



Rethinking Casualty Evacuation: Applying a Bioethical Lens to Unmanned Casualty Evacuation in LSCO

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BACKGROUND

- Future conflicts may involve contested airspace
- Medical personnel and resources become high-value targets
- Unmanned casualty evacuation is a potential mitigation strategy for prolonged evacuation timelines

Feature » Health in Conflicts

How attacking healthcare has become a strategy of war

BMJ 2025 ; 391 doi: <https://doi.org/10.1136/bmj.r2153> (Published 23 October 2025)

Russians attack medevac vehicle in Kharkiv Oblast with drone, killing two people

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Russia increasingly targeting emergency responders

Lily Hyde



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Unmanned casualty evacuation (UCE) is ethically acceptable when the benefits of rapid, safe transport for the casualty outweigh the inherent risks, such as absence of enroute care and risk of enemy interference.

Four Principles of Bioethics



Autonomy

Respecting an individual's freedom to make their own decisions



Beneficence

Acting in the best interest of the casualty



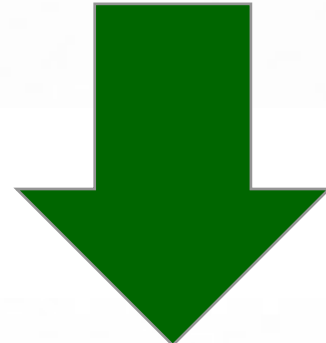
Nonmaleficence

Doing no harm, avoiding harm



Justice

Treating all casualties with fairness, equality, and impartiality



ETHICAL FRAMEWORK

Applying the four principles of bioethics to UCE reveals key tensions:

AUTONOMY

Informed consent, right to refuse care or transport

BENEFICENCE

Rapid extraction, decreased risk to medical team

NONMALEFICENCE

Lack of enroute care, risks of transport

JUSTICE

Resource allocation, impartial prioritization



IMPLICATIONS

Military medicine must proactively develop doctrine, training, and technology for UCE to support ethical decision-making in combat.

- Consider psychological impacts in UCE platform design
- Discuss UCE pre-deployment to support Warfighter autonomy and reduce ethical paralysis during combat
- Incorporate UCE into training exercises prior to deployment
- Ethical considerations include protection of the care team and preservation of force capability