Revised draft, absorbing most of the Polish Chamber changes. new armed conflict resolution version showing changes incorporated

**Preamble**

1. The duties of physicians in times of armed conflict are set out in the WMA Statement on Ethical Principles of Health Care in Times of Armed Conflict. And Other Emergencies and WMA Regulations in Times of Armed Conflict and Other Situations of Violence. However well physicians carry out those duties the nature of conflict means that people will suffer both as populations and communities and as individuals. Regardless of whether they are actively engaged in the conflict or attempting to keep separate from it.
2. Physicians have a unique understanding of the effects of conflict on communities and individuals, and must seek to use that knowledge to make those in positions of power more aware of the consequence of their decisions, so that politicians, governments and others in positions of power are less likely to see conflict as a useful tool..
3. Armed conflict damages the health of individuals and of the populations of which they are a part. Bombing, and the use of a variety of ballistic weapons, damages infrastructure including housing, potable-water supplies and sewerage, and leads to general environmental degradation. Where conflicts continue the damage to the environment in which people live, work and are educated can be extensive.
4. The health consequences of conflict can be considerable. Many conflicts occur around the places in which people live. Housing is damaged and may be destroyed. The simple activities of daily living become difficult; supply chains are disrupted making shopping problematic. Getting to school, work, shops, hospitals and elsewhere can be dangerous with routes damaged, public transport interrupted, absent or dangerous. Commonly, fresh water supplies, sewerage and power supplies are damaged; repairs depend upon a return to normality.
5. Housing provision may be significantly disrupted, overcrowding becomes common and living conditions deteriorate to a point where serious public health harms are experienced. This is frequently accompanied by lack of access to clean water, food and sewerage and adequate protection from climate extremes. Each of these has direct health consequences and the presence of them all leads to serious health effects.
6. The damage done during warfare destroys work-related infrastructure, including factories and manufacturing centres. There is an immediate effect on the ability of individuals to make a living as well as on the balance of payments within the country. Agricultural land may also be damaged directly, and secondarily by the disruption of water supplies and drainage channels, making both land work more difficult and disrupting food sources.
7. There are direct health consequences including direct and indirect ballistic weapon wounds (gunshot wounds, wounds from explosions including shrapnel wounds, blast injuries and injuries from collapsing buildings). Other indirect effects include malnutrition and infectious or waterborne diseases including cholera and typhoid.
8. Wars start for many different reasons, including over disputed territory, as a result of religious, political, and economic policy and sometimes for no obvious single reason. In most, and perhaps all, cases it is possible to consider the causes and to question, negotiate and discuss to avoid the move to conflict. Insufficient and inadequate efforts are made to avoid conflict; country leaders do not seek all alternatives and fail to understand the devastation that conflict will cause.
9. There are circumstances in which countries will declare war on the basis that they are opposing actions by another party – country, state or non-state actor -which is so heinous that war waged against them is a “just war”. This concept covers situations where one party is perpetrating extraordinary cruelty, perhaps against civilians or one group within a population, and the only means to defend them against, for example, attempted genocide, is to declare war on their aggressor. It is essential that this concept is understood to be a rare and extreme circumstance, and it must not be overcited.
10. Regardless of the level of cruelty demonstrated against a group or civilians generally, warfare is likely to worsen their suffering and to contribute to the development of large numbers of Internally Displaced Persons and refugees. Avoiding war, and seeking constructive alternatives, is always desirable.
11. If, despite all attempts to stop it, conflict does start doctors are in a privileged position, because of their knowledge base and the evidence from previous conflict situations, to attempt to influence parties to the war in order to alleviate the suffering of populations.

**Recommendations**

1. The WMA believes that armed conflict should always be a last resort. Physicians and their NMAs should continue to remind governments and non-state actors of the human consequence of warfare, so that they do not have recourse to it without serious thought and a real understanding of the suffering it will cause.
2. The WMA aware of the concept of a “just war” but believes that it is claimed too often, sometimes as a pretext. Physicians should work with others to demonstrate that this justification is used in rare and exceptional circumstances.
3. The WMA recognises that war and other forms of armed conflict will always produce enormous human suffering. They should be avoided. States, governments, other authorities including non-state actors who enter into armed conflict must accept the responsibility their have for the consequences of their actions, and be prepared to answer for those consequences including as appropriate to international courts and tribunals.
4. The WMA recognises that armed conflict causes serious harm and suffering to civilian populations, and its impact will be most significant upon already vulnerable persons, including children, the young, the elderly and the poorest members of the society. The WMA believes that potential parties to conflict must consider before starting to fight how they can protect all the population, especially the most vulnerable,. Physicians should seek to ensure that governments and non-state actors are aware of the consequences of, and their responsibility for, a decision to begin or to escalate a conflict.
5. The WMA recognises that conflict taking place around centres of population will damage infrastructure and make finding shelter, food and potable water difficult. Parties to the conflict should do all that they can to assure provision of these essentials however difficult the circumstances. Physicians must continually remind those in power of the need to provide essential items to those within areas damaged by conflict.
6. The WMA recognises that after conflict ends priority must be given to rebuilding the essential infrastructure to a healthy life, including shelter, sewerage, fresh water supplies, and food provision. This should be followed by the reestablishment of educational and occupational opportunities. Parties to conflicts must plan for this well before the foreseeable end to the conflict. Physicians, especially those with expertise in public health, should work with parties to ensure they prepare effective plans and rapidly implement them.
7. The WMA considers it essential that parties to a conflict do not use health facilities as military quarters, or target health institutions, workers and vehicles, and restrict the access of wounded persons and patients to healthcare. , as set out in the WMA Declaration on the Protection of Health Workers in Situations of Violence. NMAs should warn authorities and conflicting parties that they must provide and protect the necessary conditions to ensure medical neutrality.
8. The WMA emphasises that, wherever possible, parties to a conflict should avoid turning civilian living and working spaces into battlegrounds and must attempt to remove all civilians from conflict zones. Families should be kept together other than in the most exceptional circumstances, and no assumptions should be made about the merit of different persons to safe passage. Physicians should work with aid and other agencies to ensure that parties protect family integrity and, wherever possible, remove people from direct and immediate danger.
9. The WMA believes that in post conflict rebuilding, governments should recognise the risk that some of the population, including non-combatants, might suffer from PTSD and ensure there is adequate access to therapy. Physicians should ensure that parties are aware of the likely prevalence of PTSD and other post conflict psychosocial problems and provide appropriate care and treatment.
10. The WMA recognises that, after conflict, families will seek to identify the fate of family members who have disappeared during the fighting. Physicians including forensic medicine specialists should help them to seek such resolution and must ensure that efforts to identify the missing and the dead are not subverted by security services for other ends.