pointing out that acting ethically serves the mission best. Evidently, that argument is more functional than moral. The flip side of such functional arguments is that they lose their force when someone finds a way to be effective without being ethical. [↑](#endnote-ref-9)
10. This military ethic took shape when the main duty of Western militaries was the defence of their own territory. Today the tasks of militaries have widened in scope, and many moral questions military personnel face today are not unlike those military medical personnel struggle with. A more encompassing military ethic might arise evolve now that armed forces are increasingly used for the promotion of universal principles. That would bring the partial military ethic closer to the more universal medical ethic. [↑](#endnote-ref-10)
11. Olsthoorn, P., Bollen, M. and Beeres R. Dual Loyalties in Military Medical Care – Between Ethics and Effectiveness. In: Amersfoort, H., Moelker, R., Soeters, J., Verweij, D., eds. *Moral Responsibility & Military Effectiveness*. Leiden: T.M.C. Asser Press 2013: 79-96. [↑](#endnote-ref-11)
12. See also Mendus, S. *Impartiality in moral and political philosophy*. Oxford: Oxford University Press 2002: 59 [↑](#endnote-ref-12)