Family Medicine in Times of War

Jeffrey M. Borkan, MD, PhD

Department of Family Medicine, The Warren Alpert Medical School of Brown University, Providence, Rhode Island

ABSTRACT

Wars and conflicts appear to be a fact of life for populations across the globe, often in places where family medicine functions as the backbone of the health care system. In these situations, family physicians are frequently called on to serve in expanded roles and are witnesses to the enormous mental and physical suffering of individuals, families, communities, and populations. This article examines the lessons family medicine can learn from current wars and other terrible conflagrations.

Ann Fam Med 2024;22:539-542. https://doi.org/10.1370/afm.3172

Annals Early Access article

War appears to be an unfortunate fact of life for populations across the globe throughout recorded history. At this moment, major wars are occurring in Ukraine, Sudan, and the Middle East, with other military confrontations on multiple continents. Family medicine, or its analogues such as general practice, is the backbone of many health care systems, including those in Israel[1] and Gaza,[2] and family physicians are often called on in wartime to serve in expanded roles. These physicians are frequently witnesses to the enormous mental and physical trauma and suffering experienced by individuals, families, communities, and populations. This article focuses on the ongoing Israel–Hamas war, but asks whether there are lessons family physicians can learn from current wars and other terrible conflagrations.

PHYSICIANS CAUGHT UP IN CONFLICT

The conflict in the Middle East between Israel and Hamas is an exceedingly complex state of affairs with a long history and a multiplicity of claims and counterclaims. Sadly, the mainstream media often represents it in soundbites that do not fully capture the inherent nuances and generally focus on one side or the other without taking a holistic, contextual, or balanced approach. The arguments often attempt to provide moral equivalency or, alternately, to promote taking sides. Both approaches are deeply flawed. Moral equivalency often draws unfair and even distorted comparisons, whereas the taking of sides ignores the impact of war on relevant populations and makes finding solutions acceptable to all impossible.

As the nature of war has evolved in the last century, the physician's role has shifted in scope from what once involved simply treating military casualties such as those sustained on the battlefields of the US Civil War to what now includes treating the mass casualties of entire regions of the globe brought about by immensely destructive modern armaments.[3] The role of family physicians in wartime has expanded even further, however. This expansion is underscored by examples from other countries where family physicians have been engulfed by war. In 2022, a Ukrainian family physician wrote the following:

> Wartime family medicine is more than just primary care. In addition to the fact that doctors take care of the health of their patients (often working overtime) we have additional roles, including non-medical volunteer work. In the first months of the war, family physicians were often treating internally displaced Ukrainians, who were experiencing stress and needed support. The day-to-day work of family physicians has changed, because patients have increased mental health needs, often requiring a consultation with a psychologist. We must also provide medical care to the wounded.[4]

What can family physicians do when faced with tragedies such as the Ukrainian or Israel–Hamas wars, now months to years in length, which have already

Conflicts of interest: author reports none.

CORRESPONDING AUTHOR

Jeffrey M. Borkan
Department of Family Medicine
The Warren Alpert Medical School of Brown University
111 Brewster St
Pawtucket, RI 02860
Jeffrey_Borkan@Brown.edu

become regional conflicts and which may further enlarge at any time? Given the relative dearth of research and the near total absence of training for war in our family medicine residency programs (except those associated with the US military), there are few guideposts to assist with answering this question.

A STARTING POINT: FAMILY MEDICINE'S ROOTS

One place to start may be with our discipline's intellectual and philosophical roots. Family medicine deeply adheres to Engel's biopsychosocial model,[5] which provides a framework for our approach to health care that includes psychological and social factors in addition to the biomedical. This approach is consonant with major global consensus statements, such as the World Health Organization (WHO) Alma-Ata Declaration of 1978, which identified primary health care as key to the attainment of the goal of health for all. It also reaffirmed that,

> … health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.[6]

This declaration, relevant in peacetime, may be even more pertinent during wars wherein multiple sectors must work cooperatively to ensure even basic survival.

The sentiments of the Alma-Ata Declaration have continued to resonate through family medicine, beginning with its roots. G. Gayle Stephens, in *The Intellectual Basis of Family Practice* published in 1982, noted that "the unique managerial skills of a wise and compassionate physician" were needed for a variety of concerns, including those that resulted from conflict or stress.[7] Further evidence of such resonance is reflected in the adoption by the World Organization of Family Doctors (WONCA) European Family Physicians of a recent appeal to stop war.[8] Their group, headed by an Israeli family physician who was the WONCA Europe President at the time (2022), stated that war violates human rights, leads to oppression, and is an avoidable cause of lifelong suffering and disease. They noted the following, in consonance with the Alma-Ata Declaration:

> As family physicians, we take care of our patients during their entire life cycle. In our daily work, we are all aware of how extreme life events may harm human beings. Without fundamental human rights, health and quality of life is not possible to achieve. We see health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," and as a fundamental human right.[8]

The WHO and WONCA sentiments are similar to approaches suggested by US medical organizations. For example, the *American College of Physicians Ethics Manual: Seventh Edition* notes the following:

> The physician's primary commitment must always be to the patient's welfare and best interests, whether in preventing or treating illness or helping patients to cope with illness, disability, and death. The physician must respect the dignity of all persons and respect their uniqueness.[9]

Such ethical principles are upheld in US military medical ethics codes as applying in wartime. For example, "An Overview to Military Medical Ethics" provides clear guidance:

> In summary, these require that parties to conflict (state armed forces and non-state armed groups) ensure that anyone (combatant, prisoner, shipwrecked or civilian) who is wounded or sick 'shall be treated humanely and shall receive, to the fullest extent practicable, without distinction except on medical need, and with the least possible delay, the medical care and attention required by their condition.'[10]

The ethical principles above fit well with family medicine's commitment to the 4Cs—first contact, comprehensiveness, coordination, and continuity.[11] The principles are also consistent with the new definition of primary care:

> [T]he provision of integrated, accessible health care services by physicians and their health care teams who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.[12]

How might family medicine respond to the war in the Middle East and to other conflicts? I believe that we must recognize that the suffering for those caught up in wars and armed conflicts is often terrible and transcends nationality, ethnicity, political affiliation, religion, and the like. Such sentiments reinforce the commitment of family physicians to treat everyone, with equity and without malice. There is much more that can be done, however, as elaborated below.

RESPONDING TO WAR AND CONFLICTS

Keep Lines of Communication Open

It is incumbent on us to continue to communicate with our colleagues in family medicine on every side of the conflict and to gather and disseminate information that is accurate and timely.

Hear and Acknowledge Narratives

Hearing and acknowledging patients', clinicians', and populations' narratives is important in peacetime and possibly even more so during conflicts. In addition, family physicians recognize the tremendous physical and emotional burden for colleagues and their teams who are on the ground facing this trauma day in and day out. The narratives from Israeli and Palestinian family physicians in articles in this journal describe some of the reactions to recent events and, along with the telling of patients' and populations' stories, may provide solace and reconciliation.[13-15]

Provide Material Support

Medical supplies and money can be donated directly or through intermediary groups, saving lives and supporting medical teams at their time of greatest need.

Provide Workforce Support

Family physicians can support others or directly serve as part of the health care team caring for refugees, evacuees, and war casualties, and dealing with the aftermath, with careful consideration to get involved only in ethical and sustainable undertakings. The Brocher Declaration, a statement of ethical principles for guiding policy on short-term global health engagements, has been endorsed by organizations from around the world and provides sound guidance for those considering medical work outside their own country.[16] It covers everything from mutual partnerships with bidirectional input and learning, to compliance with laws, ethical standards, and codes of conduct, to accountability.

Prepare Family Physicians for Service in Wartime

Preparing family physicians to serve in times of war includes expanding physical and mental health interventions. Training in our residencies, fellowships, and continuing medical education might include elements of the American College of Surgeons Advanced Trauma Life Support courses,[17] as well as mental health triage, trauma-informed care, and acute care. The Uniformed Services University suggests several pertinent resources for clinicians in times of war.[18]

Conduct Research

Although we may not see wartime as an opportunity for research, innumerable issues arise that require careful investigation and that can benefit humanity in the short and long term. Topics range from effective treatment of acute war injuries to behavioral health interventions for ameliorating and treating posttraumatic stress disorder. I, along with colleagues, conducted family medicine research on narratives from the Israeli home front that was bombed by Iraq during the first Gulf War.[19] This study captured the experiences of patients throughout Israel, and similar research could be conducted among populations affected by the current war.

Consider Social Action

Family physicians may want to get involved in social and political processes that promote the well-being of populations on all sides as they undergo continued trauma. Advocacy may involve calling attention to what one's government is and is not doing to manage the humanitarian crisis and advocating for greater efforts to address both the needs of the war's victims and the underlying causes of the conflict.

Be a Moral Voice

Family physicians can be a moral voice to ensure that medical care is not subverted into serving evil by preventing and detecting crimes against humanity, upholding the healing ethos central to the practice of medicine, and fostering and supporting contextual and history-informed morally courageous health professionals who speak up when necessary. There should never again be situations, as occurred in World War II, wherein physicians took part in atrocities.[20,21] Family medicine, like all medicine, can undergo subterfuge, whether willfully or inadvertently, and physicians must be constantly on guard during conflicts to ensure that medical ethics are actively maintained and supported.

CONCLUSIONS

As we join others in asking what happens next in Israel and Gaza, as well as in Ukraine, we can find ways to support our family medicine colleagues and acknowledge their profound personal and national losses and to address the health effects of trauma for generations to come. Activities may include taking time to work alongside these physicians; helping them educate future family physicians and supporting faculty development; creating forums wherein residents and medical students might share their narratives and discuss their shared values; and supporting educational, research, and advocacy efforts through joint projects on multiple levels. It is critical that we humanize the people—including family physicians and their families and friends—support them, and not only help them make sense of the present, but also embolden both them and ourselves to ensure a better future.

Read or post commentaries in response to this article.

Key words: war; armed conflicts; Israel; Palestine; Gaza; Ukraine; population health; public health; emergency care; delivery of health care; suffering; communication; medical education; medical ethics; professional practice; occupational stress; physicians, family; primary care

Submitted April 19, 2024; submitted, revised, August 7, 2024; accepted August 14, 2024.

Acknowledgments: I would like to acknowledge the dedication and heroism of family physicians working in conflict zones who offer hope and healing to all in need.

References

1. The Commonwealth Fund. International Health Care System Profiles. Israel. Accessed Apr 12, 2024. https://www.commonwealthfund.org/international-health-policy-center/countries/israel
2. Lovell B, Dhillon R, Khader A, et al. Delivering and evaluating a scalable training model for strengthening family medicine in resource-limited environments: the Gaza experience. A mixed-methods evaluation. *BJGP Open*. 2019; 3(2):bjgpopen19X101647. 10.3399/bjgpopen19X101647
3. Kao A. The role of physicians in wartime. *Virtual Mentor*. 2000;2(5):40-41. 10.1001/virtualmentor.2000.2.5.imhl1-0005
4. Korzh O. Family physicians in Ukraine: Caring for patients during the war. *Canadian Family Physician*. Published Oct 28, 2022. Accessed Apr 7, 2024. https://www.cfp.ca/news/2022/10/28/10-28
5. Engel GL. The biopsychosocial model and the education of health professionals. *Ann N Y Acad Sci*. 1978;310:169-187. 10.1111/j.1749-6632.1978.tb22070.x
6. World Health Organization (WHO). *Declaration of Alma-Ata*. Accessed Apr 7, 2024. https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata

7. Stephens GG. *The Intellectual Basis of Family Practice*. Winter Publishing Company, Inc; 1982.
8. Vinker S, Hummers E, Rochfort A, et al; WONCA. European family physicians appeal to STOP WAR. Published Feb 27, 2022. Accessed Mar 1, 2024. https://www.woncaeurope.org/news/view/european-family-physicians-appeal-to-stop-war
9. Sulmasy LS, Bledsoe TA; ACP Ethics, Professionalism and Human Rights Committee. *American College of Physicians Ethics Manual: Seventh Edition*. *Ann Intern Med*. 2019;170(2_Suppl):S1-S32. 10.7326/M18-2160
10. Bricknell M, Story R. An overview to military medical ethic. *Journal of Military Veterans' Health*. 2022;30(2):7-16. 10.2022-95671596/JMVH Vol 30 No 2
11. Jimenez G, Matchar D, Koh GCH, et al. Revisiting the four core functions (4Cs) of primary care: operational definitions and complexities. *Prim Health Care Res Dev*. 2021;22:e68. 10.1017/S1463423621000669
12. American Academy of Family Medicine. Primary care. Accessed Apr 16, 2024. https://www.aafp.org/about/policies/all/primary-care.html
13. Agur Cohen D, Sudarsky M. The 2023 terror attack on southern Israel: well-being and burnout among health care personnel treating traumatized evacuees. *Ann Fam Med*. 2024;22(6):Online. 10.1370/afm.3171
14. Agur Cohen D. Healing amidst conflict: the perspective of an Israeli physician during wartime. *Ann Fam Med*. 2024;22(6):Online. 10.1370/afm.3173
15. Maraqa B, Taher A, Dweik H, Abu Hadwan A, Zink T. "We haven't even started crying yet": caring for the family under occupation and war in the occupied Palestinian territories. *Ann Fam Med*. 2024;22(6):Online. 10.1370/afm.3170
16. Advocacy for Global Health Partnerships. Brocher Declaration. Accessed Apr 16, 2024. https://www.ghpartnerships.org/brocher
17. American College of Surgeons. Trauma Education. About Advanced Trauma Life Support. Accessed Apr 16, 2024. https://www.facs.org/quality-programs/trauma/education/advanced-trauma-life-support/about
18. Uniformed Services University. Center for Deployment Psychology. Resources for providers in times of war. Accessed Apr 16, 2024. https://deploymentpsych.org/resources-for-providers-in-wartime
19. Borkan J, Shvartzman P, Reis S, Morris AG. Stories from the sealed rooms: patient interviews during the Gulf War. *Fam Pract*. 1993;10(2):188-192. 10.1093/fampra/10.2.188
20. Czech H, Hildebrandt S, Reis SP, et al. The Lancet Commission on Medicine, Nazism, and the Holocaust: historical evidence, implications for today, teaching for tomorrow. *Lancet*. 2023;402(10415):1867-1940. 10.1016/S0140-6736(23)01845-7
21. Reis SP, Wald HS. The Hamas massacre of Oct 7, 2023, and its aftermath, medical crimes, and the Lancet Commission report on medicine, Nazism, and the Holocaust. *Isr J Health Policy Res*. 2024;13(1):19. 10.1186/s13584-024-00608-w