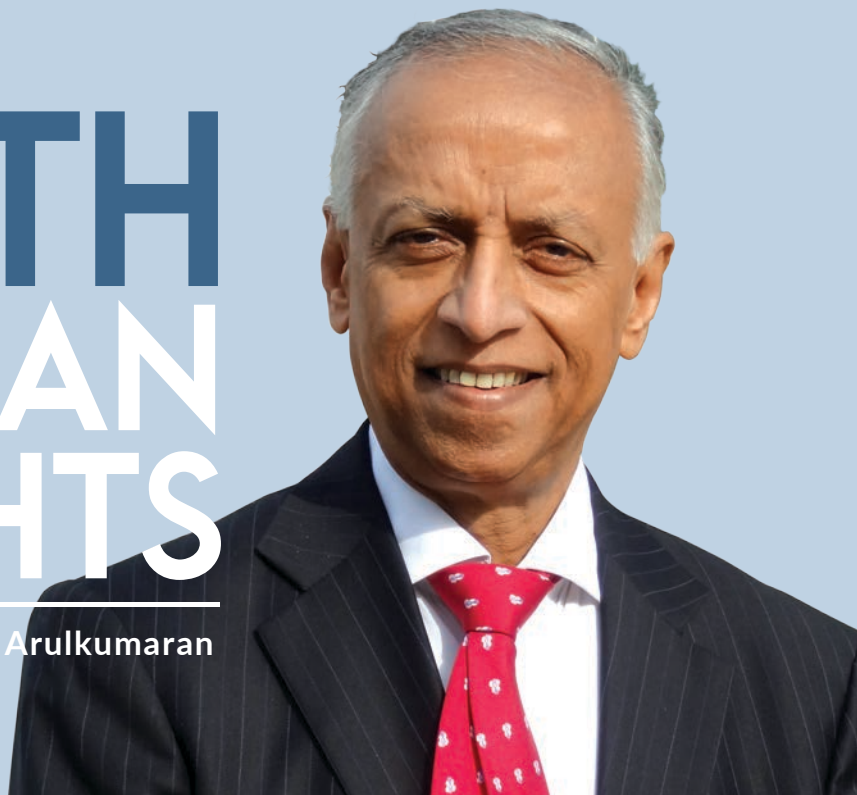


HEALTH & HUMAN RIGHTS

Interview with Prof Sir Sabaratnam Arulkumaran



The SMA is proud to have Prof Sir Sabaratnam Arulkumaran (SA) as this year's SMA Lecturer. Prof Sir Arulkumaran is professor emeritus in obstetrics and gynaecology at St George's, University of London, visiting professor in the Institute of Global Health, Imperial College, London, and foundation professor of obstetrics and gynaecology at the University of Nicosia, Cyprus.

SMA News took the opportunity to hear his views on the relations between healthcare and human rights, as a preview to his lecture on 5 November 2016.

HEALTHCARE AND HUMAN RIGHTS

What is the relationship between healthcare and human rights?

SA: Human rights are detailed in legally binding or influential international treaties, national constitutions and/or national laws and codes, all reflecting contents of the Universal Declaration of Human Rights. This was proclaimed by the General Assembly of the United Nations in 1948. Rights include, for instance, rights to security of the person; to protection against suffering cruel, inhumane or degrading treatment; to found a family; and to non-discrimination on grounds such as sex, race, colour, religion, national or social origin, and birth or other status. Such individual rights are expressions of the first sentence of the Universal Declaration: "All human beings are born free and equal in dignity and rights." These rights are extended to healthcare as each individual has the right to enjoy good health.

In today's context, what are some of the main concerns about this relationship?

SA: Human rights to health constitutes right to life; to health; to privacy; to confidentiality; to autonomous decision-making; to receive and impart information relevant to their health; to non-discrimination; to freedom from inhumane or degrading treatment; and to enjoy the benefits of scientific progress. In many situations, one or more of these rights are violated due to the lack of training in these aspects in our medical education.

Additional concerns are that related to the physician. No physician should be punished for carrying out medical activities compatible with medical ethics; no physician should be compelled to perform acts contrary to medical ethics; and no physician should be compelled to give any information concerning the wounded or sick to any party where it would be harmful to the person.

What are “rights to health” and why are they important?

SA: Human rights have moral, legal, political and rhetorical dimensions. It is connected in complex ways to fundamental human goods, including health. They form an indelible part of our legal, political and moral landscape. Human rights can be thought of as a normative legal framework that regulates the relationship between the citizen and the state.

The important aspects of rights to health are explained below.

Life. Everyone has the right to life. The physician should be able to discuss and decide the provision and denial of emergency health services. They should provide emergency lifesaving treatment independent of their personal beliefs. They should have the knowledge of how the healthcare systems can ensure or compromise the right to life.

Health. Everyone has the right to the highest attainable standard of physical and mental health. Physicians should have the knowledge of the impact of availability, acceptability, accessibility and quality of care on health outcomes. One should be able to assess the quality of healthcare services for diverse populations in the community. They should be able to discuss how public health measures for screening of disease and injury prolong life expectancy, and should have the knowledge of how biologic and sociologic diversity influences healthcare outcomes.

Privacy. Everyone has the right to respect for privacy in the field of healthcare. Physicians should conduct the consultation, examination and treatment of the patient in a private space and in a manner that ensures privacy and respect. Physicians should recognise when there is a need for the presence of a third party or chaperone. They should maintain the patient’s privacy in the presence of a chaperone

or other individuals invited by the patient. One should acknowledge and accommodate various cultural attitudes towards modesty.

Confidentiality. Everyone has the right to confidentiality in relation to information on healthcare and health status. Physicians should maintain patient confidentiality and avoid unnecessary disclosure of information. How the confidentiality of all written and digital personal information is maintained should be communicated to the patient. They should also discuss the potential harm and benefit of release of confidential information to third parties, and explain how the interpretation of the laws on confidentiality affects the provision of healthcare for women. In addition, one should discuss how decisions to protect or disclose confidential information are made.

Autonomy and decision-making. Everyone has the right to autonomous decision-making in matters concerning their health. Physicians should acknowledge and respect decisions that patients make about their own healthcare. One should be a cognoscente of the medical, social and cultural considerations that affect the patient’s decision-making. Evaluate the capacity of the individual at any age to give consent. Ensure that the “best interests” and evolving capacity of the child are considered in obtaining consent from children and their legal guardians.

Information. Everyone has the right to receive and impart information related to their health. Communicate the risks, benefits and alternatives of accepting and declining therapies to the patients. Offer full disclosure of test results and provide full information unless specifically requested otherwise by the patient. Physicians should use language in a manner that is culturally sensitive and understandable to the patient. Provide up-to-date information in understandable language to assist patients with informed decision-making.

Non-discrimination. No one shall be subject to discrimination of any description in the course of receiving healthcare. Physicians should discuss how consideration of differences of biology, psychology, pathophysiology, aetiology and treatment results in improved health for everyone. Discuss how societal and cultural roles, and religious practices have an impact on healthcare. Discuss the extent to which women are provided appropriate care in maternity services. Provide optimal health services and establish mutually respectful relationships with men and women of all backgrounds and abilities.

Right to decide number and spacing of children. Everyone has the right to decide freely and responsibly on the number and spacing of children, and to have access to the information, education and means to enable them to exercise these rights. Physicians should counsel the patients about the risks, benefits and mechanisms of action and how to access services for all methods of contraception and abortion. Discuss the effects of coercion or denial of contraceptive and abortion services upon the short- and long-term health of a woman and her family. Provide comprehensive preconception counselling and discuss indications for referral for fertility problems.

Freedom from inhumane and degrading treatment. Everyone has the right to be free from torture or cruel, inhumane or degrading treatment or punishment in the field of healthcare. Identify and assist victims of physical, psychological and sexual violence and abuse, including domestic violence, trafficking and political rape.

What can be done to reduce disparity in healthcare accessibility between developing and developed countries?

SA: In any setting, cases should be analysed by posing a few questions that would help to improve the situation. These questions are present when patients or relatives write a complaint letter. Some questions that need to be answered are:

- What are the medical problems and health issues in this case?
- What threats to human rights are posed by the scenario?
- How does this healthcare system support or infringe upon human rights?
- What local practices and regulations affect the practitioners' ability to deliver human rights-based patient care?
- How could this healthcare encounter be improved to respect human rights and ensure quality healthcare?

As doctors, what can we do to advance overall human well-being?

SA: There are certain ethical and moral principles we should follow and inculcate in the next generation of doctors. The good attributes of a professional to provide good rights-based clinical care can be summarised with 7C's. These are the patient's expectation of an excellent professional who provides physical, mental and emotional care.

- 1. Commitment to the profession:** For patient care, the doctor should be available when needed and provide the best care.
- 2. Compassion:** The doctor should have good attitude, showing care with empathy.
- 3. Courtesy:** The doctor should show self-respect and dignity.
- 4. Competency:** The doctor should possess the knowledge and skills for decision-making and treatment. Most of the time, we are looking for a competent clinician but not looking at whether he/she is a compassionate and committed doctor. We should acquire that human touch.
- 5. Communication:** It is important to listen to the patient, the members of the team and the patients' relatives to provide the best care. The decisions of care have to be explained to the patient, to the team and the patients' relatives. Picker, a great patient's advocate stated, "There

should be no decisions about me without me".

- 6. Confidence:** The clinician should inspire confidence to build trust and rapport with patients and staff.
- 7. Continuity of care:** The patient needs to be looked after as a whole and not looked at as a disease or a treatment of an episode. Long-term care needs to be planned.

MEETING HEALTHCARE NEEDS

What do you think of the schemes Singapore has in place for easier access to healthcare as compared to those in other countries?

SA: Healthcare is becoming increasingly expensive and it is a welcome move to have schemes such as the Public Assistance Scheme and Community Health Assist Scheme. In a country where health service is not free at delivery, unlike the National Health Service in the UK, these schemes are needed so that patients can receive the needed healthcare independent of their social and financial status.

You have served in many areas during your long and distinguished career. What are the areas of healthcare needs that you feel are still lacking today?

SA: Commitment and compassion; disregard for the financial capabilities of individual patients; continuity of care; social disparity of care due to weak healthcare systems; and inadequate spending on healthcare. Populations are living longer due to medical advances, which have curtailed communicable diseases. As they grow older, non-communicable diseases (NCD) such as diabetes, cardiovascular and cerebral vascular diseases, cancers and degenerative diseases are on the increase. Many of these NCDs can be reduced or avoided by lifestyle changes and screening programmes. These are not universally available; governments and health professionals should work towards increasing "healthy" extended life and reducing the period of "frailty".

PERSONAL LIFE

Could you share with us a bit more about your family?

SA: I have been married to Gayatri since 1975. She has been a great mother, wife and caretaker of our family of three children, in addition to her work as a teacher to children with special needs. She has encouraged and supported me and my children. My daughter, Shankari, has completed her MD, MRCOG and training in obstetrics and gynaecology, and is awaiting a consultant post. Her husband, Ian Chilcott, is a consultant obstetrician and gynaecologist. My son, Nishkantha, has finished his PhD and MRCP and is completing his training in intensive care and renal medicine. He is married to Sophie who has finished her training and FRCR in radiology and is pursuing her PhD. I would like to spend more time with their son Joshua, my grandson. My youngest son, Kailash, completed his degree in computer science from Kings College, Cambridge, followed by an MSc at Imperial College where he is pursuing his PhD in biomedical engineering. I am proud of them for their pursuit of knowledge.

Amid your busy schedule, what do you do to de-stress?

SA: One needs to be stressed to de-stress. I would regard stress as pressure of work resulting from trying to do several things in a limited time frame. Mainly, it is self-generated stress due to accepting several requests. Thus, I "de-stress" by meeting friends and relatives and enjoying a good meal; listening to instrumental and classical music; and playing with my grandson. ♦

Author's note:

Most of the information in the above responses is obtained from the syllabus and curriculum produced by the Federation Internationale of Gynaecology and Obstetrics' Committee for Women's Sexual and Reproductive Rights. More information is provided on the Global Library of Women's Medicine's free website – <http://www.glowm.com>.