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## Health Care and Professionals

by Monica Fish

One of the unfortunate truths of the current human rights regime is that it has given rise to an entirely new aid industry. Fortunate as it is that there are willing individuals eager to share their knowledge and expertise with those in need, the group of professional men and women making up the army of humanitarian workers is, perhaps, overextended and under appreciated. One way of helping the next generation of humanitarians to train and prepare for working within a context of human rights is to provide them with the sound analytical research based on research of current human rights conditions. This is precisely what programs such as the Humanitarianism and War Project seek to do.

The literature in this section provides precisely this type of information. Geared toward individuals with a desire to improve human rights conditions in the medical profession, these books, articles, and links serve as a basic introduction to the types of material now available in academic and scholarly form.

It is important to first stress that the materials gathered here are not intended to be comprehensive; rather, they are merely illustrative. Despite this, two topics are particularly relevant and worth mentioning. First, the connection between human rights and mental health receives considerable attention here because of the variety of material available and the breadth and importance of the topic in human rights. From refugees to asylum seekers, rape and torture victims, all victims of human rights abuses are likely face mental as well as physical scars. Good training in mental health is necessary to identify and facilitate rehabilitation.

A second, related category addresses torture from the standpoint of human rights and the medical profession. It's important in two ways. The first is that international condemnation of torture has spawned multiple venues where victims may seek restitution and justice. Thus, medical professionals have to be prepared for the possibility that where they witness torture, they may be called in their professional capacity to testify about what they have witnessed. The second reason relates to the all too common truth that, where acts of torture occur, medical professionals are faced with the difficult choice of silently caring for the victims or publicly speaking out with the information they have available. In the worst cases, it is doctors themselves who are implicated in acts of torture—forced by powerful actors to take part in activities contrary to their professional responsibilities and ethics.

Given the dual implications of torture for medical health care professionals, a second section seeks to provide an overview of literature for health professionals faced with these and other related problems. The books, articles, reports, and websites in that section discuss health professionals working in human rights. It includes resources on health professionals' work and experience in human rights, their present and potential roles and responsibilities in human rights, and new human rights' initiatives and projects being taken on by medical professionals.

## Health and Human Rights References for Professionals

Attaran, A. 1999. "Human Rights and Biomedical Research Funding for the Developing World: Discovering State Obligations Under the Right to Health." *Health and Human Rights: An International Journal* 4(1) 1999:26-58.

Boersma, R. "Forensic Nursing Practice with Asylum Seekers in the USA - Advocacy and International Human Rights: a Pilot Study." *Journal of Psychiatric & Mental Health Nursing* 10(5): 526-534.

Helweg-Larsen, K., et. al. 2004 "Systematic Medical Data Collection of Intentional Injuries during Armed Conflicts: A Pilot Study Conducted in West Bank, Palestine." *Scandinavian Journal of Public Health* 32(1): 17-24.

This article presents the results of a collaborative study using medical data to assess the number and character of intentional injuries before and during armed conflict. Intentional injuries were reported at two hospitals in West Bank, Palestine, and classified by The International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD10) and the new International Classification of External Causes of Injuries (ICECI). It was found that Injury registration by ICD10 combined with ICECI codes facilitates analyses of correlations between characteristics of armed conflicts and injuries.

Iacopino, M.P., Peel, M. (eds.). 2002. *The Medical Documentation of Torture*. Cambridge: Cambridge University Press.

This book supports the work of doctors and lawyers undertaking three types of medical investigation: documentation of torture for the purpose of bringing criminal or civil charges in court against individuals or their supporting organizations; verification of allegations of torture, usually for the purposes of publication by organizations such as Amnesty International, Human Rights Watch and Physicians for Human Rights; documentation of torture in support of individual claims for refugee status, provided by doctors at such organizations as the Medical Foundation for the Care of Victims of Torture.

Kaplan, A. 2003. "Psychiatry and Human Rights Abuses." *Psychiatric Times* 20(11): 1-6.

This article comments on the lack of recognition of the human rights of people with mental illness worldwide. Of particular interest are the conditions of the mentally ill at psychiatric hospitals; on the history of the political use of psychiatry in the late 1970s; the incarceration of dissidents and religious follower in Romanian psychiatric institutions; and the committee opposing the political abuse of psychiatry, the Geneva Initiative on Psychiatry.

Kaminer Debra, Dan Stein, Irene Mbang, and Nompumelelo Zungu-Dirwayi. 2001. "The Truth and Reconciliation Commission in South Africa: Relation to Psychiatric Status and Forgiveness among Survivors of Human Rights Abuses." *British Journal of Psychiatry* 178:373-377.

This article discusses study showing that participants in South Africa's Truth and Reconciliation Commission (TRC) do not always obtain adequate psychiatric forgiveness or healing. Therefore, the TRC should form part of, rather than be a substitute for, comprehensive therapeutic interventions for survivors of that country's human rights abuses.

Keller, A.S., B. Rosenfeld, C. Trinh-Shevrin, C. Meserve, E. Sachs, J.A. Leviss, E. Singer, H. Smith, J. Wilkinson, G. Kim, K. Allden, and D. Ford. 2003. "Mental Health of Detained Asylum Seekers." *Lancet* 362(9397): 1721-1724.

This article addresses the stress resulting from the prolonged detentions of asylum claimants in the USA. Interviews and questionnaires were used to assess symptoms of anxiety, depression, and post-traumatic stress disorder in 70 asylum seekers. It was found that all symptoms were notably correlated with length of detention. The findings suggest detention of asylum seekers weakens psychological health.

Laing, J.M. 2003. "Reforming Mental Health Law and the ECHR: Will the Rights of Mentally Vulnerable Adults be Protected?" *Journal of Social Welfare & Family Law* 25(4): 325-340.

This paper highlights some of the main inadequacies of the current law on mentally disordered and incapacitated patients in England and Wales. It shows that the minimum requirements of Article 5 of the European Convention on Human Rights (ECHR) are still not being met, and gives an account of recent reform proposals.

N/A. 2003. "Compulsory Detention Should Only be an Option in Extreme Cases." *Mental Health Practice* 7(3): 8.

This article reports New Zealand Mental Health Commission commissioner Mary O'Hagan's opposition to proposed compulsory detention in mental health units where a fear exists of possible future criminal activity. Themes include: detention of people considered at risk of committing crime; human rights issues; and factors important in reaching decisions on community treatment orders.

Patrice T., Piero Olliaro, Els Torreele, James Orbinski, Richard Laing, and Nathan Ford. 2002. "Drug Development For Neglected Diseases: A Deficient Market And A Public-Health Policy Failure." *Lancet* 359(9324): 2188-2130.

This article addresses the lack of pharmaceuticals for infectious diseases affecting poor people in the developing world. It analyzes the implications of a study of pharmaceutical research and development that reveals that of 1393 new chemical entities marketed between 1975 and 1999, only 16 were for tropical diseases and tuberculosis. The article concludes by suggesting ways to remediate the problem of unequal funding for diseases particularly relevant to developing countries.

Robin M.C., Peter H. 1999. "Review of the Legality of Weapons: A New Approach The SIrUS Project." *International Review of the Red Cross* (835): 583-592  
<<http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList74/CF3D4E11317B8AE2C1256B66005D8927.>>

This article focuses on defining and advancing the SIrUS standards of weapons design and injury classification. SIrUS stands for superfluous injury and unnecessary suffering and "relates to the design-dependent effects of specific weapons on health." The project questions the use of such weapons of war as blinding lasers and land mines that cause horrific effects on health. The project is based in the principle that states have an obligation to review the legality of the weapons they intend to use.

Bouchet-Saulnier, Françoise. Laura Brav. (ed., trans.) 2002. *The Practical Guide to Humanitarian Law*. Lanham, MD: Rowman & Littlefield Publishers.

In *The Practical Guide to Humanitarian Law*, Françoise Bouchet-Saulnier explains the rights of victims and humanitarian organizations in times of conflict, tension, and crisis. This work defines the responsibilities of warring parties and highlights some problems that can turn relief actions into illusions that conceal dehumanization and extermination.

Sphere Project. 2004. "Minimum Standards in Health Services." *The Humanitarian Charter and Minimum Standards in Disaster Response*.

This chapter is divided into three sections: health systems and infrastructure; control of communicable diseases; and control of noncommunicable diseases. These issues are considered with a systems approach to the design, implementation, monitoring and evaluation of health services during a disaster. Principles such as supporting national and local health systems, coordination and standardization are stressed throughout.

Staiff, M. 2000. "Visits to Detained Torture Victims by the ICRC (I): Management, Documentation, and Follow-Up." *Torture* 10 (1): 4-7.  
<<http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList74/E0C5155240F88F31C1256B66005F4D47.>>

This article gives the rules, responsibilities, and guidelines for behavior by the International Red Cross (IRC) during visits to torture victims. It also addresses the IRC's views on torture and their unique role in addressing the needs of parties when torture is practiced.

Wolffers, I., van Beelen, N. 2003. "Public Health and the Human Rights of Sex Workers." *Lancet* 361 (9373): 1981.

This article addresses the vulnerable conditions of sex workers. It advocates a rights-based and holistic approach to public health for workers, policy makers, and researchers on sex work as a crucial element for the improvement of the health of sex workers.

Yamin, A.E., Maine, D.P. 1999. "Maternal Mortality as a Human Rights Issue: Measuring Compliance with International Treaty Obligations." *Human Rights Quarterly* 21(3): 563-607.

This article addresses the high maternal mortality rates in developing countries. Topics examined include the detection and treatment of pregnancy complications, U.N. guidelines that can be used to monitor a state's compliance to international human rights law, and statistical data on women's resources in developing countries.

## Resources for Professionals

### *Health and Human Rights References about Professionals*

Chamberlain, M. 2001. "Human Rights Education for Nursing Students." *Nursing Ethics* 8(3): 211-223.

This article is based on a research study on human rights training in nursing courses in the UK. It attempts to provide a baseline estimate of human rights education in nursing curricula in the UK, while making suggestions on how the teaching of human rights issues could be more clearly incorporated into nursing curricula. It ends with some recommendations for further research.

Chamberlain, J. and S. Arulkumaran. "The Role of Professional Associations in Reducing Maternal Mortality Worldwide." *International Journal of Gynaecology & Obstetrics* 83(1): 94-103.

This paper examines the potential roles and responsibilities of professional obstetrical and midwifery associations in addressing pregnancy-related deaths. Professional associations play a vital role in the reduction of maternal mortality worldwide. Their roles include lobbying for women's health and rights, setting standards of practice, raising awareness and team building.

Doctors Without Borders

<http://www.doctorswithoutborders.org>

Médecins Sans Frontières is an international network with presences in 18 countries that delivers emergency aid to victims of armed conflict, epidemics, and natural and man-made disasters. It also delivers aid to those who lack health care due to social or geographical isolation. This website includes basic information concerning the organization, volunteer opportunities, current program information and a publications section.

Dyer, Clare. July 2003. "Unjustified Seclusion of Psychiatric Patients is Breach of Human Rights." *British Medical Journal* 327(7408): 183.

Lewin, S., Meyer, I.H. "Commentary: Torture and Ill-treatment on Sexual Identity: The Roles and Responsibilities of Health Professionals and Their Institutions." *Health and Human Rights: An International Journal* 6(1): 161-176.

McHale, J.V., and Gallagher, A. 2004. Nursing and Human Rights. Boston: Butterworth Heinemann Health.

This book evaluates the impact of the UK's Human Rights Act of 1998 on nursing practice and discusses the mutual relationship between the rights and responsibilities of nurse and patient. The discussion covers reproduction rights, rights and consent to treatment, mental health care rights, privacy and health information rights, health care resources, research, and rights at the end of life all within the context of nursing care.

Medical Ethics Department, British Medical Association. (eds.) 2001. *The Medical Professions and Human Rights: Handbook for a Changing Agenda*. London: Zed Books.

The British Medical Association's report on human rights and the medical profession examines the role doctors have in instituting human rights. The report takes examples from all over the world: abuse of institutionalized patients, research involving humans, trade in human organs, doctors and asylum seekers, prison doctors, forensic doctors, the rehabilitation of torture victims, and medical involvement in armed conflicts and weapons research are all addressed.

N.A. 1996. "The Medical Profession and the Effects of Weapons: Report of the Symposium." Montreux, Switzerland.

<[http://www.icrc.org/WEB/ENG/siteeng0.nsf/htmlall/p0668?OpenDocument&style=Custo\\_Final.4&View=defaultBody2](http://www.icrc.org/WEB/ENG/siteeng0.nsf/htmlall/p0668?OpenDocument&style=Custo_Final.4&View=defaultBody2)>.

This symposium, held under the auspices of the work of the International Committee of the Red Cross (ICRC) examined the responsibility of the medical profession to the global epidemic of injuries caused by modern weapons and the future development of weapons. The participants recommended that the ICRC take a lead role in the documentation and definition of the effects of weapons. This would represent a step in limiting the suffering caused by weapons and in obtaining respect for international humanitarian law.

Nathanson, V. "Preventing and Limiting Suffering Should Conflict Break Out: The Role of the Medical Profession." *International Review of the Red Cross* (839) 601-615

<<http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList74/9E41BAB555E7435DC1256B66005EFFDB>>.

This article delineates some of the actions that medical professionals can take to prevent and limit suffering when conflict occurs. It argues that the medical profession should attempt to minimize suffering caused by conflict by applying their knowledge and skills to those who are affected; use epidemiological principles and collected data to attempt to reduce the potential for such suffering; and avoid the medical sanitization of war.

Rubenstein, L.S. 2003. "Dual Loyalty and Human Rights." *Journal of Ambulatory Care Management* 26(3): 270-273.

This article discusses about the problem of the dual loyalty of medical practitioners in caring for patients during times when human rights are being systematically denied. In such instances, medical practitioners are obliged in these times to comply with and perform human rights violations rather than care for the patient. The article seeks strategies and solutions to this dual loyalty.

University of Cape Town, Health Sciences Faculty. 2003. *Dual Loyalty and Human Rights in Health Professional Practice: Proposed Guidelines and Institutional Mechanisms*. Boston: Physicians for Human Rights. <[http://www.phrusa.org/healthrights/dual\\_loyalty.html](http://www.phrusa.org/healthrights/dual_loyalty.html)>.

*Dual Loyalty and Human Rights in Health Professional Practice* contains an analysis of the problem of dual loyalty and a set of guidelines and institutional mechanisms for the prevention of complicity by health professionals in human rights violations. It also offers individual practitioners and their institutions solutions and strategies to help address dual loyalty conflicts.