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BOOK REVIEWS

Dual Loyalty and Human Rights in Health Professional Practice: Proposed Guidelines and Institutional Mechanisms, A project of the International Dual Loyalty Working Group (Physicians for Human Rights and University of Cape Town Health Sciences Faculty, 2002) 145 pp

What does the Hippocratic Oath stand for? In what way does it (and its modern reincarnation, the World Medical Association Declaration of Geneva) bind doctors to have unconditional loyalty to their patients? Is a doctor to promote a patient's health over all other considerations? Are intervening circumstances i.e. who the patient is and what pressures the doctor is subjected to—acceptable as exceptions to this rule? When do the declared interests of the state supercede the interests of one patient?

These and a great many other questions are the subject of an insightful study by Physicians for Human Rights (hereafter PHR) and the University of Capetown Health Sciences Faculty (hereafter UCTHS). There is a basic blind trust in most societies towards the men/women in the white coat. Surely, we think, they could not betray us. The report not only discusses the most egregious violations of medical trust as experienced in repressive societies but also discusses the many gradations and instances in countries like the United States where the issues of trust and loyalty come into question. There are many examples where the line between duty and loyalty are gray. However, the instance which is

absolutely clear in terms of the medical professional's violations of his/her responsibility and of international human rights law is when physicians knowingly consent to be complicit with the state apparatus of torture, repression and death. Unfortunately, the examples are abundant in modern times—i.e. Nazi Germany, military junta's Argentina, South Africa under apartheid, Iraq under Saddam Hussein and so forth.

In April/May 2003, this author participated in a PHR investigation in Iraq. We spoke to more than two dozen health professionals. We not only got a sense of the vast net cast by the state of its apparatus of terror—but also learnt to our dismay of the level of participation by physicians in the horrors. While in some instances, the physicians themselves were under severe pressure and believed that they could not “disobey” the orders sent by the head of state, nonetheless, there seemed to be a number of instances where physicians participated with the government in acts that led to the torture, disappearance or death of their fellow citizens. We were told of one instance where a physician fired a handgun and killed another physician who had treated a member of the Shiite resistance and were given a letter written by a physician providing the government the names of three medical students whom he “suspected of planning against the State.” The students were later “disappeared.”

The more common incident that we heard about was that of forced participation in committing torture. In 1994–1995, Saddam Hussein passed a decree

calling on all surgeons, regardless of their specialty, to participate in a national campaign to brand army deserters. The surgeons were called upon to cut the right ear ("saluting ear") of the deserters and to brand their forehead so that they would be recognized and shamed in their communities. The captured deserters were brought to the hospitals and the mutilations were carried out by the surgeons present. Apparently there were a number of cases where the victims had complications, there was no medical aftercare and there was at least one death due to complications.

One surgeon who first relayed this horrific incident to us told us that he had personally hid the entire day that the procedure was being carried out in his office closet. He mentioned that a few surgeons had developed serious mental issues after carrying out the process and a few were unable to practice medicine thereafter. These doctors felt that they had no choice and yet they participated in the state machinery of repression. Recently some in Iraq, including the interim health minister, have called for their prosecution. Were they torturers? Could and should they have refused to carry out the order, no matter what the risk? Are they to be held accountable now upon the creation of a new Iraqi government?

These are some critical questions that *Dual Loyalty* puts on the table. We live in an increasingly complicated world, hence the medical profession, like all others, is very much in need of a set of guidelines with greater clarity. *Dual Loyalty* provides a comprehensive listing of what is called "proposed guidelines for practice in difficult settings." These guidelines are particularly helpful in setting out the terms for those in the medical field who may be confused or unfamiliar with the conflict between the respect for

and implementation of patients' rights and carrying out their medical duties as called for by state authorities. They address circumstances in prison and detention facilities, armed conflict, immigration, forensics etc. Clearly the initial steps are to undertake global efforts on training health and medical professionals about international human rights law and practice and their role in that context. The crux of the dilemma that *Dual Loyalty* is addressing, nonetheless, is to achieve a global recognition of the prominence of the role of loyalty of physicians to their patients and for this role to be respected in the most repressive societies where physicians believe they can't stand up to the state's demands. In order to pursue this end, national medical associations and the World Medical Association must prioritize the issue of medical independence and integrity and pressure all states to respect it. *Dual Loyalty* has provided an excellent starting point. It is now critical for advocates on health and human rights around the world to embrace the issue and help transform the guidelines into an internationally adopted and enforceable document. Only then can we ensure that health professionals around the world are knowledgeable about their ethical responsibilities, know that they will be held accountable if they are violating human rights and that they are given protection if they refuse to do so.

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***Transnational Corporations and Human Rights* (JedrzeJ George Frynas & Scott Pegg eds., Houndmills, Basingstoke, Hampshire, UK: Palgrave Macmillan 2003), 223 pages, index. Cloth, \$65.¹**

Reaching for human rights within a cultural context is difficult enough. Universality, the removal of cultural context, raises issues of phenomenology and epistemology: what are human rights and how can we tell a human rights issue from other kinds of issues? How can we traverse cultural boundaries without losing the underpinnings of rights?² Still, if the fundamental questions can be answered or finessed, nation-states can deal with internal human rights issues by law and external human rights issues by treaty. When the threat to human rights

is not a human actor but a corporate actor, the issues get more complicated and the solutions more difficult. Frynas and Pegg have produced an important collection of essays that illustrate the complexities at the intersection of human rights values and corporate values on the transnational level.

Pegg puts his finger on the problem in the first chapter when he points out that

[R]ealists will appreciate that our contributors are sensitive throughout the volume to the importance of state power and the limited prospects for advancing a human rights regime to regulate TNCs without the strong support of sovereign states.³

"Limited prospects?" Pegg is gifted in the art of understatement.

With the exceptions of US-focused material⁴ and the redoubtable George Soros,⁵ the growing literature on control of transnational corporations (TNCs) mentions human rights, if at all, only in passing.⁶ The reason for this omission is that control itself is currently the primary issue. How shall nation-states control the corporate institutions that the nation-states have created?⁷ When control itself is the

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1. JedrzeJ George Frynas is Lecturer in International Management, Birmingham University, United Kingdom. Scott Pegg is Assistant Professor of Political Science, Indiana University Purdue University Indianapolis, Indiana USA.
 2. See generally HUMAN RIGHTS IN CROSS-CULTURAL PERSPECTIVES: A QUEST FOR CONSENSUS 2 (Abdullahi Ahmed An-Na'im ed., 1992).
 3. TRANSNATIONAL CORPORATIONS AND HUMAN RIGHTS (JedrzeJ George Frynas & Scott Pegg eds., 2003).
 4. THOM HARTMANN, UNEQUAL PROTECTION: THE RISE OF CORPORATE DOMINANCE AND THE THEFT OF HUMAN RIGHTS (2002); RALPH NADER, MARK GREEN, & JOEL SELIGMAN, TAMING THE GIANT CORPORATION (1976).
 5. GEORGE SOROS, ON GLOBALIZATION (2002).
 6. John Braitwaite & Peter Drahos, Global Business Regulation (2000); Edward M. Graham, Global Corporations and National Governments (1996); Steve Russell & Michael J. Gilbert, *Social Control of Transnational Corporations in the Age of Marketocracy*, 30 INT'L L. J. SOC. L. 33 (2002); Michael J. Gilbert & Steve Russell, *Globalization of Criminal Justice in the Corporate Context*, 38 CRIME, L. & SOC. CHANGE 211 (2002).
 7. DAVID C. KORTEN, WHEN CORPORATIONS RULE THE WORLD (2d ed. 2001); SASKIA SASSEN, LOSING CONTROL? SOVEREIGNTY IN AN AGE OF GLOBALIZATION (1996).