

# Bioethical Dilemmas in the War against Airport Terrorism: A Forensic-Psychiatric Dissection

Gen Tanaka, MD,<sup>1,2,9</sup> Daniella Keidar, PhD<sup>3</sup>, Zohar Gefen<sup>4</sup>, Ted M. Kahn, Ph.D<sup>5</sup>, Jihye Gyde<sup>6</sup>, Harold J. Bursztajn, MD<sup>2,7,8</sup>

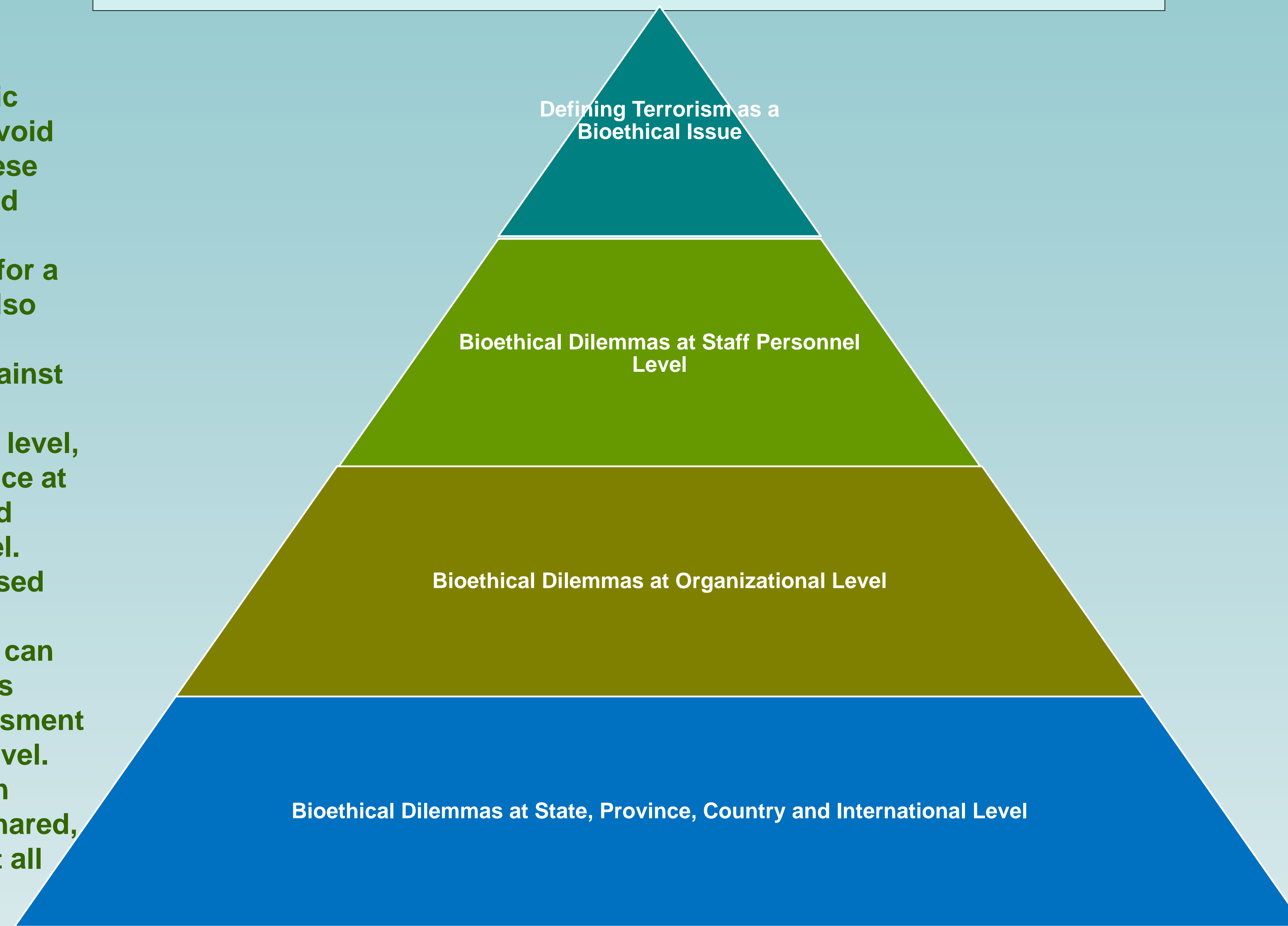
1. Oregon Health & Science University 2. UNESCO Bioethics Chair, American Unit 3. The University of Haifa, Israel 4. Israel Airport Authority 5. DesignWorlds for Learning, Inc. 6. Nonprofit Finance Fund 7. Harvard Medical School 8. Beth Israel Deaconess Program in Psychiatry and the Law 9. Oregon State Hospital



## Background

In 2016, American Unit of the UNESCO Bioethics Chair held a two day conference with a representative from Israel Airport Authority to discuss how to can one practice effective and ethical airport security. We explored how bioethically informed forensic psychiatric practices can be implemented to avoid the dynamic, pitfalls of responses to fear. These include stereotyping, false positives, denial and false negatives. The conference yielded a successful platform for a workshop for airport security personnel, but also raised multiple bioethical dilemmas at varying levels: dilemma of firstly defining bioethics against terrorism that exists as antithesis to all human morals and dignity, dilemma at staff personnel level, dilemma of implementation of bioethical practice at organizational level, dilemma at state level, and ultimately the dilemma at the international level. However, when one applies basic evidence-based medical model and core ethical principles as forensic psychiatrist, many of these dilemmas can be at least re-defined into dichotomies, such as bioethical dilemmas between subjective assessment and objective assessment at staff personnel level. Furthermore, these disparate assessments can ultimately reach consensus through using a shared, empirical method of identification. Likewise, at all levels from microscopic to macroscopic, core psychiatric ethics and scientific practices are implemented to address bioethical dilemmas in a war against Airport Terrorism.

## Bioethical Dilemmas at Varying Levels



## Opposing Principles and Reconciliation

**Staff Personnel Level**  
=Security personnel are afforded with certain powers and authority to ensure safety

Nonmaleficence-cause no harm

VS.

Need of Risk Stratification  
-Profiling as biased form  
-Different ethical ideologies between personnel  
-Requirement for on-the-spot adaptations

Reconciliation with:  
1)Justice-fair distribution of benefits, risks and cost  
2)Create Process and Structure for Internal Checks  
3)Adopt an Evidence-Based Objective Approach

**Organizational Level**  
=Defining organization as knowledge creating community<sub>2</sub>

Nonmaleficence-to protect those within the organization  
-Developing a learning culture  
Obedience to Official Authority

VS.

Dispersion of False Information  
Overgeneralizing stereotypes  
Attrition of members and subsequent loss of accumulated knowledge  
Social Obedience to Perceived Power of Authority and Conformity

Reconciliation with:  
1)Creation of informal learning community by situated social learning perspective  
2)Promote "Critical Thinking Skill"

**State, Province, Country and International Level**  
=Terrorists do not abide by or observe "rules of engagement in war"<sub>3</sub>

Maximize Nonmaleficence  
Minimize Negligence  
Observe International Laws ex. Geneva Conventions

VS.

Actions may be limited due to existing set rules of engagement  
Continuing Need for Adaptation

Reconciliation with:  
1)Further utilization of the Good Samaritan Doctrine<sub>4</sub>  
2)Creation of oversight committees such as a Risk Management Committee that follows entities such as International Organization for Standardization (ISO)<sub>5</sub>  
3)Provide platform for justification of actions to uphold the principle of natural justice-"Audi alteram partem=listen to other side"<sub>6</sub>

Table 1: Principles of Medical Ethics<sub>1</sub>

Table 1 depicts only a handful of the more common ethical principles in medicine

### Authors Contact Information (Co-1<sup>st</sup> Authors)

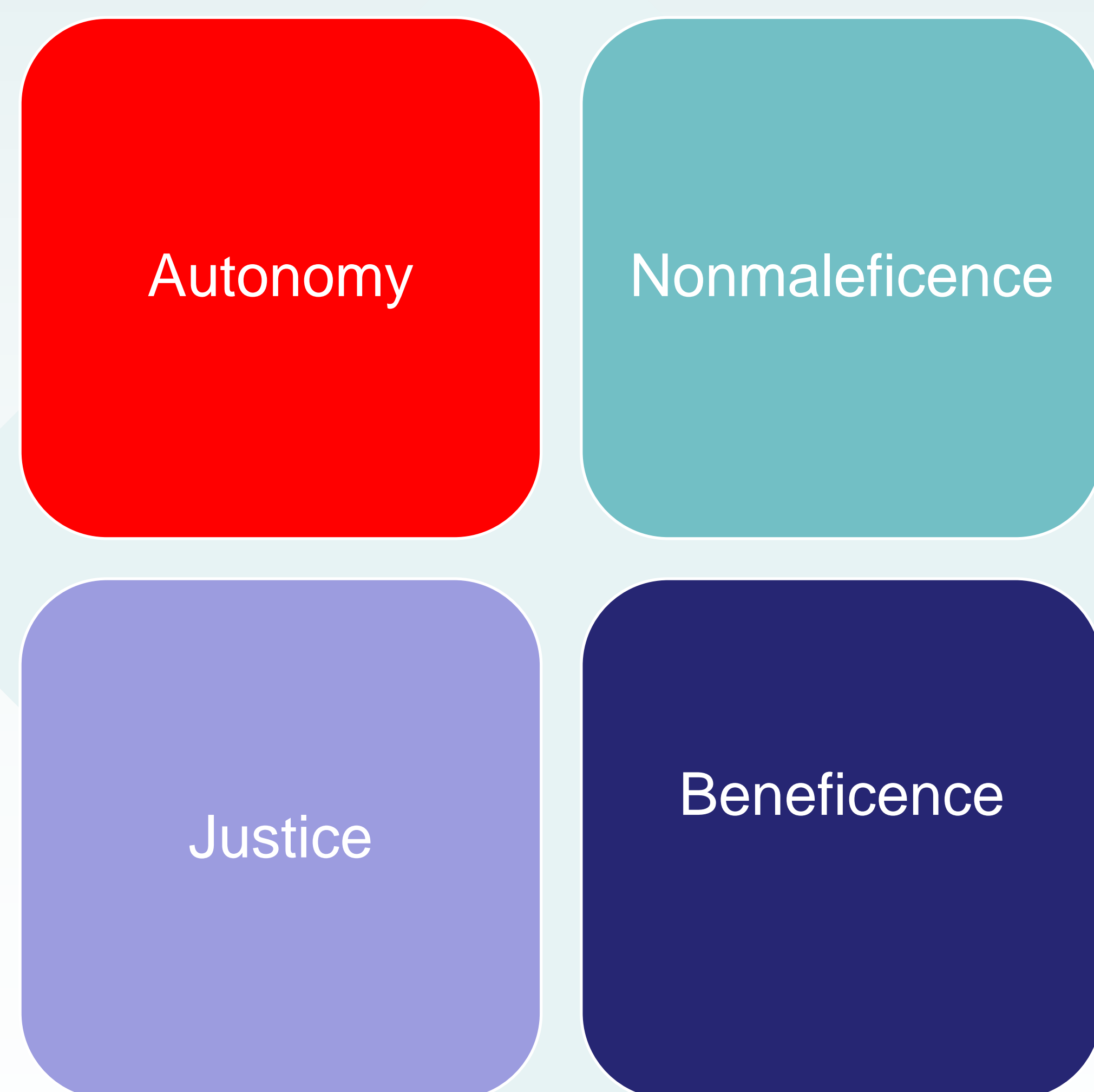
#### Gen Ignatius Tanaka, M.D.

Assistant Professor of Psychiatry, Oregon Health & Science University (OHSU) School of Medicine  
3181 SW Sam Jackson Park Road, UHN80  
Portland, OR 97239  
Associate Director of the American Unit of the UNESCO Bioethics Chair  
Member of the Research Department of the UNESCO Bioethics Chair-Haifa  
email: [tanaka.gen@gmail.com](mailto:tanaka.gen@gmail.com)

#### Daniella Keidar, Ph.D.

Professor in Educational Sciences  
Head of the Department for Human Communication, Health and Ethics at the International Center for Health, Law and Ethics, The University of Haifa, Israel and a lecturer at Zefat Academic College, Israel

"We have to do it in an ethical way. Our job is preventing terror"-Amos Yadlin<sub>3</sub>



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