

Canadian Psychological Association Endorses Weapons of Mass Destruction

To help the sick according to my ability and judgment, but never with a view to injury.
The Hippocratic Oath in The Nazi Doctors (R. J. Lifton, 1986).

By their nature, weapons of mass destruction, from chemical agents to nuclear weapons, harm large numbers of innocent civilians. While they are difficult to justify in general, it would seem especially surprising if a contemporary health care organization had policy statements supporting this form of mass killing. A case study is outlined here of one professional association that appears to have little need for extreme militaristic policies: The Canadian Psychological Association (CPA). Yet through the 1990s, it has made a series of policy statements that allow its members to contribute to armed force, killing and even weapons of mass destruction under some circumstances. I have argued in a 1995 article in Ethics and Behavior that the American Psychological Association (APA) uses the same logic implicitly. This case also raises issues for a wide range of health and other professional associations.

The Canadian Psychological Association has a particularly long code of ethics, which repeatedly emphasizes the importance of individual rights and human welfare. Principle 1, the highest-priority principle, states that each person “should be treated primarily as a person or an end in him/herself, not as an object or means to an end”. Principle 4 states that psychology “as a science and a profession -- will promote the welfare of all human beings”.

Nevertheless, military operations involve the participation of a broad variety of professions, including psychologists, leading to serious practical difficulties defining acceptable conduct. In both Canada and the U.S., psychologists contribute to the use of military force in numerous ways:

- Psychological research is used in developing artificial intelligence algorithms for the guidance systems for missiles. The Persian Gulf War involved the U.S., Canada and a number of other countries in active combat in 1991. While few pictures of war casualties got past censors, the war was one large photo-op for was a showcase for guided missile technology. The Canadian government estimates that 125,000 to 150,000 Iraqis were killed in the war, many of whom were unwilling conscripts.
- Psychologists also play an important role in personnel selection for the military. Although it is not written in many undergraduate textbooks, APA and CPA were only established as a result of the two world wars, because of the need for mass testing for personnel selection going into the wars.
- Nazi Germany provides an extreme example that helps us to avoid double standards. Political objectives conflicted with health care ethics in mental health professions there too, with the first mass-killings happening in asylums, where the gas chamber technology was perfected before it was instituted in the death camps. About 275,000 mental health patients were killed in the German government’s “Euthanasia” Program, using the same means-end ethic that was subsequently used to justify the further killing some 6,000,000 people in the Holocaust.

As a result of dilemmas which I encountered about military uses of my own work in the area of cognitive science at the time of the Cold War and the Persian Gulf War, I sought a clarification from the Ethics Committee of the Canadian Psychological Association. Unfortunately, it took a political path. My request was characterized as “annoying” by the Chair of the committee. Months before the Ethics Committee made a conclusion, I happened to receive a letter from the President of CPA to its committee

chairs (dated May 27, 1991), which stated that these issues “were political in nature, were not supported by our interpretation of the ethical principles, and that there were strongly held opposing political views in the Association”.

I received a long position statement from the Ethics Committee in January, 1992, although the Chair instructed me that it was strictly an internal document until the Board of Directors decides “at a later date if and when to release it publicly”. The CPA Ethics Committee concluded that just-war ethics concerning military work were consistent with the Canadian Code of Ethics for Psychologists, and ultimately published its interpretation in the Spring 1992 issue of the CPA newspaper. Just-war ethics offer a set of criteria to justify the use of armed force as a last resort in some situations. There has to be a reasonable chance of success in entering the war, and the benefits should outweigh the costs. In fighting a war, a further criterion on non-combatant immunity specifies that violent intervention must attempt to discriminate innocent civilians from military targets. Weapons of mass destruction kill large numbers of innocent civilians, and therefore violate this standard.

CPA went far beyond other health care organizations, in defining official policies for killing people. The CPA Ethics Committee used the following passage from Principle 1, Respect for the Dignity of Persons, in the Canadian Code of Ethics for Psychologists, to make its explanation:

“As individual rights exist within the context of the rights of others and responsible caring (see Principle II), there may be circumstances in which the possibility of --- serious detrimental consequences to themselves or others --- might disallow some aspects of the rights to privacy, self-determination, and personal liberty. However, psychologists still have a responsibility to respect the rights of the person(s) involved to the greatest extent possible under the circumstances ---.”

As such, principle 1 can be seen to be consistent with the possibility of a just-war position”.

Unfortunately, while this conclusion may be an attempt to maintain the status quo and protect the military funding of CPA members, it is seriously flawed from the points of view of logic and ethics. There is nothing in this passage about military work, and the title refers to the dignity of persons, not to killing them. Three different rights are specified that may be sacrificed in some situations: privacy, self-determination, and liberty. But suspending any of these does not justify killing someone!

This is not all. Although the conclusion does not follow and flies in the face of established standards for health care professionals, it is also based on a misrepresentation of the CPA code. The ethics committee deleted two sentences from the passage it quoted to justify its position:

Omitted sentence #1: “Indeed, such circumstances might be serious enough to create a duty to warn others (see Standards 1.40 and 11.36).”

Omitted section #2: “...and to do what is necessary and reasonable to reduce the need for future disallowances”

Standard 1.40 (referred to in omitted sentence #1): “Share confidential information with others...In circumstances of actual or possible serious physical harm or death (see Standard 11.36)”

Standard 11.36 (referred to in omitted sentence #1): “Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical

harm or death. This may include reporting to appropriate authorities (e.g., the police) or an intended victim...”

There are many things in these four passages that could change the conclusion that just-war arguments are acceptable within the terms of the Canadian Code of Ethics for Psychologists. Despite numerous requests for clarification or correction however, CPA and its ethics committee have never offered any retraction or explanation for the omission of these key phrases.

The position statement also appear to be superseded or contradicted by many other established standards. In research ethics in general, since the time of the medical experiments performed in the concentration camps of Nazi Germany, it has not been acceptable to sacrifice a human life for the benefit of a larger group. Similarly, there are many laws in Canada, the United States and other countries against participation in euthanasia, both for health care professionals and for the general public. Capital punishment provides a third example: many major health care organizations have made policy statements in the 1990s against the participation of health practitioners in the death penalty, including the American Medical Association, the British Medical Association, the American Academy of Physicians’ Assistants, the American Nurses Association, the American Association for the Advancement of Science’s Committee on Scientific Freedom and Responsibility, and joint statements including the American College of Physicians, and the American Public Health Association.

One of the difficulties with just-war ethics is that they can be used to justify all sorts of means to ends. I therefore made a formal inquiry in 1992 about whether CPA would draw the line at weapons of mass destruction. Although it took several years of somewhat hostile debate, obstructionism and delay tactics, the Ethics Committee of the Canadian Psychological Association eventually put its position on nuclear weapons on paper in 1995. Incredibly, the Committee argued in favor of work on nuclear weapons and other weapons of mass destruction: *“It is impossible to decide, in the abstract, that such work is a de facto violation of principles set out in the current Canadian Code of Ethics for Psychologists...Any blanket statement about the work of psychologists relating to the development of weapons of mass destruction would be inappropriate”* (March 31, 1995).

Work that contributes to the development or use of nuclear weapons goes against the principle of non-maleficence, or not doing harm, which is the cornerstone of the Hippocratic Oath. It also violates the criterion of non-combatant immunity in just-war ethics. It is becoming clear that any profession in which members may participate in military work should have explicit discussions in their codes on harming other human beings. Even more is needed for health care associations. The International Red Cross has policies which correspond closely to Hippocratic ethics: when health care and medical personnel are involved in military operations, it is with the careful provision that their service is to treat the wounded, not to help the war effort.

The Canadian Psychological Association’s endorsement of work on weapons of mass destruction is aggressive and full of contradictions. It provides the first case in a Western industrialized country since the professional complicity with the Nazi government in Germany in the 1930s and 1940s, in which health care professionals have official support for killing adults and children by the thousands.

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