Ethical Challenges Encountered on International Military Surgical Engagements

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01. Background

Military surgeons face distinct ethical challenges during Department of Defense (DoD) Global Health Engagements (GHE), particularly in direct patient care missions.

DoD GHE is shaped by strategic objectives, resource limitations, and unique cultural dynamics.

Few studies have aggregated experiences across regions and mission types.

Objective

Characterize ethical challenges experienced during international military surgical engagements and examine the role of pre-engagement training.

02. Methodology

- **A mixed-methods approach** was employed using survey data from military surgeons who participated in various DoD GHE.
- **Quantitative analysis** characterized the regional distribution of missions and the provision of ethical or cultural pre-engagement training, with associations tested using **descriptive statistics and chi-square tests.**
- **Qualitative analysis** of free-text responses was conducted using B**raun and Clarke's thematic framework** to identify recurring ethical challenges.

Figure 1: Participants receiving pre-engagement training across different areas of responsibility

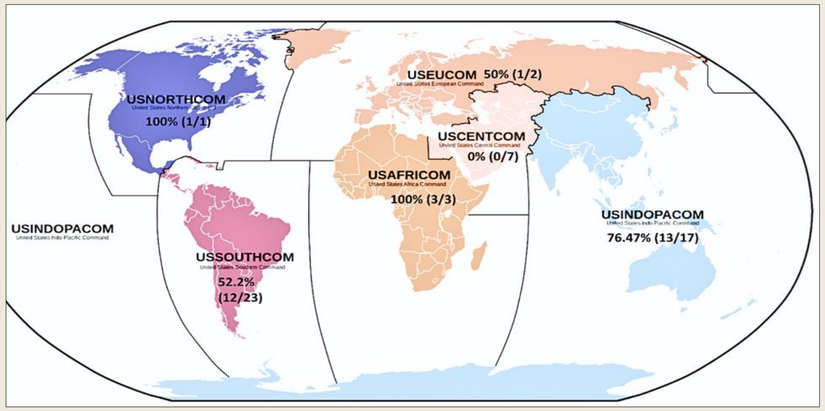

Table 1. Theme from Qualitative Analysis

Themes	Quotes
Cultural Challenges	• "Culture is enormous. Dominates host nation interactions." • "Americans don't understand Asian culture and healthcare. We assume that everyone needs and wants our help." • "Dealing with religious organizations, local healing providers, and approaching certain ethnic groups and children."
Ethical Dilemmas	• "Ethical challenge between what CAN be done and what the host nation patients need." • "Forced to do substandard surgery at times with local host surgeons who want to operate their way." • "Pressure to perform surgery on sub optimally optimized patients … grey area cases were challenging." • "The mission was fun [] but didn't really feel like we were helping anyone"
Systemic Issues	• "Provincial politics and nepotism" • "There were ethical issues with planning and little attention was paid to the displacement of local surgeons" • "the problem is who is taking care of the patients post op when we depart" "It was emphasized HIGHLY, that we should only engage in "risk free surgery," a statement which is ridiculous at its inception."
Relational Dynamics and Trust	• "Complication that splintered relations with host nation." • "Patient care is just a means to an end" • "In many cases, local surgeons have worked very hard to build their practices and these direct care missions take money directly away from them. Also, they cannot afford to have complications to deal with; they run the risk of having their license restricted."

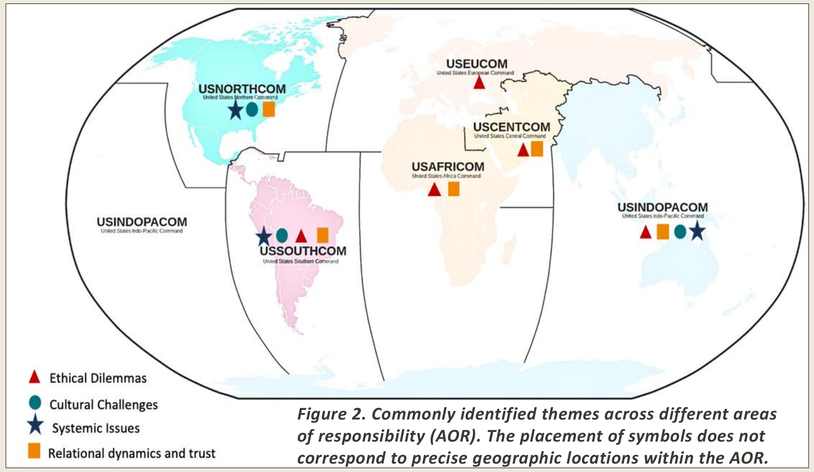

Figure 2. Commonly identified themes across different areas of responsibility (AOR). The placement of symbols does not correspond to precise geographic locations within the AOR.

03. Results/Findings

- **56 responses** were analyzed, with most missions conducted in the U.S. SOUTHCOM (23) and INDOPACOM(17).
- Pre-engagement training varied significantly by region ($p = 0.028$), with no training reported in U.S. CENTCOM missions.
- 11/56 responses reported ethical issues (19.6%). **The majority** (72.7%) of ethical issues arose during **hospital ship missions.**
- Respondents identified **four** overarching themes:
  (1) cultural challenge
  (2) ethical dilemmas
  (3) systemic issues
  (4) relational dynamics and trust.
- 48% of respondents reported complications: six major events and three deaths, raising concerns about follow-up care and sustainability.

04. Conclusion

The study highlights the **need for specific, direct patient care DoD GHE curriculum in ethics.**

Recommendations going forward:
- Implement comprehensive and standardized GHE ethics training.
- Establish clear lines of patient responsibility including follow-up.
- Actively engage local surgical professionals in mission planning and execution decisions.

References
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