



## Course 2: Medicine, health and human rights

### Chapter 1: The legal context

**Exercise 1: Rights in context** Expands on PowerPoint Slides 3-7; approximately 55 mins

The facilitator selects two countries where human rights violations are known to the participants and writes the name of these countries on 8 cards (each country x4). If possible these two countries should include one country where it is very difficult for health professionals to speak out about human rights, and one where whistleblowers are less likely to be threatened. However the main thing is that the health professionals have some idea about the conditions in each country.

The facilitator then writes the following on two cards each:

- *Civil and political rights*
- *Social and economic rights*
- *The right to health*
- *The right not to be tortured*

and puts them into two groups of four.

Participants are asked to get into pairs; four pairs are given one country card and then asked to pick one 'type of rights' card randomly from one of the sets of four. This is repeated for the second country. They are then asked to discuss in pairs what health professionals could do to defend the rights they have picked in the country they have been given. **10 mins.**

Participants are then asked to get together with the pair who have the same type of rights but who have been discussing these in relation to a different country. They are asked to discuss the similarities and differences between what they have discussed, and whether these are because of the differences between the environments in the two countries. **10 mins**

Each group of two pairs then presents their finding in plenary:

- what they originally came up with for each country
- the differences in strategy they had to come up with because of the different environments and / or what their different strategies in the two different countries had in common. **5 mins x 4**

Points for discussion in plenary / to be highlighted by the facilitator: **15 mins**

- How much is it acceptable for a different approach to be adopted in different circumstances?
- Is there anything the health professionals in these two different countries could do to help each other?
- Were the plans made in the same country for 'civil and political rights' and 'the right not to be tortured' the same? If not how did they differ?
- Were the plans made in the same country for 'economic and social rights' and 'the right to health' the same? If not how did they differ?
- Has the exercise highlighted anything about the indivisibility of rights?



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### Exercise 2: Whose right to health?

Particularly relates to lesson 1.1 and PowerPoint slides 15-19; 50 mins

Four scenarios:

*1. You are 20 years old and convinced that your nose is too big. You have just split up with your boyfriend and have decided this is one of the reasons why. You have been trying to convince your doctor that he should refer you to the hospital for an operation to reduce the size of your nose on the ground of your mental well being.*

*2. You are a mother with a 5 year old daughter with persistent diarrhoea who is losing weight. You try to keep everything clean for the child and boil all water but it is difficult in your living conditions; you have electricity for about 4 hours a day and the water supply is intermittent. You are trying to get your daughter admitted to a nutrition centre attached to the health centre, but places are limited.*

*3. Your partner has breast cancer and has received chemotherapy and radiotherapy. She has been given six months to live. There is a new medicine on the market which is very expensive – far more than you can afford. Because it is new and expensive it is not supplied by the national health system, however you are lobbying your member of parliament to have the drug supplied free as it will lengthen you partner's life by 6 months.*

*4. You were demonstrating against some recent government measures when things became very heated and some people started fighting the police. You went to help someone who had fallen and got in the way of the fighting; you were hit hard in the lower back by a truncheon and have had lower back pain since. You are claiming compensation from the police.*

You should start off by calling for two volunteer judges. The role of the judges will be to adjudicate on whether the groups below have sufficiently made the case that the right to health of the person in the scenario that they have been allocated has been violated. The judges can do this collaboratively (looking at each of the four cases) or divide the four cases between them.

You should then divide half of the remaining students into four groups. Each of these groups will defend the right to health of the people in the scenarios above. You should give students TEN minutes to construct the case and then give each group TWO minutes to present their arguments.

You will split the remainder of the class into four groups corresponding with the scenarios above and ask them to question the notion that the people in each of the scenarios have had their right to health violated. You should give the students TEN minutes to construct the case and then give each group TWO minutes to present their counterarguments.



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The judges should then make their verdict on whether the right to health has been violated in each of the four cases.

The results should then be discussed in plenary. The facilitator should make sure issues of equity, availability of resources, prioritisation of resources and which parties have responsibility to ensure fulfilment of the right are discussed. Make it clear that the right to health is not necessarily a guide to which health policy should be chosen – but it does add another dimension to debates about health policy. **approximately 50 minutes.**

### **Exercise 3: Violations of medical neutrality**

Particularly relates to PowerPoint slides 8-11 and Lessons 1.1-1.3; 35 mins

The facilitator writes the headings for the following violations of medical neutrality (taken from Lesson 1.3) on different sheets of flip chart paper and puts them on the wall.

### **Examples of violations of medical neutrality**

#### **Murder and disappearances:**

the killing or disappearance of sick or wounded patients, or of health workers, directly or indirectly caused by one (or all) parties of the conflict.

#### **Torture (and inhuman or degrading treatment):**

not treating the sick or wounded in a humane, ethically responsible manner.

#### **Arrest or imprisonment of sick and wounded:**

arresting or imprisoning the sick and wounded, resulting in the interruption of necessary health care, as well as using a patient's medical condition as an excuse for imprisonment.

#### **Punishing health workers:**

punishment of health workers as a result of actions that are professionally responsible, or because of the refusal to act in a professionally unethical way.

#### **Military attacks on health workers or medical units:**

military attacks on medical facilities or health workers who are clearly distinguishable as such.

#### **Denial of access to care:**

deliberately delaying or obstructing medical transport or the treatment of sick and wounded, or of medical assistance to the civilian population.

#### **Harassment:**

openly or implicitly threatening behaviour intended to result in the provision of inadequate health care or the failure to provide care.

#### **Discriminatory practice:**

differential provision of care to sick and wounded patients based on non-medical considerations.

#### **Disruption of training programmes:**

the ending of health-related teaching programmes for professional and lay health workers, relief workers, and/or health education for patients and civilian populations.



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### Using health workers and units for military purposes:

the use of health workers or facilities for military purposes, such as patrolling in or around medical units and/or using medical units as command posts, observation posts, troops or weapons transport, or for any other military purpose.

### Improper use of the medical emblem:

using an emblem indicating health workers or health facilities, such as the red cross, red crescent or red crystal on a white background, or any other emblem recognizable as a medical one, for military or other non-medical purposes, such as attacking the other party (or parties), transporting uninjured troops, or supplying military units with weapons and/or ammunition. It also includes the failure to identify medical personnel or units with any distinctive medical emblem.

### Violations committed by health workers:

health workers taking part in any violation of medical neutrality listed above; unethical use of medical expertise to further the cause of a party to the conflict; unethical medical experimentation and involvement of health workers inflicting torture or concealing its signs

The participants are then asked to write up the place and approximate date of examples of these violations of medical neutrality on the different flip charts. They can discuss as they do so. They should have as much time as they need to write up all the examples they think of – approximately **10-15 mins**.

The facilitator then goes round the examples and the participants combine their knowledge of what – if anything – was done about these violations. The facilitator rings each example in red if nothing was done, green if action was taken, and blue if no-one is sure.

At the end of the session the number of ‘action taken’, ‘no action taken’ and ‘do not know’ are counted. **20 mins**



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### **Chapter 2: Health professionals and human rights**

#### **Exercise 4: Ethical dilemmas and risks**

Relates to PowerPoint slides 10-14 and Lesson 2.1; approximately 30 mins

The facilitator asks the participants to review the following sections from Lesson 2.1:

- Why health workers may get involved in torture
- Specific risks for prison health staff
- Medical involvement in the death penalty (examples from the United States and China).

The flip charts with examples of violations of medical neutrality from the previous exercise are revisited.

The group splits into three: referring to the previous exercise, one group considers the 'action taken' examples, the second the 'no action taken' examples, and the third the 'do not know'. For each one they consider the risks and dilemmas faced by the health professionals (if they exist) that were behind the possible violations.

The groups then present their findings and any differences should be drawn out.

The facilitator writes up the different dilemmas and risks as they are brought up, and makes a note each time they are repeated.

The session finishes with a plenary discussion of the results – which dilemmas and risks appeared most frequently and possible reasons why.