

Preparing future doctors to meet ethical challenges — a training course in health and human rights for medical students

L London, G McCarthy, J van Heerden, S Wadee, N Walaza, T Winslow

Training in human rights and ethics for health professionals is a critical strategy for the prevention of torture and human rights violations. Despite South Africa's history of human rights violations under apartheid and evidence of medical involvement in such abuses, South African medical students have to date received little teaching on these issues. A pilot module was run for 4th-year medical students at the University of Cape Town in 1995 to enable students to identify circumstances under which human rights violations occur, and to understand the role that health professionals can play in combating these abuses. The form and content of the course are described, as well as an evaluation of its short-term impact on students, convenors and other teachers. Implications of the course for medical training are discussed, particularly in the light of the need to build a culture of human rights in South Africa.

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At a time when South Africans are exposing the painful truth about past human rights violations in order to bring about reconciliation for the future, South Africa's medical profession also needs to take a hard look at its past track record and learn from its mistakes. The spectre of the death in detention of Steve Biko and the unethical behaviour of the doctors who attended him prior to his death brought shame and worldwide condemnation on the South African medical profession.¹ Only recently (June 1995) has the Medical Association of South Africa made a public statement acknowledging its failure to confront the effects of apartheid policies in past decades.²

Departments of Community Health, Psychiatry, Primary Health Care and Forensic Pathology, University of Cape Town

L London, MB ChB, DOH, BSc Hons (Epidemiol), MMed (Comm Health), MD

G McCarthy, MB BCH, FCPsych

J van Heerden, MB ChB, MPhil (Med)

S Wadee, BSc, MB ChB, MMed Path (For)

Trauma Centre for Victims of Violence and Torture, Cape Town

N Walaza, BA Soc Sci, BA Hons, MA (Clin Psych)

T Winslow, AB

Despite international attention,^{1,3,4} medical students at South African training institutions have generally received little teaching on the ethical issues involved or the relationship between health and human rights. Even though leading university academics were at the forefront of challenges to human rights violations and medical complicity in the care of detainees, ethics and human rights teaching have not found their way into the mainstream curricula of medical schools around the country. During the years of intense repression, health workers involved in actions against torture in South Africa's prisons were largely alienated from the medical professional establishment.^{1,5-7} However, more recently, with the movement towards the development of a human rights culture in South Africa, health professionals concerned about the prevention of future human rights violations have identified the need to place human rights issues high on the training agendas of our universities and training colleges. This is particularly important given the shift in the focus of abuses away from 'political' prisoners and detainees to 'common criminals'.⁸ It is within this context that a course in health and human rights was developed for medical undergraduates at the University of Cape Town.

A course in health and human rights for 4th-year medical students

The course was one of the first initiatives of its kind in medical student training in South Africa. It evolved from much of the service and advocacy work carried out by the non-governmental organisations (NGOs) and health professionals who opposed abuses of political prisoners and detainees over the past 10 - 15 years. As a result, it drew heavily on the resources of the Trauma Centre for Victims of Violence and Torture (TC), a joint project of the South African Health and Social Services Organisation (SAHSSO) and the Church of the Province of South Africa (CPSA). The TC provides a wide range of services and advocacy activities aimed at addressing the causes and effects of political violence in the country. Sponsorship for the course was provided by a local pharmaceutical company, while the course's inclusion in the undergraduate curriculum was facilitated by the support of the Head of the Department of Medicine, whose interest in the field of medical ethics has been prominent at the medical school.

The course was aimed at providing medical students with an appreciation of the circumstances under which human rights violations could occur, and the role that health professionals can play in combating these abuses (Table I). In doing so, the course aimed to encourage South African medical schools and other training institutions to develop curricula around human rights issues.

Structure and content

Seventeen students volunteered to participate in the course, which ran over 5 days in April 1995. The course covered both international perspectives on medical complicity and local

Table 1. Objectives for course on health and human rights for 4th-year medical students

1. To educate students on the history of human rights abuses in South Africa and the past role of health professionals as victims, bystanders and perpetrators.
2. To give students a working knowledge of international human rights protocols and their applicability in settings of ethical conflict.
3. To educate students about the international campaigns by health professionals against torture and human rights violations.
4. To equip students with the ability to identify the wide range of settings where they may be confronted with ethical conflicts.
5. To equip students with clinical and practical problem-solving skills relevant to working with survivors of torture.
6. To expose students to alternative methods of preventing and treating torture and human rights abuses, with particular focus on community-based non-governmental initiatives like the Trauma Centre for Victims of Violence and Torture.

case studies and settings where human rights violations have occurred and continue to occur. In doing so, the course aimed to weave in three related perspectives — torture as viewed by the survivor, by the bystander, and by the perpetrator. A course reader was specifically developed to provide written material as background to each session. Because the course relied heavily on learning from the first-hand accounts and experiences of torture survivors, time was structured for debriefing during the course to deal with the anticipated emotional intensity of the material. Innovative teaching methods such as quiz formats were also utilised.

On the first day, students were introduced to the issues through the medium of a panel discussion whose participants consisted mainly of doctors who were themselves survivors of torture and other human rights violations. They spoke about their experiences and shared with students their feelings and how they coped with their detention and their physical and emotional abuse. Students were surprised to learn that health professionals had been tortured in the past. They were even more surprised to learn that some of these very same health professionals are now in positions of power in the current South African government — in the military, in the police, in health services and even in Parliament itself.

The second day focused on abuse of prisoners and the doctor's role as caregiver, using as case study the circumstances surrounding the death of political prisoner Steve Biko. Video footage of a reconstruction of the inquest trial was used to stimulate discussion about how the medical practitioners who treated Biko prior to his death failed to adhere to recognised ethical standards. Inputs were given by various speakers, including a colleague of Biko's, and medical doctors who had challenged their fellow health professionals and state authorities about human rights violations in South Africa at the time. For example, Dr Wendy Orr recounted first hand her experience of being forced to obtain a court interdict preventing police from assaulting detainees^{1-5,9} when she was working as a district surgeon in Port Elizabeth during the State of Emergency in 1985. In this manner, medical students were for the first time exposed to role models who had successfully challenged the former regime on its human rights violations. Dr Orr is

currently a member of South Africa's Truth and Reconciliation Commission charged with investigating past human rights abuses.

The third day of the course took students on a field visit to a police station and a prison. Students were able to question authorities about the conditions of detention and interrogation so frequently associated with human rights violations. This was further supplemented by a panel discussion involving members of the committee investigating penal reform in South Africa; this gave students the opportunity to hear directly of current moves to reform prison policy in the country.

Day 4 focused on ethical issues related to total institutional care, facilitating discussion on children's homes and making use of a visit to a nearby psychiatric hospital. Starting with an overview of the history of mental asylums,¹⁰ ethical issues related to mental health care were contextualised in the South African situation by tracing the history of Robben Island from leper colony to asylum to political prison. Relevant legislation and its implications were also explored.

The visits of students to the admission and maximum security wards were powerful experiences that highlighted some of the more shocking conditions experienced by patients, such as lack of privacy in the ablution area and lack of access to toilets at night, as well as descriptions of sodomy and assault. Students were also given the opportunity to be locked in a seclusion cell and to have a strait-jacket applied. Some of the issues raised in the resulting discussion included involuntary admission, indefinite incarceration, patients' rights and the effects of institutionalisation.

The final day of the course dealt with the clinical and counselling skills needed by health professionals facing situations of human rights violations.^{11,12} It drew on documentary footage of evidence documented by the late pathologist, Dr Jonathan Gluckman, of more than 200 cases of torture among South African detainees and prisoners which illustrated the extent of dishonesty and incompetence on the part of some of the responsible district surgeons. The international context was provided by Professor Erik Holst, Executive Vice-President of the International Rehabilitation Centre for Torture Victims in Copenhagen, who shared his experience of the development of international statements aimed at the prevention of torture, as well as insight into attempts internationally to set up centres for the prevention of torture and treatment of its victims.

Evaluation — immediate feedback

A semi-qualitative evaluation was performed during and immediately after the course, drawing on impressions and comments from students and organisers. Students were asked, in writing and anonymously, to rate each day individually and to give an overall rating for the course. In general, ratings were high. Scores on 5 out of 7 criteria were rated either 'excellent' or 'good' by all 17 students. These criteria included: usefulness to work; interest value; convenor's knowledge; contribution of other speakers; and balance of visits, presentations, group discussion.

Particularly valued aspects of the course were the field visits and the first-hand contributions of panellists. One of the students commented: '... Hearing people speak about [their] own experience and share them with us was very powerful, emotive.' The visits were also compelling experiences, particularly the experience of seeing youth in prison (described by one student as a 'sad experience to see children languish in jail'), and this emphasised the need for debriefing. The course raised emotional issues not only for students, but also for panellists and convenors. In practice, however, too little time was available to address this. Future courses would need to plan time for debriefing in a more sensitive and flexible manner.

Students identified areas where additional impact could possibly be achieved in future, e.g. by including common law criminals and 'not-so-privileged members of the community'. This would increase the diversity of the panellists. Similarly, the discussion involving doctors' ethical and professional roles could have been enriched by the inclusion of representatives from the MASA and the South African Medical and Dental Council, or doctors who participated in the events surrounding human rights violations of prisoners. Lastly, field visits tended to overlook particular vulnerable groups, such as women in captivity, women together with their children in prison, and maximum security prisoners, who could be incorporated in future field visits.

A number of recommendations emerged from the course, particularly relevant to the training needs of undergraduates (Table II). The course also highlighted the need to improve postgraduate training, particularly for doctors responsible for prisoner health care. Such strategies are critical to the prevention of human rights violations under authoritarian legal and penal systems.

Table II. Recommendations for training health professionals in health and human rights

1. The resources used in the course should be made available more consistently to the rest of the medical community.
2. Some of the inputs in the course should be included in the formal curriculum, particularly those relating to human rights abuses and conditions in mental health institutions.
3. Medical students should be given more theoretical and practical teaching, and should be exposed to prison medicine.
4. Medical students should be trained in the comprehensive management of torture and trauma survivors, including counselling skills and forensic training, as well as given the opportunity for practical involvement in such programmes, e.g. postmortem techniques.
5. Greater publicity should be given to human rights issues associated with prison conditions, both among the broader public and at the medical school.

In addition to the immediate feedback, a formal quantitative assessment was performed 5 months after the course was run (L London, G McCarthy — unpublished data). This illustrated significant improvements in scores for knowledge and for two attitude indicators. It is important to note that both immediate workshop evaluation as well as more formal quantitative evaluation yielded useful information. From the convenors' perspectives, the course had broadly attained the desired aims and goals. Experiential learning proved to be effective, evoking good discussion and participation from the students.

Discussion

The inputs to the course of doctors who had themselves been survivors of human rights violations or those who had actively, and at some cost to their own careers, taken clear stands against torture, was particularly important. These participants were powerful role models for the students. At the same time, one of the identified weaknesses was that future teaching should also include doctors who were part of the 'system'. However, even in the relatively open post-apartheid South Africa, such a strategy may not be feasible. While the organised profession may have acknowledged past wrongs,² it is not clear how willing individual doctors would be to discuss openly their ethical difficulties when working in at-risk situations.

Indeed, one of the key issues that arose during the course and at subsequent gatherings (e.g. the VIIIth International Symposium on Caring for Survivors of Torture: Challenges for the Medical and Health Professions, Cape Town, November 1995) was whether there was a need for the health professions to address the complicity of health workers in the human rights violations perpetrated under apartheid. The establishment of a Truth Commission for Health Professionals was one of the suggestions put forward in discussion. Strong arguments were raised that without a parallel process of exposing past unethical behaviours, the profession would be hamstrung in coming to terms with its failure to uphold ethical standards in the past, and to ensure that these errors do not recur. The need to promote a vigorous human rights culture within the profession was seen as a key requirement to meet this objective, and education programmes such as this course were identified as essential mechanisms for implementing such strategies.

A key issue for trauma survivors in the South African context (as well as in many politicised developing countries) is related to cultural attitudes to emotional trauma. Strong activist traditions see introspection or acknowledgement of psychological weakness as incompatible with strongly held political beliefs. Such attitudes curtail individuals' willingness to confront the psychological effects of torture and other human rights violations. On the other hand, the somaticisation of torture presents an entry point for the physician to explore the possibilities of non-medical therapies for these problems. The importance of health professionals' being sensitive to these dynamics in their relationships with patients is therefore critical, and emerged as one of the important competencies identified by students in their feedback.

An important issue associated with this type of initiative relates to sustainability of the teaching. The course was organised as a pilot module and delivered to a highly motivated self-selected student group. It was also relatively well resourced thanks to sponsorship that enabled the course to transport a number of key participants down for the panels, to provide transport for students and to produce course readers and other material. Partly to address sustainability, material covered in the panels was also filmed to develop a video intended for use as teaching material in the future.

However, the momentum of such teaching initiatives are wider than the group of students who receive the teaching. For example, two of the students selected as controls in a formal evaluation¹³ reported having discussed the course in

detail with the participants, indicating that the course had wider impact. Moreover, other teaching years at UCT have now received some ethics inputs as a result of the experience of and momentum generated by this course. Postgraduate teaching is also taking place, reflecting a diffusing of the ethos beyond its immediate target students.

A further issue that emerges when teaching such material is the need to make the link between professional ethics and the role of the physician as an advocate for patient rights and an end to human rights violations.^{3,7,12} Academia is not just about teaching concepts in isolation from realities that are conflictual, unpleasant and often profoundly political. Courses in ethics and human rights have to equip students with an understanding of how they can be both healers and advocates, and at the same time maintain ethical standards that are universal.

Conclusion

The success of the course in the short term was evident in the unmistakable enthusiasm of the students (and the organisers!) and in the favourable evaluations they submitted after the course. However, the real index of success will be the degree to which the medical campus is changed, as students challenge their colleagues and their teachers to take seriously the issues of ethics and human rights. This course is the start of a long road to the creation of a human rights culture in the institutions training our health professionals. In the words of one of the participating students: 'I feel extremely fortunate to have participated in the course. It is about time that doctors stopped seeing themselves as technicians and started applying themselves to their social conscience.'

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