

The Doctor podcast | Episode 8 | Caring under fire

Voiceover: From Gaza to Sudan, Ukraine to Myanmar, humanitarian and healthcare workers are attacked in direct violation of international law.

According to the United Nations, 2024 was the deadliest year for humanitarian workers recorded in recent history.

Dr Andy Green: I think we only have to open our eyes to what's happening in the world to realise that governments are distorting international humanitarian law in order to do what they want to do and are disregarding the bits they want to disregard.

In the long run, that's to everybody's detriment. Because if hospitals aren't a place of safety, where do you go to have your baby? Where do you go if you have your stroke? Where do you go with your heart attack?

Dr Kitty Mohan: It's known that in areas like Ethiopia, and the Democratic Republic of Congo that people do in fact avoid hospital because it's not seen to be a safe place, which is truly the opposite of what it's meant to be really isn't it?

Voiceover: Welcome to the eighth episode of The Doctor podcast, brought to you by the British Medical Association.

This episode features medical ethics committee chair Dr Andy Green, and international committee chair Dr Kitty Mohan.

They discuss how working to protect healthcare internationally goes hand-in-hand with the BMA's work as a trade union to protect healthcare within the UK.

They also share testimonies from the BMA's powerful new report, 'Medicine under attack', that analyses the current rise in attacks on medical facilities and personnel, and how this undermining of healthcare has ripple effects on population health.

Lastly, Dr Mohan and Dr Green discuss what we can do to pressure governments, institutions and medical associations to uphold the protections afforded to healthcare under international law.

This episode is accompanied by the article 'Caring under fire' by Tim Tonkin.

You don't need to have read the article to listen to this episode, but if you'd like to do so, you can find links in the show notes and at thedoctor.bma.org.uk/podcast

This episode contains descriptions of violence. If you want to avoid this content, time codes are given in the show notes.

Kitty: My name is Kitty Mohan. Within the BMA, I am chair of the international committee and a member of UK council. My day job is as a consultant working in public health. I specialise in infectious disease and environmental public health.

And I'm also one of the vice presidents of the Standing Committee of European Doctors, which is otherwise known as CPME.

Andy: And I'm Andy Green and I chair the BMA's medical ethics committee. I was a GP; I was a GP for 30 years up on the Yorkshire coast.

My background in the BMA was really through the trade union side, the GPs committee, and I was the clinical and prescribing lead for several years. And it was that that gave me an interest in medical ethics.

So, I'd just like to welcome people to this podcast that the BMA is putting together for World Humanitarian Day. But in fact, we're recording it a few days beforehand, and today is the 80th anniversary of the dropping of the atomic bomb on Hiroshima.

And of course, it was in response to the dreadful civilian casualties of the Second World War that the Geneva Conventions were put together.

And I guess one of the reasons we're here today is to try and unravel the problems that exist at the moment that are leading to those conventions not having the impact that they used to do.

So Kitty, what gave you an interest in this sort of work?

Kitty: Thanks, Andy. I think that like a lot of people, I first became involved with the BMA through the trade union side.

I became chair of the junior doctors committee and negotiated for a lot of things that didn't directly affect me. But in the course of doing that, I think I realised that being a doctor no matter where you are in the world, we're part of a very privileged profession. We have a voice, and we need to use that voice to speak out.

I understood and grew to know about the work that the BMA was doing within the international committee, within the medical ethics committee, in that more humanitarian and human rights space.

And in many ways, it feeds into my interest in my professional career as well. Public health is on that spectrum where you're not just involved in protecting the health of

individuals. So as important as that is, and as vital is that is really – it's also about looking into the space around them, the settings, the communities, and trying to make sure that actually you're getting the best result and protecting the health of as many people as possible, in particular those who are marginalised in our society who don't have their voice heard very often.

And so, for me it's all kind of part of that same spectrum. And many years have passed by and here I am as chair of the international committee now undertaking this work. So, yeah, that's kind of how it's happened.

Andy: It's strange how we all come to places through different routes. I would love to say that I was speaking out on human rights because I had a deep urge to do so from when I was a little boy. That's not the case at all.

In fact, like often happens in life, it just sort of happened to me. I was very interested in the ethics side of things. So, when the opportunity came up, I was very pleased to take on the chair's role, expecting it to be all about medical ethics.

I wasn't quite expecting the amount of human rights work that was involved. I wasn't prepared for it, either in terms of knowledge, or I think in terms of the emotional resources that it needs.

And I'm enormously grateful to both the team on the staff side, our experts within the BMA, but also to the senior elected members, such as yourself Kitty and also, Latifa Patel, who I know has carried a huge burden with the BMA's human rights work over recent years. The help that you've given me in getting up to speed has been really appreciated.

Voiceover: Within the UK, doctors are dealing with an eroding profession and healthcare system. Dr Mohan and Dr Green discuss why it's important that doctors also remain focused on the erosion of healthcare internationally.

Kitty: So, Andy, there's a lot of focus amongst the profession at the moment on strikes and physician associates. Why should UK doctors and medical students care about what's happening elsewhere?

Andy: Well, because we are one profession. We believe within the BMA that we don't put one sort of doctor above another sort of doctor. We don't prioritise surgeons over public health doctors. We don't prioritise retired GPs over medical students.

And if you have that view within the country, I think it can't be justified not to extend that view to our colleagues who work abroad. Particularly when, of all our colleagues, they probably work in the most difficult and trying circumstances that there are.

It must be very, very isolating to be working in some of the conflict zones that we hear about in Sudan, in Ukraine and in Gaza. And I think to have an association like the British Medical Association speaking out for them is really important.

And also, the two sides are not exclusive. With the BMA doing work on human rights ethics, that in no way detracts from the trade union side. In fact, it enhances it. One hand washes the other. It's a false division between the two.

Kitty: And I've also thought as well, Andy, that you know, working in whatever environment we work in, in the clinic, in a hospital – actually, we have such a global profession, and our medical workforce is full of individuals who've come from all around the world.

So actually, this does directly impact our colleagues as well. And we need to both keep our colleagues here in this country for the sake of our own health system, but also to support them when things like this happen so that they are getting the support they need for them and their families as well because there are so many people that this directly impacts as well.

Andy: I was at an event in Westminster just last month organised by MSF on the problems that there are in Sudan at the moment. And there was a doctor there who came from Sudan who spoke very movingly about what was going on in her home country. You can't expect people who've come from conflict zones not to carry all that grief with them, and we owe it to them to speak out on their behalf.

Kitty: I think also health knows no boundaries; illness knows no boundaries. And we do just see that what affects one part of the world and actually the root causes of whatever conflicts and the way that healthcare is affected – that kind of undermining of healthcare and undermining of doctors – are also some of the issues that we're facing in a very different way.

The fact that we have the voice to speak out and we're able to speak out without fear of direct persecution of ourselves and our families in a way that perhaps some of our colleagues are not able to is a huge privilege. And it means that we actually need to speak out because otherwise there's no one left to do so in many ways.

Voiceover: As international committee chair, Dr Kitty Mohan represents the BMA in the World Medical Association. She shares some of the BMA's recent work to influence and bring resolutions to the WMA.

Andy: Kitty, you've been going to the WMA for some time now. Can you give us some examples of some of the things that the BMA has been working on? I remember we were very concerned about the treatment in China of the Uyghur population.

Kitty: Yes. So, the BMA as a member of the World Medical Association has had the opportunity to influence and to bring resolutions to the World Medical Association where within healthcare, human rights have been abused.

And as you mentioned, the Uyghurs in China – protecting their rights and bringing resolutions around the Israel-Palestine conflict.

It's really difficult to do this, purely because you need to get that coalition of countries and other national medical associations who are willing to speak out. And there are lots of reasons why they might be reluctant to do so.

So, I think having us there encouraging and really reminding people that it is important that we use our influence, that we work together, that we really push the World Medical Association to do more, to highlight attacks on healthcare in conflict zones, as well as expressing solidarity, but also to put pressure on our respective governments to challenge them to take action as well.

Andy: I think one of the things I realised in this job is you do need quite broad shoulders because you do find that, if you speak out on something, you can be criticised. If you don't speak out on something, you can also be criticised. People who want you to speak out sometimes say, 'Why have you spoken out on this subject as opposed to that one?'

And I was quite relieved and pleased to find that the BMA does have a set of procedures about when we do speak out. These were agreed several years ago now with Amnesty International and the International Committee of the Red Cross.

And broadly speaking, we speak out when doctors are involved either as victims of IHL (international humanitarian law) abuses, human rights abuses, or regrettably sometimes as perpetrators of them.

And we also speak out when populations have their rights to health trampled on. And I think it was those concerns, really, that led the medical ethics committee to undertake a large piece of work that's just been published last month on medicine under attack.

So, the report that the medical ethics committee started in 2024 was published this year. It came out of the reports that 2023 had been the worst year for attacks on healthcare in record.

And of course, 2024 turned out to be even worse, with I think 3500 incidents recorded over the course of the year. We also have 110 conflicts worldwide, and we also have areas involved in conflict, twice the size of India.

So, that was why the committee chose to write this report. And I'm very grateful to Dominic Norcliffe-Brown who's been the driving force behind it. But really, it was the work of the whole medical ethics committee.

Voiceover: The BMA's 'Medicine under attack' report contains many first-hand testimonies. Dr Green and Dr Mohan share some of those and discuss the lasting repercussions on population health when attacks on healthcare aren't held to account. This section contains descriptions of violence.

Kitty: Andy, is there anything from the report that particularly shocked you or surprised you in any way?

Andy: I think the shock value, if you can call it that, is often in the individual accounts from people involved. And I would urge you to look at the report and read those yourself.

One that in fact isn't in the report – but I know something that shook me to the core – was at the meeting in Sudan when we heard an MSF testimony from a nurse who had been working in Sudan who just went into work.

A normal day, as far as she was concerned. It was a caesarean section, perfectly routine, the sort of thing that you expect to go without a hitch.

At the very start of the procedure, the doors burst open. Gunmen came in. She was hit on the head. She remembers nothing else. When she woke up, the patient was dead. The baby was dead. Her surgeons were dead. And she has no memory of what happened to her in all that intervening time.

And in a world where we know that sexual violence is used as a deliberate ploy to terrify people and as a tool of war, it was clear from that testimony that the thought of what might have happened to her was as distressing as what had actually happened to her colleagues.

I think if you're talking about shock, it has to be not statistics, but those individual accounts that you hear from people. And that's one of the reasons why this job is quite difficult because you think that, you know, you're a Radio 4 *Guardian* reader, you think you know about these things, but until they arrive in your inbox, you really don't.

Kitty: I completely agree, and I mean, this is truly awful example. When I was reading the report, one of the things that struck me was – kind of reading between the lines in some ways – the fact that there was a testimony from an individual who I think was about 20 years old who had lived almost their entire life in forced displacement camps and going literally from one camp to another.

And the number of conflicts that they had witnessed, and they had experienced during their relatively short life was truly astounding actually. And the impact of that, both on them as well as the people that they had come into contact with.

I often naively may think, you know, that people will just be going through a conflict period. However, in parts of the world, there hasn't been a non-conflict period for generations really.

So, the impact of that, as you say, on healthcare workers and on others who are going into those zones – it's unsurprising the mental health impacts that people face when they're out of those zones, as well as kind of the sense of guilt they may feel.

Andy: And I was also shocked by the scale of the attacks on healthcare. In Sudan, 80% of the hospitals are completely out of service. There are whole areas of Sudan where the voluntary services have had to withdraw because it's just so dangerous.

Syria – an appalling example where destruction of healthcare facilities was used as a deliberate tactic by the Assad government in order to undermine areas.

In the first month of the Russian attack on Ukraine, there were attacks on hospitals, completely in violation of international humanitarian law.

And I can't remember, correct me if I'm wrong, any example of the people who do this being brought to account. And you have to ask yourself why. And you have to realise, I think, because no one's brought to account, that can only encourage people to carry on with this behaviour.

Kitty: Absolutely. And I think this is why as organisations, as international organisations, as international collaborators, we really need to speak out and demand that the individuals and the groups are held to account.

Because if they're not, then what stops the next conflict and the next group of people doing exactly the same thing? Because there's no penalty for attacking healthcare and for attacking healthcare workers when they should be protected.

Andy: And, I mean, we have to accept that there are some circumstances in which healthcare facilities lose their protection, particularly if they are taken over for non-healthcare work.

But even in those circumstances, the attacking forces have to have obligations. And they have to discriminate between combatants and non-combatants. They have to provide evidence as to why they've done it.

They have to take care not to harm patients and not to harm healthcare workers. And also, any action they take needs to be in proportion to the use to which the facilities are being put.

I think we only have to open our eyes to what's happening in the world to realise that governments are distorting international humanitarian law in order to do what they want to do and are disregarding the bits they want to disregard.

In the long run, that's to everybody's detriment, not just doctors and nurses and healthcare workers, but populations. Because if hospitals aren't a place of safety, where do you go to have your baby? Where do you go if you have your stroke? Where do you go with your heart attack?

So, the implications on populations – it's not just the damage that's done to the people physically. It's the emotional problems and the problems that you're going to get from a whole population of unvaccinated children, for instance, to link with your specialty.

Kitty: Absolutely. The truth of your hospital that it should be your safe place, or your refuge is something that, when it's removed, you're in chaos really, aren't you? And that's not a good way to be.

Andy: Of course, it's easier to rebuild buildings than is to rebuild staff. And once doctors leave these areas, understandably, they're not going to go back.

There was a conflict in Chechnya 15 years ago, I think. It may have dropped off people's memories now. But I understand that even though the hospitals have been rebuilt, the medical staff haven't gone back. And who can blame them?

Kitty: It's known that in areas like Ethiopia, and the Democratic Republic of Congo that people do in fact avoid hospital because it's not seen to be a safe place – that actually it's somewhere there may be attacks, where people may be wanting to discharge early

to get back to their home so that they are not there when there are attacks on healthcare, which is truly the opposite of what it's meant to be really isn't it?

Andy: It is. And I guess one of the other things that's easily forgotten is that healthcare doesn't stand alone. It's very dependent on normal – if you can call it normal – aid. So, that's fuel. It's food. It's water. All the things that people need to survive.

And doctors and nurses can't survive without those things. And what I didn't realise is that warring parties don't have a duty to allow aid to civilian populations.

They have a duty to facilitate it. And you only have to open your eyes and look at the news from areas such as Gaza to see that facilitation of aid supplies simply has not been happening.

Kitty: Also, we see in conflicts that doctors and other healthcare professionals receive the stories of individuals, of communities, of the conflict, in fact. And they are a really useful and reliable source of information and evidence at a time when it's really hard to ascertain what's going on really during the conflict.

By killing doctors and healthcare workers, we're losing that story of the conflict really. We're losing the richness of both the testimonies of individuals and of their communities. But also, we're lessening our understanding of what actually happened at that time point in history.

Voiceover: How do we uphold protections for healthcare in international law?

Dr Green and Dr Mohan share how they'd like to see governments, the UN, the WMA and its constituent members – national medical associations like the BMA – take action.

Kitty: So, Andy, how would you like to see governments respond to these attacks on health care?

Andy: Starting with governments, I think they really do need to reprioritise international humanitarian law in order to protect citizens' human rights.

And also, they need to allow the ICC (International Criminal Court) to do its job. And you would have thought that particularly Western liberal governments would be keen to do that.

But in fact, it's not just more oppressive regimes that stand in the way of the ICC, but you've got states like the United States actually sanctioning ICC workers rather than helping ICC to do its job. That's another reason, I think, why these attacks continue.

And then also we have the United Nations, and we would very much like to see the United Nations focus far more on attacks on healthcare. And we would like to see them appoint a special rapporteur on the protection of health in armed conflict.

I believe that in all the history of the ICC, there's only been one case where prosecution was made for an attack on a healthcare facility. And when we have thousands of attacks in one year, that simply is not good enough. They need to up their game.

So, that's government and the organisations that sit above governments such as the United Nations. The WMA is your thing Kitty, what can the WMA do about it?

Kitty: It's really important for them to be the global representative of our profession, of doctors, and they need to be proactive.

They need to engage with the states that are implicated in health-related human rights abuses. They need to use their voice. And they have a really strong, big voice to raise awareness of the abuses. And they should be speaking, as you mentioned, to organisations such as the United Nations on this.

They need to continually and repeatedly be expressing solidarity in situations where medical personnel are facing abuses. And they need to be reiterating incredibly strongly that all parties in conflict must respect international humanitarian law, medical impartiality and medical neutrality.

I think that's absolutely fundamental to what they need to be doing. And they should also be making sure that their constituent members are speaking out as well.

And actually, if their constituent members are implicated in human rights abuses, they should be calling this out. That may be very difficult, but it's their role and it's a fundamental part of this.

And they also need to be empowering their own members to be both joining together to build coalitions and also to speak out to their governments to make sure that their governments are pressured to take action and to speak out where human rights are being violated.

Andy: I guess if not them, then who? And if not now, then when?

Voiceover: As we recognise World Humanitarian Day, Dr Green and Dr Mohan reflect on what those listening to this podcast can do to make their voices heard.

Andy: Most of us aren't in the WMA. So, it's World Humanitarian Day, what can individuals do?

Kitty: There's so much that we can do and that we should do as individuals. I think it's really important that we listen and that we hear and that we actually pay attention to what's happening in what may feel like far away parts of the world.

And that we express solidarity, that we actually get angry about this as well, and that we use our voices as doctors, as the medical profession, to speak out and to challenge our organisations that we are part of – be it the societies, the royal colleges, the faculties that we are all members of, and fellows of, and run as well – to add their voice to this.

Because what we really need, both within the UK as well as internationally, is a real coalition and collaboration of voices who are all angry about this so that we can't be ignored, really.

When it's coming from society and when it's coming from the medical community and talking about our global medical community – then I think it's much harder to ignore.

Andy: I'm sure you're right. And certainly, I appreciate very much when we get support from our members. The global situation at the moment is so dire that it is not surprising that our members are passionately interested in this work that we do. I've been in the BMA since 1979, that's when I joined the BMA.

Kitty: That's when I was born.

Andy: Well, thank you so much, Kitty. That makes me feel so much better! It's a long time.

And I can't remember a time when so many emotions, for example, have been brought to our annual representative meeting.

But of course, the BMA has been active in this field for a long, long time now. I think it goes back to the 1980s when we produced really the first report on the involvement of doctors in torture. And every few years we've tried to release a major report.

And in 2022, we published work called 'Health and Human Rights in a New World Disorder'. So, this medicine under attack work really is the latest chapter in a long history of the BMA's work on human rights.

And I do appreciate it when we get support, when people recognise that it's a difficult thing to do, when people recognise that we do try and be fair and impartial.

And we do sometimes, I'm sure, get it wrong. We'll get it wrong in people's eyes. And when we do, please get in touch and tell us. And we will always listen.

Kitty: Absolutely. And I think our members are also key to this because as we've as we've mentioned, there are so many conflicts.

And actually, we work through the policy that our members bring through our annual representative meeting, that they bring through our conferences – that becomes BMA policy and guides the work that your committee and my committee and that actually the whole organisation is working on.

And it's really important to hear from our members what they consider important and what they want us to be doing. And in one way, it helps us validate, you know, that we're doing the right things.

But equally, it also helps us to consider, okay yes, there are so many conflicts, this isn't about an individual conflict – it's about it's about healthcare under attack across the world. So actually, to try and bring that together with policy is really important.

Andy: If we lose those principles of medical neutrality, protection for medical facilities – we've lost something very, very dear.

Kitty: Absolutely.

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