Letters to the Editor

Editors' Introduction—Goals and Views

Wilderness & Environmental Medicine is honored to have authors and readers represented from many countries throughout the world. As such, we take pride in providing a fair and objective avenue for the dissemination of wilderness medical knowledge. The nature of our specialty sometimes delves into the medical aspects of the battlefield. The political aspects of war, however, are a topic that Drs Hedelin and Péclard rightly state is not part of our mission as a medical journal. Our goal is to keep articles focused on the medical advances gleaned from the front lines (its own kind of wilderness), and free from political agendas. We regret that this article may have given any perception of bias. We take this opportunity also to re-state the journal's position outlined by Dr Lemery in a recent editorial (Lessons from Dr Strangelove. *Wilderness Environ Medicine*. 2012;23; 2–4) that physicians should be advocates for health for all, and for policies that promote health in all political domains. —Eds.

The Bias of Medical Care—Keeping Medical Journals Free of Propaganda

To the Editor:

In a previous issue of *Wilderness & Environmental Medicine*, Rodway and Muza¹ provide a captivating exposé of the impact of high altitude on military operations in “Into Thin Air” and give an interesting historical perspective. We do, however, have concerns regarding certain points made in the conclusion of the article. Rodway and Muza quote Dr Houston: “[F]ailure to learn such basic lessons [about mountain warfare] from the past has continued to cause avoidable casualties and has too often led to defeat.”¹ It is obvious that “defeat” here refers to the failure of Western armies fighting local armed forces in the Middle East. The quote above implies a position that is controversial, especially from a global perspective. Both historically and in the contemporary world, the vast majority of casualties are local soldiers and civilians, yet we see no mention of medical concern for non-Western soldiers.

Rodway and Muza continue: “[W]e can only hope that the science and practice of wilderness medicine . . . will aid the efforts of Western governments and their armed forces as they struggle to bring some sense of stability to a country that has known little regularity other than that of a steady and dreadful series of violent conflicts . . .”¹

We do not, in this forum, wish to start a debate on the feasibility of this project nor on the moral right of Western governments to impose their will with military means on impoverished countries. We do, however, wish to ask the authors how they came to this conclusion based on the facts presented in the article. The universal need for a better understanding of altitude illness is not controversial, but that is not the point that is being made above.

The authors disclose that they are affiliated with the US army. But that disclosure does not justify a radically biased conclusion in a scientific journal. We wish to end by disclosing that we believe that scientific progress and medical attention should be available according to need and not to allegiance.

Henrik Hedelin, MD
Orthopaedic Department
Sahlgrenska University Hospital
Gothenburg, Sweden

Emil Péclard, MD
Falun, Sweden

Reference

1. Rodway G, Muza S. Fighting in thin air: operational wilderness medicine in high Asia. *Wilderness Environ Med*. 2011;22:297–303.

In Reply to The Bias of Medical Care

To the Editor:

We thank Drs Hedelin and Péclard for their thoughtful letter regarding our article, “Fighting in Thin Air.”¹ Our piece was written for the Operational and Tactical Medicine Section of *Wilderness & Environmental Medicine*, and, thus, the numerous tragic civilian humanitarian issues associated with the current Afghan conflict were beyond the purview of the article's purpose. It was written from the perspective of examining the various physiological issues involved in native lowlanders undertaking military operations in High Asia and the consequent altitude-related medical problems they face. Thus, consideration of the medical problems of Afghan fighters native to higher altitudes was not the focus of this paper, either.

No doubt, one could endlessly argue the politics of recent Western military involvement in Afghanistan and Iraq, and the subsequent costs. The story we were trying