

There are several lessons from the recent Ghana experience (panel). The political and sociological aspects of such events are also important. On the internet forum<sup>9</sup> associated with the first press report about the incident, there was massive outpouring of anger, resentment, paranoia, and vitriol. The situation suddenly became the focus for a wide range of volatile and dangerous political and social prejudices and hatred.

It is worrying that a responsible activity such as the deworming programme can potentially cause huge loss of confidence in the public-health system and give rise to civil disorder. However, the Ministry of Health's rapid involvement of the country's independent pharmacovigilance centre allowed the facts to be established<sup>10</sup> and order to be restored. The Government was seen to react urgently and effectively.

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- 3 Daily Guide. Mass deworming runs into trouble. Feb 13, 2007. <http://www.dailyguideghana.com/portal/modules/news/article.php?storyid=1395> (accessed Feb 15, 2007).
- 4 Centre for Pharmacovigilance, UGMS. Ministry of Health responds to concerns about national deworming exercise. July 31, 2007. [http://pharmacovigilanceafrica.org/home/index.php?option=com\\_content&task=view&id=14&Itemid=1](http://pharmacovigilanceafrica.org/home/index.php?option=com_content&task=view&id=14&Itemid=1) (accessed Aug 6, 2007).
- 5 GhanaWeb. De-worming scare hits Volta. Feb 12, 2007. <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=118989> (accessed Feb 15, 2007).
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- 8 Ulukanligil M. Community perception of school-based deworming program in Sanliurfa, Turkey. *Am J Trop Med Hyg* 2006; **75**: 1063-68.
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## Health care for refused asylum seekers in the UK

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For all its faults, the UK National Health Service (NHS) provides a standard of health care that most people in the world can only covet. Although few in the UK would claim that privileged access to good-quality health care is a divine birthright, there is an expectation that services will be protected from unreasonable demands by foreigners. In 2004, the UK Government, without evidence of health tourism<sup>1</sup> but anxious for its electoral popularity, enacted legislation that violated international law and the human rights of the nearly half a million impoverished refused asylum seekers, by charging them for hospital care.<sup>2</sup> The responsibility lies with a Cabinet that, despite—or perhaps because of—consisting of an unusually large number of lawyers (including the then Prime Minister, Tony Blair), has been criticised for disregarding international and national law.<sup>3</sup>

The importance of health-specific human rights to health is traditionally underplayed by governments

through policy, health professionals by default, and the general public through ignorance. Health-specific human rights form part of what are known as economic, social, and cultural rights (ESCR), which is one of the two major human-rights categories (the other being civil and political rights). There has been much debate about which category is the most important. Some argue that the so-called negative rights of political and civil liberties, such as the Human Rights Act, form the true core of human rights. Others champion the fundamental right to basic necessities, including employment, education, and the highest attainable standard of health care. Either way, once ratified, all human-rights treaties are equally binding on governments.

The beginnings of the stratagem date back to 1997, when the UN Committee that monitors the UK's observation of its ESCR obligations reminded the Government that it is legally required to incorporate the treaty within domestic law.<sup>4</sup> The UN Committee was

compelled to reiterate the admonition more explicitly in 2002.<sup>5</sup> Thus, when access to free hospital-care was withdrawn 2 years later, refused asylum seekers were illegally denied not only their right to the highest attainable standard of health, but also their right to judicial remedy. Theoretically, access to free primary-health care is retained because family doctors have a discretion to enrol anyone, but NHS guidelines illegally stigmatise applications from refused asylum seekers as ineligible and charging is encouraged.<sup>6</sup> Furthermore, every application takes place against a backdrop of repeated threats from the Government to withdraw the discretionary status.

Where should doctors stand on the issue of health rights? A legitimate motivation for aspiring to medical practice, which could be consonant with principled objections to health rights, is difficult to conceive. The UK's General Medical Council<sup>7</sup> ranks the duty to "Protect and promote the health of patients and the public" second only to "Make the care of your patient your first concern"—a ringing endorsement of health rights. The executive summary of the new NHS policy document Human Rights in Healthcare<sup>8</sup> begins uncompromisingly with "Neglecting people's human rights is bad for their health". In 1993, the genocide scholar Raul Hilberg introduced the triangular notion of victim, perpetrator, and bystander as a prerequisite for genocide—an observer's indifference provides encouragement.<sup>9</sup> Although genocide is heinous, every preventable death is equally tragic. Tenably, any reluctance from a profession which claims the pre-eminent role in health care—to recognise, validate, and engage with health rights—is analogous and amounts to bystanding.

By contrast with the Government's pronouncements, the report on asylum seekers from Parliament's Joint Committee on Human Rights serves as a model of clarity and probity.<sup>1</sup> "All asylum seekers including those whose claims have been refused and the Home Office intends to remove from the UK are still 'within the jurisdiction' and therefore beneficiaries of the rights set out in the panoply of international human rights treaties that the UK has adopted. They have simply asserted a fundamental right in seeking asylum. Regardless of their reasons for coming to the UK, asylum seekers must be treated with humanity before and after their applications have been decided. All are owed the human rights obligations successive Governments have assumed." If,

## The printed journal includes an image merely for illustration

Migrants' Day march, London, UK (May, 2007)

as Tony Blair declaimed,<sup>10</sup> the great question of our age is what values should govern the future of the world, one answer covers more bases than any other—respect for international laws on human rights.

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I played a role in the development of General Comment 14 of the International Covenant on Economic, Social, and Cultural Rights.

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