

Ethical Responsibilities of a Military to the Social Determinants of Health of its Service Members: Applications to Pain Management

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Disclosures

- MAJ Smith has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

- 1. Describe the discipline of bioethics and its history.
- Explain social determinants of health and their impacts on individual and population health.
- 3. Distinguish the unique bioethical considerations militaries must account for when compared to civilian organizations.
- 4. Identify ethical features and considerations involved when weighing initiatives and policies in a military to address social determinants of health.
- 5. Highlight the relevance of social determinants of health ethics to pain management.







Introduction to Bioethics

What is Ethics?

- Broadly, a consideration of the rightness or wrongness of actions
- An approach or guide to behavior that is in line with the "good"
- Ethics asks: what is the right thing to do and why?



Plato and Aristotle as depicted in *The School of Athens*, by Raphael Sanzio

(https://www.independent.org, n.d.)





What Ethics Is Not



(https://www.independent.co.uk/, n.d.)

- Legal
 - What is legal may not always be ethical

- Professionalism
 - Issues of professionalism are best addressed by human resources





Why Do We Need Ethics?

- Provides guidance for how public health should achieve its health goals in accordance with an ideal "good."
- Can offer aspirational guidance for what the goals of public health ought to be.
- "Rules often are inadequate to cover complex situations; at times they come into conflict, and they are frequently difficult to interpret or apply." – Belmont Report
 - Ethics and ethical discussion can provide the basis upon which rules may be interpreted, created, and scrutinized



(https://conp.ca/ethics-toolkit/, n.d.)





Bioethics



Hippocrates Refusing the Gifts of Artaxerxes, by Anne-Louise Girodet

(https://www.ncbcenter.org, n.d.)

 Bioethics is the study and practice of ethical issues in relation to health, biology, and medicine.

 It is the application of ethics to this area of concepts, or can be considered a subdiscipline within ethics





Bioethics – History

- Rapid technological innovation in the field of medicine in the 20th century
- Nuremberg Code (1947)
- Declaration of Helsinki (1964)
- Henry Beecher's article (1966)
- Belmont Report (1978)
 - Genesis of 3 principles: beneficence, justice, and respect for persons
- Primary focuses on the beginning:
 - Clinical ethics (physician paternalism)
 - Research ethics (Tuskegee experiments 1932-1972, Nazi/Japanese experiments)



(https://www.mississippifreepress.org, n.d.)





Approaches to Bioethics – Ethical Theories

Actor/Agent	Action (Deontology)	Results (Consequentialism)
Virtue Ethics (Aristotle)	Ethical Duties (Kant)	Utilitarianism (J.S. Mill)
Focuses on what a person of character would do	Determines what action best fulfills one's duty	Weighs harms and benefits resulting from an action
A moral action exemplifies the virtues of a person of character	A moral action fulfills a duty or obligation one owes to oneself or society	A moral action provides the best net balance of benefits over harms for most people
Useful to assess skills and abilities needed for success	Duties defined in terms of moral principles or maxims	Implicit in cost/benefit or risk/benefit assessments
Reliability, trustworthiness, competence	Autonomy, justice, equity, human rights	Long versus short term harms and benefits, undue burdens





(CDC, 2012)

Domains of Bioethics



(https://magazine.medlineplus.gov/, n.d.)

- Clinical Fthics
 - Analysis of ethical issues in clinical practice
- Research Ethics
 - Protection of research subjects and allocation of research resources
- Public Health Ethics
 - Systematic process of clarifying, prioritizing, and justifying public health courses of action
- Global Health Ethics
 - Applying ethical methods to issues of international importance and in developing nations
- Human Rights of Health
 - Determining what each person is owed
 - ✓ <u>Positive</u> = right to something (e.g., right to education)
 - ✓ <u>Negative</u> = right *from* something (e.g., right to not be tortured)



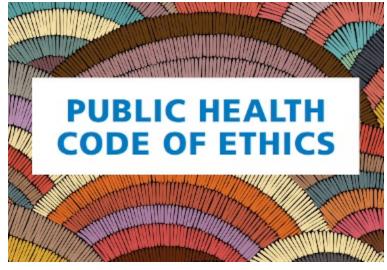




Public Health Ethics

Public Health Ethics

- Relatively new field of applied ethics
- Considers the ethical implications of a wide variety of activities which aim to protect or improve population health
- Necessarily an interdisciplinary field that factors in both ethical theory and scientific considerations
 - Considers everything from health sciences to health policy
- Public health practice differs substantially from medical practice
 - Individuals vs populations



(https://www.thenationshealth.org/, n.d.)

(Marckmann et al., 2015)





Clinical Ethics	Public Health Ethics	
Focus on individual patient-provider interactions	Focus on populations, institutions, communities	
Individual liberty, autonomy	Interdependence of people	
Authority vested in prestige of physicians and medical profession	Authority vested in the police powers of states	
Patient consent	Societal consent through the political process; public engagement	
Beneficence and non-maleficence	Social good and avoiding social harm	
Justice	Social justice and equity	(CDC, 2





Examples of Ethical Challenges Faced by Public Health Officials

- Resource allocation, particularly when resources are scarce
- Surveillance data use and management, including privacy and confidentiality protection
- Control of infectious diseases.
- Serving immigrants and refugees
- Equity and providing services to disadvantaged populations
- Community engagement and communications
- Balancing individual liberty and choice with protecting the public good
- Negotiating the political context and constraints, including when scientific evidence comes into conflict with political leader objectives
- Applying legal authority appropriately and consistently







Ethics of Social Determinants of Health in the Military Context

Unique Ethical Considerations in the Military

- Specialized population
 - Unique vulnerabilities and challenges
- Military exercises significant control over its service members
 - Hierarchical authoritarian structure
- National security and accomplishing the mission as a top prioranddressing SDH for its
 - Can manifest as different intervention decisions compared to civilian contexts depending on the situation
- Military physicians and public health practitioners have dual duties
 - Hippocrates and Constitution
 - Conflict of obligation



(army.mil, 2017)

(Smith, 2022)

(Thomas, 2020)





Types of Harms



(https://www.businessinsider.com/r-a-third-of-us-military-injuries-in-iraq-afghanistan-not-from-battle-2018-6, n.d.)

- What is a military?
- Justifiable Harm = harms a service member can reasonably expect to face when placed within a military context
- Wrongful Harm = traumas incurred beyond what is reasonably expected and can oftentimes be prevented

(Smith, 2022)





Social Determinants of Health

- Social determinants of health: "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks"
 - E.g., built environment, access to nutritional foods, cultural norms, education, race/ethnicity, access to health care

(https://health.gov/healthypeople/priority-areas/social-determinants-health, n.d.)

Social Determinants of Health



Social Determinants of Health
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U.S. Military Social Determinants of Health (SDH)









Examples of U.S. Military successes in SDH

- Housing security
- Universal and accessible health care
- Free counseling and support services for a wide variety of social and health concerns
- Education benefits and scholarships
- Are there ways in which the U.S. Military is still lacking in terms of addressing SDH?

(<u>army.mil</u>, n.d.) (<u>istockphoto.com</u>, n.d.)





How Involved in SDH Should a Military Be?

- Is it within the purview of a military to address SDH?
 - If so, to what extent?
- Thoughts on equity and justice
- Nancy Kass "An ethics framework for public health"

The wooden fence is a symbolic obstacle **EQUALITY EQUITY JUSTICE**

> Each individual or group of people is given the same resources or opportunities

Each person has different circumstances and is opportunities needed to reach an equal outcome

Recognition that everyone deserves equal access and allocated the resources and opportunities, as such there exist a dedication to creating and sustaining a society or system where true fairness exists

(Kass, 2001)

(https://www.lle.rochester.edu/dei-home/, n.d.)





Military Ethical Obligations to SDH



(https://journalofethics.ama-assn.org/article/do-no-harm, n.d.)

- Differences between a military vs civilian organizations
- Substantial long-term direct and indirect impacts across nearly all aspects of life by serving in a military
- Sufficient vs optimal SDH conditions?





Recommendations & Resources

- Militaries are ethically compelled to address social determinants of health in ways that promote well-being and support force health protection
- Community Preventive Services Task Force (CPSTF)Conclusions, Recommendations, & Resources
 - https://www.thecommunityguide.org/





The





Pain Management as a Core Ethical Duty of Clinicians



- Alleviation of pain is truly a central component of what it means to be a clinician
- People often only come to the clinic or hospital because they don't feel good (i.e., are pained) or want to prevent pain (e.g., annual checkups and screenings)

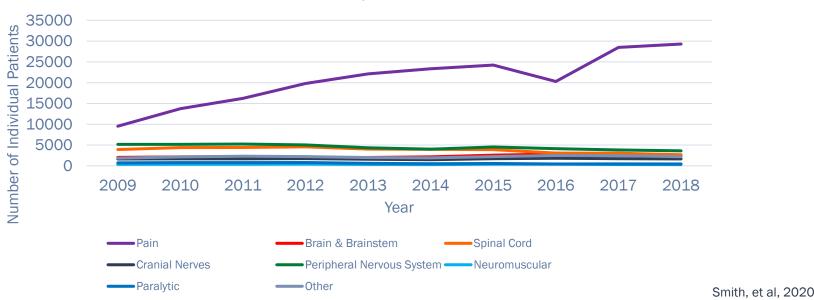
https://journalofethics.ama-assn.org/article/personification-duality/2021-12





Pain in the DoD

Number of Individuals per "All other neurologic conditions" Diagnostic Cluster, Active Component U.S. Armed Forces, 2009-2018

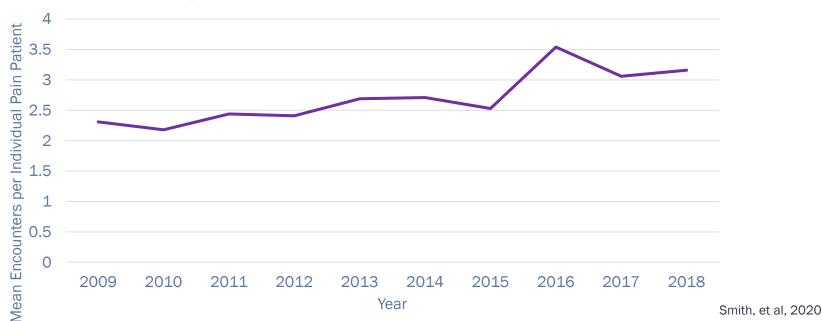






Pain in the DoD









SDH Ethics Relevance for Pain Management

- Differences in how providers treat pain by:
 - Race/ethnicity (Morales & Yong, 2021)
 - Sex (Chen, et al, 2008)
- Differences in how pain manifests by group and culture (Campbell & Edwards, 2012)
- Opioid use at an individual level in the context of an overdose epidemic (Smith, 2020)



https://journalofethics.ama-assn.org/article/loneliness-and-cultural-hyphenation/2023-11





Key Takeaways

- 1. Bioethics should take a central role in the development of public health policies and decisions.
- 2. Social determinants of health have significant impacts on well-being, and they can be addressed in ways to positively impact health.
- 3. Militaries have elevated ethical responsibilities to the health and well-being of their service members compared to civilian organizations.
- 4. Militaries need to be engaged in promoting social determinants of health, but they should carefully consider how and to what extent they address them.
- 5. Those involved in pain management in the VA and DoD should be aware of how social determinants of health may be relevant to and impact their care for patients and research in the discipline.





Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public Health Reports*, 129 Suppl 2(Suppl 2), 19–31. https://doi.org/10.1177/00333549141291S206

CDC. "Good decision making in real time: Practical public health ethics for local health officials" presentation. 2012. Atlanta, GA.

Childress JF, Faden RR, Gaare RD, Gostin LO, Kahn J, Bonnie RJ, Kass NE, Mastroianni AC, Moreno JD, & Nieburg P. Public health ethics: mapping the terrain. *The Journal of Law, Medicine, & Ethics*. 2002 Summer;30(2):170-8. https://doi.org/10.1111/j.1748-720x.2002.tb00384.x

CPSTF: The guide to community preventive services. Community Preventive Services Task Force. 2021. Available at https://www.thecommunityguide.org/

Kass, N.E. (2001). An ethics framework for public health. American Journal Public Health. 91(11):1776-82.

https://doi.org/10.2105/ajph.91.11.1776

Marckmann G, Schmidt H, Sofaer N, & Strech D. (2015). Putting public health ethics into practice: a systematic framework. *Front Public Health*. 6;3:23. https://doi.org/10.3389/fpubh.2015.00023





- Office of the Under Secretary of Defense for Personnel and Readiness. DoD Instruction 6025.27: Medical Ethics in the Military Health System. U.S.

 Department of Defense; 2017. https://www.esd.whs.mil/Directives/issuances/dodi/
- Office of the Under Secretary of Defense for Personnel and Readiness. DoD instruction 6200.03: public health emergency management (PHEM) within the DoD. US Department of Defense; 2019. https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/620003p.pdf
- Smith H. J. (2022). Ethical Responsibilities of a Military to the Social Determinants of Health of its Service Members. *Military Medicine*, 187(9-10), 252–256. https://doi.org/10.1093/milmed/usab554
- Jackson Smith, H., Procaccino, J., & Applewhite, M. (2022). How Should Military Health Care Workers Respond When Conflict Reaches the Hospital?. *AMA journal of ethics*, 24(6), E478–E482. https://doi.org/10.1001/amajethics.2022.478
- Thomas, R., Lough, F., Girton, J., & Casciotti, J. A. (2020). A Code of Ethics for Military Medicine. *Military Medicine*, 185(5-6), e527-e531. https://doi.org/10.1093/milmed/usaa007





Campbell CM, Edwards RR. Ethnic differences in pain and pain management. Pain Manag. 2012 May;2(3):219-230. doi: 10.2217/pmt.12.7.

PMID: 23687518; PMCID: PMC3654683.

Morales ME & Yong RJ. Racial and Ethnic Disparities in the Treatment of Chronic Pain. Pain Medicine. 2021; 22(1): 75-

90, https://doi.org/10.1093/pm/pnaa427

Smith HJ, Taubman SB, Clark LL. A Burden and Prevalence Analysis of Chronic Pain by Distinct Case Definitions among Active Duty U.S. Military Service Members, 2018. *Pain Physician*. 2020 Sep;23(5):E429-E440. PMID: 32967387.

Smith HJ, Taubman SB, Clark LL. Characterizing the contribution of chronic pain diagnoses to the neurologic burden of disease, active component, U.S. Armed Forces, 2009-2018. MSMR. 2020 Oct;27(10):2-7. PMID: 33112155.

Wyatt R. Pain and ethnicity. AMA J Ethics. 2013; 15(5): 449-454. doi: 10.1001/virtualmentor.2013.15.5.pfor1-1305.





- Bartley EJ, Fillingim RB. Sex differences in pain: a brief review of clinical and experimental findings. Br J Anaesth. 2013 Jul;111(1):52-8. doi: 10.1093/bja/aet127. PMID: 23794645; PMCID: PMC3690315.
- Chen E, Shofer FS, Dean AJ, Hollander JE, Baxt WG, Robey JL, et al.. Gender disparity in analgesic treatment of emergency department patients with acute abdominal pain. *Acad Emerg Med.* (2008) 15:414–8. doi: 10.1111/j.1553-2712.2008.00100.
- Osborne NR, Davis KD. Sex and gender differences in pain. Int Rev Neurobiol. 2022;164:277-307. doi: 10.1016/bs.irn.2022.06.013. Epub 2022 Jul 30. PMID: 36038207.
- Paller CJ, Campbell CM, Edwards RR, Dobs AS. Sex-based differences in pain perception and treatment. Pain Med. 2009 Mar;10(2):289-99. doi: 10.1111/j.1526-4637.2008.00558.x. Epub 2009 Jan 16. PMID: 19207233; PMCID: PMC2745644.





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Questions?



