"Paedophiles are pragmatic: they seek out vulnerable children and find places where there is weak oversight"
Mary E Black on the Ryan report, p 1450

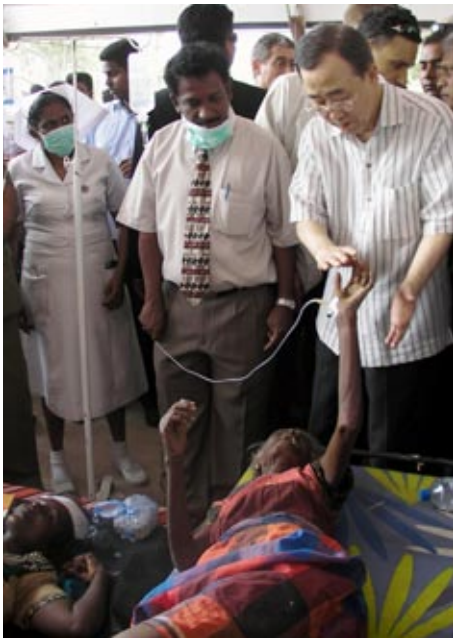
Sri Lanka: health as a weapon of war?

PERSONAL VIEW **Shiamala Suntharalingam**

In 2003 I worked as an overseas volunteer doctor for six months in the Tamil north. That is when I realised the extent of the physical and psychological trauma that the Tamil people had faced during Sri Lanka's 30 year civil war. Throughout the conflict successive governments have used access to medicines as a weapon of war against the Tamils who were living outside the military controlled areas in the Tamil north east of the island. The recent conflict, which began in 2006, is no different.

Since 2006 the Sri Lankan government and its armed forces have systematically blocked the provision of clean water, shelter, food, and medicines by civil organisations as well as local and international non-governmental organisations (NGOs). In 2008 all international NGOs working in the northern region of Vanni, including Médecins Sans Frontières, were ordered out. It became a war without any witnesses.

In December 2004 the Boxing Day tsunami brought more death and destruction to people who were already recovering from war trauma.



LOUIS CHARBONNEAU/REUTERS

UN general secretary Ban Ki-moon (right) visits a hospital in a camp near Vavuniya last month

During this natural disaster the Sri Lankan authorities denied access to the north east for long term relief and rehabilitation projects by NGOs and even prevented former US president Bill Clinton from visiting the affected Tamil areas.

The current phase of the civil war in northern Sri Lanka came to an end last month. Almost 280 000 Tamil men, women, and children surrendered to the Sri Lankan military after suffering continuous war, deaths, injuries, and war related displacements for almost three years. At the moment they are all forcibly kept under the direct custody of the Sri Lankan authorities. The officials refer to these people as internally displaced persons (IDPs).

Independent reports indicate that these people are kept in overcrowded camps and are not allowed to come out or communicate with the outside world. Members of the same family are forcibly kept in different locations. Women have been separated from their families and sexually abused, according to Britain's Channel 4 News. Children in the camps are not allowed to go to school. IDPs who are teachers are not allowed to go to work. In short there is no freedom of movement. At the moment the official pronouncement is that these people will be kept under these conditions for the next three years or so.

According to local NGOs, the sick are allowed to seek limited medical help at local hospitals under military escort. The local hospital in this particular area, Vavuniya hospital, is already poorly staffed and equipped because of the war. I have heard from colleagues in the area that Tamil doctors from other regions of Sri Lanka who came forward to serve these people have been refused access.

During a lightning one-day visit last week, United Nations chief Ban Ki-moon described the camp conditions as "appalling" and pressed the Sri Lankan government to allow aid agencies more access to work inside the camps. He left without receiving any such assurance.

Severine Ramon, coordinator for Médecins Sans Frontières, said the IDPs were living in misery. "Due to unhygienic living conditions, even wounds are not healing, prolonging the agony of those living inside the camps," she is reported to have said. Many of the adults and children are malnourished due to the lack of food, and this further impedes recovery from injuries.

The safety of Liberation Tigers of Tamil Eelam (LTTE) fighters, both men and women who have surrendered and are now prisoners of war, is questionable and the Tamil diaspora fears that they will be subject to torture, disappearances, and extrajudicial killings by the Sri Lankan armed forces.

During the last three years only a handful of local doctors remained in the war zone serving almost 300 000 people. Among them, T Sathiyamoorthy, T Varatharajah, and V Shanmugarajah provided valuable services as well as maintaining contact with the media and also with NGOs such as the United Nations, informing the world about the conditions they faced. All three of these doctors have been detained by the Sri Lankan armed forces and their safety is uncertain. Another doctor, J Sivamanoharan, who provided mental health services in the war zone during the same period, was killed in the war.

At this juncture I feel helpless and utterly frustrated for my people

The Tamil diaspora, living mainly in the West, is more than a million strong, and we are in touch with our friends, relatives, and NGO workers in Sri Lanka. Local health workers inform us that the Sri Lankan Ministry of Health is not allowing Tamil doctors to assist the injured and sick inside the camps. The Sri Lankan Medical Association has not taken any obvious action over the above critical issues. I have yet to receive a reply to my request on 22 May 2009 asking them to inquire about the wellbeing of the three doctors mentioned above and to provide much needed medical assistance to the IDPs.

At this juncture I feel helpless and utterly frustrated for my people.

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References are in the version on bmj.com
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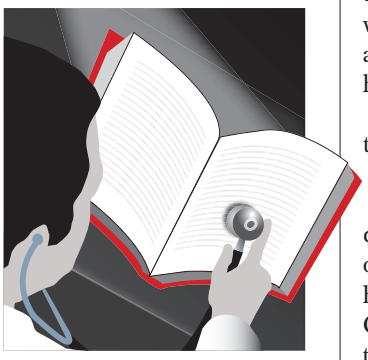
Double trouble

BETWEEN THE LINES
Theodore Dalrymple



This is a disturbing little book, not least (for doctors) for its suggestion of how easily a completely untrained person may do so much of their work

However hard it is to be a doctor, it must be much harder to be a medical impostor. Not only must you do a good imitation of being a doctor, and therefore suffer all the anxieties that a genuine doctor suffers, but you must also suffer the constant fear of exposure, ridicule, and retribution that goes with any impostor's part.

Of course, many if not most doctors must have felt at times that they are impostors, when they tell patients things that are beyond their knowledge or provide reassurance not entirely based upon the truth. And I dare say we all know doctors of limited capacity who nevertheless exude an air of authority to which we do not believe that they are entitled, though it may fool some patients. On examination, then, the distinction between an authority and an impostor turns out to be a little like that between hypertension and normotension, a matter rather of degree than of kind.

Paul Theroux, the author who was so hurt by V S Naipaul's sale of his copies of Theroux's novels inscribed to him that he wrote an entire book about his former friend's character, wrote a short novella, *Dr DeMarr*, at the heart of which is what one might call a meta-imposture.

George and Gerald DeMarr are identical twins who grow up hating one another because everyone treats them as interchangeable, as two limbs of one organism, as it were. They are therefore desperate to achieve their individuality, to lead separate and unique lives.

They do separate, until one day George turns up after many years at Gerald's house and asks for shelter. This Gerald reluctantly gives him, until about a week later he finds George dead from a heroin overdose. He disposes of his brother's body in the municipal waste site, thinking that in this way he has managed at long last to ensure his uniqueness.

This turns out not to be so, however. Gerald discovers that George was a doctor, and almost out of curiosity takes his place as such. George's qualifications, however, were bogus, that is to say forged: he specialised in treating hypochondriacs who, as Theroux puts it, wanted confirmation of their illness rather than cure. He also had a lucrative sideline in supplying prescriptions to drug addicts.

Unfortunately, Gerald, the impostor of an impostor, does not know how to write prescriptions; and while the hypochondriacs can be fobbed off with suggestions about diet, the drug addicts cannot be. They inject Gerald to death with heroin for not complying with their wishes, just as they injected George to death because he tried to break free of them; and so Gerald fails in his bid for uniqueness.

This is a disturbing little book, not least (for doctors) for its suggestion of how easily a completely untrained person may do so much of their work. Most disturbingly, it describes a world in which individuality does not develop spontaneously, has consciously to be worked at, and, precisely because it has to be worked at, will fail to develop. This is surely the world in which we now live, in which so many people resort to ornamental self mutilation in order to distinguish themselves from others, failing in the process precisely because there are so many others with exactly the same idea.

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MEDICAL CLASSICS

A Woman Under the Influence

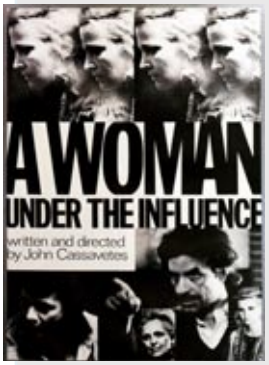
Written and directed by John Cassavetes

Released 1974

A Woman Under the Influence examines the lives of Nick and Mabel Longhetti, a working class American couple, played by Peter Falk and Gena Rowlands (the wife of John Cassavetes), in particular the events surrounding the apparent mental breakdown of Mabel and the effect it has on her husband and family.

From the outset we can see from Rowlands's intense performance that Mabel is under great emotional strain. Her behaviour is evidently strange, whether she is alone, as she gestures and mutters to herself, or in company, as she swings from being socially ill at ease to showing overfamiliarity. Although even her children recognise that she's "nervous," her husband, out of a favourable mixture of love and lack of insight, sticks to the line that "she's not crazy, just a little unusual," while remaining satisfied that she is a good wife and mother. However, this is a role she struggles with, and during an impromptu party for her children her spontaneous creativity runs out of control, with chaotic results. The aftermath is an angry and violent confrontation with her husband and eventually her involuntary incarceration in a mental hospital. Later she returns home and attempts to reconnect with her family.

Why is this film a medical classic? In terms of plot, very little happens. There are no clinic or hospital scenes, and the only doctor on screen is an ineffectual family doctor. But it makes us think more than many other prominent films that use mental illness as a theme. There are two main reasons for this.



REX

Firstly, the style of direction: Cassavetes uses simple camera work, shooting from just one or two points in a scene, giving the audience a sense of being in the same room as the actors, and at times it is almost like watching a documentary. Obviously the film is fictional, but Cassavetes's method of allowing actors to improvise their performances results in a vivid naturalness, especially from Peter Falk and Gena Rowlands, who was nominated for an Academy award.

Secondly, the film gives its viewers room to reflect, in particular whether Mabel's behaviour does equate to mental illness. This is only possible because, although we can see that Mabel's behaviour is eccentric, at no point is any convenient diagnostic label used to explain her behaviour or justify the actions of those around her. Also, no real harm results from how she acts.

By way of contrast Nick's conduct, for example, which at times is unpredictable or thoughtless and is no less prone to unforeseen consequences than Mabel's, somehow escapes being categorised in the same way. The film points up the subjective and variable nature of the way we, whether as individuals, doctors, or society as a whole, judge mental illness.

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Cut to the chase

FROM THE FRONTLINE
Des Spence

While channel flicking recently, I was struck by how many programmes there were on super-obese teens and their operations. The tone of the presenters remained passive and the comment minimal, but my inner voice was screaming, "So, who's responsible for the fact that kids are becoming obese?"

Let's dispense with some common excuses. It's not poverty that prevents children from eating well—fruit is the missile of choice in school playgrounds. Nor is it the supermarkets' and food corporations' fault, as they merely mirror rather than lead demand. Our society cannot bear to listen to the truth, and the medical profession is prevented from speaking it—but child obesity is the fault of the parents. There are extenuating circumstances, of course, and it is not all wilful neglect. Instead it is often quite the reverse. For society seems unable to understand the role of the parent, wanting to equate it with that of friend, which it isn't. The central theme of parenthood is that our children should respect us, but may not always like us. However, conflicting expert advice constantly undermines this parental intuition.

Thus parents are unable to set boundaries for their children, who then eat what they want, drink alcohol as young teens, watch what they want, and are never asked to do anything that they don't like. Parents fear that "making" children do things will make them unhappy and "undermine" their self esteem. Teenagers end up behaving like toddlers. But as obese children gain the pain of adolescent insight, they see through parental praise and reassurance. They hate their body image and themselves and then revert to their only comfort—food. The significant hormonal impact of obesity in adolescence is yet to be quantified. But we do know that teenage unhappiness can spill into adulthood, with many people left struggling in relationships and with low self worth. The cosmetic scalpel or the self harming razor blade beckon.

We are failing a generation—who are given everything in childhood only to be denied everything in adulthood. So doctors need to be more direct and paternalistic. We need to be more supportive of parents but also absolutely clear about where the responsibility lies in the duty of care for children. Such advice might seem Victorian, but parents must challenge their children, force them to be active, and limit both junk food and portion sizes.

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Now Irish eyes are open

THE BIGGER PICTURE
Mary E Black

The Ryan report on the systematic child cruelty visited upon over 30 000 children incarcerated in state institutions in Ireland from 1914 to 2000 vindicated the victims who were raped and sexually abused (www.childabusecommission.ie). But it has not fixed the problem—yet. We all suspected that bad things went on behind the institutional walls; they filtered out in a miasma of whispered words. But the abuse was barely questioned, as few Irish people would have challenged the church during that time. A solid wall of denial and diversion greeted inquiries and left questioners bruised and battered. A direct challenge could get you excluded from most parts of Irish life. Everyone knew, but Irish eyes were shut.

This kind of abuse does not happen because, as Tony Delamothe suggests (*BMJ* 2009;338:b2142), Catholic priests take a vow of celibacy and have to find another solution for their frustrated sexual appetites. No, that level of abuse happens for the same reasons it happens in war, in lawless societies, and at the margins of society—because there is no authority to say no, there is no calling to account of those in power, there is no independent scrutiny, and there is no recourse to independent protection. Read the United Nations report on violence against children, which describes the shockingly similar global patterns (www.violencestudy.org/r242).

Abuse continues when the abusers, even when caught, are not sanctioned. Paedophiles are pragmatic: they seek out vulnerable children and find places where there is weak oversight. Brutality breeds brutality unless it is collectively seen as unacceptable.

Of course I blame the estimated 1% of clergy who are "bad apples." But I blame much more strongly those in power who moved those bad apples around until they had infected the entire system. The Catholic church and the Irish authorities did not make the duty of care for those children their priority. Church and state colluded in the same kind of closed and corrupt "shop" that made Jesus weep.

I admire those who survived, although damaged, and I admire also their courage to stand up and tell the truth in public. That stunning piece of global legislation, the UN Convention on the Rights of the Child, signed by Ireland in 1990, has contributed to much needed changes. Ireland is now grappling with how to fix the system and compensate for the damage.

Children continue to be raped and abused in closed institutions worldwide. More than a million children across eastern Europe and the Commonwealth of Independent States are thought to be living in institutions. Do we still have our collective eyes shut?

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