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Prosecuting war crimes demands outrage, will, and action

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The outrage we now feel over Ukraine—how long will it last and what will it lead to? The testimonies from Ukrainians are clear (doi:10.1136/bmj.o796).¹ The evidence of illegal Russian attacks on health facilities and health professionals mounts every day (doi:10.1136/bmj.o771).² Yet the international community's track record in holding people to account for atrocities is poor. By most reasonable judgments, the international system has failed.

It's complex, assembling evidence in a conflict and proving intent to attack a health facility, but the gap between the number of incidents and the number of prosecutions is big. We seem to lack the will and the means to prosecute leaders for mass death and destruction. As the president of the International Committee for the Red Cross says: "After outrage must come action, not complacency" (doi:10.1136/bmj.o764).³

Many of us feel outrage over global vaccine inequity, which has led to 79% of people in rich countries receiving at least one dose of covid-19 vaccine, compared with 14% in poor countries (doi:10.1136/bmj-2022-070650).⁴ Again, the solutions are complex but possible—and they require will and commitment, not complacency.

One reason for vaccine inequity is the complacency that enables us to accept the arguments from global drug companies (doi:10.1136/bmj.o406),⁵ which will enjoy hundreds of billions of dollars in revenue from covid-19 vaccines and treatments, that profit is necessary for innovation. Mohga Kamal-Yanni explains that between 2006 and 2015, major drug companies spent 19% of revenue on stock buybacks and dividends and only 14% on research and development (doi:10.1136/bmj.o406).⁵ Nothing suggests that anything has changed.

Such feelings of outrage are easily extended to the climate crisis, where the "human toll of climate change is unequivocal and growing" (doi:10.1136/bmj.o680).⁶ Solutions are available, including clear actions in the health sector, but, once more, complacency spreads more easily than will and commitment.

The same applies to widening health inequalities (doi:10.1136/bmj.o607).⁷ That's clear when the government claims that poverty has declined, although our fact check explains why it hasn't (doi:10.1136/bmj.o814),⁸ and the latest measures to help people on low incomes at a time of rising costs of living will plunge 1.5 million more people into poverty according to the government's preferred poverty metric (doi:10.1136/bmj.o794).⁹ When a ministry of health tots up the impact of its measures, does it consider the effects on health and wellbeing?

It's easy to sense outrage about the mistaken view that the pandemic is over (doi:10.1136/bmj.o743),¹⁰

a complacency that stops free testing for staff and disregards their wellbeing (doi:10.1136/bmj.o807, doi:10.1136/bmj.o780, doi:10.1136/bmj.o830)¹¹⁻¹³; or over the impact of covid-19 vaccine hesitancy on uptake of MMR vaccinations (doi:10.1136/bmj.o818)¹⁴; or in the overpromise of covid-19 treatments (doi:10.1136/bmj.o810)¹⁵; or believing that political ideology is somehow more important than prevention (doi:10.1136/bmj.o797).¹⁶

But even now we can find hope in bleak times. Take the earlier diagnosis of lung cancer and its possible effect on all cause survival (doi:10.1136/bmj-2021-069008, doi:10.1136/bmj.o666),¹⁷⁻¹⁸ and the benefit of psychological interventions for chronic, non-specific low back pain (doi:10.1136/bmj-2021-067718).¹⁹ Or the solace that one doctor found in DJing, which led to a thriving second career (doi:10.1136/bmj.o647).²⁰ Where there is outrage, we attempt to bring solutions and hope. Those solutions require will and action, and that's where we fall short as a society: we want hope without commitment, without effort. We see the evil only briefly, we hear it when it suits us, and speak of it as if it is quickly gone. In these days of turmoil, if you aren't feeling outrage and demanding action, you are succumbing to complacency.

- 1 Chumachenko D, Chumachenko T. Ukraine war: The humanitarian crisis in Kharkiv. *BMJ* 2022;376:o796. doi: 10.1136/bmj.o796 pmid: 35338030
- 2 Davies M. Why hospital bombings remain difficult to prosecute as war crimes. *BMJ* 2022;376:o771. doi: 10.1136/bmj.o771 pmid: 35346949
- 3 Alnahhas H, Mishori R, Heisler M. Hospitals and healthcare workers must be protected from the waging of war. *BMJ* 2022;376:o764. doi: 10.1136/bmj.o764 pmid: 35318266
- 4 Yamey G, Garcia P, Hassan F, et al. It is not too late to achieve global covid-19 vaccine equity. *BMJ* 2022;376:e070650. doi: 10.1136/bmj-2022-070650 pmid: 35331982
- 5 Majeed A, Hodes S. Has the covid pandemic changed the debate about nationalising GPs? *BMJ* 2022;376:o406. doi: 10.1136/bmj.o406 pmid: 35236663
- 6 Beyeler N, Salas RN. An unequivocal call to climate action for the health sector. *BMJ* 2022;376:o680. doi: 10.1136/bmj.o680 pmid: 35304387
- 7 Patel KCR, Hanif W. Ethnic health inequalities in the NHS. *BMJ* 2022;376:o607doi: 10.1136/bmj.o607.
- 8 Limb M. Are fewer people living in poverty in the UK than 10 years ago? *BMJ* 2022;376:o814. doi: 10.1136/bmj.o814 pmid: 35346948
- 9 Limb M. Failure to protect cost of living will increase poverty and health inequalities, warn analysts. *BMJ* 2022;376:o794. doi: 10.1136/bmj.o794 pmid: 35331981
- 10 Yates K. Closing our eyes to covid won't make it go away. *BMJ* 2022;376:o743. doi: 10.1136/bmj.o743 pmid: 35314479
- 11 Iacobucci G. Covid-19: Who will be eligible for free testing from 1 April? *BMJ* 2022;376:o807. doi: 10.1136/bmj.o807 pmid: 35338052
- 12 Torjesen I. Burnout: set up watchdog to protect NHS staff, says wellbeing champion. *BMJ* 2022;376:o780.pmid: 35331979
- 13 Wrigley D. Scrapping free covid tests for NHS staff is completely wrong. *BMJ* 2022;376:o830doi: 10.1136/bmj.o830.
- 14 Bedford H, Donovan H. We need to increase MMR uptake urgently. *BMJ* 2022;376:o818. doi: 10.1136/bmj.o818.
- 15 Salisbury H, Helen Salisbury. Are antivirals a covid-19 game changer? *BMJ* 2022;376:o810doi: 10.1136/bmj.o810.
- 16 Oliver D. David Oliver: Is Sajid Javid putting political ideology before prevention? *BMJ* 2022;376:o797doi: 10.1136/bmj.o797 .

- 17 Potter AL, Rosenstein AL, Kiang MV, et al. Association of computed tomography screening with lung cancer stage shift and survival in the United States: quasi-experimental study. *BMJ* 2022;376:e069008.
- 18 Melzer AC, Triplett M. Screening high risk populations for lung cancer. *BMJ* 2022;376:o666.
- 19 Ho EK, Chen L, Simic M, et al. Psychological interventions for chronic, non-specific low back pain: systematic review with network meta-analysis. *BMJ* 2022;376:e067718.
- 20 Jones H. Why I... am a DJ. *BMJ* 2022;376:o647doi: 10.1136/bmj.o647.