



The Left Atrium

Far from the best of all possible worlds

The medical profession and human rights: handbook for a changing agenda

British Medical Association

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What is the relevance of human rights for medical practice? For many Canadian physicians, this relation may not seem obvious in day-to-day practice. How concerns for human rights are distinct from concerns with medical ethics may also not be readily apparent. However, leafing through *The Medical Profession and Human Rights: Handbook for a Changing Agenda* and reading the foreword by South African physician Wendy Orr, one quickly becomes aware, perhaps with a shock, of the range of human rights challenges that physicians may face in the course of their work. The product of a broad consultation of physicians, lawyers, philosophers and others, both internationally and within Britain, this “handbook” documents in fine detail the ways in which medical professionals become involved in human rights abuses as either “victims or executioners.” This is not reading for the faint of heart.

A concern with health and human rights is articulated in a somewhat sketchy manner in article 25 of the Universal Declaration of Human Rights, agreed upon by the members of the United Nations in 1948. Article 25 states that everyone has the right “to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” In the early 1990s, Jonathan Mann spear-

headed a more systematic reflection on the relation between health and human rights and established, at Harvard University, an academic department and scholarly journal devoted to the exploration of health and human rights issues. The question of the specific role played by physicians has been taken up by the British Medical Association. This handbook reflects the BMA’s concern with documenting the effects of war and torture on human health. However, it also marks a departure from the previous, more limited, focus to a more broadly based account of the extent of the medical profession’s involvement in human rights issues.

The book begins with a discussion of medical ethics and professional standards and analyzes the core values of the medical profession. It makes a strong claim for the importance of professional codes of ethics, particularly as currency in international debates about the ethical treatment of patients and others. Subsequent chapters cover issues related to torture, cruel and degrading treatment, prison conditions, capital punishment, organ trade, research and experimentation on humans, weapons and weapons development, reproductive rights and the rights of women and children, and institutional neglect and abuse (a topic particularly germane to Canada, where the restraint of elderly patients in long-term care facilities has become a public policy issue). Each

chapter is replete with examples of the extent to which unnecessary suffering, abuse and arbitrary physical harm occur daily — and globally. The report is thorough in its documentation of the overt, covert, explicit and subtle ways in which human rights are overridden and destroyed.

The strengths of this book are its careful scholarship and its focus on the application of practical ethics. It argues that physicians need to understand their role in human rights abuses and to understand how, as professionals, they can make a difference. Advances in human rights have been achieved at no small cost to many physicians globally; as the book documents, in areas such as Turkey, Central America and the former Yugoslavia, physicians have been detained, tortured and killed trying to protect the health interests of their patients. The book is also unsparing in its indictment of physician complicity in abuse.

Of the very few problems with this book, the most salient is the organization of the chapters. The chapter that makes the case that health is an appropriate and natural human rights objective appears as chapter 13, whereas it would have been more effectively placed as the third chapter, after general discussions of ethics, morals, rights and needs.

The other problem is that some of the chapters digress from the central issues concerning human rights. The overarching strength of the book, though, is its practical intent, as in a chapter that explores how ethics and human rights can be integrated into medical school and residency curricula.

Those who don’t see the relation between health and human rights or those who are skeptical of it should read the well-reasoned arguments put forth in this report. I must admit to having



some reservations about the overuse of rights language in health, as rights can quickly become inflated, masking interests or preferences and leading to intractable conflicts. As well, the obligations correlative to rights need to be systematically analyzed. However, I finished the book with a renewed interest in the relation between health and human rights and in the advocacy role

that physicians can play internationally. Leibniz argued that ours is the best of all possible worlds, but after reading this report one can only conclude that this is not true. This book makes a strong argument that physicians have a particular role to play in monitoring human rights abuses and in attenuating the health consequences that derive from such abuses. It should certainly

galvanize and stimulate debate within the medical profession about the proper role of physicians in the advancement of human rights.

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