

A Paradox and a Dilemma

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Life—The condition that distinguishes active animals and plants from inorganic matter, including the capacity for growth, functional activity, and continual change preceding death; Human presence or activity.

Oxford Dictionary¹

Life—The quality that distinguishes a vital and functional being from a dead body; the sequence of physical and mental experiences that make up the existence of an individual.

Merriam Webster Collegiate Dictionary²

The issues surrounding “life” continue to increase in number and complexity. Those of us in the health professions believe that once a life is established, we must do all that is possible to preserve it. For most of us, this is an absolute, regardless of circumstances and setting.

But, it is essential that we recognize that this value that we place on all life is not held universally. Members of some societies believe that the after-life is of greater value than is life in this earthly realm. For some, the “ultimate sacrifice” is relinquishing one’s own life for a higher cause.

History repeatedly has demonstrated that for many, the taking of the life of another in support of their belief or cause, can be justified even if it requires sacrificing one’s own life. This has been manifested in wars, acts of terrorism, ethnic cleansing, genocide, murder, and more. In fact, during the last decade, inter-human conflicts have taken more lives than have succumbed to all of the disasters resulting from all of the other events during the same period! During this time, at least 2.3 million persons have had their lives taken by inter-human conflict—more than three-fold the human losses for all other recognized disasters.³ And, these numbers probably are but meager estimates, as the databases registering such catastrophes are quite incomplete. Moreover, this sum does not include the numbers of persons who have fled for their lives—to become refugees (at least 17.1 million)⁴ or internally displaced persons (20–30 million)⁵ rather than suffer the loss of the lives of their families and themselves. And, we in the health professions, struggle to preserve life-by-life!

Heinous acts against fellow human beings almost always are done in the name of a cause. They have been done in the name of religion, race, gender, for a better quality of life for self, family, and/or loved ones, and/or for personal gain. Some have been done as a means of revenge as

in, “An eye for an eye....” The perpetrators often are convinced by “others”, that such acts are the “right” things to do—that taking the life of another will make their own life better or will better the lives of their family, friends, and/or their society—to make the world a better place for them. But, the motivation of the “others” generally is for the their own good. They encourage self-perpetuating acts to gain power over other persons or even populations. The “leaders” of such movements have been able to convince their “followers” that the leader’s vision is their only path to a better life in a better world.

It is difficult to accept such actions, even when we try to understand the reasons for these actions, as they defy all that we have come to believe. We minister to preserve the life even of those who have taken so many. What a difficult paradox!

So, as health professionals, what can or should we do to solve this paradox? Can we stand by and silently watch the ongoing slaughter that defies our moral and ethical underpinning. Inter-human conflicts result in disaster not only for us, but for our children and future generations. And, we know that prevention is the best medicine. Is there a vehicle by which we can protest and through which, potentially, we can make a difference?

Is it appropriate for an organization such as the World Association for Disaster and Emergency Medicine (WADEM) to take a moral, humanitarian, and political stand? Would the WADEM, a non-operational and scientific organization, be placed in a compromising position by actively opposing such homicidal, suicidal, and devastating activities? Or, is it within the mission and purpose of the WADEM to actively oppose such slaughter? (<http://wadem.medicine.wisc.edu>)

Dr. Peter Safar, the esteemed past-president of the WADEM and the first Editor of this Journal, organized the International Physicians for the Prevention of Nuclear War. But, Dr. Safar other founders of the WADEM believed that such activities should be separate from the WADEM. The organizing group for WADEM held that this organization should be a think-tank for the development of the science, and that engaging in other activities could divert energies from the evolution of this science. They were concerned that such activities could weaken the WADEM’s ability to achieve its mission. Does this concept still hold in today’s world?

The WADEM already has gone on record as opposing the continued use of anti-personnel landmines.⁶ Can or should this role be expanded? It is not clear whether such activities fall into the mission and purpose of the WADEM. These are major problems, and personally, I do not believe we can remain silent observers. Such is in direct opposition to the very basic philosophy of our role in our respective societies and cultures. This paradox and the dilemma deserve further discussion and should be a major topic for discussion at the 14th World Congress for

Disaster and Emergency Medicine to be convened in Edinburgh, Scotland next May. Come prepared!

I am convinced that the world is not a mere bog in which men and women trample themselves in the mire and die. Something magnificent is taking place here amid the cruelty and tragedies, and the supreme challenge to intelligence is that of making the noblest and best of our curious heritage prevail.

C.A. Beard (Durant, *Meaning of Life*, p 43)

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