The Medical Profession and Human Rights: Handbook for a Changing Agenda


Doctors are too good governance what the miner’s canary is to decent air: their testimony is to signify that something has gone seriously wrong. For someone like Wendy Orr, who was a South African district surgeon of 24 when she was forced to confront the lax attitude towards abuse of prisoners’ rights in her workplace—the building in which Steve Biko had been tortured—the decision to fight a prevailing medical culture of complacency and passivity was a clear and obvious ethical duty. Through this well-structured, comprehensive, and clearly written handbook begins with Wendy Orr’s story in her own words, its theme is that the air is more polluted, and that human rights abuses are more of a problem for practitioners, than we like to think.

The effect of human rights abuses on doctors has increased in the thirty years since the BMA first began to monitor such issues. Conversely, and more hopefully, the effect of the medical profession on human rights abuses has also deepened. Doctors and their constituent organisations around the globe are more aware of the myriad ways in which the medical profession may be called on to be complicit in rights abuses, and less likely to look the other way. For example, the Indian Forum for Medical Ethics condemned the supposedly more humane practice of asking a doctor to certify death rather than prolonging hanging, since if the victim was still alive, the doctor’s fact being required to say “Not dead yet, carry on killing”. More generally, the prison physician may feel that his or her participation in capital or corporal punishment will see the punishment more humane; against this argument, the BMA notes dryly that “Medical participation usually brings ... an air of propriety” (page 168).

Dickinson’s handbook testifies to a sophisticated awareness of the ways in which the agenda for medicine and human rights has moved beyond the still important but more obvious areas, such as torture, prison medical governance, and capital punishment, and into increasingly worrisome but more convoluted areas—such as trafficking in women and children; the effect of the new genomics on commodification of gamete donation, which will be especially worrisome in light of the need for enucleated eggs in the stem cell technologies. It was disappointing not to see much mention of the disproportionate attention paid to structural ad- justment policies and debt payments impose on women’s health in the otherwise excellent chapter on health as a human rights objective. The Medical Profession and Human Rights is nevertheless a very important book: testimony to the need for the British Medical Association to continue using its unique position at the hub of Commonwealth and other international medical professional bodies, in order to bring to public and professional attention wider ethical issues than the everyday nitty-gritty of consent and confidentiality. This is a book for dipping, rather than reading at one sitting, not least because few of us can stand the sustained grimness of much of what has to be reported. Busy practitioners might want to begin at the end, with the succinct, clear-headed and hard-hitting summary of all the book’s recommendations, and work back from there to the individual topical chapters in which the recommendations first appear. I hope that teachers of medical ethics—and more broadly, anyone who has a role in training health care practitioners at any level—will make time for the chapter on teaching ethics and human rights, which, like the rest of the book, is admirably wide ranging, considered, and comprehensive.

One final note, if I may: the Centre for the Study of Global Ethics is currently presenting a series of six public lectures drawn from some of the topics in this handbook—the death penalty; genomic research and property development; trafficking in women and children; medicine and debt; global commodification of organs and tissue, and research on Third World populations. We owe a great deal to the inspiration and arguments of this book’s recommendations, and work back from there to the individual topical chapters in which the recommendations first appear. I hope that teachers of medical ethics—and more broadly, anyone who has a role in training health care practitioners at any level—will make time for the chapter on teaching ethics and human rights, which, like the rest of the book, is admirably wide ranging, considered, and comprehensive.

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Although I am glad to see women’s rights taken seriously as human rights, in this book, I have some doubts about the wisdom of concentrating women’s issues largely in one chapter, comprehensive though it is (with material on violence against women, enforced sterilisation and abortion, ‘honour’ killing, rape in wartime, and female genital mutila- tion). There are other ways in which women are exploited by or with the complicity of doctors—particularly in commodification of gamete donation, which will be especially worrisome in light of the need for enucleated eggs in the stem cell technologies. It was disappointing not to see much mention of the disproportionate attention paid to structural ad- justment policies and debt payments impose on women’s health in the otherwise excellent chapter on health as a human rights objective. The Medical Profession and Human Rights is nevertheless a very important book: testimony to the need for the British Medical Association to continue using its unique position at the hub of Commonwealth and other international medical professional bodies, in order to bring to public and professional attention wider ethical issues than the everyday nitty-gritty of consent and confidentiality. This is a book for dipping, rather than reading at one sitting, not least because few of us can stand the sustained grimness of much of what has to be reported. Busy practitioners might want to begin at the end, with the succinct, clear-headed and hard-hitting summary of all the book’s recommendations, and work back from there to the individual topical chapters in which the recommendations first appear. I hope that teachers of medical ethics—and more broadly, anyone who has a role in training health care practitioners at any level—will make time for the chapter on teaching ethics and human rights, which, like the rest of the book, is admirably wide ranging, considered, and comprehensive.

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Principles of Biomedical Ethics, 5th edn.


The Principles of Biomedical Ethics by Beauchamp and Childress is a classic in the field of medical ethics. The first edition was published in 1979 and “unleashed” the four principles of respect for autonomy, non-maleficence, beneficence, and justice on the newly emerging field. These four principles are the bedrock of all medical ethics. The book is well laid out and is divided into two main parts: part one “On caring for patients” and part two “On becoming a ‘team player’: searching for esprit de corps and conflicts of socialization”. This is a convenient way to think about medical ethics.