

Reply: A Valuable Historic Perspective

Thank you for your interest in and reflection on 'Dual loyalty and the medical profession for Australian Defence Force Medical Officers' published in the *JMVH* October 2022 issue.¹ The elaboration regarding Bulter's civilian transition mandate is valuable and reconciles well with considerations of dual loyalty in military medical settings.

Dual loyalty scenarios are abundant in military and civilian medical practice, and both settings warrant careful attention from military medical officers.² The dual loyalty encountered by Australian Defence Force (ADF) Medical Officers during the transition of ADF members to civilian employment is perhaps comparable to that encountered in broader civilian settings during which patients receive medical review for their given occupation. Namely, there remains an ethical standard of open disclosure regarding third-party obligations as a component of patient consent during these medical consultations.³ Overall, ADF medical officer liaison between a serving ADF member and the ADF organisation during a member's transition to civilian life can be considered a dual loyalty scenario.

Medical officer input during a member's transition to civilian employment is valuable, and I note the intent to achieve the best outcomes for both patients and commanders. This is an area of active research and review. The Royal Commission into Defence and Veteran Suicide established a correlation between medical transition from the ADF and increased suicidality. It offered recommendations regarding the procedural fairness of military employment classification review boards and the provision of service opportunities for non-deployable ADF members.⁴ Occupational and environmental physicians have a role in supporting ADF members'

transition to civilian employment. There are also broader shared responsibilities among ADF general practitioners, nurses, medics and allied health professionals. Regardless of whether a medical officer supporting an ADF member transitioning to civilian employment is an occupational and environmental physician, general practitioner or both, dual loyalty remains an extant consideration while they liaise between a transitioning member and the ADF organisation.

Once in a civilian setting, a general practitioner can provide ongoing care for transitioned ADF members and may include a Medicare rebated post-discharge health assessment.⁵ A general practitioner may refer the transitioned member for additional specialist care, including ongoing consultation with an occupational and environmental physician.

The latter segment of the letter regarding Butler's 'Quo Vadimus?' considers a valuable historical resource for the practice of military medicine and considerations of dual loyalty during World War I. Butler specifically considers the triple mandate of the Australian Army Medical Service within the broader context of the conflict and notes that despite ruthlessness on both sides, 'the Geneva Convention was observed to an extent far greater than the propaganda of either side admitted'.⁶ Presently, Australia's obligations to uphold ratified International Humanitarian Law remain an ongoing consideration for all ADF members, including medical officers.

Conflict of Interest

The author is a serving member of the Royal Australian Navy. The opinions expressed herein are those solely of the author and do not reflect those of the Australian Defence Force or the Department of Defence.

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