Triage (2009): Ethics in Times of War

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Summary

Using the film *Triage* (2009) by Danis Tanovic this paper reviews the characteristics of triage and its ethical implications in the context of war where two photographers attempt to document the cruelty of war. The unique triage performed by Dr. Talzani explores the desirability of euthanasia in extreme situations. Also the post-traumatic stress disorder experienced by one of the characters is analyzed, as of the consequences experienced by those who survive to the horror of the war.

Keywords: Triage, Euthanasia, Post-traumatic Stress Disorder, Psicotherapie, Catharsis, War.

Resumen

A través de la película *Triage* (2009) de Danis Tanovic, este trabajo repasa las características del triaje y sus implicaciones éticas en el contexto bélico donde dos fotorreporteros intentan documentar la crueldad de la guerra. Las características del singular triaje que realiza el Dr Talzani plantea la conveniencia de la eutanasia en situaciones extremas. También se analiza el trastorno por estrés post traumático que padecerá uno de los protagonistas como consecuencia del impacto que las experiencias vividas causan en quienes sobreviven al horror de la guerra.

Palabras clave: Triaje, eutanasia, shock post-traumático, psicoterapia, catarsis, guerra.

The author states that this article is original and that it has not been previously published.

Technical details

Original Title: *Triage*

Other Titles: *Testigos de guerra* (Argentina, DVD).

Country: Ireland, Spain, Belgium, France.

Year: 2009.

Director: Danis Tanovi.

Music: Lucio Godoy.

Screenwriter: Scott Anderson (novel), Danis Tanovic (screenplay).

Cast: Colin Farrell (Mark), Jamie Sives (David), Paz Vega (Elena), Kelly Reilly (Diane), Branko Djuric (Dr. Talzani), Christopher Lee (dr Joaquín Morales)

Color: Color.

Runtime: 99 minutes.

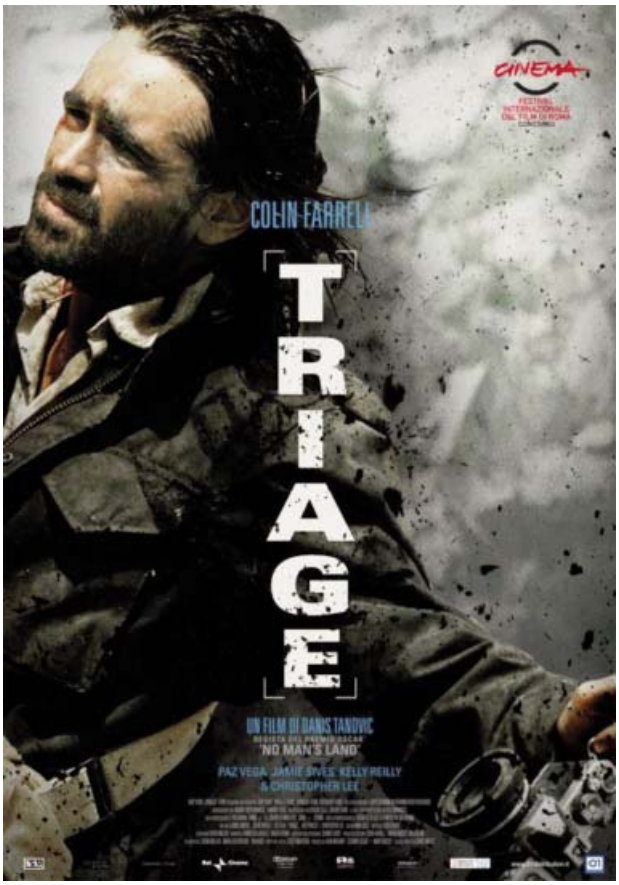
Genre: Drama, Mystery, War.

Production Companies: Parallel Film Productions, Asap Films, Freeform Spain, Tornasol Films, Aramid Entertainment Fund, Irish Film Board, Euroimages Fund of the Council of Europe.

Synopsis: *Triage* is the story of Mark and David, two war photographers covering the war of Kurdistan against Iraq in the late 1980s. David wants to return to Ireland, where his wife, Diane, is expecting a baby, while Mark wants to stay in Kurdistan to capture the photograph of the year. Mark is wounded and returns to Ireland without David. Once he is home, his physical and mental health deteriorates until he is hospitalized. He gradually loses mobility in his legs, which seems related to something that happened in Kurdistan. To find out, his wife, Elena, asks her grandfather Joaquín to help Mark. Joaquín Morales is a retired psychiatrist who treated (or "purified") Franco's soldiers when the Spanish Civil war finished.

http://www.imdb.com/title/tt1217070

Trailer



The aim of this paper is to examine the characteristics of *triage* and its ethical implications in a military context as well to analyze the post traumatic stress disorder that suffers the main character. This is achieved by analysing the film *Triage* (2009) by Danis Tanovic in which Dr. Talzani (Branko Djuric) is in charge of a very special kind of patient selection.

Concept of triage

Although the word *triage* does not appear in the *Diccionario de la Real Academia de la Lengua Española*, its use is common in the emergency services and disasters involving a large number of victims. The correct translation would be "classification", but the French word triage is generally used in Spanish.

Triage is defined as the selection and classification of the sick and wounded or those injured during a natural disaster, an incident with multiple victims (terrorist attacks, nuclear accidents, fires in crowded places, etc.) or a conflict. The aim is to treat and evacuate the greatest possible number of injured people and allocate available resources only to those who will gain the most benefit[1-3].

Triage is different in peace time and during a war. In the first case, it is used in isolated episodes when hospital services are overstretched due to a massive influx of injured people. In armed conflicts, the influx of the wounded is more or less constant whilst hostilities last. In short, triage is an attempt to impose some order to a chaotic situation and thus manage it with maximum efficiency[4].

The establishment of treatment and evacuation priorities in the case of multiple victims is one of the most difficult decisions in medical practice. It falls within the paradigm of "the best for the most", when faced with

the impossibility of "everything for everyone". People who have a low chance of survival and serious injuries that require complex treatment (with high consumption of resources) must wait or receive minimal medical care. Often care is provided for those who require less complex procedures, in which there is a greater guarantee of success[5]. The "inverted triage" prioritizes the treatment of those with minor injuries, so that they can return immediately to the front. This approach is contrary to the principles of international humanitarian law, but is practiced in extreme situations[6].

Background and evolution of triage in war

The first references to triage date back to the Napoleonic Wars, in which the medical Chief, Baron Dominique Jean Larrey (1766-1842), personally walked on the battlefield to identify and order the evacuation of the wounded soldiers who had some chance of surviving surgery (limb amputation in most cases). The first to be treated were often the wounded who could return to the front line once they had received medical attention. The seriously injured and the dead on both sides were collected after the battle[7,8].

During World War I, advances in medical and surgical treatment prevented many deaths. However, the use of chemical weapons (lethal gases like phosgene and mustard gas and the non-lethal tear gas) forced doctors to refine methods of triage, to classify the severity of injuries that affected soldiers and the civilian population. In World War II, the survival of those wounded in combat increased due to the massive use of antibiotics, progress in surgery and the incorporation of physicians who acted in full battle. Another novelty was that each soldier received a first aid kit, which included a tourniquet. This enabled combatants to give and receive first aid. Mortality among the wounded was reduced to 30%. Although triage prioritizes the care of the seriously injured, in reality this premise has often competed with the need to ensure the fastest return to the battle. Therefore, scarce supplies of penicillin were given to soldiers with gonorrhoea rather than those with infections caused by war injuries[9].

In the Korean (1950-53) and Vietnam (1964-75) wars and in successive armed conflicts (such as the Gulf Wars) the seriously injured were transferred in air ambulances, which reduced mortality among wounded American soldiers to 10%. However, when chemical and biological weapons are used massively, triage should prioritize the treatment of the seriously injured, but only if they have a real chance of recovery[5,9].

The film *Triage* (2009) deals with the Kurdish conflict that arose out of the agreements reached in World War I. Initially, the Treaty of Sevrès (1920) recognized the existence of the Kurdish State. However, under Turkish pressure this agreement was replaced by the Treaty of Lausanne (1923). As a result, the Kurds were divided between Turkey, Iraq, Syria, Iran and a small part of the former Soviet Union[10]. Currently, the area inhabited by the Kurdish nation is called Kurdistan and extends into the aforementioned countries. The Kurdish conflict has had its greatest impact in Turkey and Iraq.

Triage refers to the offensive that the Kurds launched against Iraq in 1988. Dr. Talzani is in charge of triage and treatment of the wounded who arrive at the field hospital. He recalls the eight wars that he and his Kurdish ancestors have been involved in (two against the Turks, three against the Iranians and three against the Iraqis) and states that they have always been defeated.

Levels and models of triage in war and in *Triage*

The International Committee of the Red Cross (ICRC) describes four levels or categories of triage. The fourth level includes the dying and wounded with severe multiple injuries (Table 1). In its emergency war surgery

Table 1. Levels of triage (International Committee of the Red Cross) and levels for surgery (North Atlantic Treaty Organization, NATO)[9].

Triage levels according to the International Committee of the Red Cross
Level I. Serious wounds. Resuscitation and immediate surgical intervention. They are patients with high probability of recovery
Level II. Less priority wounds. The surgery can wait
Level III. Superficial wounds. Outpatient treatment
Level IV. Serious injury. Symptomatic treatment
Levels of triage for surgery according to the NATO
Level I. Urgent. It requires immediate surgery to prevent deaths
Level II. Immediate. It requires more or less fast-track procedures to stabilize the patient.
Level III. Expectant or supported a delay. Required surgery but you can wait without this compromise the life.
Level IV. Ambulatory. It requires minimal surgery
Level V: Expectant. Palliative treatment

handbook, NATO establishes five levels (Table 1)[9]. Level IV of the ICRC coincides with Level V of NATO; both levels include the wounded with lesions of such great magnitude that they threaten the possibility of survival or greatly reduce quality of life.

Triage is a dynamic process involving several stages: selection, classification and reevaluation of victims. After receiving the wounded, the person in charge of the triage should quickly (in no more than 30 seconds) review the body of each wounded person. The objective of this first triage, which is based on clinical experience, is to immediately identify the two extreme categories: minor (Level III) and very serious (Level IV) injuries[11] (Table 1).

In one of the first sequences of *Triage* (minute 4), we see a truck moving through a mountainous region. Inside, Mark takes pictures of wounded soldiers, while David gleams. A young Kurdish man sees them and immediately soldiers appear with stretchers, and Dr Talzani arrives in his blood-stained coat. Between moans, the injured are taken to a field hospital that is lit from the inside only; there the horrible smell strikes the war journalists. While Dr. Talzani washes his hands, he explains that the place lacks ventilation, water and medicine, and he starts the triage.

He examines the wounded quickly, almost in a mechanical way, observes the lesions, takes some pulses and lays a yellow or blue card on the chest of each wounded person. Men who receive yellow cards show expressions of relief (Figure 1), while a man who receives a blue one complains: "*Doctor, please...",* then grasps Mark's arm and pleads: "*Help me, please*..." (Figure 2).

Figure 1: Wounded man with a yellow card.

Later on, Mark is injured and Dr. Talzani examines him and gives him a card (minute 17). While he works, he reflects on his experience as a war doctor (Figure 3): "*A head wound as well? Flesh wound, maybe a concussion, but no skull fracture. Kurdistan is not a good place for a skull fracture. Well, you took quite a jolt, but you're not paralyzed. And it seems that there*

Figure 2: Wounded man with a blue card.

are no broken bones. Legs would be the biggest problem. That's always the case. Legs, legs, legs… for each arm I've amputated, I've probably taken ten legs. Strange, isn't it? Human legs are simply not designed for modern war. Take it easy. Get some rest. There may be some neuronal disruption, but it will be temporary. You're going to be all right", and he lays a yellow card on Mark's chest.

There are three basic **triage models** and they all consider the available resources: non-austere, austere and extreme conditions[5,8,9].

Non-austere condition. The most seriously injured are treated first. No patient is left to their fate (Table 1), at least until a resuscitation manoeuvre has been completed.

Austere condition. The aim is to save the greatest possible number of lives. Some patients would survive if more resources were available. This model fits a utilitarian analysis, according to which the good of the majority is the ultimate aim, even at the expense of some individuals. *Triage* is based on this model, in which euthanasia (good death) is practiced by Dr. Talzani as an act of mercy towards the dying soldiers.

Extreme conditions. This model prioritizes the treatment of less seriously injured soldiers so that they can return to the front line. It is used when an army is being defeated and is an example of the conflict that can

Figure 3: Dr Talzani examining Mark inside the battlefield hospital.

arise between military commanders and medical staff. In this model, civilians and prisoners do not receive priority attention, which violates Article 12 of the Geneva Convention[9].

Analysis of triage and euthanasia in war

Triage and euthanasia in war can be analysed from ethical, utilitarian or military perspectives.

1. Analysis based on ethical principles

This analysis takes into account the classical principles of autonomy, beneficence, nonmaleficence and justice. These factors can conflict when decisions need to be taken. For example, if a patient does not wish to be treated and does not want his life to be saved, a tension arises between his/her autonomy and the principle of beneficence defended by doctors[5,6,11].

Autonomy. The struggle between the principles of autonomy (the wounded want to be treated) and distributive justice (the reality imposed by the lack of resources that condemns some patients to euthanasia) arises in *Triage*. One might ask if a soldier has real autonomy or whether his autonomy has been given up and responsibility passed to his superiors. It is obvious that the seriously injured cannot choose a type of treatment or the terms under which it is received. Their right is also questionable, as is the advisability of receiving complete information on the prognosis. Sometimes, the seriously injured can be informed of the situation, but this can increase their suffering and anxiety in a useless way[12]. In *Triage* the wounded are aware of their destiny as soon as they recognize the colour of the card that Dr. Talzani deposits on their chest.

Another ethical problem involves those who cannot participate in decisions affecting their lives. It seems intolerable that seriously injured soldiers are not entitled to a compassionate death because they cannot express themselves; just remember the despair of soldier Joe (Timothy Bottoms) in *Johnny got his gun* (1971) by D. Trumbo. The dignity of all patients should be respected, not just that of the fortunate (or unfortunate) who are aware of their situation[9]. It is assumed that decisions are made for patients in their best interests. In *Triage*, Dr. Talzani determines the best interests of the injured, a position that could lead to an abuse of power.

Beneficence. This principle promotes the best clinical practice for the patient. In *Triage*, we see the wounded being transferred to an open field, where they are laid on the ground (minute 9:15). Dr. Talzani moves towards the dying soldiers with a gun in his hand, and five shots end five men's pain; one dead man still holds a blue card (Figure 4) in his fingers. After this, Talzani raises his hands in a sort of brief prayer. Mark films with his camera and David runs away upset.

If one agrees that life is the primary good, then one could consider that anything that shortens it is not in the best interests of the patient. However, if death is inevitable, a procedure that speeds it up could be considered the most beneficial, to shorten the psychological suffering of dying men who may fear being taken prisoner[8,12].

Nonmaleficence. This principle implies the avoidance of any harm to the patient and has its origin in the Hippocratic Oath: "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone". At least two interpretations can be drawn from this oath: the commonest coincides with the absolute prohibition of euthanasia ("To please no one will I prescribe a deadly drug, nor give advice which may cause his death") but the other interpretation is that denial of humane euthanasia is a cruel travesty of the principle of nonmaleficence. In this view, greater damage is caused by allowing a seriously wounded soldier to continue to suffer or to be captured and perhaps tortured by the enemy[9].

It is accepted that euthanasia in war is justified as a form of treatment applied by the doctor[9]. The question is whether the doctor is in charge of the euthanasia. If the doctor does not accept responsibility for this action, who should carry it out? In extreme conditions, the method of euthanasia also matters, especially if it involves the use of a scarce resource (such as morphine) that could be essential to treat other wounded men in the immediate future. In these circumstances, should the doctor use a firearm? This is exactly what Dr. Talzani does in an act of compassion and acceptance of the reality (Figure 4).

Distributive justice. This principle reflects the need to balance the competing demands for limited resources: if resources were not limited, all wounded

Figure 4: Dr Talzani giving euthanasia to the wounded who got a blue card in the triage. Far away Mark takes pictures.

people would be evacuated immediately and receive maximum care. It is clear that some injured people requiring special attention would live if they received a high level of care. However, in armed conflicts, the situation may worsen with the arrival of more injured people. Who has the greater need or right to receive care: the current patients or the new arrivals who have more chance of survival?

It is important for doctors to understand the reasons behind their decisions. They should also anticipate or predict responses to these situations, in which there is not one answer. Dr. Talzani is clear in his ideas, and so while he cleans his weapon, he explains the reason for his actions to Mark (minute 23) (Figure 5).

> Dr Talzani: "*Oh, Mr Walsh you're making progress. What do you think? How many doctors in the world have to clean their gun?* "
> Mark: "*You should sterilise it…*"
> Dr Talzani: "*Oh, sarcasm is back, great!* "
> Mark: "*You must have a lot of regret*".
> Dr Talzani: "*Regret what Mr Walsh? That I spare them a few days of terrible suffering because I have no way of saving them or easing the unbearable pain? Do you think I kill those poor men because I enjoy it?* "
> Mark: "*Jesus, no!* "
> Dr Talzani: "*In quiet times when there is not a lot of fighting and I have more time I give out very few blues, but when there's a lot of fights and a lot of wounded coming in, no. I have to think of those that I can still save. (The doctor gives Mark a cigarette, lights it for him and then lights his own cigarette) Some live, some die, that's the only way to look at it, and everything else is just arrogance, the arrogance of imagining you can do something to change it. I'm sure they lecture against this in medical school: smoking in an operating room*".

2. Utility analysis model

This model upholds euthanasia under the principle of "the greatest good for the maximum number of people". Euthanasia of those who cannot be moved (due to a lack of means or time) allows an army unit to retreat faster to a safer position where the new wounded can be treated; this manoeuvre can help win a battle. However, this action poses a problem. Those who cannot be moved can be left with some supplies but no medical staff or medicines while they wait for a hypothetical evacuation. In this extreme situation, the utilitarian analysis model provides two options: the application of euthanasia or simply leaving the seriously injured to their fate.

Figure 5: Mark and Dr Talzani who is cleaning his weapon on the operating table.

However, if soldiers know that the injured may be executed or abandoned, their motivation for fighting will decrease, which will jeopardize the final success of the battle. Army officials are aware of this situation[8,9].

3. Military specific analysis

According to this model, triage that results in euthanasia represents a moral dilemma. In addition, it is difficult to comply with the requirements of euthanasia itself. Ideally for euthanasia to be carried out, one must be certain that the injured person is competent and well-informed, his desire to die must be constant, and at least two doctors should certify that the request is an autonomous decision and that other possible options have been studied and ruled out. In combat, it is very difficult to meet these requirements as decisions must be taken quickly and, in general, only one doctor is available per patient.

The moral dilemma is another source of tension for doctors. Even with the threat that the injured could be taken prisoner and executed by the enemy, physicians may reject euthanasia, claiming that it breaks their Oath. While it is accepted that in extreme conditions beliefs and moral laws may be violated, nevertheless such situations should be examined and evaluated before they occur[13].

Post-traumatic Stress Disorder (PTSD)

In *Triage*, Mark is directly involved in a traumatic event. His friend David has both of his legs blown off when he steps on a mine. Mark's reaction is immediate: he improvises a tourniquet with David's shoelaces, while David looks fearfully at his body and states: "*I'm going to die*" (Figure 6). Mark carries his friend on his back but when he tries to cross a river, the weight of David sinks them both and Mark gets rid of his friend's body. Later, Mark is found unconscious near the river and taken to the hospital where Dr. Talzani gives him a yellow card.

Somewhat recovered, Mark returns to Ireland. However, obvious signs of physical and mental deterioration appear. Over time, his difficulty walking increases, and at the same time he seems unfamiliar with his environment. Finally, he loses consciousness and is hospitalized. The neurologist informs Mark's wife, Elena, about the possible cause of the paralysis: post-traumatic stress disorder (PTSD), which she defines as a psychosomatic complication[14].

Figure 6: David making a torniquete on David's amputed legs.

PTSD is a psychological disorder consisting of a set of symptoms that appear in an individual as a result of a stressful event. Inability to cope with the event causes changes that can affect common activities. In the second part of *Triage*, Mark shows all the symptoms of PTSD: mental dullness, re-experiencing the original trauma, partial amnesia, loss of interest, anhedonia, difficulty in concentrating, insomnia and mental dissociation. Almost all these symptoms are the product of a block in the perceptual functions of the self[14,15].

PTSD is caused by the inability of a subject to respond adequately to the intensity of excessive stimulation of his psyche. Under normal conditions, the role of the self is to avoid traumatic stimuli. When they occur and can be anticipated (for example the knowledge of death after a long illness), the impact is not as overwhelming. However, if an event occurs suddenly, the lasting effect may become pathogenic, as in the case of Mark.

PTSD treatment includes different types of psychotherapy (cognitive behavioural, group/family, etc.) that can be complemented with pharmacological treatment (antidepressants, anxiolytics, etc.)[15].

While Mark is hospitalized he carries out the Rorschach test (54: 20 minute). His interpretations of the images are quite significant: "*Jesus, a mutilated baby's body*". "*A mutilated woman's corps*" and "*A mutilated man's corps, it will be the father*". At that point Elena decides to ask her grandfather, Joaquín Morales, for help. She has become estranged from Joaquín, as she considers that his work as a psychiatrist in the end of the Civil Spanish war, is insignificant. In the words of Elena: "*Your patients were war criminals monsters, men who destroyed villages and tortured people only on the name of Spain, of Franco. And when they came to you, you absolve them of all guilt. You purified them. Yes, you came up with the phase, didn't you? Yes, you must have. "The Morales Institute for psychological purification*".

In *Triage,* Joaquín uses catharsis to discharge the emotions that are linked to the traumatic event. This method is based on the theory that subjects repress memories associated with traumatic events, but the recollections remain in the unconscious. The emotion that cannot be eliminated generates anxiety, which causes PTSD symptoms. Catharsis helps Mark remember and become objective about the traumatic event. This releases an emotional burden that had become pathogenic. When the emotion and the verbalization of the recollections are finally brought into his consciousness, the release occurs and the pathogenic effect of the memory vanishes. At this point, Mark mourns David's death.

Triage as a training resource

Triage, which was co-produced in Spain and Ireland and shot in Dublin and Alicante is an adaptation of the novel *Triage* (1998) by war correspondent Scott Anderson, who is author of works such as *Moonlight Hotel* (2006) and *The Man Who Tried to Save the World* (2000).

Triage is not a pleasant film; we watch it because something moves us to go beyond our comfort zone and challenge our own expectations. The film suggests that war is not tied to a single meaning, but that its meaning depends on the person who describes it and on who is described.

We consider that the first part of *Triage* that takes place in Kurdistan is the prelude to the true story, which begins when Mark returns to Ireland. In a way, it is the story of those left behind and those who survive. It is a reflection on the meaning of being alive as being alone with our own experience.

It is also the story of guilt and redemption: "*No one can remain in pain*", are the words of Dr. Morales (played by Christopher Lee, who had just turned 90 years old), who helped to "purify" his patients by encouraging them to accept their guilt and deal with the pain. This is the method proposed to learn to live with guilt and pain (Figure 7). Mark, played by Colin Farrell (who lost 13 kg for the role) saw his friend's death. His recovery starts when Joaquín asks him to draw a map on the wall

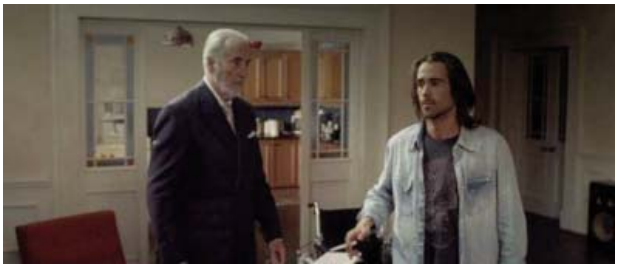


Figure 7: Mark and Dr. Joaquín Morales.

(minute 77) to recollect what happened. When he reaches the place where his amnesia begins, he recovers from his traumatic experience (Figure 7)[16].

Triage is not a predictable war film with heroes, soundtrack or images that reinforce the value of combatants or their ideals; the real conflict is the one that Mark has to overcome after his traumatic shock.

Triage can be a useful resource for training professionals who work in the classification of wounded in conflict zones. Its contents deal with ethics and euthanasia[17-19], and also serve to analyse the factors that determine decision-making in extreme circumstances. Finally, it shows the development of post-traumatic stress disorder from early symptoms until treatment through catharsis.

In the last fade to black we read: "*It's only the dead who have seen the end of the war*". This quote by Plato is more than a memorable phrase to end the film; it is an invitation to reflect on what we have just seen.

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