



Global political conflict, people's health and the medical journals

'Medicine is a social science, and politics nothing but medicine on a large scale', asserted Rudolph Virchow (1821 - 1902), the famous cellular pathologist and the first to demonstrate that diseased cells perpetuated illness by giving rise to new cells in a continuous series of generations. His dictum '*omnis cellula cellula*' revolutionised the medical conception of disease.¹

Capitalising on his scientific expertise and stature, the Prussian authorities dispatched Virchow to investigate a devastating typhus epidemic that had broken out among the politically oppressed Polish minority in the province of Upper Silesia. Virchow was shocked by the appalling social conditions that greeted him in the region, and he quickly surmised that the microbiology of the epidemic was not the issue. The real issue was the political oppression and social deprivation of the region and its people. Virchow concluded that only democracy, coupled with the improvement of social conditions, could effectively bring the outbreak under control, as well as prevent future epidemics.²

Virchow's 19th-century view that any distinction between politics and health is illusory couldn't be more apt than in our 21st century. Politics and political conflict currently constitute the major leading cause of morbidity, premature death and physical disability the world over. For this reason, general medical journals consider it their obligation to write about the human cost that may result from political conflict, something that sometimes earns them quite vitriolic reaction from the protagonists.

The *BMJ* and the *Lancet* have each published over 200 articles to date on the Iraqi conflict, and both have published many articles on the Middle East, specifically on the lot of Palestinian non-combatants in the occupied territories, and the suicide terror attacks on Israel. Last month, the *Lancet* published a landmark research article on the results of a cluster sample survey looking into the Iraqi mortality rates before and after the 2003 invasion.³ The Johns Hopkins researchers conducted interviews with randomly selected families throughout Iraq grouped into 33 clusters, each of about 30 households, and calculated that 100 000 or more excess deaths, attributable largely to coalition air strikes, have occurred since the invasion. Predictably, the findings — which contradict the informal estimates of under 10 000 lives lost — did not please everyone.

In 2002, the *Lancet* published an editorial entitled 'Failure to address the health toll of the Middle East crisis'.⁴ The editorial evoked a huge reaction, particularly from pro-Israeli correspondents. One accused the *Lancet* of being 'blatantly political, [and of seeking to] demonise Israel and paint a distorted picture'. Another charged that the editor was 'promoting hatred and misunderstanding'. More recently, and in a similar vein, the *BMJ* accepted for publication a commentary by Derek Summerfield entitled 'Palestine: the assault on health and other crimes'⁵ which sought to highlight allegedly unlawful killings and other human rights abuses by the Israeli Defence Force, citing a UN observation that Gaza and the West Bank were 'on the brink of a humanitarian catastrophe'. The article — an unadulterated personal view — also elicited an unprecedented backlash.

The SAMJ position

Anyone browsing through the formal *SAMJ* editorials up till 1994 might be forgiven for thinking that apartheid never happened, or else that it had no impact on people's health. This sort of shameful silence is something we have sought to reverse. The *SAMJ* of the decade of democracy has not shied away from commenting on politically sensitive health issues either at home or abroad, from HIV and AIDS policies to corruption and ineptitude in the public health service, and from Iraq to Zimbabwe to Palestine.

Some editorials have drawn vigorous responses from readers, but none so voluminous and so fierce as the reaction to our June 2004 editorial under the title 'What Islam needs is a pope'.⁶ There can, of course, only be one pope, the head of the Roman Catholic Church. The title was contrived as a journalistic device to make a point.

The editorial sought to distinguish between mainstream Islam, described as 'one of the world's great religions with a glorious history', on the one hand, and the teachings of 'self-serving clerics and others (the Taliban and other so-called fundamentalists) purporting to be acting in obedience to the teachings of the Prophet' while committing atrocities or undermining people's health in the name of Islam.

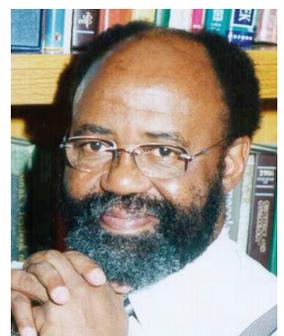
The editorial goes on to acknowledge that there are 'profound political and socio-economic underpinnings' to the Islamist movement, 'not least the politics of oil in Iraq'. Citing Oklahoma City as an example, the editorial makes the point that terrorism is not the exclusive monopoly of Islamic fundamentalism.

In this issue (p. 8) we publish a letter from a group of colleagues protesting the editorial. One is very conscious of the sensitivities surrounding these burning world conflicts, and therefore accepts and respects the views and emotions of those who may feel strongly about the matters raised. However, I am saddened by the misrepresentation of the editorial message, and by the apparent attempt to whitewash rather than condemn human rights violations by the Taliban and fellow travellers

The Hippocratic Oath obliges us to speak up for the health and right to life of everyone not involved in combat, whether in Gaza, Baghdad, New York or Harare. In this, there can be no holy cows.

Daniel J Ncayiyana

Editor



1. Porter R. *The Greatest Benefit to Mankind*. New York: WW Norton, 1997 p331.
2. Porter R. *The Greatest Benefit to Mankind*. New York: WW Norton, 1997: 415.
3. Roberts L, Lafta R, Garfield R, et al. Mortality before and after the 2003 invasion of Iraq: cluster sample survey. *Lancet* 2004; **364**: 1857-1864.
4. Failure to address the health toll of the Middle East crisis (unsigned editorial). *Lancet* 2002; **359**: 1261.
5. Summerfield D. Palestine: the assault on health and other crimes. *BMJ* 2004; **329**: 924.
6. Ncayiyana DJ. What Islam needs is a pope. *S Afr Med J* 2004; **94**: 385.