Pattern of travel medicine ethics in international cooperation programs of military medicine

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Abstract
Introduction: International growth of militarism, has also accompanied the presence of Military Medicine (disaster). Ethical concerns require a comprehensive ethical protocol. The presence of military forces in other countries within unexpected events as the first response groups, in addition of a humanitarian act, can be the cause of growth in the national security of sponsor country. This study was performed with the aim of investigating ethics in travel medicine and international military medicine and analyzing its effect on the rate of relief-seekers’ satisfaction. A developmental study based on correlation method was performed and data was collected by correlation method. Using the electronic and published local and international references and utilizing Google search engine and scientific databases, “ethics” was investigated in travel medicine and international military medicine, and its effect on the rate of relief-seekers’ satisfaction was systematically analyzed.

Conclusion: There was differentiation between international ethical codes in the international military medicine and travel medicine. Applying the travel medicine ethical codes had positive correlation with peace and world health development. Due to the active presence of Iran’s military medicine in the disasters of region, applying the standards of medical ethics at the international level can promote peace in the region.

Keywords: Ethics, Medical Ethics, Travel Medicine, International Committee of Military Medicine, World Health

Introduction

By the end of the Cold War, the humanitarian aids such as assistance or relief, the management of the refugees and the humanitarian intervention in the conflicts between the military forces and nations were considered. In this regard, the military role in the humanitarian aid has been much discussed. Recently, the aid effective emergency reactions of the military forces have been raised as the ability of the countries to implement the power and the relevant planning and the strategic policies have been done in this regard [1]. Expansion of the international military is related even to the military medicine which is done voluntarily and sometimes by the request of the damaged country or under the oversight of the International Conventions such as the International Committee of the Military Medicine (ICMM). But to what extent are these affairs compatible with the ethical standards and the international standards and what effect does the implementation of these standards have on the satisfaction of the damaged people?

International Committee of the Military Medicine (ICMM)
The first thought of profiting the humanitarian and centralized medical services of the military medicine at the international level was started in Belgium in 1921with the invitation of the health center of the ground, marine, and air forces of European countries and United States. It was later established the foundation of the ICMM Committee. The main purpose of this committee is to ensure the joint medical cooperation using the similar methods in the operations related to the international cooperation. According to the committee’s articles of association, achieving to this goal is by encouraging the regional sharing of the activities in which there are the scientific and technical experiences. The provision of the medical services has been performed to maintain and strengthen the relationships between the member countries and the promotion of the military scientific and medical activities and the provision of the best standards that the member countries can do in order to help the development of the medical orders and the humanitarian operations. It is done via the forces of the military medicine and the humanitarian interventions to preserve the peace. On the other hand, facilitating the relationships between the forces of the military medicine of the member governments and the international organizations such as the International World Health Organization (WHO), World Organization for Animal Health (OIE), the United Nations (AIDS Program), etc. are the other plans of
the ICMM Committee [2]. For example, in the recent earthquake in Japan, the aid and military forces of more than 134 countries and 39 international organizations declared their willingness to help in the incident. During the previous month, the aid and rescue supported groups of 20 countries and regions including Australia, China, France, Germany, etc., as well as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the international expert groups in the earthquake regions began the operations [3]. Providing the humanitarian services of Iranian Islamic Revolutionary Guards forces in the earthquake of Mozafarabad in Pakistan (2005) or the presence of other countries’ aid forces in Bam earthquake is an example of these international operations [4].

**Records of the Health International crisis in Travel Medicine**

- During the First World War between 1917 and 1918, the world was encountered with the epidemic flu due to the inconsiderate traffic of soldiers and the military personnel in the cities. The rapid casualties of this disease were 20 to 30 million people that this number was higher than all the casualties resulting from the military confrontation [5, 6].

  The beautiful coasts in the former Yugoslavia are the host of a large population of the world people for the recreation and swimming all years. The chicken pox disease was rapidly common in this country in1975. The reports were obtained based on the news that the virus of the chicken box was transferred to the tourists through the water, and they transferred it to their countries. The broadcast of this news caused that the president of Yugoslavia would close the coasts of the country on the tourists on a main command and ban all travels to the coast. This operation entered an important economic impact to Yugoslavia [5].

- In the summer of 1999, the infection caused by *Escherichia coli* had become common in the United States, but the communicational gap between the two state units called the Environmental Protection Agency and the Organization of supervision and control over the water fields led to the infection of thousands of people some of which died [5].

- In July 1999, 19 adventurers who were in the Alps as tourists diverted from the main route due to the lack of familiarity with safe directions and lack of proper notices and panels installed by local authorities and ultimately lost their lives [6].

  Severe Acute Respiratory Syndrome or SARS which started from Southeast Asia and was spread to Canada Pig originated influenza A1H1N1 in 2009 emphasize on the importance of transmission of the diseases by the international travelers and the need for an international cooperation for their control [7].

**History of Medicine and Ethics in Iran**

The history of the medicine and ethics in ancient Iran goes back to Hippocrates. From the beginning, the medicines in Iran have been accompanied with the religion and religious patterns; so that the medicine has been accompanied with the doctrines of Avesta and the physicians were selected from the highest class society that is clergies. What made an Iranian physician worthy were not only his academic skill but also his conscience and piety, without expecting the special favor of the public. IbnSina had considered as one of the today codes of the medical ethics entitled "timely and effective transmission of news". He also knew the geographic region, race, age, sex, occupation, season, and weather effective on the health [7]. In Islam, the ethical part of the consultation from honesty and purity and increasing the awareness of the passengers, have also been very important. For example, the items which had been advised to the passengers in the past time were the problems of the disease and suffer of the destination and had pointed even to the therapeutic costs of the different countries for arranging the costs of the destination [8]. Imam Ali has an ethics expression about the health tourism in NahjBalaghah which provides a new theory in the medical services. In this theory, instead of the patients’ migration from their countries to the physicians’ countries, it is suggested that the physician go to the patients due to the human dignity [8].

**Methods**

The present research was a descriptive study with correlation method. The data collection was based on library. First, the available sources (electronic and published) and Google search and scientific Medical and Human Science databases such as IranMedex, Blackwell and SID were used and the available Persian and English articles especially the articles of the Law schools and the Medical Jurisprudence division of Harvard and Willamette universities, the Academy of International Association for the Study of Tourism especially the site of the Tourism Advisory Board in Washington DC were studied. Then, the role of the ethics in two fields of the travel medicine and the military medicine and its effects on increasing of satisfaction of the injured people were discussed and analyzed.
This study tried to express the international aspects of the ethics in the travel medicine and review the effect of ethics in the international military medicine due to the relationship that exists between this branch of the medicine and the military medicine, and express its role in the improvement of the quality of services and the increase of satisfaction coefficient of the receivers of the aid services of the international military medicine in the emergency disasters with the emphasis on the role of the International Committee of Military Medicine (ICMM).

Organizational ethics in a close relation with the international military medicine

The innovation of creating the legal personality for the organizations accelerated the growth of organizing in the international momentum. The military medicine did not stay backward and organized by internationalizing and making the services peaceful. The development of the science and technology in the early third millennium was associated with an ethics vacuum. But over the time, the value of ethics was observed more in all categories such as business and organizational ethics due to facing with the human obstacles and equipment. In this branch of ethics, the ethical experts have been focused on this issue due to becoming complicated of the organizations in the recent years and the rate of the unethical and improper work of the business managers and employees. This weakness is sometimes rooted in the lack of the rules and the scientific management principles and sometimes the lack of the religious structures. The advanced competition in the contemporary organizations especially the international organizations is based on the reverence, audience attraction and the personnel posting based on their merits. It is not ethical to use the results of another organization without the consent of that organization and the original owner of the information, for example, using the experimental data of a hospital in another hospital for the treatment of a patient who has already spent in that hospital. The unethical point of this action is the conflict which is caused in the interests. A way to releasing from this problem is using the organizational ethical principles in order to balance the values of the rival [9]. It is evident that the presence of the ethical charter in the organizations and also a Committee which supervises on the performance of these matters are essential. The presences of the executive and procedural guarantee of the norm with the institutionalization of the ethics in the organization’s culture have a useful role in implementing ethics and promoting the satisfaction of the damaged people [10]. Grifen and Barni know the social responsibility of the organization as commitments that the organization should do to maintain and care, and help to the society in which they act. But Derek French and Hill Saverd know the duties of the organization around the lack of contamination, non-discrimination and consumer’s awareness of the product quality and the positive contribute in the life of the people [11, 12]. These cases are including issues that are raised in the international medical ethics: such as non-discrimination between the nationals with the foreign countries and informing the patients of the disease treatment. In other words, the health thought is holistic. An aid worker team of the military medicine should also consider these points in the damaged region in order to increase the coefficient of the audience’s satisfaction and guarantee the trust of the audience to the compatibility of group’s services with the relief-seeker’s customs and religion.

The organization should be responsive and sensitive to the environment and the human health at the global level [13]. Statistics were estimated the effect of the environmental change on the health about 20%. Long-term presence in a foreign country would add 50% to it. It is in the case that the type of health services is effective only 10% in the human health [14]. This is like the ethical issues which should be considered in the organization regarding the aid forces in order to enter no serious damage to its physical due to getting prolong the mission. The seductive advertisements in the damaged countries can lead to the increase of the infectious diseases. These unethical advertisements can directly be effective in the sexually transmitted diseases [15]. In such cases, the aid workers should be informed about such advertisements before sending the forces. The obvious example of these unethical actions had been reported by the U.S. military in Okinawa Island, Japan [16]. In fact, it is the ethical duty of the International Organization to maintain the health of the groups and the deference of the organizations and the residents of the region [12].

Interaction of World Trade and World Health

It is estimated that the international travels will reach to 1.6 billion people by 2020. However, this figure was about 600 million people in 1998. A special capacity of these travels is related to the military missions in the forms of the military operations or the humanitarian helps in the disasters [17]. This is a warning for the aid military forces which means it is possible that the damaged person has not been the national of the country. In this case, the ethical
materials should also be respected in accordance with the religious and cultural teachings.

The annual economic growth of Australia was equivalent to 6.3% from 1998 to 2005 which was much higher than the developed countries such as the United States, Germany, Japan and England. The main reason for this growth was stated the positive attitude to the change and the manpower trained with a very strong work ethics [18]. This Statement teaches us that the observance of ethics leads to promote the satisfaction and, consequently, to increase the reference and to promote the economy.

The presence of a fourth component called the foreign agent

In addition to the patients, physicians and diseases, there is a fourth component in travel medicine and the international military medicine called "foreign agent". It means that one person (patient or physician) is a guest in another country. The presence of the fourth or foreign component has made this branch of medicine internationally. Due to the innate propriety of ethics, the observance of the International Rights and the international ethics will increase the compatible rate of the aid behavior with the international standards as well as the local ethical issues. Cases such as burial and the respect to the casualties from the aid groups who have cultural and religious origins are necessary in the military medicine. Based on the ethical principle of non-discrimination, World Health Organization requested the member countries which refused the arrival of the tourists or other applicants to the destination country by doing an HIV test to cancel this law [19]. For this reason, the aid forces should not refuse providing the treatment services to the patients due to the discrimination. This organization had recently created a national network WHO.Net that its duty is supervising the biology laboratories around the world. Using these services will also follow many ethical problems such as the conflicts of the public interests and the native problems of the countries [20].

Similar cases of this kind are quoted in the ICMM Committee’s articles of association, and the research information exchange and informing each other or the Secretary-General from these research are expressed that the continuation of this cooperation, observance of ethics in staying confidential and the interest’s belong for the member country which informs the organization of its research proceedings are demanded.

The dispatch of the health forces to foreign countries

In the internal medicine (especially in the developing countries and less developed countries), the patient refers to the health centers individually. So, the visit is not often organized. The visits are occasionally by the family physicians. But in the travel medicine especially in the health tourism, dispatching is done via the certain agencies. Other touristic alternatives (mostly tourism agency) contract with the certain health centers in order to take advantage of the specific discount. Therefore, the observance of the ethical principles of ethics seems essential in the professional (medical) and unprofessional (brokers) areas of the organization [21]. In the military medicine, these forces are organizationally dispatched via the public and private international organizations to a foreign country or the military health centers are used for the admission of the patients or injuries of other countries.

The travel medicine in its new concept has a deep organization with the travel agencies and the track agencies and the identification of the patients especially in the developing countries and finding the place in the countries of the technology and skilled professionals in the medical sciences. The structure of the ICMM Committee has also found some complexities within the joint offices in the army around the world and the members are necessarily notified from the weaknesses and strengths of each other. Naturally, it follows many ethical problems. Human rights’ advocates and also the defender groups of the peace and world health will certainly be sensitive to this issue. For example, the use of children (especially in the Afrikaans countries) for the disposal of excreta, service affairs and work in the kitchen have increased the possibility of the disease’s transmission due to low safety of this group, and at the same time, the constant interaction with the alien people [14]. On the one hand, this use is inconsistent with the protocols of the human rights. Such as article 23 of the human rights declaration regarding the work in accordance with the dignity, article 25 or article 8 regarding the hard labor, article 19 of the child rights convention regarding the support of the government against the abuse in all forms of the child, article 24 of the recently mentioned Convention regarding the support of the government from the health issues of the child, and article 32 regarding the prohibition of the child’ exploitation in the affairs which hurt his physical and moral health. On the other hand, the
damaged countries do not often give the true information about the risky focus in their country. Its sample was in the incidents of the radiation and nuclear contamination in the earthquake in Japan that the Japanese authorities refused to confirm it for a long time [3].

**Distributive justice in the conflict with the humanitarian goals**

Another problem is the distributive justice. This issue is also raised in the internal medicine. But in the aid interventions of the military medicine, the missions of the government regarding the provision of health care of the nationals have refined in the conflict with sharing of some international health costs to non-nationals who traveled with the different goals to the damaged country. Indeed, by whom is the aid priority? To the damaged country’s nationals or the foreigner who has presented in that country from the beginning the incident? Is the satisfaction of nationals in the priority or the satisfaction of the foreigners? The more important problem is that if the damaged individual is one of the nationals of the military medicine forces of the country who traveled to the damaged region for the aid, to whom will be the priority ethically? Travel Medicine and the rules of human rights have considered the principle on the equality, and this issue has been frequently mentioned with the centrality of the equality and non-discrimination in Conventions of immigrants and refugees about the provision of the health and health services to this class. So in the medical ethics of the travel medicine and the international military medicine collaboration (with any organizational structure, whether spontaneously or under the aegis of international organizations such as ICMM Committee), the human dignity and the general behaviors of the health sector which are the general satisfaction and the profit of a healthy life should be considered [22]. In spite of the mentioned issues, some politicians believe a theory called Caveat Emptor (warning to the customer). This means that the government is only responsible for providing the security and health of its nationals and is not responsible for the non-nationals [15].

**The necessity of the unified and coherent protocol in the health international organizations**

Another point is standardizing the aid services. Which standard is accepted? The host or guest standards or the international organizations or patient’s satisfaction? The best solution is the definition of the standards according to the international concepts, Human Rights and the International Responsibility regime [23]. Unfortunately, the lack of a unified and coherent protocol has created enormous unethical problems in this regard. This abnormalities lead to the loss of trust of the native forces of the damaged region towards the efficiency of the foreign aids and the damaged people have also had less tendency in referring to the medical camps of this group. As in the earthquake disaster in Pakistan, although the presence of the advanced medical equipment in the Western aid posts, the chance of the damaged people was more to the Iranian camps and the desert hospitals and the patients’ satisfaction were more (due to the cultural and religious affinities) [24]. On the other hand, some countries and international organizations had done the secret research about the health of the continents without the consent of the owners of the information. This issue was opposed the ethics in terms of research [24]. By not respecting the beliefs, religion, and culture of the guests in the host countries which necessarily have to observe the medical provided protocols because of the necessity and the disposal of the disease and the lack of support for the insurance programs, the satisfaction of the services has been decreased today. Thus, the presence of the necessary programs of the international organizations responsible for the health and the specific protocols which are sent to the member countries (such as ICMM and WHO) are essential.

**Conflict with the ethical code of "timely information transmission"**

Although, more than 35 new diseases had been discovered in the world in the recent 4 decades, the required warnings were not given in this respect because these discoveries were outside of the WHO supervision. This issue was considered by the analytics due to the conflict with the ethical code of "disseminate information". [25].

The international organizations responsible for the health (WHO) and the ICMM Committee have considered to obey blindly instead of their main duties under the political effect of some members. For example, this organization has never referred to the epidemic term of the AIDS, and simply paid enough to the medical warnings [19]. Some also believe that the implementation of the WHO protocols do not solve the problem, but only repel it. But some also believe that these protocols have relatively acted well in Ebola, Rift fever and Marburg virus [19]. However, this question is raised that to what extent is the depth of the competence of these organizations? Can these organizations give the necessary guarantee to the world community that if their health recommendations
run, the health be brought for the world community certainly or with a high possibility? The Jurisdiction of this organization is a trade Jurisdiction. Or if the statutes are adopted which is in conflict with the charter, to what extent will be applied [25]? In this regard, some measures had been done with the tendency of the self-controlled system such as forming the groups of 30 committed physicians in 1993 which has become 10 thousand people in 130 countries, or the cases such as the International Community of IPMA and ASPA in the United States. But it is seen in few countries that there are the real will for the implementation of the ethical codes. However, the medical tourism industry and the international military need a general consensus in setting the international codes in order to reach a unified ethical standard.

Patient’s satisfaction related to the legal culture of the favorite country
Next issue is patient’s satisfaction. This satisfaction may be explicit (formal) or secret (silent towards the medical operation of the physician) or latent (physician’s impressions of the patient’s mental latent). Most errors in dealing with the patients had been reported the latent form [10, 26]. These interpretations and the cause and effect relationship are inconsistent with the damage coming to the patient in the results of the negligence or fault of the physician related to the legal culture of the country in which the patient is a national. Some know the immediate effect of the damage as the damage’s cause and some know the effect as the primary cause. Some calculate the set of operation leading to the damage in the compensation of the damage. Of course, the imperative commands in the military forces should not remain hidden about the innocence or guilt of the accused.

In a statistical study in the different communities regarding the tendency of the patients of knowing the disease’s realities and their treatments, the various responses were given which reflected to the cultural differences between the different nationalities in knowing the realities of the disease. On this basis, 80-90% of patients were informed of their disease’s realities in Europe, but this rate was between 0-50 percent in the other cultures. This research showed that even priorities of the medical ethics in the different countries have profited the different intensity and severity which it shows the differentiation of the ethical topics in the internal medicine and the travel medicine. In this regard, two separate researches were conducted in Iran by Kazemian in Tehran and Vahedinia and Montazeri in Tabriz [22, 27] that the findings indicated that 20% of patients in Tabriz and 48% of patients in Tehran were interested in knowing their disease’s realities.

Conclusion
The satisfaction of patients and relief-seekers is a plan to improve the medical processes. In this regard, one of the best tools is applying medical ethics. In this respect, there are differentiations and similarities between the national medicine of each country and the international military medicine. Nowadays, using the military medicine forces of countries is organized under the protocols of international organizations or international bilateral and multilateral agreements and knowing the ethical codes in order to improve the satisfaction of the nationals in the target (injured) country is necessary. Many ethical issues of the national medicine can be fitted in travel medicine and international military medicine, but due to internationalizing and differentiation of the interests of politicians, customs, culture, religion and the laws of different nations some items are introduced as a specific form which has the direct effect on getting the confidence of the audience and ultimately the increase of the satisfaction of the damaged people with the military medicine dispatched group.

Due to having ancient, theoretical and philosophical storage of the ethical science, Iran can create a new horizon in the humanitarian services of this international organization as well as joining to the International Committee of Military Medicine. According to the discussed items, the following proposed checklist has guided us to the international ethical codes:

1- Does the ICMM have the jurisdiction of entering the desired medical process?
2- Does the ICMM have the ethical work-group to increase the satisfactory of the aid operations (in accordance with the preset charter)?
3- Does the ICMM provide a system for the proper apology from the patient?
4- Does the committee really apply its skills?
5- Is there any discrimination between the nationals and foreigners?
6- How will be the continuity condition of these cares (in case of need and lack of the necessary technology in the damaged country)?
7- To what extent are the aid camps and the established hospitals in the damaged region compatible with the protocols of the ICMM Committee and the conventions supporting the rights
of the disabled people, women, and asylum-seekers which are signed by the representatives of member countries?
8- The hospitals and the hospital personnel of the international military medicine’s group should promise not to use the information related to the patients for research or espionage.
Unfortunately, the responses to the above questions are not hopeful. All of these cases increase the necessity of preparing an international ethical charter to observe and respect the ethical issues in the international military medicine and this issue will promote the satisfaction of the damaged people with the dispatched aid group and will be an action toward the use of the military medicine in order to keep the international peace and strengthen the international friendship.

References