

## A b s t r a c t

*Health professionals have an essential role to play in protecting human rights. Beginning in April 1993, a team of Cambodians and international staff with health and human rights backgrounds developed a program to teach human rights to health professionals in Cambodia, a country with a long history of human rights abuses. In implementing this program, the team developed a 20-hour curriculum and an accompanying syllabus both in Khmer, the Cambodian language, and in English, providing an overview of human rights and a focus on the special role of health professionals in protecting human rights. Over 3,000 Cambodian health professionals received human rights training during the project's first year. This broadly based human rights education program for health professionals can serve as a model to be used in other countries.*

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*Los profesionales de la salud juegan un papel esencial en la protección de los derechos humanos. Desde principios de Abril de 1993, un grupo de Cambodios y personal internacional con experiencia en salud y derechos humanos desarrollaron un programa para enseñarle sobre derechos humanos a profesionales de diferentes áreas de la salud en Cambodia, un país con una larga historia de abusos de derechos humanos. Al implementar este programa, el equipo desarrolló un curriculum de 20 horas y un compendio para acompañarlo en las dos lenguas Cambodias: Khmer e inglés, suministrando con ellos generalidades sobre derechos humanos y una parte enfocada al papel especial que tienen los profesionales de la salud en la protección de los derechos humanos. Por encima de 3,000 profesionales de la salud Cambodios recibieron entrenamiento en derechos humanos durante el primer año de este proyecto. Este amplio programa educacional sobre derechos humanos para profesionales de la salud sirve como modelo que puede ser utilizado en otros países.*

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*Les professionnels de la santé ont un rôle essentiel à jouer dans la protection des droits de l'homme. Au début du mois d'avril 1993, une équipe composée de Cambodgiens et de membres d'organisations internationales ayant acquis une expérience dans le domaine de la santé et des droits de l'homme a élaboré un programme destiné à enseigner les droits de l'homme aux professionnels de la santé travaillant au Cambodge, un pays où ces droits sont violés depuis longtemps. Dans le cadre de ce programme, cette équipe a mis au point un cursus de 20 heures qui s'accompagne d'un document pédagogique en anglais et en Khmer, la langue cambodigienne. Ce cours informe sur les droits de l'homme et sur le rôle privilégié que jouent les professionnels de la santé dans la protection de ces droits. Plus de 3000 professionnels de la santé cambodgiens ont ainsi été initiés aux droits de l'homme durant la première année de ce projet. Ce programme d'éducation sur les droits de l'homme destiné aux professionnels de la santé est un modèle et servira lors de la création de projets similaires dans d'autres pays.*

# HUMAN RIGHTS EDUCATION FOR CAMBODIAN HEALTH PROFESSIONALS

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**H**Health professionals worldwide can play an integral role in protecting human rights. In order for them to do so, it is essential that they have a fundamental understanding of the content, implications, and implementation of human rights. In particular, health professionals should know how to evaluate and treat victims of human rights violations, how to document human rights abuses, and how to advocate and educate others about human rights.

Cambodia is recovering from a long, torturous period of civil war and isolation, during which its people have suffered many human rights violations.<sup>1,2,3,4</sup> Promotion of human rights has represented an important part of recent peacemaking efforts and reconstruction in Cambodia.

In April 1993, at the invitation of the United Nations Transitional Authority in Cambodia (UNTAC), Cambodian and international staff of the American Refugee Committee (ARC), a

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nongovernmental organization, began developing an unprecedented and innovative human rights education program for Cambodian health professionals. This program was developed in cooperation with the international human rights organization, Physicians for Human Rights (PHR), as part of a broad UN effort to disseminate human rights information and educational services to all facets of society throughout Cambodia. The project's purpose was to increase Cambodian health professionals' knowledge and understanding of human rights and the vital role that health professionals can play in protecting human rights.

In implementing the project, the team developed a 20-hour curriculum and accompanying 100-page syllabus to provide fundamental human rights information, and to foster discussion on the role of health professionals in protecting human rights.<sup>5</sup> The curriculum also incorporated core cultural values relevant to Cambodia, particularly the relationship between Buddhism and human rights.<sup>6,7</sup> Over 3,000 Cambodian health professionals including doctors, nurses, midwives, physician assistants, and medical and nursing students received human rights training during the program's first year. This program for health professionals, entitled The Human Rights Education Project for Health Professionals in Cambodia, can serve as a model to be used in other countries.

### **Curriculum Development**

ARC project coordinators, Allen Keller and Sin Kim Horn, recruited a team of Cambodian and international staff with diverse backgrounds in health and human rights, including doctors, medical assistants, nurses, midwives, and lawyers. The team spent approximately two months developing an initial draft of the curriculum; discussions focused on the relationship between health and human rights. Project staff had particular expertise in areas such as medical documentation of human rights abuses, human rights and medical ethics, and human rights issues pertaining specifically to women and children. Human rights materials translated into Khmer were provided by the UNTAC Human Rights Component as well.<sup>8,9</sup> A project library containing relevant books and articles on the subject of human rights was organized.

In addition to the team, other individuals with backgrounds

in human rights participated in staff training and curriculum development. These included professionals with expertise in human rights and international law, a Cambodian Buddhist monk involved in human rights work, a Cambodian with extensive experience in mental health, and representatives of local and international human rights organizations.

A pilot version of the course was taught to students in their final year at the Faculty of Medicine and School of Nursing in Phnom Penh. Revisions were made after each of these initial trainings. The final curriculum included 10 two-hour sessions (Table 1).

The Human Rights Education Project for Health Professionals in Cambodia was developed in cooperation with the Ministry of Health and the Faculty of Medicine in Phnom Penh, with good working relations established. Their support greatly facilitated implementation of this project.

### **Human Rights Literacy**

During the first section of the course, human rights are defined, and basic freedoms (including civil and political rights) as well as economic, social and cultural rights are reviewed.<sup>10,11</sup> The importance of these fundamental rights, in light of Cambodia's tragic, recent history, is emphasized. Fundamental principles outlined in the Universal Declaration of Human Rights, including equality and the right to life, liberty, and security of person, are discussed.

For study of the Universal Declaration of Human Rights, the class is divided into small groups. Each group analyzes a specific article of the Declaration and how it relates to the rights and responsibilities of health professionals, and makes a presentation to the entire class. Course participants review and discuss videotapes of human rights abuses, including an infamous United States case, in which police officers were recorded on videotape beating a suspect.<sup>12</sup> Examples of human rights problems in various countries are provided to illustrate that human rights concerns exist worldwide.

### **Human Rights and Health Professionals**

The course explores the role of health professionals in protecting human rights through documentation of rights abuses and reevaluation and treatment of victims. Emphasis is placed

on the role of health professionals in publicly advocating against human rights abuses such as torture and poor prison conditions.<sup>13,14,15,16,17</sup> The role of the health professional as witness, healer, and educator is underscored.

The course reviews human rights concepts and documents focusing particularly on issues of concern to women and children.<sup>18,19,20,21,22</sup> Course participants are encouraged to consider the role a health professional can play in treating children and protecting them from physical abuse and neglect, sexual abuse, homelessness, prostitution and war-related injuries, such as those caused by land mines. Also reviewed are health and human rights issues as they relate specifically to women, including rape, domestic violence, and forced prostitution.

Land mines are offered as an example of a Cambodian human rights issue around which health professionals can organize and promote public health and awareness.<sup>23,24,25</sup> The curriculum emphasizes the responsibility of health professionals to care for victims of land mines, including the provision of prosthetics, rehabilitation, and emotional support, as well as the importance of documenting injuries and advocating against the use of land mines.

### **Human Rights-Related Skills For Health Professionals**

The Human Rights Education Project for Health Professionals in Cambodia curriculum provides an overview of the evaluation and treatment of victims of human rights abuses. Particular attention is paid to the physical and psychological sequelae of human rights abuses such as torture.<sup>26,27,28,29</sup> Course participants learn methods for respectfully performing a detailed evaluation of a victim of human rights abuse. Emphasis is placed on the importance of health professionals documenting and reporting human rights abuses. The proper format for writing a detailed medical report is reviewed.<sup>30,31</sup>

The course provides an overview of effective communication skills and their therapeutic value, particularly with victims of human rights abuses who may be frightened, embarrassed, distrustful, and reluctant to talk about what happened to them.<sup>32,33</sup> Course participants discuss issues concerning patient privacy and confidentiality. The curriculum encourages health professionals to utilize empathic listening skills in caring for victims of hu-

man rights abuses, and emphasizes the interrelationship of human rights and mental health.

### **Case Studies**

Case studies are incorporated into the curriculum in order to emphasize the relation between health and human rights. They focus on the role of health professionals in evaluation, treatment, documentation, and advocacy for victims of human rights abuses. In addition to examples from Cambodia, case studies from other countries, including the United States, are cited in order to demonstrate that human rights are important concerns for health professionals worldwide.

#### **Case 1: The Right to Health Care Regardless of Race or Nationality**

A 25-year old Vietnamese woman living in Cambodia is brought to the hospital after suffering a gunshot wound. Her village was attacked by a group of armed men, who went through the village shooting and yelling "Kill the Vietnamese." Ten other people are dead, including four children.

In reviewing this case, attention focuses on the basic human rights principles violated, including the right to life and the right to protection against racial discrimination. It emphasizes the responsibility of health professionals to provide medical care regardless of race, nationality, or ethnicity.

Other examples relevant to Cambodia are used, such as caring for those unable to pay for medical care. Prisoners' rights to healthcare, as well as simple strategies for improving health conditions in prisons are also discussed.<sup>34</sup>

#### **Case 2: Prisoners and the Right to Health Care**

A 38-year old male prisoner is brought to the hospital in police custody. He has a large, bleeding laceration on his forehead. The police officer tells the doctor that this man is a troublemaker and should not be treated.

Discussion focuses both on prisoners' rights to medical care and on the rights of health professionals to perform their duties without intimidation. It covers possible strategies for the doctor in this situation to pursue and to ensure that appropriate care is provided.

### **Case 3: Professional Responsibility**

A 19-year old man comes to a doctor, complaining of headaches and fatigue. He appears to be in good health. Results of physical examination are normal. The doctor gives him an injection of Vitamin C in his left buttock. One week later, the patient returns, complaining of pain. The doctor examines him and finds a large, infected area at the injection site. Did the doctor act correctly by giving the injection?

This case provides an entry point for discussion of professional responsibility and medical ethics, and of the relationship between Buddhism and medical ethics.<sup>35,36,37,38,39</sup> The professional responsibilities of health-care providers are evaluated within the realities of Cambodia, where health indicators are among the poorest in the world.<sup>40,41</sup> This case demonstrates the need for health professionals to weigh the benefits and risks of any procedure or treatment, and to inform patients about them. The necessity for using medications appropriately, particularly in the face of severe shortages and poor hygiene, is also emphasized.

### **Case 4: Appropriate Care of the Child**

A mother brings her 3-year old child who has had diarrhea for two days to the local health center. The mother had tried to stop the diarrhea by not giving the child any more water, but the condition persisted. Without examining the child, the doctor prescribes an antibiotic and sends them home.

This case demonstrates the health risks evident when doctors serve merely as dispensers of medicine. The role of health professionals to provide not only medications but also basic health education, such as hygiene and rehydration techniques, are emphasized as crucial in protecting that most basic right: the right to life.

### **Case 5: Health Professionals and Torture**

A 35-year old male with a history of high blood pressure is arrested. Before he is questioned by the police, the prisoner's blood pressure is checked by a physician who finds it to be normal. The doctor instructs the police that the prisoner can withstand the interrogation. Police subsequently begin to question and beat the prisoner, hitting him in the stomach and back, yelling

that he should confess. The doctor stands in the corner of the room, watching. The prisoner subsequently also receives several electrical shocks from a device that one of the police is holding. After approximately 20 minutes, the doctor checks the prisoner's blood pressure, discovering that it has risen to 180/110. The doctor instructs the police to allow the prisoner to rest for a few minutes. Ten minutes later, the patient's blood pressure remains elevated. The doctor gives the patient some medication and 20 minutes later the prisoner's blood pressure is back to normal. At that point, the doctor informs the police that they may resume their interrogation.

In this case, the physical and psychological sequelae of torture are reviewed. Materials, including excerpts from a Khmer Rouge interrogator's manual, are cited, exposing the mindset of those performing torture.<sup>42</sup> The role of health professionals in exposing torture and caring for its victims is defined.

This particular case emphasizes the principle that health professionals must not participate in torture, either as torturer or attendant.<sup>43</sup> The health professional's responsibility to try to stop torture and report violators is emphasized. The history of health professionals who risk personal safety to protest human rights violations is reviewed, while risks of taking such a position are discussed.

#### **Case 6: Health Professionals and Domestic Violence**

A 20-year old woman, five months pregnant, is admitted to the hospital after apparently being severely beaten by her husband following an argument. He reportedly tied her arms behind her back, hit her in the face and kicked her in the stomach. He cut her hair with a knife and threatened to kill her. When you go to speak with the patient, the husband is sitting next to her and says he is sorry. The patient, who does not look at you but rather is looking down at the ground, says she forgives him. How should you proceed in caring for this patient?

This case is used to discuss domestic violence, a health and human rights issue worldwide. Initially, course participants frequently comment that domestic violence is a private, family matter in which health professionals should perhaps not get involved. This leads to discussion about professional responsibility. Initial interventions, such as separating the woman from her husband, are discussed. Domestic violence is argued to be a human rights violation, since Cambodia has no effective legal bar-

riers for preventing domestic violence and punishing offenders.<sup>44</sup> Domestic violence in Cambodia is, in effect, state-sanctioned.

### **Case 7: Human Rights and Mental Health**

A 40-year old woman has for several weeks been complaining of poor appetite and depression. She cites numerous other complaints as well, including headaches, chest pain, and weakness. She tells you that she always seems to develop these symptoms around this time of year. She has seen several other doctors, who have not found any medical explanation for her complaints. Physical examination is normal. In talking with this woman further, you learn that her entire family died during the 1975-79 Khmer Rouge regime, including her sister, who died of starvation despite the woman's efforts to find food for her. The sister's death occurred at approximately this same time of year.

This case explores the relationship between human rights and mental health, and this case illustrates the suffering and losses that many Cambodians endured under the Khmer Rouge.<sup>45</sup> Mental health problems like depression and post-traumatic stress disorder, which can result from human rights violations and other traumatic events, are discussed.<sup>46,47,48</sup> Identifying such problems and using empathic "active" listening skills are emphasized. Currently in Cambodia there is a scarcity of mental health services.<sup>49</sup> The course emphasizes the need for better access to mental health care, including counseling and support services for victims of human rights abuses.

### **Project Results**

During The Human Rights Education Project for Health Professionals in Cambodia's first year, courses consisting of 10 two-hour lectures were taught to final year students at the Faculty of Medicine and School of Nursing in Phnom Penh, and in four provincial nursing schools. Intensive one-week courses were also taught to practicing health professionals (including doctors, nurses, medical assistants, and midwives) in Phnom Penh and in 10 Cambodian provinces. These courses were held in a variety of locations, including provincial and district hospitals, Buddhist temples, and headquarters of local human rights groups. Participants received a certificate upon completion of the course. All courses were taught in the Cambodian language, Khmer, and a 100-hundred page syllabus concerning health and human rights was developed both in Khmer and in English.

A total of 3,217 Cambodian health professionals received human rights training during the first year of the program. Some 1,658 (52%) were practicing health professionals—doctors, medical assistants, nurses and midwives in Phnom Penh and in the provinces. Another 1,559 (48%) were medical, nursing, and midwifery students at the Faculty of Medicine and School of Nursing in Phnom Penh, or in one of the four provincial nursing schools.

Response to the program has been enthusiastic. In one course held at the School of Nursing in Phnom Penh, students went so far as to wade through three feet of water following a heavy rain to attend. Upon completion of the course, participants have frequently commented that they gained a greater understanding of human rights and the role of health professionals in protecting human rights. Many have also noted that they learned important skills that they can integrate into their daily practice, particularly communication skills, for evaluating and treating victims of human rights abuses. Formal evaluation of participants' knowledge and attitudes concerning human rights before and after the course is underway.

The Human Rights Education Project for Health Professionals in Cambodia's curriculum was recently approved to become a permanent part of the medical curriculum at the Faculty of Medicine and the School of Nursing in Phnom Penh. Intensive faculty training and development at the city's medical and nursing schools is taking place, to allow for successful integration of the human rights curriculum at these institutions. The curriculum has also been adapted for use in other countries including Zaire.<sup>50</sup>

In addition, the course has spawned other significant health-related human rights programs. For example, in March 1994, ARC project staff began collaborating with PHR, the UN Center for Human Rights in Cambodia, and Columbia University College of Physicians and Surgeons on a program to monitor and improve Cambodian prison conditions.<sup>51</sup> This included coordinating with local health practitioners who work in the prisons and training them in providing optimal medical care and maintaining public health practice in prisons. Furthermore, technical expertise is being provided to government agencies responsible for the health of prisoners. Mechanisms are being established for continued assessment of progress in prison conditions.

With continuation of this program, Cambodian staff have assumed responsibility for its management. In an effort to develop sustainable means for continuing human rights programs for Cambodian health professionals, ARC is helping to establish a local nongovernmental organization, the Cambodian Health and Human Rights Alliance (CHHRA). This organization's mandate includes continued human rights education for health professionals as well as advocacy, investigation, and provision of health services for victims of health-related human rights abuses.

### **Conclusion**

Human rights education is an important part of medical training. As Cambodia struggles to rebuild the fundamental elements of a civil society following 20 years of war and isolation, it has become a laboratory for human rights education. The Human Rights Education Project for Health Professionals in Cambodia is evidence that such programs can be implemented successfully in a variety of settings. Curricula must be clinically relevant and applicable to the social, political and cultural context in which they are taught. Moreover, in order to offer an appropriate and sustainable program, it is essential that local staff assume a leadership role in the development, implementation, and management of the program.

In his book *"Step by Step,"* the Cambodian Buddhist monk, the Venerable Maha Ghosananda, writes "The suffering of Cambodia has been deep. From this suffering comes great compassion." Cambodian health professionals have endured years of hardship while continuing to deliver care under difficult circumstances. It is our hope that The Human Rights Education Project for Health Professionals in Cambodia will make a contribution to strengthening Cambodia's health care system, and will serve as a model for similar programs in other countries throughout the world.

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**Table 1**  
**Human Rights Curriculum For Cambodian  
Health Professionals**

- Lecture 1:** What Are Human Rights? Why Is It Important for Health Professionals to Learn About Them?
- Lecture 2:** The Universal Declaration of Human Rights and Its Significance for Health Professionals
- Lecture 3:** The Right to Health Care
- Lecture 4:** Professional Responsibilities
- Lecture 5:** Communication Skills for Health Professionals
- Lecture 6:** The Medical History and Physical Examination of the Victim of Human Rights Abuse
- Lecture 7:** Human Rights and Health Care for Women and Children
- Lecture 8:** Land Mines, Torture, and the Responsibilities of Health Professionals
- Lecture 9:** Mental Health and Human Rights
- Lecture 10:** The Role of Health Professionals in Protecting Human Rights

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