

NURSES AND THE GENEVA CONVENTIONS

In July 1970 an international seminar organized by the International Council of Nurses was held in Warsaw. Its theme was the law relating to nursing.¹ Reminding participants of the general legal principles of medical legislation, Miss M. Henry urged them not to forget, in spite of the administrative aspect of the meeting's work, the profoundly human character of nursing: "Do not let us lose sight of the individual who is the reason for nursing legislation, nursing councils, professional associations, divisions of nursing in government departments, and for our being here today: the patient".

For her part, Miss A. Pfirter, representing the ICRC, and at that time head of that Institution's medical personnel section, explained the 1949 Geneva Convention provisions of concern to nurses. Parts of her address are quoted below:

A single decade is very little in the course of history and yet the ten years from 1854 to 1864 were marked by three fundamental ideas whose implementation has continued to bear fruit ever since throughout the whole world. All three are of concern to nurses. They are:

- professional training in secular nursing schools;
- the birth of the International Red Cross and National Red Cross Societies;
- the conclusion of the First Geneva Convention for the amelioration of the condition of the wounded in armies in the field, which was later followed by
 - the Second Geneva Convention for the amelioration of the condition of wounded, sick and shipwrecked members of armed forces at sea;
 - the Third Geneva Convention relative to the treatment of prisoners of war, and

¹ "Report of an International Seminar on Nursing Legislation", published by the International Council of Nurses (Geneva, 1971, 101 pp.).

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the Fourth Geneva Convention relative to the protection of civilian persons in time of war.

It would be difficult for us to imagine what the plight of military and civilian wounded and sick in conflicts in the 20th century would have been if they could not have

- been given nursing care by qualified personnel;
- received medical and food relief from the Red Cross;
- benefited from the protection of the Geneva Conventions.

That they can do so is due to the work of two great pioneers of the last century, namely: Florence Nightingale and Henry Dunant.

Nursing care, relief and protection are the only pillars sustaining the hope of innumerable victims of war. However, the rules relating to these three must be known and respected, otherwise one or another of these pillars might collapse and bring the others down with it.

Let us then examine the general provisions for the protection of certain categories of persons, particularly the wounded and sick and the personnel assigned to treat them. The doctors and nurses and all the personnel of the armed forces medical services and of civilian hospitals in an occupied country or in an area where military operations are going on are—it must be emphasized—protected only in the interest of their patients and provided that they maintain the strictest neutrality. That neutrality is testimony of the enemy's confidence in the protected personnel. The commission of any act in breach of the rules laid down in the Conventions could have the most serious consequences not only for the person who committed the offence but also for those for whom he is responsible.

Before a State ratifies the Geneva Conventions it must bring its national legislation into line with the provisions of those Conventions; in consequence, the Conventions today are binding on the whole population of 135 countries which are parties to the 1949 Geneva Conventions.

Nurses who, in the event of conflict, discharge their duties either in their own country or with a medical team abroad are among the first called upon to apply these Conventions. It is, therefore, essential that they be adequately prepared to do so.

The handbook *Rights and Duties of Nurses under the Geneva Conventions of August 12, 1949* summarizes the essentials.

Rather than dwell on some of the articles in the Conventions, I prefer to call upon you to imagine that you are in one or other of the following situations:

A military hospital is set up in a hotel on a hill and with a clear view in every direction. It is distinctly marked by several protecting Red Cross signs. The commander of an anti-aircraft unit sends his technicians to set up an observation post in the top storey. The technicians inform the matron of the orders they have received.

What should her attitude be?

Ten wounded troops are brought to the surgical unit. Two of them are enemy soldiers in need of immediate revival treatment, whilst the remaining eight have only minor wounds.

Which cases have to be given priority?

An army medical service ambulance is captured by the enemy.

What will happen to the wounded and the sick?

What will happen to the doctors and nurses?

What will happen to the medical equipment, transport equipment, etc.?

Can medical personnel be taken prisoner of war? If so:

What will their status be?

How can members of the medical service prove their identity and assignment?

What type of work may they be compelled to do?

How can they communicate with their families?

A country is invaded by a foreign army. An officer of the enemy army medical service wishes to requisition for his own wounded a hospital which already has several hundred patients.

What is the correct solution?

A nursery in an occupied area is short of food and medical supplies. How can that be remedied officially, bearing in mind that children under twelve, invalids and old people have certain privileges under the Fourth Convention?

The matron of a hospital in occupied territory is informed that two nurses, entitled to the protection granted to hospital staff by the Fourth Convention, take an active part in a resistance movement when off duty.

What should be done?

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What arrangements must the management of every civilian hospital make in peacetime with a view to protecting it and its staff in time of war?

It would not be difficult to extend the list of situations with which a member of the medical personnel might have to deal. Her decision—depending on whether she knows the Geneva Conventions or not—her personal reaction, perhaps ill-considered, will often be decisive not only in respect of the plight of the wounded and the sick for whom she is responsible, but also for the other members of a medical unit or civilian hospital.

The seminar's recommendations and conclusions contain the following paragraphs which are important for the dissemination of the Geneva Conventions :

. . . (4) The Geneva Conventions of 1949 having become part of national legislation by ratification of individual governments, all nurses should be instructed in the provisions contained therein concerning nurses; this instruction should be continuing.

The instruction should be included in the basic curriculum of all nursing personnel. In time of national emergency the instruction should be extended to all categories of persons undertaking nursing duties. . . .
