

Charity suspends work in Afghanistan after five staff are killed

Tony Sheldon *Utrecht*

The medical aid agency Médecins Sans Frontières (MSF) has suspended activities in Afghanistan after five staff working for its Dutch branch were killed in one of the worst attacks on humanitarian workers since the fall of the Taliban in 2001.

A Norwegian doctor, Egil Tynaes, died along with Dutch logistics expert Willem Kwint, Belgian project coordinator H el ene de Beir, their Afghan translator, Fasil Ahmad, and their driver, Besmillah.

Their vehicle was apparently hit by gunfire and grenades on a road near Khairkhana in the northwestern province of Badghis last week.

Dr Egil Tynaes, aged 62, was a senior doctor at a clinic in Bergen. He had used periods of leave to work for aid organisations and had first worked for MSF in Afghanistan in 2002. He returned in March this year

working on a tuberculosis project and training local staff.

H el ene de Beir, aged 29, had studied international human rights before becoming MSF's humanitarian affairs officer working in the Ivory Coast and Iraq. She became project coordinator in Badghis last month.

Willem Kwint, aged 39, had run his own information technology company before offering MSF his technical knowledge, arriving in Badghis last June.

They were part of a team active in the province since 1999, establishing a polyclinic in Khairkhana that in the first four months of this year had held 6000 consultations. Tuberculosis treatment for 45 patients had recently begun, and two weeks ago the team opened a mother and child clinic.

MSF said its thoughts were with the families of those murdered but also with the popula-

tion of Afghanistan, "whose access to health care and other humanitarian help is being increasingly put in jeopardy." It is now analysing the situation, but in the short term has suspended its activities with the exception of emergency care, which will continue with Afghan staff. All its international staff are returning to their headquarters while local support staff in Khairkhana are being brought to a safe location.

The agency has 80 international and 1400 local staff and has been active in 12 Afghan provinces since 1979. It offers support in different forms from primary care to regional hospitals with specialised programmes for tuberculosis and psychosocial care.

According to Associated Press, a spokesman for the Taliban admitted its responsibility for the attack saying there would be more attacks in the future as foreign aid workers were supporting the policy of the United States.

Last month a report by Christian Aid warned of the dangers of blurring humanitarian and military roles in coun-



Dr Egil Tynaes was killed in Afghanistan last week

tries such as Afghanistan (*BMJ* 2004;328:1154).

In February MSF's former international secretary, Dr Morten Rostrup, told the *BMJ* that MSF work was threatened by aid being coopted into the "war on terror."

The United Nations said the deaths had confirmed its fears of a worsening security in the country. The secretary general, Kofi Annan, condemned the "cold blooded killing" of unarmed aid workers. □

Pain control often neglected in war areas

Peter Moszynski *London*

Pain control regimens are often neglected in emergency situations yet are often essential to patients' recovery, pain management specialist Dr Phil Lacoux of M edicins Sans Fronti eres (MSF) said last week.

He claimed that a lack of awareness of the importance of pain control coupled with an exaggerated fear of clinical opiate use often led to unnecessary suffering and prolonged recovery time among populations emotionally traumatised by conflict.

Dr Lacoux believes it is possible to introduce pain management regimens run by local staff in emergencies in developing countries, but there had to be greater awareness of pain control and relaxation of attitudes towards narcotics. "The treatments are effective but their application is poor," he said.

He presented his research at

a discussion on health care in conflict last week organised by the MSF at St Bartholomew's Hospital, London. The symposium focused on new field research, conducted in association with the charity's Paris based research and training affiliate, Epicentre.

Dr Egbert Sondorp of the London School of Hygiene and Tropical Medicine's humanitarian unit said the tragic death of three MSF staff in Afghanistan had really brought home the perils of working in war zones. It was

understandable that those engaged in "complex emergencies" were working in such difficult environments and so overwhelmed by need that they sometimes forgot that "their role was not merely to save lives but also to alleviate suffering." He thus commended Dr Lacoux's study on pain management among people who have lost limbs in Sierra Leone and burn victims in Sri Lanka.

Dr Lacoux discovered that in one year MSF's operations in over 50 countries used only 10

ampoules of morphine. His research found that in Sierra Leone only 0.42 milligrams of clinical opiates are administered per person each year. In Sri Lanka, the figure is even lower (0.31 milligrams), and in India, one of the world's largest producers of pharmacological opiates, the figure is only 0.09 milligrams. Britain, in comparison, uses 20.00 milligrams per person each year.

A three year pain management programme among war wounded patients in Freetown, Sierra Leone, showed impressive results among a population both physically and psychologically traumatised after a rebel attack that saw child soldiers mutilating hundreds of civilians, including amputating the arms of 2 year olds. In such circumstances, people's experience of pain is often heightened by emotional trauma, and children rarely have the language to explain how they feel.

Simply discussing the issue can often have beneficial effects—people who have lost limbs thought they were going insane when they felt phantom pain until it was explained that such sensations were normal. □



Children in Sierra Leone who have lost limbs face physical and psychological trauma

