Above the Arctic Circle, during the long, dark days of a Norwegian winter, a very tall young doctor dreams in his little farm house on the edge of a fjord. He works on a vision of all health professionals being able to work on peace from the health sector. Already he has enthused influential faculty members at his own university, Tromso, with the idea of including “Peace Medicine”, as he names it, in the medical curriculum. Klaus defines this in the following way: “Peace Medicine could be a new discipline in health care sciences which embraces all medical practice, research, and education which contribute to health through the prevention or reduction of direct, structural or cultural violence, through the building of harmonious, mutual beneficial relations, and through strengthening the peace capacity of individuals and societies.”

Klaus worked closely with the International Physicians for the Prevention of Nuclear War (IPPNW) during his student days in Germany. He later worked in Norway, and for the last three years in Tromso, a beautiful town on an island in a fjord above the Arctic Circle. When Tromso University, the most northerly in the world, began a Master’s programme in Peace Studies the year before last, Klaus enrolled.

The topic of Klaus’ thesis is on the realization of his dream. He aims to stress the importance of “peace medicine” education in Norway. His respondents were doctors and students who were already engaged in “medical peace work”. This included a wide variety of activities contributing to prevention or reduction of physical and psychological violence, of oppressive and exploitative structures. It also included activities promoting dialogue, human rights, solidarity and sustainable development.

He has about 100 respondents to his questionnaire, half medical students, half physicians. They designate the most desirable “peace skills” for medical peace work as communication and dialogue, engaged teaching, culturally respectful behavior, knowledge-building, and research. The most valued knowledge is the connexion of physical, mental and social health, local context and culture, global health issues, international law and human rights, psychology/sociology of aggression, violence, identity, and conflict resolution strategies. The most important attitudes and values for these respondents are humaneness, respect towards others’ culture and knowledge, respect for diversity, optimism, responsibility for others’ health and lives. When asked about preferred teaching forms for learning this material, there is a very strong preference for applied modes, such as exchange programmes, and supervised field work. The highly prioritized fields for such work are human rights, poverty and development, refugee health, dilemmas in humanitarian aid, racism, globalization, war, and terror, north-south distribution of resources.

Klaus has moved some distance toward the realization of his dream. Educators at the Tromso Faculty of Medicine have begun developing an elective course in Peace Medicine to be taught in February 2005. The curriculum will include the impact of war and other forms of violence on human health. The student will learn something of the fundamentals of Peace Studies, such as understanding violence, power, conflict and peace, conflict analysis and ways of dealing with conflict. They will identify many possible ways of working for peace as health professionals, as well as how to avoid inadvertently making things worse. There would be time spent on values and ethics in relation to such work, cultural differences and ways of evaluating the efficacy of working for peace through health. Students will do this course before they leave for an overseas elective experience. It has also been proposed that the lectures on these topics should be introduced in early stages of medical training, with exposure of all medical students to the principles of Peace Medicine.

Klaus was recently invited to the University of Batticaloa on the war-ravaged east coast of Sri Lanka to discuss the inclusion of Peace through Health education in the medical school curriculum there. He sees this as possibly contributing to rehabilitation of the war-torn society. “Health education is challenged to teach the skills, knowledge, and values which health professionals need for violence prevention and the contribution to build a sustainable peace … Topics like human rights, the Geneva Conventions, medical ethics, violence prevention, and conflict resolution need to be included into the core curricula of medical and health science.”

In fact, education and training are being held in a number of centers across the world. McMaster University Centre for Peace Studies in Hamilton, Ontario, Canada, offered an undergraduate course in Peace through Health this year. Students attending the
course came up with admirable and original ideas in their major essays. A medical student/physician group is currently shaping an elective course similar to that of Klaus. The University of Western Ontario has offered such an elective for the last two years – it is seriously oversubscribed by both physicians and medical students.

For about six years, German medical students have competed for places offered by the German affiliate of IPPNW which combine clinical work with work in peace, development, or other social issues. An example of the work of one such student appears in a recently published article demonstrating the deliberate destruction of water purification systems in Iraq during the first US war against the country and the subsequent sanctions regime (1). Recently the US-based office of this international organization began organizing health-peace student exchanges on a global basis, under the name “Medex” (Medical Exchange). The UK affiliate of IPPNW, Medact, has for some years promoted a curriculum for medical students covering peace (particularly concerning health aspects of nuclear weapons), development, and ecological issues. The Cuban affiliate has taught a similar curriculum in a number of medical schools, dealing with the nuclear weapons issue, health effects of globalization and the US embargo, among other topics.

The World Health Organization and the Institute for Resource and Security Studies have been conducting training in Health as a Bridge for Peace for some years (2,3). The training involves introduction of the idea of promoting peace through health work, fundamentals of conflict analysis and conflict resolution, an understanding of the principles of humanitarian assistance, medical ethics, human rights, and international law. Such trainings are carried out with health professionals close to fieldwork in zones of violent conflict. They have been held in the Caucasus, Sri Lanka, Indonesia (for both Ambon and Aceh conflicts). The WHO is planning to organize such training in Sudan and in the Great Lakes region in Africa.

Peace scholars have asserted for some time that the tasks of forging peace must involve all sectors of society, referring both to the particular war-affected society and to the international community (4). Many in the health sector are taking this task seriously – Klaus Melf is a fine example.

References