



WMA Regulations in Times of Armed Conflict and Other Situations of Violence

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GENERAL GUIDELINES

Medical ethics in times of armed conflict is identical to medical ethics in times of peace, as stated in the International Code of Medical Ethics of the WMA. If, in performing their professional duty, physicians have conflicting loyalties, their primary obligation is to their patients; in all their professional activities, physicians should adhere to international conventions on human rights, international humanitarian law and WMA declarations on medical ethics.

The primary task of the medical profession is to preserve health and save life. Hence it is deemed unethical for physicians to:

- Give advice or perform prophylactic, diagnostic or therapeutic procedures that are not justifiable for the patient's health care;
- Weaken the physical or mental strength of a human being without therapeutic justification;
- Employ scientific knowledge to imperil health or destroy life;
- Employ personal health information to facilitate interrogation;
- Condone, facilitate or participate in the practice of torture or any form of cruel, inhuman or degrading treatment.

During times of armed conflict and other situations of violence, standard ethical norms apply, not only in regard to treatment but also to all other interventions, such as research. Research involving experimentation on human subjects is strictly forbidden on all persons deprived of their liberty, especially civilian and military prisoners and the population of occupied countries.

The medical duty to treat people with humanity and respect applies to all patients. The physician must always give the necessary care impartially and without discrimination on the basis of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, or social standing or any other similar criterion.

Governments, armed forces and others in positions of power should comply with the Geneva Conventions to ensure that physicians and other health care professionals can provide care to everyone in need in situations of armed conflict and other situations of violence. This obligation includes a requirement to protect health care personnel and facilities.

Whatever the context, medical confidentiality must be preserved by the physician. However, in armed conflict or other situations of violence, and in peacetime, there may be circumstances in which a patient poses a significant risk to other people and physicians will need to weigh their obligation to the patient against their obligation to other individuals threatened.

Privileges and facilities afforded to physicians and other health care professionals in times of armed conflict and other situations of violence must never be used other than for health care purposes.

Physicians have a clear duty to care for the sick and injured. Physicians should recognise the special vulnerability of some groups, including women and children. Provision of such care should not be impeded or regarded as any kind of offence. Physicians must never be prosecuted or punished for complying with any of their ethical obligations.

Physicians have a duty to press governments and other authorities for the provision of the infrastructure that is a prerequisite to health, including potable water, adequate food and shelter.

Where conflict appears to be imminent and inevitable, physicians should, as far as they are able, ensure that authorities are planning for the protection of the public

health infrastructure and for any necessary repair in the immediate post-conflict period.

In emergencies, physicians are required to render immediate attention to the best of their ability. Whether civilian or combatant, the sick and wounded must receive promptly the care they need. No distinction shall be made between patients except those based upon clinical need.

Physicians must be granted access to patients, medical facilities and equipment and the protection needed to carry out their professional activities freely. Such access must include patients in detention centres and prisons. Necessary assistance, including unimpeded passage and complete professional independence, must be granted.

In fulfilling their duties and where they have the legal right, physicians and other health care professionals shall be identified and protected by internationally recognized symbols such as the Red Cross, Red Crescent or Red Crystal.

Hospitals and health care facilities situated in areas where there is either armed conflict or other situations of violence must be respected by all combatants and media personnel. Health care given to the sick and wounded, civilians or combatants, cannot be used for publicity or propaganda. The privacy of the sick, wounded and dead must always be respected. This includes visits from important political figures for media purposes and also when important political figures are among the wounded and the sick.

Physicians must be aware that, during armed conflict or other situations of violence, health care becomes increasingly susceptible to unscrupulous practice and the distribution of poor quality / counterfeit materials and medicines, and attempt to take action on such practices.

The WMA supports the collection and dissemination of data related to assaults on physicians, other health care personnel and medical facilities, by an international body. Such data are important to understand the nature of such attacks and to set up mechanisms to prevent them. Assaults against medical personnel must be investigated and those responsible must be brought to justice.

CODE OF CONDUCT: DUTIES OF PHYSICIANS WORKING IN ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Physicians must in all circumstances:

- Neither commit nor assist violations of international law (international humanitarian law or human rights law);
- Not abandon the wounded and sick;
- Not take part in any act of hostility;
- Remind authorities of their obligation to search for the wounded and sick and to ensure access to health care without unfair discrimination;
- Advocate and provide effective and impartial care to the wounded and sick (without reference to any ground of unfair discrimination, including whether they are the "enemy");
- Recognise that security of individuals, patients and institutions are a major constraint to ethical behaviour and not take undue risk in the discharge of their duties;
- Respect the individual wounded or sick person, his / her will, confidence and his / her dignity;
- Not take advantage of the situation and the vulnerability of the wounded and sick for personal financial gain;
- Not undertake any kind of experimentation on the wounded and sick without their real and valid consent and never where they are deprived of liberty;
- Give special consideration to the greater vulnerability of women and children in armed conflict and other situations of violence and to their specific health-care needs;
- Respect the right of a family to know the fate and whereabouts of a missing family member whether or not that person is dead or receiving health care;
- Provide health care for anyone taken prisoner;
- Advocate for regular visits to prisons and prisoners by physicians, if such a mechanism is not already in place;
- Denounce and act, where possible, to put an end to any unscrupulous practices or distribution of poor quality/counterfeit materials and medicines;
- Encourage authorities to recognise their obligations under international humanitarian law and other pertinent bodies of international law with respect to protection of health care personnel and infrastructure in armed conflict and other situations of violence;
- Be aware of the legal obligations to report to authorities the outbreak of any notifiable disease or trauma;
- Do anything within their power to prevent reprisals against the wounded and sick or health care;
- Recognise that there are other situations where health care might be compromised but in which there are dilemmas.

Physicians should to the degree possible:

- Refuse to obey an illegal or unethical order;
- Give careful consideration to any dual loyalties that the physician may be bound by and discuss these dual loyalties with colleagues and anyone in authority;
- As an exception to professional confidentiality, and in line with WMA Resolution on

the Responsibility of Physicians in the Documentation and Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment and the Istanbul Protocol^[1], denounce acts of torture or cruel, inhuman or degrading treatment of which physicians are aware, where possible with the subject's consent, but in certain circumstances where the victim is unable to express him/herself freely, without explicit consent;

- Listen to and respect the opinions of colleagues;
- Reflect on and try to improve the standards of care appropriate to the situation;
- Report unethical behaviour of a colleague to the appropriate superior;
- Keep adequate health care records;
- Support sustainability of civilian health care disrupted by the context;
- Report to a commander or to other appropriate authorities if health care needs are not met;
- Give consideration to how health care personnel might shorten or mitigate the effects of the violence in question, for example by reacting to violations of international humanitarian law or human rights law.

^[1] Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, OHCHR, 1999