

Australia and the Nauru files:

doctors fighting for the human rights of asylum seekers

Can doctors successfully challenge the state when medical ethics are crushed by perceived national interest? And if it's not our own state that's doing the crushing, should we care?

'Injustice anywhere is a threat to justice everywhere.' (Martin Luther King Jr, Letter from Birmingham Jail, 16 April 1963)

NO ENTRY

In 2013, desperate to curb arrivals by sea, Australia declared that no asylum seeker arriving by boat would ever settle on Australian soil. Instead, they are sent for 'offshore processing' at detention centres on Nauru and Manus Island. Even when granted refugee status, they effectively have nowhere to go. The United Nations (UN) call this illegal: Australia's actions contravene international treaties they have long since signed.¹

There are around 1200 asylum seekers on Nauru and 900 on Manus Island, from a variety of Middle Eastern, African, and Asian countries. Many are children and conditions are dreadful. Leaked case files,² two senate reports, and the UN have detailed child abuse,³ sexual violence, assault, mental illness, self-harm, suicide, and murder (by guards).⁴ Doctors describe medical conditions as grossly inadequate.⁵ An independent medical panel recommended that the standard of medical care should be to Australian, not local, standards, but they were promptly disbanded.

CHALLENGING AUTHORITY

In 2014, the UN said that Australia's asylum policies violated the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.⁶ Dr Peter Young, chief detention centre psychiatrist, accused the immigration department of torture. He was put under police surveillance,⁷ but in April 2015 detention centre doctor John-Paul Sanggaran testified to the Australian Human Rights Commission.⁸ In May 2015, the government, embarrassed, attempted to silence doctors with the Australian Border Force Act, making it a criminal offence (punishable by 2 years' imprisonment) for those working in detention centres to discuss the terrible conditions there. On the day the act came into force, 40 health and teaching professionals published a letter⁹ challenging the government,

saying: *'standing by and watching sub-standard and harmful care, child abuse and gross violations of human rights is not ethically justifiable'*. The Australian Medical Association (AMA) and medical students' lobby publicly expressed their concerns.¹⁰

LEAKED FILES

The government dug its heels in but doctors defied them, and in August case files were leaked to the press.² There were no prosecutions. In February 2016, staff at a Brisbane hospital refused to discharge Baby Asha, born to Nepalese asylum seekers, arguing that returning her to Nauru would be unsafe.¹¹ Multiple health professionals supported them and protesters maintained a vigil at the hospital.¹² The AMA called the government's treatment of asylum seekers a *'state-sanctioned form of child abuse'*.¹³

'The involvement of doctors creates a cloak of respectability and legitimacy to torture and mistreatment.' (John-Paul Sanggaran)¹⁴

Still nothing changed. In April 2016, Omid Masoumali died after setting himself on fire on Nauru,¹⁵ amid suggestions that his medical evacuation was delayed. In July 2016, Doctors for Refugees challenged the Border Force Act in court.¹⁶ The government backed down, exempting doctors from the gag.¹⁷

Doctors won the right to speak, but nothing changed for the refugees, who remain subject to extraordinary injustice. A deal to resettle them in the US, agreed by Obama, seems to have collapsed under Trump. This year, multiple men on Manus Island won an out-of-court settlement from the Australian government for the damage caused by their illegal detention,¹⁸ with critics suggesting the government paid up to avoid accounts of conditions being aired in open court. Polling suggests most Australians believe they should be admitted to Australia, but they remain stranded, desperate human scarecrows guilty of no crime.

FIGHTING TOGETHER AS A PROFESSION

Events in Australia demonstrate that when governments attempt to crush doctors' ethics in the 'national interest' it takes courageous whistleblowing and significant solidarity to resist. It has not yet been nearly enough. Over 2000 distraught people remain marooned, subject to inhumane conditions,

while doctors wishing to help must choose between risking complicity and walking away. Australia's immigration system is being praised here by some Brexiters, where we have our own detention centres. Detention systems need doctors, and doctors need widespread professional support to challenge human rights abuses disguised as political necessities.

Any state that crushes medical ethics crushes it for us all. Alone, we are exposed, but as a profession we can be formidable. This battle is for all of us.

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Mend the Living Maylis de Kerangal

Translated by Jessica Moore

MacLehose Press, 2016, PB, 240pp, £8.99, 978-0857053855



A PLEASURE AND A TORMENT

At 05:50 Simon Limbeau's mobile alarm goes off, alerting this vibrant 20-year-old lover, brother, son, and friend to the start of a day meant to be filled with the thrill and pleasure of surfing. By 05:49 the following morning, Simon's heart is taking its very first beats inside 50-year-old Claire Mejan.

This is the story of what unfolds within those 24 hours: of cruel endings and of new and difficult beginnings. It is the story of how we are defined by who we love, what we are, what we do. Of medicine as salvation and redemption, and of familial bonds that transcend death.

Mend the Living is only the second novel to have won the Wellcome Prize and is the first novel in translation to be awarded the prize, translated from French into English by the Canadian translator Jessica Moore.¹ Written by the French novelist Maylis de Kerangal, it is both a pleasure and a torment to read. We read with baited breath, with muscles clenched and a sense of nausea, as Dr Pierre Revol, the ICU consultant, begins the familiar and yet still painstaking task of breaking the news no mother should ever hear. Marianne Limbeau recognises that:

'... he's buying time, arranging his words, she knows this, and goes along with the tempo, feels the paradoxical tension as time drips out like coffee from the coffee-maker while everything else simultaneously screams the urgency of the situation.'

We share Revol's sense that he is *'dealing a blow, the sense of detonating a bomb'* as

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he has to start to make Marianne Limbeau understand that her son is in a coma from which he will never recover.

For a short novel covering a mere 24 hours there is a large cast of characters: Thomas Remige, the earnest and precise nurse who leads the organ donation programme; Cordelia Owl, the nocturnal woman who finds refuge from her turbulent personal life in her work as an ICU nurse; and Virgilio Brega, the ambitious, football-loving Italian cardiac surgeon.

There are many more, not least the bereft parents Marianne and Sean Limbeau, exemplifying the number of people inextricably involved in the process of organ donation. This is Simon Limbeau's final gift — his death heralds life for those who receive his kidneys, his liver, and his heart also — forming the soul of this narrative.

This book can be read as a meditation on parental love, on the promise of youth, and second chances. Or as an ode to the biomedical achievements of the 20th century where heart transplants became a reality, of the development of intensive care medicine, Or as an invitation to consider the ethical quandaries surrounding brain death, organ donation, presumed consent, and more. It is above all the story of a heart and all the lives it touches.

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