

Can Medical Associations contribute to peace? a case study

Peace, health and medical work
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Norwegian Medical Association

- Professional society
- Union



The Committee of Human Rights

- Established in 1991
- Five members
- Special engagements
 - reconciliation and dialogue
 - education in medical ethics and human rights
 - psychosocial rehabilitation of the traumatised patient
 - prison and health
 - health care for asylum seekers

Engagements

- Former Yugoslavia 1993 – 2005
 - reestablishing cooperation between the medical associations
 - common projects
- Turkey 1997 – 2004
 - psycho-social rehabilitation
 - prison and health
- China 2004 –
 - medical ethics and human rights in psychiatry

Case study

- Reestablish contact between the medical associations in former Yugoslavia 1993 – 1997 – four meetings and one conference
- Educational programmes for general practitioners in Belgrade and Sarajevo 2002 →



Historical overview

- **29 November 1943.** - Yugoslavia was established as a federation of six federal units

1991

- **25 June** – Croatia and Slovenia declare independence
- **15 October** - The Assembly of Bosnia-Herzegovina declare independence
- **21 November** - The Parliament of Macedonia formally declared Macedonia as a sovereign and independent state.

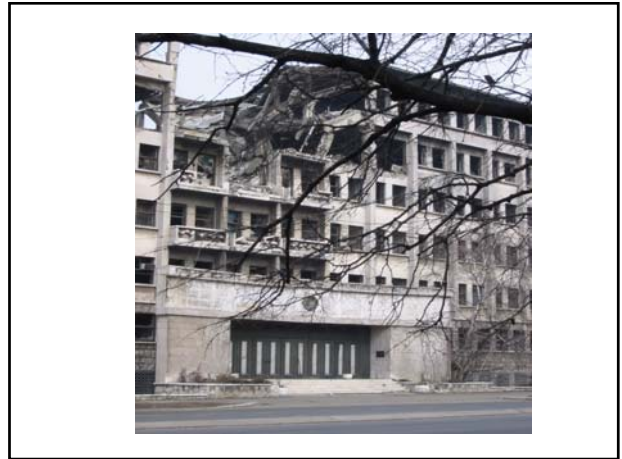
Historical overview

- 1991/92 War in Croatia and Slovenia
- 1992 – 95 Civil war in Bosnia and Herzegovina
- 1992 UN-sanctions against Serbia-Montenegro
- 1995 November - Dayton agreement
- 1999 March - NATO bombs Yugoslavia

Situation in 1993

- Civil war in Bosnia and Hercegovina
- Sarajevo was besieged
- UN-sanctions against Yugoslavia
- Tumults in Croatia - Krajina and Eastern parts included Vukovar





Background - meeting in Oslo 1993

- Seminar in Oslo May 1993 – experiences from Bulgaria
- Roundtrip August 1993
- Various attitudes to the initiative
- World Health Organisation – important collaborator and supporter
- Financial support from Ministry of Foreign Affairs

Assumptions

- Doctors have common ethical standards that go beyond national and ethnic interests
- Doctors can play a role in establishing mutual understanding between ethnic groups

WMA – armed conflicts

- The medical duty to treat people with humanity and respect applies to all patients. The physician must always give the required care impartially and without discrimination on the basis of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, or social standing or any other similar criterion

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Meeting in Oslo September 1993

- Medical Associations from all six republics participated (Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia)
- Presidents and Secretary Generals

Objectives

- The main objective of the meeting was threefold
- - to establish dialogue on issues related to humanitarian assistance to the peoples of former Yugoslavia and thereby to create better mutual understanding;
- - to build a framework of cooperative structures for continuing dialogue and taking action; and
- - to find ways of moving forward in the health and medical issues of concern to us.

The meeting

- Three days formal meetings
- Formal framework and structure
- Invited speakers on key topics
- Strong participation from WHO
- Prepared reports from each delegation
- Structured discussions - dialogue
- Time for social gathering

Results

We have identified as major areas for which, together with others, we all have major responsibility:

- health care of the people, especially refugees
- treatment of war victims
- preventing and fighting epidemics
- restoration and development of the public health services

Results continue

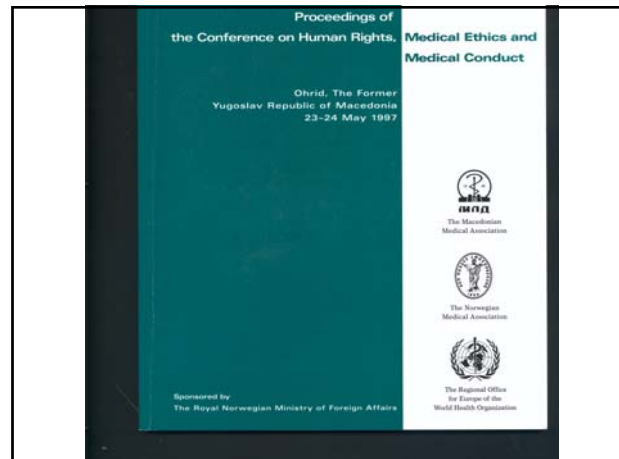
We commit our associations

- to continue to meet in cooperation with WHO.
- to use the moral authority of the medical profession to press publicly for action on health and disease in our countries
- to seek to speak on these issues with a unified voice
- to monitor and exchange information on the implementation of and adherence to international humanitarian law, and to draw the attention of the competent international and national authorities to all violations of human rights that become known to us
- to take specific actions as need and opportunity arises



Next meetings

- Oslo - March 1994
- Balaton Földvár - Hungary in September/October 1994
- Budapest - April 1996
- Ohrid May 1997 - Conference on Human Rights, Medical Ethics and Medical Conduct



Back to the assumptions

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Experiences – the Balkan project

- No documentation of doctors violating human rights
- Support from colleagues in other countries
 - neutrality
 - long term – not in and out
 - build confidence
 - dialogue
 - respect – colleagues on equal terms

Experiences - continue

- Interest for co-operation varied
- Controlled by the authorities
- Victims of propaganda

Medical Journal

- Article on Yugoslavia as a group – ethnic characteristics and differences
- "lower level of civilisation" and that their tendency to group regression is at the: "level of the schizophrenic position in the development of a personality, accompanied by complete destructiveness and irrationality (.....). Therefore, the Communist ideology based on the splitting and paranoid projections is closer to this group"
- And then another group: "Most of them are brought up on the Islamic tradition, their cultural and civilisation level being very low"

Poisoning children

- Doctors role in spreading rumours

Epilogue

- Common projects 2001 – 2005
 - Stability Pact for South Eastern Europe
 - Regional projects
 - Bosnia and Herzegovina and Serbia
 - Psychiatry in primary health care
 - Visit each others practices
 - Use local organisers and teachers
 - Exchange teachers



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Summing up – Balkan project

- Historical background - Yugoslavia
- Does the medical profession have common ethical standards?
- The role of medical associations in building peace – a case study
- Two examples – doctors violated ethical standards
- Collaboration between doctors in Belgrade and doctors in Sarajevo