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## Medical care for terrorists--to treat or not to treat?

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### Abstract

With the escalation of terrorism worldwide in recent years, situations arise in which the perpetration of violence and the defense of human rights come into conflict, creating serious ethical problems.

The Geneva Convention provides guidelines for the medical treatment of enemy wounded and sick, as well as prisoners of war. However, there are no comparable provisions for the treatment of

terrorists, who can be termed unlawful combatants or unprivileged belligerents. Two cases of severely injured terrorists are presented here to illustrate the dilemmas facing the medical staff that

treated them. It is suggested that international legal and bioethical guidelines are required to define the role of the physician and auxiliary medical staff vis a vis injured terrorists. There are extreme

situations where the perpetration of violence and the defense of human rights come into conflict, leading to serious ethical and psychological discord. Terrorists, using violence to create fear in order

to further their political objectives, might require life-saving medical care if injured during the course of their terror activities.

### Comment in

Ethical caring and the treatment of terrorists. [Am J Bioeth. 2009]  
Separating the 'rights of' and 'justice for' bombers. [Am J Bioeth. 2009]  
Terrorists are just patients. [Am J Bioeth. 2009]

The terrorist and the doctor: a legal and ethical response. [Am J Bioeth. 2009]  
No exceptionalism needed to treat terrorists. [Am J Bioeth. 2009]  
Medical care for terrorists--yes to treat! [Am J Bioeth. 2009]

Physician, where art thou? [Am J Bioeth. 2009]  
Medical care of terrorists is "Beyond the letter of the law". [Am J Bioeth. 2009]  
The obligations of health workers to "terrorists". [Am J Bioeth. 2009]  
The psychology of repugnance and the duty to trust. [Am J Bioeth. 2009]

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run high among the individuals and no less so among medical staff. The moral issue of concurrently treating a terrorist and his victim is even more complex. Is it actually realistic to expect the staff to disregard the fact that the terrorist intended to kill the innocent person lying wounded in the same trauma unit? The sacredness of saving the life of every human being are severely challenged when the human being in question is determined to annihilate not only human life but specifically targets the lives of family, neighbours, and fellow citizens. And, how much more complex is it when established triage protocols put the needs of the terrorist before the victims?

After treating the Boston marathon suspected terrorist, the head of Deaconess Medical Center admitted "some staff battled second thoughts and anxiety over saving the life of a suspected terrorist".<sup>1</sup> This has also been our experience. It is easy to take to the moral high ground when an issue is purely theoretical, and quite another matter when shock, frustration, and anger enter into play. The Boston example emphasises the need for unambiguous guidance and a crystal clear message to caregivers confronted with these stressful and emotional circumstances.

In our opinion, all patients entering the hospital are unequivocally equal without exception. As difficult as it might be, the medical staff must not be judgmental. Punishment is not the role of the medical staff; rather, their duty and obligation is to preserve life and restore health. Judgment should be the exclusive provenance of the legal system and physicians should practice their art without discrimination and from an ethical and philosophical standpoint that all human beings in need deserve medical care as long as they no longer constitute an imminent threat to their surroundings,<sup>2</sup> emotions notwithstanding.

## Treating terrorists and victims: a moral dilemma

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We declare no competing interests.

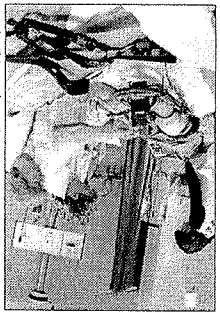
Genomic sequencing studies can answer questions about the genetic contribution to complex medical disorders such as developmental disorders. Although findings relating to the disorder of interest will be communicated to patients along with appropriate counselling, there is pressure on researchers to return secondary or incidental findings (ie, additional health-related data unrelated to the research question).<sup>3</sup> But few studies have actually asked relevant stakeholders what their expectations are of researchers?

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## No expectation to share incidental findings in genomic research



- 1 Geneva Convention Relative to the Treatment of Prisoners of War, 12 August 1949; <http://www.refworld.org/docid/3aeb368c.html> (accessed Jan 20, 2015).
- 2 Gesundheit B, Ash N, Blazer S, Rivkind AI. Medical care for terrorists—to treat or not to treat? *Am J Bioeth* 2009; 9: 40–42.
- 3 Evans H, McShane L. What have we done? We just saved him: Some ER staff weigh results of Dzhokhar Tsarnaev surgery. *New York Daily News*, April 25, 2013. <http://www.nydailynews.com/news/national/doctors-weigh-outcome-dzhokhar-tsarnaev-life-saving-surgery-article-1.1326896> (accessed March 16, 2015).



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## Surviving victim of Saturday's Jerusalem terror attack gives chilling

### account of events

Adele Benita, one of the surviving victims of Saturday's terror attack in Jerusalem's Old City, gave a chilling account of how the stabbing attack, that killed her husband and another man who came to the family's help, unfolded and how her cries for help were ignored as she herself was stabbed repeatedly. "I yelled 'please help me!' and they just spat at me," Benita told the Israeli Ynetnews site of the surrounding Palestinian store owners, whom she said stood by as the Palestinian terrorist, 19-year-old Muhanad Halabi, stabbed her husband to death in an alleyway near Lion's Gate in the Old City.

The family's two-year-old son was also lightly injured in the attack after the attacker wrestled the weapon Aharon Benita was carrying from him and began shooting at a nearby group of tourists and police. The Benita's infant girl miraculously remained unharmed.

Benita was taken in serious condition to Hadassah Hospital Ein Kerem in Jerusalem, where she underwent a life saving emergency surgery overnight Saturday. Her husband died of his wounds at Shaare Zedek Hospital, also in Jerusalem, shortly after the attack.

"When we got back from the Western Wall, we felt that something wasn't right," she told Ynet news from her hospital bed Sunday.

"We started walking fast but the terrorist emerged from one of the stores and lunged at us and started stabbing my husband. My husband is a strong man and started fighting him, he punched him in the face. At that point, the terrorist started stabbing me. Then he went back to my husband and stabbed him again and again. I also fought him, I tried to

One of them slapped her while another laughed in her face and told her to "drop dead" when she told him she would give him a million shekels if he helped her get to safety with her two toddlers.

"They saw that we were with two baby carriages," she said.

Nehemia Lavi, 41, an Old City resident who heard Benita's cries for help, came to help and he too was stabbed and killed by the terrorist.