Time to leave behind genocidal weapons

Bernard Lown

On 17 April in New York 170 states will meet to review the Non-Proliferation Treaty.

Soon we shall cross the threshold into a new millennium. It would be no small contribution, for generations yet unborn, to leave behind genocidal weapons as the property of the barbaric 20th century. Indeed, an unprecedented opportunity exists for achieving that seemingly quixotic goal. This spring, signatories to the Non-Proliferation Treaty will assemble in New York to decide whether to renew, modify, or reject the treaty. Certainly non-renewal would post a singular threat for global security and international peace. Would the treaty's indefinite extension then be a blessing, as is forcefully argued by the nuclear powers?

The Non-Proliferation Treaty was drafted in 1968 and entered in full force two years later. This multinational instrument was intended as a firebreak against the spread of nuclear weapons. Many nations had foregone nuclearism because of the promises and commitments enshrined in this treaty. The treaty represented a bargain: in return for not acquiring nuclear weapons, the non-weapon states would have free access to peaceful uses of nuclear energy under international safeguards, while the nuclear powers would rapidly divest themselves of their nuclear arsenals.

Article VI

This second objective was clearly spelt out in the treaty and is explicitly stated in article VI. The words are precise, leaving little room for obfuscation—"to achieve at the earliest possible date the cessation of the nuclear arms race" and "to facilitate the cessation of the manufacture of nuclear weapons, the liquidation of their nuclear stockpiles, and the elimination from national arsenals of nuclear weapons and the means of their delivery pursuant to a treaty on general and complete disarmament under strict and effective international control." This article was intended to provide an acceptable balance of compensation to those who forswore possession by the obligations assumed by the possessors to divest expeditiously of their mass destructive armouries.

For a discerning authority like Swedish ambassador for disarmament and Nobel peace laureate, Alva Myrdal, who helped incorporate article VI in the Non-Proliferation Treaty, this contract between nuclear "haves" and "have nots" raised apprehension that the treaty might constitute a licence to husband nuclear weapons in perpetuity. Furthermore, as long as the world lived in a state of imbalance, it would be difficult to resist acquiring the weapons that confer a special status of superiority. In a sense the treaty was an inadequate quarantine against a virulent infection. In an age of nation states, nuclear apartheid could not long endure, especially as the perception that was communicated was that world power closely parallels the possession of nuclear might. It is no coincidence that precisely the same nations are members of both the nuclear club and the Security Council of the United Nations.

A double standard

Now, 25 years later, the initial club of three nuclear states has grown to 11. Despite the nuclear arms reduction agreements of the late 1980s and early 1990s, none of the existing nuclear powers speaks seriously of abandoning its own nuclear arsenal, nor of the sovereign

"right" to develop new, more sophisticated nuclear weapons systems. The message from the nuclear powers to the non-nuclear states, during the quarter century, has been as consistent as it has been clear: "Do as we say, not as we do; nuclear weapons are fine for us but not for you."

The fear of proliferation has been a central pre-occupation of the nuclear powers. In the case of the United States, such varying global strategies as the "selective engagement" of former Secretary of State James Baker, the "new world order" of President George Bush, or President Clinton's "democratic enlargement" shared one essential priority—namely, preventing the spread of nuclear weapons. Instruments of mass destruction are most threatening to the urbanised, highly industrialised Western world and must be contained at all costs.

The blatantly discriminating double standard accounts for the fragility of the non-proliferation regime and fuels the ambitions of many non-nuclear states. That danger could be defused if nuclear weapons were abolished universally. Increasing numbers of nuclear hawks, such as former US Defence Secretary Robert MacNamara, are now promoting nuclear abolition. Even members in the active military leadership are coming around to this conclusion. American Air Force General Charles Horner, head of the US Space Command, was reported in the *Boston Globe* last year as saying, "The nuclear weapon is obsolete. . . I want to get rid of them all. . . Think of the high moral ground we secure by having none. It's kind of hard for us to say to North Korea, 'You are terrible people, you are developing a nuclear weapon' when the United States has thousands of them."

Lip service

Yet the United States government and other nuclear powers are lobbying hard for an indefinite extension of the Non-Proliferation Treaty and only paying lip service to the commitment implicit in article VI. The power status afforded by the nuclear monopoly is unlikely to yield to moral entreaties or common sense. Any persistent social aberration such as the stockpiling of weapons of mass destruction finds a multiplicity of causes and a profusion of justifications. Among these is the entrenched resistance to change, fostered by deep rooted, vested interests. The diverse groups include military industrial enterprises, overgrown weapon bureaucracies, influential secret military laboratories, universities deriving research support from the military, scientists immersed in weapons research, elite think tanks concerned with regulating the arms race, trade unions resisting the loss of jobs, and politicians funded by these constituencies. It is also abetted by a public uninformed about the issues.

At this historic juncture the signatories of the Non-Proliferation Treaty are an important force for ending the nuclear era. Their trump card is the threat of opting out from the non-proliferation regime. In the current world situation, indefinite extension of this treaty would remove any remaining leverage the non-nuclear states can wield to bring the nuclear states into compliance.

Indefinite extension of the Non-Proliferation Treaty, without exacting from the nuclear powers a more enforceable and binding pledge to achieve

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Policy of Medical Action for Global Security (MEDACT, the UK affiliate of International Physicians for the Prevention of Nuclear War)

- A comprehensive test ban treaty
- Cutoff of the production of fissile and related material—military and civil plutonium, highly enriched uranium, and tritium
- A declaration of no first use of nuclear weapons
- Further progressive reduction of warheads and delivery systems, beyond START II, by all the declared nuclear weapons states
- Legally binding security assurances for the non-nuclear weapon states
- Standardisation of civil nuclear supplies (equipment and material) to non-nuclear weapon states, dependent on verifiable guarantees of use and enforceable by sanctions
- Signature and ratification, by an agreed date, of a convention making illegal under international law the production, testing, possession, and use of nuclear weapons under any circumstances

nuclear disarmament, will simply ratify the existing nuclear world order, at best perpetuating the status quo, but more likely ensuring the recurrence of crises such as that which recently convulsed the Korean peninsula.

Were the treaty to be extended unconditionally, the spread of nuclearism would continue. One does not

need prophetic powers to predict the use of nuclear weapons in the 21st century.

The international physicians' movement maintains that a different outcome is possible. The nuclear era is man made and can be ended by man. The proper course now is a finite extension of the Non-Proliferation Treaty with a critical new condition, namely a commitment to end the nuclear era with a binding treaty signed by the year 2000. Embodied in this document is a fixed and short time frame for eliminating nuclear weapons within the first decade of the 21st century. Without such an iron bound commitment to abolition, the nuclear powers will face a hydra headed monster in which dozens of countries will possess nuclear weapons.

A crossroads

The world is at a crossroads. As we make a moral reckoning at century's end, we need to ponder how it is possible that we have acquiesced to stockpiling weapons of mass extermination as the guarantors of a nation's security. We shrink in horror at the bestialities unleashed in Bosnia, Rwanda, and Chechnya, but these pale compared to the human savagery stored in nuclear weapons.

Will we bring in to the new century the diseased baggage of the old, or will humankind rise to a moral dimension by shedding genocidal weapons and at last giving peace a chance? Which will it be?

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Continuing medical education: a personal view

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Over many generations doctors have kept up to date in ways which reflect their own learning styles. The current fashion for formalised and policed continuing medical education may prove ineffective unless it is recognised that individual needs must be taken into account. Attendance at formal courses based on lectures and papers may not suit a large proportion of those who attend to acquire the necessary points to satisfy their royal college. The ability to show that health care teams are up to date should come from effective clinical audit, which should also identify local educational needs.

Medical education is in turmoil. The General Medical Council is rightly pushing universities to bring their undergraduate curriculums into line with the proposals that the council first made in 1980 (and they were hardly revolutionary then). Postgraduate education has seen greater changes in the past few years than in the 30 or so since the Christchurch conference of 1961, and with the implementation of the Calman proposals for a shorter structured training it will continue to change for at least the next five years. The third phase of medical education—continuing medical education or continuing professional development—has joined the turmoil in the past year or so, but some of the proponents of important changes in this area seem to be working from the premise that continuing medical education is new. Continuing medical education has been with us as long as there has been a medical profession. The provision of some central continuing medical education meetings has been recognised as a function of the royal colleges for decades and, in the

case of the older colleges, centuries. Locally organised continuing medical education started with the development of local medical societies in the 19th century and became an integral part of medical life throughout Britain with the establishment of postgraduate medical centres in the 1960s.

What is new in the current proposals for continuing medical education is the requirement by the royal colleges and faculties for increasing regimentation and central accountability for continuing medical education activities. The various proposals put out by the

"Continuing education should mean continuing self-education not continuing instruction."¹

colleges include formalisation of continuing medical education, making attendance (which is not the same as participation) mandatory, and recognition of "professional obligation" by inclusion in a list of specialists published by the college. Some colleges have suggested sanctions for doctors not complying with their diktats, such as removal of training approval from units where consultants have obtained insufficient points.

Why change?

The common excuse for these college proposals is that the public and politicians require doctors to be

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