

## Whose life is it anyway?

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The St. Louis sailed out of Hamburg for Havana at 8 p.m. on Saturday 13 May 1939. Its 937 passengers were mainly German Jewish refugees seeking asylum from a Nazi state that intended to dispossess, transport, and systematically kill them. However when the ship arrived in Havana harbour, the Cuban government disagreed on how much they could charge the passengers to come ashore. All except 29 — those with Cuban and Spanish passports — were refused asylum. Venezuela, Ecuador, Chile, Colombia, Paraguay, Argentina, the US and Canada were each then approached but declined to accept the refugees.

As the ship began the return voyage, the British Government was contacted to see if it would consider offering asylum to the now 900 passengers. The initial response was that the Government would prefer to consider possible subsequent entry once the ship had returned to Hamburg. Other European countries were approached and finally Belgium agreed to take 214 passengers. Holland then agreed to accept 181 and France 224. On 21 June 1939, the British Government changed its mind and 288 passengers disembarked at Southampton after 40 days and 40 nights at sea.

It is estimated that 227 of the Jewish refugees who disembarked in main land Europe were eventually killed in the Holocaust.<sup>1</sup>

I was reminded of the fate of the passengers on the St. Louis in surgery last week while listening to D, an 18-year-old woman, seeking asylum from Congo. She arrived in England about 6 months ago and told me, through her French interpreter, that her initial application to stay had been rejected. At the moment, the UK refuses asylum to approximately 75% of those seeking it, and of those who appeal 75% are turned down. She sat tearfully in the chair opposite me as the interpreter explained that she can no longer eat or sleep and that if she does close her eyes, all she can see are images of her family, killed in front of her. The authorities do not believe her story ... it's hard to prove ... and if she loses her appeal, she will have to return to a country where she fears she will also be murdered. I listened. I handed her a tissue. I held her hand. I offered the

practical and medical advice that I could. I apologised for my country.

In 1939, many of our grandparents knew little of the horrors that awaited those their country refused to shelter, we have no such excuses.

We live in a society that felt it was appropriate in summer 2007 to cut back on translation services within the NHS and tried to withdraw free English lessons for asylum seekers. D is still currently entitled to primary and secondary care, but if her appeal is rejected, then her right to all but emergency secondary health care effectively disappears. The Government is currently appealing against a ruling that suggested failed asylum seekers could be entitled to free NHS hospital treatment and appears to be seriously considering removing the right to free primary care for failed asylum seekers. Since there are an estimated 390 000 such individuals in the UK at the moment (equivalent to the population of Bristol), this is something that concerns all of us working in primary care. The English Government is in danger of normalising a significant breach of human rights to basic healthcare provision. The current law and proposed changes will have a profound impact on the health of an already vulnerable group of people. If we do nothing, say nothing, and ignore the slow erosion of the rights of asylum seekers, then do we not become complicit with the wider morally ambiguous system?

Back in 1985, at my graduation, I swore that I would practise my profession with conscience and dignity, that the health of my patient would be my first consideration and that I would not permit considerations, of age, disease or disability, creed, ethnic origin, sex, nationality, political affiliation, race, sexual orientation, social standing, or any other factor intervene between my duty and my patient.<sup>2</sup> It seems 2008 may be the time to turn words into actions.

**Helen Lester**

### REFERENCES

1. Barnes J. *A history of the world in 10½ chapters*. London: Picador, 1989.
2. World Medical Association. World Medical Association International Code of Medical Ethics. WMA: France, 2003. <http://www.wma.net/e/policy/c8.htm> (accessed 8 Aug 2008)

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