roots" peace organisations and conflict resolution processes.[8 9]

It is in the further development of these kinds of institutions and networks that the best prospect for effective conflict prevention lies. In 1997 the Carnegie Commission on Preventing Deadly Conflict likened the advances made in preventive health care over the past 30 years to the challenge facing efforts to prevent deadly conflict today.[10] While we do not know enough about all the factors that trigger the outbreak of mass violence, we do know enough about the factors that can help prevent mass violence. Such factors include promoting protection for human rights; economic development and security sector reform; education in skills and processes that promote cross cultural understanding; and the integration of peacekeeping doctrine with strategies designed to promote long term "peacebuilding from below processes."

Peacebuilding from below

The idea of peacebuilding from below is that sustainable conflict prevention is best achieved by reinforcing local and indigenous resources and capacities. There is increasing "case law" indicating the potency of this approach, from the Zones of Peace in Colombia to the work of the Centre for Peace, Non-violence and Human Rights in Osijek, Croatia, while in Somalia the Life and Peace Institute has established a capacity building programme to cultivate and support indigenous peacemaking traditions and processes. Since 1996 the institute has run a civic education progamme providing training for teachers, media personnel, police, and community leaders in principles of reconciliation and peace studies.

In Colombia Unicef has been closely involved with the Children's Movement for Peace, which mobilised about three million children around the Children's Mandate for Peace and Rights. As a result peace became the main issue of the 1998 presidential elections. The Colombian children's movement is now active in the most violent communities, laying the foundations for long term peace through a variety of education projects. This kind of approach is vital if the peacekeeping force now in Kosovo is to have any chance of success in the long term.[11]

Once war has broken out the costs of violence soar. The members of the Organisation for Economic Cooperation and Development collectively provide about $10bn annually in emergency assistance to victims of conflict and $59bn on overseas development assistance, much of it to war ravaged areas. The costs of conflict prevention are likely to be small compared with the costs of deadly conflict.[10] But it is only partly a matter of resources. Most of all a change in attitude is required where people are willing to see themselves as belonging to an international community which has the legitimacy, political will, and resources to take preventive action in conflict prone areas.

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Doctors and torture

Acting collectively doctors can support each other in protecting victims

Torture and other human rights abuses have been common throughout history. For many centuries, for example, judges in France could order torture of prisoners to obtain information. In the American civil war deserters were branded, and even today branding may be part of a sentence in Iraq. But these abuses have rarely reached public perception and understanding. Asylum seekers reaching the United Kingdom from Kurdish Iraq or Bosnia have faced hostile accusations of being "economic refugees," not deserving of emotional, social, and economic support. Kosovo may have changed that. Increasingly knowledge of abuses is recorded by us all as we watch our television screens. The stories told of torture and of executions were simple, coherent, and compelling—and reinforced by pictures from recent discoveries: the torture chamber in a school basement and mass graves. This type of reporting has been a trend for some time and has added impact to undercover reportage of human rights abuses in Turkey and Israel. The rapid appearance of pictures on the internet further broadens news coverage—and provides access to the world's media for repressed minorities. This public awareness is a new phenomenon; in time we will see whether it produces change. For now, those who monitor abuses believe that torture and violations of human rights are becoming more common and, in many countries, institutionalised.

Do doctors have a special role, an extraordinary responsibility? It is received wisdom among experts in human rights that doctors have an important role in

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looking for, detecting, documenting, and prosecuting the crime of torture. Doctors see escaped or discharged prisoners and often also see those who are still in detention. They are in a position to observe the signs of physical torture, and indeed of psychological abuse. Doctors who work in places where systematised abuse is common, such as prisons and interrogation centres, are likely to see and link patterns of injury. Doctors who examine cadavers will see the sequelae of physical abuse. Doctors are also essential to legitimising the effects of torture on survivors and their families and communities. Though our knowledge of how to treat survivors is improving, services are not uniformly excellent and research is difficult. Rehabilitation treatment cannot ethically be denied to torture survivors, but the search for an evidence based framework for diagnosis and treatment is under way.

A secondary factor is that doctors are among the most privileged and respected members of society. While not invulnerable to state oppression, they are often affected less than other citizens. Education, relative wealth, and societal position make it easier for doctors to speak out. And, as members of a cohesive profession, they have the opportunity to group together for mutual protection and support. The World Medical Association, set up in the aftermath of the Nuremberg trials to ensure that doctors never again abused patients in the way the Nazis did, codified its advice on torture in the Declaration of Tokyo of 1975. It urges doctors "even under threat" to use their skills only to heal and comfort.[1]

If all of this is received wisdom in the human rights community why do so many doctors and medical associations stay silent in the face of torture? Is it partly because those interested in the issue choose to work through specialist human rights groups? Or is it a reflection of the dangers that activists often face? Ignorance is often a factor: doctors do not know about the standard minimum rules for the treatment of prisoners and assume that abuse is the norm in all jurisdictions.[2] At the same time many doctors share the prejudices of their communities: abuses against criminals are less likely to be reported than those against "political" prisoners.

When the BMA wrote its first report on torture in 1986,[3] signalling a continuing commitment to human rights, we were welcomed with astonishment. Human rights groups had never thought that national medical associations would be active in their field. The BMA is not alone: the national medical associations of Denmark, India, and Turkey, among others, see their role as placing human rights on the agenda of every doctor.[4] This interest is also shown by the multidisciplinary efforts to set standards in gathering evidence of torture, the so called Istanbul protocol.

Individual doctors who speak out do so at personal risk. They may damage their careers, as Dr Simon Danson did when reporting on abuses in Barlinnie prison in 1995.[5] They run the risk of being the next victim. Too often, external observers ignore these dangers. The support of a medical association and the support it receives from other associations and from the World Medical Association demonstrate that the targeting of doctors will not go ignored. Concerted action obtained the release of doctors imprisoned for treating suspected terrorists in Peru and might be responsible for the leniency of sentences given to doctors in Turkey who refuse to hand over medical records from rehabilitation centres to the authorities.

Doctors who blow the whistle must know that there is someone who will ratify their action. They need to know that governments will recognise the responsibility of doctors to treat all patients regardless of political beliefs or activities. Doctors need somewhere to lodge medical and forensic reports safely. A special United Nations rapporteur on violations of medical neutrality would build confidence.

The language of human rights is obtuse, and experts quote international laws and declarations which intimidate the uninitiated; there are jealousies about the impact that newly involved doctors can have—especially with the media. And few medical associations have the BMA's resources, including expertise in the relevant law. But by working together, not least in the World Medical Association, we have an opportunity to unite doctors and change forever the pictures we see on our television screens.

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