

## DEVELOPMENT OF HUMANITARIAN LAW IN THE MEDICO-MILITARY FIELD

*Under the above title the Revue suisse de médecine militaire (1974, No. 4) published a paper read last year at the Seventh International Advanced Course for Young Military Doctors by Mr. F. de Mulinen, whose article "Signalling and Identification of Medical Personnel and Material" appeared in the September 1972 issue of the International Review.*

*The writer refers to the need to "modernize" the 1949 Geneva Conventions by supplementing them, and to the ICRC's efforts to prepare two draft Protocols. He goes on to consider problems of medical tactics and technique concerning military doctors in particular. The headings of the different parts of the paper are:*

*Improvement of protection for civilian medical services*

*Signalling of medical service equipment*

*Distinction between military objectives and civilian objects*

*Methods and means of combat*

*Special provisions for civilian population*

*Non-international armed conflict.*

*In the conclusion, which we reproduce below, he indicates the value of co-operation by military doctors in the work that still lies ahead for the development and practical application of international humanitarian law.*

*... No improvement will be of any value unless applied.*

The methods of marking and identification show particularly well the procedure to be followed to ensure respect for humanitarian law. The use of such methods must be specified clearly and precisely to avoid the errors and confusion which are all too frequently the source of so-called breaches of the Geneva Conventions. Distinctive emblems too small by comparison with the surface of the object to be protected are

often useless. They may wrongly be thought to confer protection, and an adversary might be accused of violating the immunity due to a medical establishment which is culpably marked in an inadequate manner. Such an alleged violation will sow doubt on both sides and endanger all other objects entitled to protection.

The problem is one of education. It is true that the Geneva Conventions and the Protocols do contain penal provisions, but no penalty can remedy the harm caused or revive the dead. Prevention is better than cure.

Military doctors can do much. Through the medical services they can counsel or guide their governments and contribute their knowledge to overcome the difficulties of developing humanitarian law.

After adoption of the Protocols, there will still be a great deal of work to be accomplished within each State and particularly in the armed forces. The co-existence of the 1949 Geneva Conventions and the Protocols has the advantage of not calling into question what has already been acquired. On the other hand, many points are contained in separate laws of various ages, spread at least over a quarter of a century and many bearing the stamp of their times.

What has to be done, therefore, is to summarize the Conventions and the Protocols and to submit outlines of the overall rules on specific matters. This procedure will be essential whenever a Protocol provision develops one Convention or another only slightly or only on a point of detail, as will probably often be the case. By contrast, where a Protocol introduces an almost complete innovation, it can be taken as a basis with little reference to the Convention. Such will be the case, for example, in connection with medical air transport on which subject the little that is said in the First and Second Conventions is entirely repeated and very much developed in Protocol I.

For this work of implementation too, military doctors can do much. The ICRC counts on them and knows that it may do so.

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