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EDITORIAL

The Imperative of Effective Management of War-Related Burn Injuries in an Era of Dehumanization and Invisible Enemies

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Abstract

Volume 9, Issue 1, of the Kosova Journal of Surgery brings an invited paper on “Emergency Management of War-Related Burn Injuries”¹ by one of the world experts, Prof. Bishara Atiyeh, MD. This paper reemphasizes the critical need for effective management of war-related burn injuries amidst the backdrop of modern warfare, characterized by increased dehumanization and the use of advanced weaponry. Highlighting the humanitarian crises stemming from contemporary conflicts, this timely paper addresses an alarming rise in burn injuries, particularly in regions like Ukraine and the Middle East, Asia where civilian populations suffer severe morbidities due to explosive munitions and thermobaric devices. Dr. Atiyeh emphasizes the urgent requirement for adaptable emergency burn care strategies, particularly under resource constraints, necessitating difficult triage decisions. The paper also explores the psychological ramifications of distance warfare on both victims and perpetrators, with a significant emphasis on the long-term care needs of children suffering from burn injuries. It advocates a multidisciplinary approach to rehabilitation, encompassing medical, psychological, and social reintegration programs. Furthermore, although not a major subject of the paper, it stresses the importance of establishing specialized burn centers during peacetime, which would not only enhance immediate response capabilities in times of conflict but also serve as training

grounds for surgical and medical professionals. There should be a higher ethical awareness regarding the impacts of remote warfare and the collective responsibility of the healthcare community to ensure comprehensive care for burn survivors, aiming for their healing and reintegration into society amidst the scars of conflict.

Keywords: war-related burn injuries; emergency management of burns; dehumanization; invisible enemy; rehabilitation strategies; multidisciplinary approach; psychological impact; Specialized burn centers.

Contemporary conflicts have increased the incidence of war-related burn injuries, presenting significant public health challenges. Dr. Bishara Atiyeh’s state of the art invited review highlights the complexity of managing burn trauma in armed conflicts and underscores the humanitarian crises faced by affected populations. While burns do not constitute most wartime fatalities, they are among the most resource-intensive injuries to treat, necessitating a comprehensive understanding of their implications for military and civilian healthcare systems. Moreover, the urbanization of military conflicts has drastically altered the landscape of warfare, leading to an increased prevalence of war-related burn injuries among civilian populations. As battles are increasingly fought in densely populated areas, the risk of using powerful explosive ammunitions and incendiary

devices becomes dangerously amplified. Urban environments are often characterized by the proximity of military and civilian structures, resulting in tragic and unintended harm to non-combatants, and often not knowing the real number of injured or dead military personnel or population caught in the fire². This shift not only complicates the dynamics of conflict but also intensifies the burden on healthcare systems that must manage the aftermath of such injuries. The entrapment of civilians in combat zones, coupled with the destruction of essential infrastructure, exacerbates the humanitarian crisis and highlights the urgent need for effective emergency care and rehabilitation strategies tailored for urban warfare scenarios. Consequently, addressing the physiological and psychological impacts of burn injuries in conflicted urban settings demands a coordinated effort from both military and civilian health services to ensure comprehensive and timely medical responses.

Current conflicts in regions such as Ukraine and the Middle East, Africa and Myanmar war³, South Sudan⁴ illustrate the unfortunate growing prevalence of burns, often time burning people alive deliberately. The deployment of advanced weaponry—such as explosive munitions and thermobaric devices—in urban environments disproportionately affects civilians, resulting in severe morbidities, including disfigurement and functional impairment. A significant percentage of traumatic injuries in recent operations have been attributed to burns, raising urgent questions about the preparedness of medical teams to address the related complexities.

Dr. Atiyeh emphasizes the need for rapid adaptability in emergency burn care, advocating for “minimal acceptable care” amid resource constraints. This approach requires difficult triage decisions regarding the allocation of limited medical resources, as civilian casualty rates often overwhelm healthcare systems in conflict zones.

The evolution of modern warfare, characterized by remote combat technologies such as drones and high-altitude bombing jets, detaches combatants from the immediate consequences of their actions. This detachment fosters a dehumanizing perspective on the invisible enemy⁵, complicating moral accountability. As perpetrators of violence remain distant from their victims, the psychological toll of warfare manifests predominantly in children and civilians, who bear the brunt of these conflicts.

The author highlights an important aspect of modern warfare: the profound impact on civilian populations,

particularly focusing on the role of civilian surgeons and healthcare providers as both caregivers and victims. In contemporary conflicts, civilians often bear the brunt of violence, suffering not only injuries but also facing severe challenges in accessing adequate surgical and medical care. The author emphasizes that civilian healthcare professionals are thrust into critical roles during wartime, often unprepared for the complexities of treating severe injuries resulting from blasts and burns. This dual position—being a target in conflict zones while also serving as frontline caregivers—underscores the vulnerability of both civilians and healthcare workers in the face of escalating violence. The urgent need for resources, training, and support for civilian providers is essential to manage the overwhelming burden of casualties effectively and to maintain some semblance of healthcare during the chaos of war.

The long-term management of war-related burn injuries, particularly for children, requires a multidisciplinary approach. These injuries often result in extensive physical and psychological morbidities, necessitating comprehensive rehabilitation strategies tailored to individual needs. Reconstructive surgeries, psychological counseling, and social reintegration programs are essential components of care for young burn survivors. Educational adaptations and community support can facilitate their successful reintegration and healing.

Establishing specialized burn centers during peacetime is critical for effective responses during conflicts. These facilities should be equipped with advanced medical technology and staffed by trained professionals capable of managing complex burn cases. They will also serve as vital training hubs, enhancing the capabilities of medical personnel in both military and civilian contexts.

In conclusion, addressing the human cost of modern warfare requires a commitment to improving medical response systems, particularly for vulnerable populations like children. A focus on the ethical implications of remote warfare and the necessity for humanizing medical care in conflict zones must guide future military strategies. The healthcare community bears a collective responsibility to ensure comprehensive care for burn survivors, allowing them to heal and reintegrate into society despite the lasting scars of conflict.

PS: As I am finalizing this editorial, another senseless bombing of a health clinic in Gaza kills 15 kids while they were waiting for medical care for severe malnutrition and as usually, we hear perhaps only of the dead⁶.



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