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REPORT

Health professionals and community action against violence

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The Centre for Enquiry into Health and Allied Themes (CEHAT) held an international conference on the role of the health profession and health services in violence. One of the speakers highlights some of the issues:

Redefining violence as a health problem involves a process of politicising the provision of health care. The survivors of violence are more than patients with particular health problems. They are symbols of a social problem and victims of oppression. Violence is, essentially, rooted in inequality. The use of force is legitimised by the unequal distribution of power.

Most survivors of violence whom health care providers will encounter are victims of the institutionalised use of force, whether they are wives battered by their husbands, prisoners tortured by the police or military, or dalits lynched by upper-caste landlords' mobs. This violence is institutionalised: this is evident by the frequency and consistency with which such incidents occur. The ideological dominance of the ruling class helps legitimise this violence to the extent that it is not recognised as something out of the ordinary. It is this routinisation of violence that makes it so difficult to make violence an issue of concern for society in general and for health care professionals in particular.

Health professionals are, before anything else, social beings, and they are drawn overwhelmingly from the ruling class. This is especially so for higher-level professionals such as doctors. Their socialisation does not differ from that of other members of that class. So there is no reason to expect that health care professionals should have any natural solidarity with survivors of violence.

However, the process of becoming a professional is a process of relearning. It endows an individual with a new identity with its incumbent role and responsibilities. Professional training can never merely be limited to transferring skills and technical knowledge. The training of health professionals must involve political training. By political training, we do not mean grooming for entry into organised politics, but encouraging professionals to critically examine the social situations from which their patients emerge. So, when confronted with a woman who routinely returns to the clinic with injuries, it is the responsibility of the health professional to suspect and probe for the existence of violence.

The role of the health professional extends beyond the provision of temporary medical relief. The health professional is in a privileged position to provide support and protection to survivors of violence. Medical evidence and medical intervention have great legitimacy in law and society because of the skills and knowledge that health professionals represent. They therefore enjoy an acceptability that transcends class or communal boundaries. Consequently, if the medical profession takes a position against violence, its members can become catalysts for deep-rooted social change.

Activists and social workers, who work with communities and groups, have already accepted violence as an issue requiring urgent action. There are hundreds of local and regional initiatives to prevent violence and to support its survivors. An excellent example of this is the many campaigns and programmes for victims of rape and domestic violence. These agencies work in often hostile situations and must confront powerful interests. They may seek protection and legitimacy by seeking the support of, and solidarity from, influential sections who share their progressive perspective.

The efforts of such groups to enlist the legal profession's support in their work have met with good results. The same, however, cannot be said of their contact with the medical profession. The involvement of doctors and nurses in the fight against gender-related violence is very marginal, in spite of the fact that they are the first to be approached — and voluntarily — by victims.

All health professionals, especially those who work with survivors of violence, come into intimate contact with people in adverse circumstances. They are frequent witnesses to the helplessness of individuals who can neither confront their oppressors nor escape from the environment from which their suffering springs. It is necessary only to build on these professionals' own experiences and give them the intellectual and ideological means to empathise with their patients, and actively participate in rebuilding of shattered lives.

Medical technology of execution

Following evidence that the lethal injection is becoming more prevalent as a method of execution, Amnesty International(AI)issued an internal circular. Besides its opposition to the death penalty as inhumane and a violation of the right to life, AI notes that the lethal injection compromises the medical role and risks involving doctors and other health practitioners in unethical behaviour. Medical participation in state-directed killing is contrary to medical ethics which require health professionals to work for the benefit of their patients.

As for using the organs of condemned prisoners, the free consent of the prisoner is often difficult or impossible to obtain; medical procedures of no benefit to the prisoner are likely to be carried out without consent; doctors' involvement will make them part of the execution team in breach of medical ethics; and the use of prisoners' organs risks making sentencing policy, execution dates or even appeals for re-trial, acquittal or for clemency subject to all time the demand for the organs.