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The Importance of Nursing Ethics for Establishing a Life-Respect Community -Focusing on the Korean War-

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Abstract

This study attempted to identify the ethical principles of nurses who realized care in the war field with a nurse's unique professional spirit, and to explore a more specialized and subdivided concept of ethical nursing in the future. War has occurred frequently in history, and the outcome has always been tragic. There are always different opinions about what it means to discuss the ethics of these wars. Despite these controversies, the ethics of nursing, which always takes care of the sick at the scene of war, is interpreted regardless of war. The ethical spirit of nursing is to respect life and take care of those who need help. Whether the person asking for help is a soldier or a civilian, it doesn't matter where it is or what the purpose of the war is. Nursing practiced nursing based on the principle of bioethics for all, even in war scenes where there was no ethical reference point. This study explains that it is necessary to inherit the spirit of nursing, which practiced ethical care even in such cruel scenes of the past, and to protect the ethical fundamental spirit of nursing even in the changing environment in the future society.

Keywords: *The Korean War, Nurse, Ethics, Life Respect, Community*

1. Introduction

War is a significant event that threatens our survival and is a kind of social phenomenon that has appeared in the course of human history. However, there is no disagreement that it is a tragic disaster for mankind due to the brutal atrocities that occur in the process and the devastating consequences that result [1]. For this reason, it is common to see war as an immoral thing to be avoided or prevented. On the other hand, it is argued that war should rather be interpreted as having nothing to do with ethics. It is an assertion that war must be understood as a thoroughly political act and has nothing to do with ethical aspects [2]. This argument would mean that war should be interpreted from a political standpoint and it is not right to interpret it from an ethical standpoint. Contrary to the above view, there is also a view that war can be ethically justified. In many cases, they generalize and explain the positions they claim while citing the justified. In many cases, they

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generalize and explain the positions they claim while citing the justification for the war they are causing or conduction, and presenting logical grounds. Indeed, the discussion of whether war, by its very nature, can be a subject of moral discussion is perhaps the first dilemma raised in the ethics of war. Next, even if war is recognized in the ethical realm and made a subject of discussion, apart from that, the question of whether actual wars that occur in reality can be morally tolerated within certain standards and scopes is raised [1].

The essence of nursing and ethics are the same because what it means to be a good nurse and to be a good person are essentially the same thing [3]. The core of nursing and ethics is also the same. As applied to nursing, the terms 'good' and 'ethical' are synonymous. Significance in nursing and ethics share the same purpose. The ethical purpose of life is to create a better world. The purpose of nursing is also the same. In other words, good nurses, ethical nurses work for a better world. The ultimate goal of nursing is to make the world a better place [3]. It is natural to practice nursing ethics in any situation according to the unique characteristics of nursing. In addition, in the context of nursing ethics, respect for patients and responsibility for duties are emphasized. Respect and responsibility are the core values of nursing ethics. Nursing is an act of respect for the patient. The fundamental ideology of nursing is to respect and defend the dignity of human life and basic rights [4]. Patients encountered in the field of nursing are in physical and mental difficulties. A nurse is an agent who cares for the patient. Therefore, nursing ethics does not apply as a different concept just because it is a war scene [5]. In the midst of the extreme discussions about war, when finding a compromise on the ethical stance of nurses who did their best for their duties in war, they face various ethical dilemmas. The necessity of nursing ethics, which is required as a basis for care for survival in war, already strongly asserts ethical necessity in itself, but at the same time threatens other ethical principles or grounds.

Therefore, this study aims to examine the ethical implications of nursing for the establishment of a life-respecting community by examining several moral principles that appear as standards for determining our behavior by grafting them to the special field of war.

2. Contents

2.1 An Ethical Approach to War

Trying to solve social problems through physical violence or the threat of using violence has been one of the basic behavioral patterns of human beings with animalistic attributes since history. Because of human nature that cannot be free from these animal attributes, human history can be said to be a history of war [6]. Although war was a disaster that threatened the survival of mankind, it is an issue that needs to be understood at a different level from natural disasters such as earthquakes and floods, or social disasters such as environmental pollution and infectious diseases. Depending on how we understand war, our notions and judgments about it can change. If war was thought of as an unavoidable natural disaster such as historical fatalism or inevitability, or as a social disaster caused by human limitations or overwork, it would be meaningless to discuss it from an ethical perspective. Because in this perception, war is a natural phenomenon and an event in which human will is excluded, so it is a separate issue from ethical values [2]. However, from the point of view of those who think that war can be prevented by human power, it is thoroughly recognized as an ethical issue [1]. From this point of view, it will be emphasized that war is a great calamity and catastrophe for those who experience it, but it cannot be seen as inevitable or force majeure like a natural disaster given by nature. In addition, the start and end of a war is decided by humans, and it is clearly distinguished from other disasters in that the subject of the

war is also a human being. In addition, compared to other disasters, the starting point of war is different because it develops in combination with various social phenomena created by humans, such as politics, economy, society, and culture, from its cause to its outcome. In other words, war is a human problem, and it is also related to the practice that appeared in the process of human survival, and thus has various problems beyond time and space. Thus, war has a universality to the other side. In other words, it is judged that discussions related to war are possible because it has the necessary conditions for ethical thesis on war.

2.2 Nursing Ethics

Ethics of care in nursing is a core concept that explains the moral ideal of nursing, the identity of nursing, and the ontological basis of nurses [7]. The history of nursing, which has been developed through a long history, is the history of care, and the act of nursing to care for the suffering and sick is given an ethical and moral identity in itself. In addition, in modern society, nursing has been recognized as a scientific and professional discipline, and autonomous judgment and responsibility for that judgment are being emphasized in the present, past the past of following the doctor's unilateral instructions. Therefore, an important core concept of current nursing is the ethical approach to care. The ethical value of nursing can be found in the contents of the Nightingale Oath [8].

I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous and will not take or knowingly administer any harmful drug.

I will do all in my power to elevate standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling.

With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care.

The human beings cared for by nurses means the vulnerable with various problems in various fields. Nurses apply the four bioethical principles proposed by Beauchamp and Childless [9] in the process of taking care of these human vulnerabilities. The first bioethical principle is the principle of respect for autonomy. Autonomy refers to the human right to freely choose in decision-making, and sufficient information and decision-making capabilities are required to exercise autonomy. This autonomous right to self-determination can be recognized within the scope of not harming others. The principle of respect for autonomy is an ethical principle that states that human beings should respect not only their own autonomy but also the autonomous self-determination of others [10]. The second ethical principle is the principle of harmlessness. The principle of no harm prohibits intentionally causing harm to others or risk of causing harm to others. However, in the process of treatment, there are situations inevitably leading to evil deeds. For example, removing a donor's kidney in a kidney transplant operation is unavoidable to do evil to the donor or to save another patient's life. In addition, surgery can be justified in cases where surgery is unavoidably performed while enduring side effects caused by surgery to restore the patient's health [11]. The third principle of bioethics is the principle of benevolence. Good deeds generally refer to acts of kindness, compassion, and altruism [7]. The principle of beneficence is an ethical principle that actively promotes the good of others. It refers to the passive duty not to harm others and the active duty to help others. The principle of beneficence goes beyond the principle of prohibition of doing evil and requires the prevention and elimination of harm and the active practice of goodness. Benevolent interventionism is a case of ignoring the patient's autonomy in order to carry out positive good, and requires a

balance of gains and losses. Dworkind suggested four conditions to apply goodwill interventionism in clinical practice.[12]. First, if the subject is unaware of relevant information or has impaired rational thinking ability (condition of autonomy); Second, if the target is not restrained, it will inevitably result in damage (condition of harm); Third, the subject's rational thinking ability is restored or more knowledge is presented (conditions for approval). The last principle of bioethics is the principle of justice. It is an unconstitutional ethical principle for nurses to present an answer to the question of “who should take care of first” in a situation where there are multiple recipients of care but cannot take care of them all due to physical limitations. In other words, the principle of justice refers to the ethical principle of fair distribution. When medical resources are limited, it is a question of how to distribute resources fairly in terms of patient selection criteria [9]. Various ethical standards can serve as the ethical floor, but they cannot be the ceiling to aim for. However, it is absolutely necessary to narrow the gap between the knowledge and practice of these ethical theories that nurses experience in the field, and to overcome the difficulties of practice [13].

2.3 The Role of Nurses During the Korean War

Nursing history began as a mother taking care of her family. This kind of nursing did not stay only in the medical facilities on the battlefield, but also exerted great power in the psychological stability and emotional comfort of ordinary citizens suffering from the war. Unfortunately, however, the activities of nursing officers during the 3 years of the Korean War are currently covered fragmentarily over a dozen pages in nursing and history, and related studies are insignificant [14].

2.3.1 The Role of Nurses in the Korean War

The 6.25 War was a long and brutal tragedy from June 25, 1950 to July 27, 1953 when an armistice was reached. This war, which lasted for about three years, brought about the greatest tragedy of our nation and was a historical war that inflicted indelible wounds and countless damages on our nation. During the first three days of the Korean War, from June 25 to June 28, 1950, the North Korean army's surprise attack resulted in a chaotic state of defeat, resulting in a huge loss of military strength and a series of wounded patients [14]. Accordingly, at the beginning of the war, the medical unit made efforts to treat the rapidly increasing number of war patients despite poor personnel and equipment facilities [15]. In addition, since its establishment in 1948, the Nursing Division has also made efforts to supplement personnel and secure facilities, equipment, and sanitary materials in order to settle the military nursing business as soon as possible. During these efforts, the Korean War faced a difficult period, but every possible medical facility did its best to treat and safely evacuate war-wounded patients [16]. In the early days of the war, facilities and personnel were continuously replenished to accommodate the wounded, and by the time of the armistice agreement, a total of 43,600 hospitals were maintained, including 15 army hospitals, 3 Jeongyang hospitals, and 8 mobile surgical hospitals [14]. It is judged that the role of the medical unit was able to be fulfilled thanks to the sacrifice and loyalty of the nursing officers who were put into this situation and performed brilliantly from the beginning of the war to the armistice. In addition, nursing performed during the Korean War can be considered to have formed the basis of war veteran nursing considering the period and number of people administered. With the characteristics of nursing education based on holistic nursing, integrated thinking, humanity, and dedication, nursing activities on the battlefield exerted a positive effect on the recovery and health of wounded soldiers. Soldiers who participate in war experience the most extreme mental, psychological, and physical stresses that humans can experience while experiencing the fear of not knowing when they will die, and witnessing the injuries and deaths of their comrades who lived with them [16]. According to the results of a study conducted by Cheon, who studied the

wounded experiences of soldiers who experienced such wars, when they lived in a harsh environment and in extreme fear of death, nurses at medical facilities were able to be said that he felt gratitude and satisfaction when he gave him an individual existence and provided care according to the situation [16]. Based on the experience of soldiers who participated in the battlefield, the three-year the Korean War resulted in numerous casualties and destruction of most production facilities, resulting in a devastated land [17]. In these war scenes, nurses made great efforts to establish a medical support system and establish management plans while nursing and treating the wounded through empathy for their experiences of injuries. Infectious diseases were common on the battlefield. Because it is difficult to supply clean water and proper nutrition in the war zone, which lowers immunity. In addition, outbreaks of infectious diseases were a natural phenomenon as they frequently traveled long distances while living in groups. Nurses always did their best to prevent and manage these infectious diseases. During the Korean War, many people died not only from battle but also from epidemics, especially typhus [18]. The United Nations Civil Assistance Corps Korea (UNCACK), organized by the 8th US Army under the United Nations Command, was in charge of responding to infectious diseases occurring at the battlefield. The reason UNCACK paid attention to public health and sanitation for managing typhus was that it was expected to affect not only Korean units but also US units because it was a highly contagious epidemic. Furthermore, it was judged that these epidemics would be an important factor in winning or losing the war. The main activities for epidemic prevention were vaccination and spraying of DDT, one of the insecticides. To carry out these activities, a team was created and operated within UNCACK, and the members of the team consisted of doctors, nurses, and assistants. Although it suffered from a lack of operating budget, lack of related legal systems, and lack of trained professionals and facilities, it was able to become an important background for modern public health to take root through many trials and errors [18].

2.3.2 The Role of Nurses for Ordinary People during the Korean War

During the Korean War, the United Nations Command was in charge of relief and aid under the slogan of “preventing disease, hunger and insecurity” to protect the people from the damage of the war. The first UN aid organizations were the UN Korea Reconstruction Agency, the UN Civil Aid Investigation Command, and the UN Children's Fund. In particular, during the Korean War, the UN Civil Aid Investigation Command was in charge of various tasks for administrative, timely, judicial, economic, social, and health hygiene [18]. In one of the projects, midwives were trained to care for children and women, who are relatively vulnerable groups [19]. This is because it was important to nurture nurses and midwives who took care of ordinary people as well as on the battlefield taking care of soldiers in a state where about 1/3 of all nurses and midwives were missing due to the war. In wartime, nurses obtained midwives' licenses to take care of those who needed their help, and did their best where they were needed [20]. Representative nurses who played a leading role in this role include Keum-Jeon Lee and Shin-Kwang Han. History records the following about these two people [21, 22]. During the Korean War, nurse Keum-Jeon Lee continued her activities in the Korean Nursing Association in Busan, the place of refuge, and made great efforts to train midwives. In addition, in the situation where the nurse license exam is being conducted, a method to continuously improve the qualifications of nurses was sought together. As a result, in a situation where the demand for nurses increases due to the war, the government decided to unify standards and systematically manage the national examinations by centrally enforcing them in order to consider qualitative aspects together [21]. Han Shin-Kwang worked as a manager of the women's business in Busan, where a lot of refugees flocked when the Korean War began. At this point, she gathered about 100 children and homeless women in refugee camps and established a mother and child center and received a commendation for her work to comfort refugees [22]. At the beginning of the Korean War, the Korean government chose retreat rather than military conflict, resulting in a large number of refugees nationwide. The first evacuation

was the period from the outbreak of war to the time before the Incheon Landing Operation, when civilians in Seoul and Gyeonggi Province evacuated to Busan and Daegu. The 2nd evacuation refers to the large-scale evacuation caused by the Chinese army's participation in the war on October 25, 1950 and the 1·4th retreat. At this time, it is estimated that about 5 million people moved as civilians from North Korea and Seoul, Gyeonggi, and Chungcheong started to evacuate together [23]. Refugees have a higher incidence of epidemic diseases as their immunity is reduced due to destruction of livelihoods, lack of drinking water, long distance travel, and malnutrition [18]. The movement of refugees forced the government to bear the double burden of relief and control [17]. Because refugees were human resources necessary for the war effort, and they had to be rescued in order to advertise South Korea's superiority to North Korea. However, on the other hand, it is recognized as an obstacle to military operations and cannot help but be controlled [24]. In the midst of such chaotic feelings about the existence of refugees, the epidemic that occurred to them was an urgent problem to be solved [17]. The number of first-class infectious diseases that occurred in 1951 increased by 15 times and the number of deaths by 30 times compared to the previous year [23]. In particular, the incidence rate has increased rapidly in the unit of the county where there is no medical staff. In particular, the incidence rate has increased rapidly in the unit of the county where there is no medical staff. As the outbreak of war began, the incidence rate of infectious diseases steadily increased. In order to manage this, UNCAACK's public health department conducted 'inoculation to all Koreans' and 'DDT in the entire Korean Peninsula' from February 1951 for management based on the results of epidemiological investigations related to infectious diseases. The roll was declared [25]. In order to implement this plan, activities were carried out centering on public health clinics nationwide. The health clinic nationwide consisted of 1 doctor, 1 public health nurse, 5-6 sanitary inspectors, and 10-12 nurses or midwives, most of which were nurses [17]. It was difficult to find detailed records on the role of nurses at the time, but the health clinics that were implemented at this time served as an important background for modern public health to take root [23]. After passing through this trend of the times, nurses have played a pivotal role in health clinics until now. In addition, doctors and nurses participated in education and training for the control and treatment of tuberculosis, one of the infectious diseases during the Korean War, and participated in tuberculin tests and BCG vaccinations. The efforts of nurses involved in a team approach to infectious disease control for the civilian population were able to reduce the incidence and mortality of infectious diseases [26]. During the Korean War, nurses not only did various activities in cooperation with the government to protect refugees, but also conducted health care activities in cooperation with the Korean Red Cross. During the Korean War, many nurses were dispatched for refugees to manage patients. In particular, efforts were made to manage colds, bronchitis, and lung diseases [27].

3. Contents

Although the ethical standard in war is the minimum standard, it will not be easy to keep the ethical side in a war of killing and mercilessness. It is not simply that these principles are difficult to abide by, but ethical principles may conflict with each other or be in situations where the principles are forced to be abandoned. In particular, when considering the ethical standpoint centering on human life in war, various problems become more prominent. The fundamental ideology of nursing is to respect and defend the dignity of human life and basic rights, and it is necessary to understand how this fundamental ideology was interpreted and grafted in the special situation of war. This is because based on these results, it is necessary to suggest a new direction for ethics education by reflecting on the future of nursing education, the moral characteristics of nursing to predict ethical nurses, and the characteristics of ethical nurses. In this study, not only the understanding of the past phenomenon regarding the relationship between war and nursing ethics, but also the basics of how to apply it in expected situations in the future were conducted. Nurses are the closest professionals to caring for those they rely on to

entrust their vulnerabilities. Therefore, it is judged that it is meaningful to draw a blueprint for the future based on past events on how to approach ethically in the war field with a differentiated ethical view from other professions. The nurses who joined first, regardless of where nursing was needed within the flow of history, are professionals who, above all, provided care from an ethical approach. It will be an important task in the future for nursing to discover and nurture its noble power in multidisciplinary studies with its subjectivity as a canonical profession of women. There is also a need to continually explore how the concept of division of labor, specialization and fragmentation of nursing should be ethically expressed.

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