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## Médecins Sans Frontières: bearing witness

On Oct. 15 the international medical relief organization Médecins Sans Frontières (MSF) was awarded the Nobel Peace Prize. We offer them our congratulations.

MSF was founded in 1971 by French doctors working in relief missions who became frustrated by the shortcomings of international aid, namely that it provided insufficient medical assistance and was impeded by administrative and diplomatic obstacles.<sup>1</sup> In the early years MSF adopted the policy of the International Committee of the Red Cross to remain silent about what they witnessed in the course of their missions; their motive in doing so was to preserve an image of political neutrality and to ensure the cooperation of governments in allowing them to continue their humanitarian operations. The experience of MSF workers in Ethiopia in the mid-80s persuaded the organization to reverse this policy, and now, in addition to its main task of providing emergency medical assistance, MSF serves as an international presence ready to report and to protest human rights abuses and genocide.

There are roughly 50 active conflicts in the world today, and an estimated 2 million people, mainly women and children, die in such conflicts annually. John Ralston Saul suggests that during the latter part of the 20<sup>th</sup> century our civilization has become increasingly unconscious. Individuals feel, he maintains, a sense of indifference or impotence in the face of the increasing influence of government and of growing corporatization.<sup>2</sup> MSF is an impressive counter-example.

Because of their role in the care of the sick and injured, health care workers are often among the first to discover violations of human rights. This carries

a sometimes dangerous responsibility to speak out. Should those of us who stay at home lend a helping hand?

National medical associations have largely avoided direct involvement in these conflicts: they have not spoken out, but they should. They might also assume greater responsibility by participating in relief efforts, supporting initiatives to share medical information and technology, working closely with medical associations in the countries affected and putting political pressure on abusive governments. Clearly, medical journals can take a role in commenting on international affairs. Medical journals are not the first place that one might look for reportage on Rwanda, for example, but some journals allow their social conscience to take them farther afield than others. *CMAJ* published only one eyewitness account and a book review on the bloodbath in Rwanda (both written by the same medical student).<sup>3,4</sup> *JAMA* published 6 articles, *BMJ* one, and the *Annals of Internal Medicine* and the *New England Journal of Medicine* none. Only the *Lancet* determinedly bore witness by publishing, since 1995, 21 items on Rwanda.

Although we might gain some solace from the fact that other medical journals have ignored events outside their own back yards, we and our medical associations must do our part. It is time to follow the lead of MSF and other humanitarian organizations by speaking out.

### References

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