

Human rights in health professionals' education: making students aware of what the deprivation of the right to health means.

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-Human rights education is a human right; it is necessary to add value and give new meaning to the scientific knowledge imparted to health professionals.

Abstract

This paper puts the finger on the barriers that “overstretched positivist biomedical curricula” pose to openings to a more humanistic approach to the education of health and nutrition professionals. Universities clearly favor “preparing career-ready graduates” so that curricula, in our case, staunchly avoid “critical pedagogies that promote a justice-enhancing health professional praxis”; “politicizing their curricula, their pedagogies, and the (social) engagement of their students” is far removed from their aims. Not that students mind; they remain buried in the “tell-me-what-I-need-to-know learning culture” --and this is yet another barrier to overcome since, given their mostly middle-class extraction, they are comfortable with “the status-quo that an individualistic professional practice offers them, (in practice) far removing them from critical (social and civic) thinking”. For all these reasons, “guiding those novice professionals to a career of political engagement is (better late than never) an absolute necessity for social change and social justice in health care”. This paper opens avenues in this realm --more specifically in the area of human rights learning.

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Universities are certainly teaching healthcare professional students some obvious, classical socio-technical disciplines. Among other, statistics, epidemiology, environmental studies, management information systems, health economics and international health... Yet, increasingly, a growing number of academics do not need further convincing that students and young professionals are missing something crucial in their education that is needed to reshape the political economy of health in this turbulent 21st century, that actually points to the coming of age of human rights learning. (Lawrence Gostin et al. Human Rights Education Must Become Central to the Health Curriculum, *Hlth and HR J*, Jan 5, 2020, (<https://www.hhrjournal.org/2020/01/human-rights-education-must-become-central-to-the-health-curriculum/>))

Add to this turbulence the failings of bureaucracies the world over, the mechanization of life, the increasing technification of healthcare, our ailing and unfair healthcare delivery systems, galloping consumerism, the absence of community participation and, last but not least, the lack of attention paid to health and nutrition as human rights. Since these are all key themes: Where are students getting this exposure? Is not education being provided and received without questioning? Here, I zero in on the teaching needs in the area of human rights, and more specifically the right to health and to adequate food and nutrition. (L. Gostin op cit.)

Through Human Rights Learning students learn by discovery:

-Today, together with the victims of right to health and to food violations, the inescapable challenge before health professionals is to redefine the strategies they are to use in order to

combat preventable ill-health, preventable malnutrition and preventable premature deaths.

-New forms of progressive human rights learning and human rights action are thus needed in our line of work in health. (Human Rights Education: A Position Statement of National Council for the Social Studies, approved and published in 2021, (<https://www.socialstudies.org/position-statements/human-rights-education>))

Human Rights Learning (HRL) is badly needed for more and more health and nutrition professionals so they can start recognizing the roots of their patients' vulnerability and start recognizing how these vulnerabilities are related to why and how their rights are being violated. In other words, students need to learn about the social determination of the multiple vulnerabilities patients coming from deprived and marginalized sectors of society live under. (Commission on Social Determinants of Health (2008). [Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health \(PDF\)](#). World Health Organization. ISBN 978-92-4-156370-3)

The ultimate aim of HRL is to expose participants to new primarily social and human rights related information not so far found in their curricula. This learning will eventually lead students to become human rights literate, as well as have the option to get involved in existing campaigns that challenge discrimination, inequality, patriarchy and harmful social norms. If so inclined, they will additionally be able to acquire and foster legal awareness on right to health issues among their peers, among service provider personnel (as duty bearers)¹ and among groups of patients (as claim holders) with a primary focus on women, children, and

¹ To analyze any human rights situation, it is essential to identify two main groups of actors: Claim Holders and Duty Bearers. Claim Holders are the groups whose universally recognized entitlements are or are not being catered-for by the societies they live in, and whose rights are thus being either upheld or violated. Duty Bearers are those individuals or institutions that have the obligation to uphold the specific right related to each entitlement. (<https://www.google.com/search?client=firefox-b-e&q=definition+of+claim+holders+and+duty+bearers>)

adolescents, including vulnerable and marginalized groups within these populations.

What is expected through this introduction to HRL in the curricula is that health professionals become more proactive in ensuring that transparent and accessible mechanisms for addressing right to health and nutrition issues become part and parcel of their praxis. One example would be their involvement in the scrutinizing of their state's health budget and eventually demanding a more participatory budget preparation process.² This, with a view to ensuring transparency and equity in the allocation of health budgets, as well as to promoting the involvement of citizens' groups in monitoring³ the allocation and utilization of resources that affect their health wellbeing, as well as their dignity. (<https://participedia.net/method/146>)

Health professionals are unable or too slow to perceive why and how they are too often defending the *status-quo*.

The call here is to help them wake up so as to, in their professional life, become contributors to setting up policies that truly benefit the mass of their patients and the communities they live in. They ought to have the tools in their hands to create a better future instead of limiting themselves to stand by and just observe the relentless flux of what is happening outside the strictly clinical causality chain.

² **Budget analysis** results can reflect what is allocated and what has been spent on human rights-related interventions --but, beware! not on what ought to be spent! Budget analysis also does not provide direct insights into the effectiveness and efficiency of actual expenditures and into how well poor and marginalized groups' rights are actually being fulfilled. For this, subsequent close monitoring of actual expenditures is needed.

³ The ways in which claim holders can use the human rights-based monitoring information are multiple; among them: to acquire greater awareness and understanding of what their human rights entitle them to demand; to, accordingly, stake claims; to participate in public policy debates and in social control mechanisms that hold duty bearers accountable; to plan self-reliant actions to address their priority problems; and to further foster political and social mobilization on right to health and nutrition issues. (Nabatinejad, 2012)

It is thus the role of the curricula of these professionals to equip students with the power of knowing all about the uneven power relations at play in the food and health sectors since this knowledge does not come automatically. Students cannot really find this in medical libraries. These libraries are the depositories of mostly biomedical science and clinical studies, but do not provide help to health professionals in engaging in the fight against the exertion of unjustified power in what is a pyramidal health power structure. (The internet these days may be a complementary depository, but students will have to know where to go --and the curriculum ought to point them in a good direction on this avoiding bogus information). Learning about the power structure is where HRL starts-from, precisely because power disregards equality in the access to health and this is determined by the primacy of financial considerations and by the force of authority exerted vertically --this illegitimate authority most often being dehumanizing. (Philips, 2017)

Mind you, power, authoritarianism, patriarchy and domination are one and the same thing so that, in HRL, the determinants of domination are analyzed. Health professionals have to understand this and furthermore understand that they do have power to change things; they have the power to question, the power to propose their own answers ...the list of what they can do being long... This is where HRL zeroes-in to begin with so that, eventually, counter-power, by necessity, is oriented towards finding the best means to bring about corrective actions that address the human rights of most claim holders. For this to materialize, socially minded academics that are determined to engage in organizing humanizing action-oriented curricula will need charisma --and power within curriculum committees; they need to be convinced of the relevance of what they want to change, pushing to stretch the limits of the possible, if needed; and for that, they must be courageous.

Activism, profession, compassion and solidarity.

In their work --and not that this is easy-- the idea is that diagnosis, treatment, compassion and social solidarity become one and the same thing for health professionals. This is why I aim at persuading students and faculty in the health professions to spend more time and energy on

HRL. We need to build up this capacity in future professionals. Apathy can and does lead our academic work into stagnation. Ultimately, the need is to transform-apathy-into-a-praxis that includes new social relations with patients in their claim holder role, i.e., actively demanding their human rights in front of authorities. (Schuftan 2001)

Attention simply has to shift from just 'treating indigent patients' for their ailments to a deeper understanding of the deprivations leading to those ailments rooted in issues of poverty and inequality with their underlying processes and structural causes. What ultimately counts is health professionals' social accountability to their patients so as to work in true partnership with those they serve.

Academics also need to explicitly recognize and understand how social-processes-and-issues-of-power determine the content, direction and implementation of, specifically, healthcare and health programs. Together with the marginalized as claim holders, human rights-responsive professionals can and ought to become strong players instead of implicitly protecting narrow group interests through their work under the wings of governments, hospital corporations, pharmaceutical houses, insurance companies and international agencies that are most often unmindful of the real interests and needs of those rendered poor, despite their public statements to the contrary.

It is ultimately the networked strength of academics in the health and nutrition area that will achieve the needed curricular changes that will eventually begin reversing human rights violations, not only in health, but in all domains --thus the importance of this paper in bringing together peers in this effort.

What must keep more and more academics persevering in this effort is the fact that, ultimately, human rights lend legal and moral legitimacy and a sense of social justice to their practice of health. It is by applying a human rights lens that health and nutrition work will be understood as unequivocally being people-centered. (Schuftan, 2019)

In the end, it is patients that have to be made *bona-fide* claim holders so they have to be made to understand that they have power as well: As said, the power to question, to claim and struggle for their rights --yet another challenge for healthcare providers. (N. Philips, op cit)

Academia needs leaders that engage in organizing for a more humanizing healthcare curriculum and praxis --and that can mentor students from early in their professional education. HRL added to curricula will be a step in that direction.⁴

Finally, and not to be naïf, I am not talking about the need of an unrealistic allotment of time in the curricula of health professionals to cover human rights, right to health and right to food issues. There is no prescription here. What is important is that there is a tutoring approach to this learning with ample discussion time, case studies and time for students to tell where they are coming from on social justice issues. Contents can be accessed online through self-study with only some guidance. Last, but not least, faculty members with the right background have to be engaged.

Postscript:

The challenge for academia: out-of-date curricula

For decades, scientific methods, tools, and technologies have been applied in human rights practice. But students seeking a degree in health or nutrition should (but do not) have opportunities to see how their field can impact human right --both positively and negatively. For this, students will need experiential education opportunities that they seldom get. Most universities do not see active engagement in human rights as being central to their mission. Many university departments are enthusiastic about human rights education, but do not apply that to real-world advocacy and activism, because it is seen as 'too political'. The reality thus is that few professionals have been able to transfer their genuine interest in human rights into, at least, part-time careers.

Many communities are without access to the kind of human rights knowledge they need to better and more actively engage in the protection of their rights very importantly including the

⁴ No specific HRL curricula are proposed here. Various actual curricula are found in the internet and can be adapted to specific teaching needs depending on time slots allotted in the respective curricula. (<https://www.google.com/search?client=firefox-b-e&q=right+to+health+ciurricula> and <https://www.google.com/search?client=firefox-b-e&q=curricula+on+the+right+to+food>) also (Levin, 2009 and Ernie-Steighner, 2013)

right to health and to adequate food and nutrition. Breaking this *status-quo* will require incentives for professionals to take concrete actions that avoid them (knowingly or not) being complicit in human rights violations. (Harris, 2020)

Thinking out loud

Most of our lives are spent learning what other people have told us to learn so that change has occurred relatively slowly. Is this one of the causes of our inability to effectively diagnose and respond to increasingly rapid and negative globalized changes? For sure, we have not met the challenge. The reasons are multiple, but generally reflect a narrow-minded view of disciplines that originates from a conservative academic leadership and from the lack of a collective ability of traditional academics to recognize the importance and to react to the negative impacts of globalization. (Bertrand, 2010)

The key dilemma in human rights learning thus is: While it is plainly in the interest of the underdogs to be liberated, it is not in the interest of the 'topdogs'⁵ --in terms of the perks they get from the prevailing system of dominance; they benefit handsomely from them, and are thus happy to perpetuate the *status-quo*.

Granted, the model of topdogs oppressing underdogs is too simple to explain what is happening, not only in society, but also in academia. Instead, it should be understood that both are oppressed and dehumanized, in different ways, by the prevailing social and political structure. Liberation does not come simply from converting the indifferent. The challenge is to find a way to free ourselves, all of us, from the oppressive situation we live under. So, the topdogs too, need to go through a stage of gaining a new consciousness that allows them to see the great costs to them and to the underdogs that the dominant system imposes.

⁵ The expression top dog is an idiom for the boss or the leader. In a competition, it is also the favorite or the one expected to win, and the opposite of the underdog. It may be a shorthand reference for a dominance hierarchy.

Suggested related reading:

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