

Physician Education on Human Rights

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Abstract

Nowadays human rights and health are interconnected and interdependent. In Greece human rights have been safeguarded through the Constitution. The United Nations and many other international organizations have included the Universal Declaration of Human Rights as a basic element in their constitution. As regards in the field of medical science, human rights and the education on human rights constitute a useful compass and guide in daily medical practice. This paper attempts to explore the possible gap that may exist in formal and lifelong education of potential and practicing physicians in the area of human rights. For this pilot study, a qualitative methodology was chosen and specifically conducted investigation using semi-structured interviews. The sample for this research-field exploration consists of eight representatives of the medical community in Greece.

Keywords: human rights, education on human rights, medical personnel, formal and lifelong education Training of Medical Personnel

Introduction

The history of human rights coincides with the history of humanity and human evolution. This relationship is clearly depicted in documents of international organizations, such as the World Health Organization (WHO) which acknowledged this relationship and ensure through declarations and provisions. The protection of human rights in the health sector aimed at preserving the freedom and dignity of the individual. In recent years, there has been intense debate on the right to health and medical care for all people. Doctors are one of the few professional groups internationally which include the Code of Ethics in their basic studies, thus providing patients with high quality services in response to human rights principles. However, keeping the knowledge of physicians up to date regarding the basic values of human rights, namely human dignity and equality is imperative in order to enhance their professional ethics, which is threatened by hesitation and constant questioning by society. Given this need, the aim of this research is to thoroughly investigate the possible gap that may exist in formal and lifelong education of potential and practicing physicians in the area of human rights, while recording the views and concerns of the medical community itself about the above subject.

To achieve this aim, the knowledge, attitudes, and perceptions of eight Greek doctors and professionals directly related to the healthcare sector regarding human rights were researched.

Theoretical Framework

Human Rights Education

At the beginning of the 21st century, humanity faced a very important and crucial moment in history. There was a widespread requirement on the one hand to change the old beliefs and on the other to reject power and violence. There was also a need to recognize the human rights of all people and for all members of society to participate. Lenhart says that education must be at the heart of this change (Lenhart & Savolainen, 2002, pp. 145 – 158).

On December 19, 2011, the UN General Assembly in New York adopted the new declaration on human rights education (UN Declaration on Human Rights Education and Training).¹ Thus, the international community for the first time has its own “tool” for human rights education and training. On March 23, 2011, the resolution was approved unanimously by the Human Rights Council of the UN and sent for adoption to the General Assembly. With the final adoption of the Declaration, the General Assembly in late 2011 provided an innovative, international, and dynamic policy and bequeathed a powerful “tool” to the global community. In the first article of the text of the Declaration, the United Nations states that:

Everyone has the right to know, seek and receive information about all human rights and fundamental freedoms and should have access to human rights education and training.

Thus, the UN member states are obliged to make a greater commitment in the area of human rights education and training, thereby making every effort toward further prevention of human rights violations. It is worth mentioning that many persons have contributed with introduction documents in the field of the theory of human rights education such as Claudia Lohrenscheit, Volker Lenhart et al. and K.P. Fritzsche (Tibbitts & Kirchsclaeger, 2010, p. 4). The Declaration consists of fourteen articles and includes not only *what* the general public should know about human rights, but *how* the international community can achieve its objectives through education and *why* it should do so. The road has now officially been charted and should be followed by global organizations. As Fritzsche says ‘*Human Rights Education (HRE) is not a pedagogic addendum, but a genuine component of human rights*’ (Fritzsche, 2007, p. 1).

The UN General Assembly with this Declaration, among other things, recognizes the fundamental importance of education and training on human rights as contributing to the implementation, promotion, and protection of human rights of all people. Additionally, it reaffirms the call of the World Conference on Human Rights, held in Vienna in 1993, that all states and institutions should include human rights, humanitarian law, democracy and the rule of law in the curricula of all educational institutions and states that human rights education should include peace, democracy, development and social justice, as stated in the international and regional conventions of human rights, in order to achieve the common goals of understanding, awareness, support and universal commitment to human rights. It recalls the 2005 World Summit, in which the heads of state and governments supported the promotion of education on human rights and learning at all levels with the implementation of the World Program for Human Rights Education (Pantazis, 2013, p. 43).

Human rights education contains social, economic, political, and individual human rights and addresses all people, regardless of their profession, age, origin, nationality, or ethnicity. This mission is entrusted not only to schools but to all fields of education and ultimately refers to the overall field of ‘social and political culture’ (Bielefeldt, 2004, p.26). It seeks to educate politicians, lawyers, doctors, students, teachers, social workers, members of minority groups and foreigners.

¹ See United Nations General Assembly, GA/SHC/4030, Third Committee Approves Resolution Recommending Adoption of United Nations. *Declaration on Human Rights Education and Training*, 17 November 2011, <http://www.un.org/News/Press/docs/2011/gashc4030.doc.htm> • Office of the United Nations High Commissioner for Human Rights. *United Nations Declaration on Human Rights Education and Training*, <http://www2.ohchr.org/english/issues/education/training/UNDHREducationTraining.htm> • United Nations General Assembly, A/HRC/RES/16/1. Resolution adopted by the Human Rights Council, 16/1. *United Nations Declaration on Human Rights Education and Training*, Distr.: General, 8 April 2011, http://www.hrea.org/A_HRC_RES_16_1%20UNDHRET_April%202011.pdf (28.2.2012).

The holistic principle of education on human rights consists of the following: knowledge of human rights, awareness, perception of injustice and violations of human rights, the shaping of a common consciousness of human rights, which enables people to actively participate in the struggle for human rights and develop a competence. Following the international debate on human rights education and focusing on the content of the Declaration of United Nations and UNESCO, five areas of practice and research are identified which must be combined with human rights. These areas are (Andreopoulos, 2002, pp. 239-249, Lenhart, 2006; Lenhart & Savolainen, 2002, p. 145; Lohrenscheit, 2002, p. 175):

- education on human rights;
- education as a human right;
- human rights in education;
- the rights of the child;
- Personnel training in professional fields related to human rights, including doctors and medical staff in general.

Depending on the particular circumstances in each country, education on human rights must be adapted to the needs of the people; to perceive and contemplate the problems of safeguarding human rights.

Models of human rights education

A specific typology of teaching models in human rights education (Tibbitts, 2002, pp.159-171) is observed in educational programs conducted worldwide. The practical approaches of human rights education may be classified from a theoretical and research aspect into three teaching models, as follows:

- values and awareness model;
- accountability model;
- transformational model;

According to Tibbitts, the first model is more relevant to the transmission of the key theoretical structures of human rights. Recipients of this teaching approach may be the general public, but mainly schools, informal educational programs for teens and various public awareness campaigns on human rights. The accountability model is directed mainly at professional groups who work directly or indirectly in the field of human rights, such as police officers, judicial officers, military personnel, doctors and all those involved with vulnerable populations affected by human rights violations. Finally, the transformational model features a psychological-social approach and is mostly implemented with vulnerable populations, such as in refugee camps, with victims of abuse and trauma and in post-conflict communities (cit. p. 166).

The activities observed at an international level clearly reflect the overall commitment to the World Program for Human Rights Education (2005-2014) and especially to the second phase of the program (2010-2014) which focuses on Human Rights in Higher Education and adult education programs aimed at teachers and trainers, public officers, law clerks, doctors, and military personnel (HRC). At this point, we have to make reference to G. Kirchsclaeger, Co-Director, Centre of Human Rights Education, University of Teacher Education Central Switzerland Lucerne, who contributed to the development of the *Guidelines on Human Rights Education for Health Workers* of the Organization for Security and Co-operation in Europe (OSCE).

The guidelines of the OSCE were prepared on the basis of broad consultations involving health workers, academics, NGO specialists and representatives from inter-governmental agencies. The guidelines promote the purposes of the United Nations World Programme for Human Rights Education and its Second Phase (2010 – 2014) as we mentioned before (*Guidelines on Human Rights Education for Health Workers*, 2013, p. 9). It is important to mention that OSCE underlines the crucial character of human rights education and promotes human rights education for all professional groups, including medical personnel. The main purpose of the guidelines is to promote the incorporation of human rights in all areas of work of academic and professional health communities, (*Guidelines on Human Rights Education for Health Workers*, 2013, p. 12-19).

Human rights education and medical personnel

In 1978, UNESCO proposed the integration of human rights both into the curricula of various universities and into lifelong education. That particular year, it made a special appeal to healthcare professionals to include basic human rights issues in their continuing education.

Several years later, the International Convention for Human Rights Education and Democracy emphasized that it is absolutely necessary to train specific professional groups that are directly related to the field of human rights. These professional groups include doctors and nursing staff (Andreopoulos & Claude, 1997, p.255). The need to educate health professionals in human rights stems mainly from the intrinsic value of both relieving pain and promoting health and welfare and more importantly human dignity and equality. These values can be observed both on a practical and a moral level. Besides, education in health and human rights guarantees practical tools for effective and socially related health policies and practices and facilitates the understand of the role of health professionals in contemporary society (Iacopino, 2002).

It is worth noting that until 2002, there was no unified code of ethics; the task to formulate such a code was undertaken by the American Public Health Association. But nowadays, certain questions place the discussion on a different basis, such as those related to transplants, artificial insemination and human dignity in general. Ethical questions are not limited to only those areas but extend further. Richard Cash wonders how a society can be sure that those responsible for healthcare are properly trained to provide it and what ethical principles related to levels of care should be taught to health professionals (Cash, 2005). Human rights should be linked to health, and health professionals should reconsider how they define health and the range of their professional responsibilities (Iacopino, 2002). The ways in which health professionals link health and human rights acquire great significance and contribute to the development and ultimately to their incorporation into health higher education.

On the other hand, Hannibal, Eisenberg and Heggenhougen add that continuing education courses should be offered in health, and practicing physicians should be aware of the key principles of human rights, as they provide a good definition of the basic principles and contemporary practices in the field of health and human rights. At the same time, such courses bring participants into contact with experts in the field, both nationally and internationally, providing them the opportunity for direct contact and practical experience in human rights (Hannibal, Eisenberg and Heggenhougen, 2004). The principles of human rights can therefore be incorporated into training programs for future and practicing medical professionals. With regard to academic training, there is evidence to suggest that the presence of human rights has become more and more pronounced within many academic institutions over the last ten years. Tibbitts recognizes that it is impossible to confirm the number of new courses with human rights themes or majors that include a human rights emphasis. However, she believes that this development can also be observed in Europe, though mainly in the U.S. (Tibbitts, 2006).

Recently, a survey was conducted in the U.S. which was designed to investigate the extent to which training is offered in the area of human rights in medical schools and public health schools in the U.S.A and Puerto Rico. The research showed that 37% of universities offer some type of training in human rights (Cotter et al, 2009). Another survey, carried out in 2002 at 219 medical schools in 14 out of the 15 Member States of the European Union, investigated the level of education provided on medical ethics and human rights and to record programs that already existed at medical schools of the European Union (Claudot, Van Baaren-Baudin & Chastonay, 2006). The research showed that 63% of the European medical schools teach human rights. As for lifelong learning, many programs are being implemented, especially by international non-governmental organizations such as HREA (Human Rights Education Associates) and Physicians for Human Rights (PHR), that provide education on the issue of human rights for doctors, as well as other occupational groups.

Training of Medical Personnel in Greece

In Greece, there are seven medical schools at the Universities of Athens, Thessaloniki, Crete, Ioannina, Larissa, Patra and Alexandroupoli offering undergraduate and postgraduate degree programs. Concurrent medical education is provided by the National School of Public Health, under the auspices of the Ministry of Education and Ministry of Health and Social Solidarity with various graduate programs.

According to a literature review of study guides of the above schools, there are numerous classes that potentially touch on human rights but which do not have an official related theme. Another matter that should be highlighted is that of a class on the code of ethics, which is not offered by all medical schools or it has various titles and mainly addresses the legal aspect of the topic. In this course, students must learn about the key concepts and principles of Bioethics and Medical Ethics, the legal nature of medical liability and medical practice, as well as the basic obligations of the physician in the practice of medicine, but without ever coming across the term 'human rights' of the patient. The graduate programs offered by Greek universities and the National School of Public Health, seminars and training programs are all inducted into lifelong learning.

Essentially, there is only one graduate program, at the University of Athens School of Medicine, titled "Global Medicine, Health Crisis Management" which offers another perspective on the practice of medicine and also deals with the issue of human rights. In Greece, the National School of Public Health has not yet incorporated topics related to human rights and health into the curriculum. It is possible that professors include issues related to human rights in their courses, but the curriculum of the school does not officially include a class that links human rights and health. Finally, the absence of workshops, conferences and educational programs sponsored by medical associations, medical science societies and other related organizations indicate the lack of information available on issues pertaining to human rights and health.

The Research

The purpose of the investigation

This paper attempts to approach the medical community with the aim of exploring the possible gap that may exist in formal and lifelong education of potential and practicing physicians in the area of human rights. Particular attention is given to the way the Greek medical community perceives the human rights of patients through daily medical practice.

The main objectives of this investigation focus mainly on:

- Exploring the knowledge, attitudes and perceptions of physicians as regards human rights and especially education on human rights,
- Gathering information through interviews on the existence or not of courses, conferences, workshops or programs within the formal and lifelong learning of physicians in Greece,
- Exploring possible actions that may be performed by medical providers and aim to inform the medical community on the human rights of patients.

Selection of research methods

For this *pilot study* a qualitative methodology was chosen, and specifically field investigation using semi-structured interviews (Breakwel, 1999, p. 99, Paraskevopoulos & Kollias, 2008, p.2). The interview, the semi-structured interview in particular, is the main research tool of this investigation. The interview was 'an essential part of social surveys' and perhaps the most widespread method of eliciting quality material and information (Breakwell, 1999, p. 99; Iosifides, 2003, p. 34). In fact, for many social scientists, the interview offers high quality information with a small degree of statistical bias (Howard & Sharp, 1998, p. 216).

Qualitative² methodology was selected, rather than quantitative, because we are interested in the personal opinions and perceptions of the interviewees. Essentially, interest is centered on the personal experiences of people who represent a collective medical provider. We do not seek quantifiable data that could result from the research. Besides, the sample involved in the investigation is fairly limited and would not provide adequate results through the quantitative method. In principle, qualitative research is based on a limited number of cases and does not allow for the reliable generalization of the findings and results. The term 'quality' is often perceived as 'soft' and the qualitative method, as compared to the quantitative, is perhaps seen as a less professional control strategy in a scientific method. However, as indicated by Alheit and Bergamini, 'Is it possible to simulate social reality with strict rules, which can be tested through quantitative relationships, rather than to 'understand' the latent meaning of a specific behavior?' (Alheit & Bergamini, 1995, p. 124).

Research hypotheses and questions

The research hypotheses and research questions were based on the theoretical framework and the purpose and objectives of this investigation. The hypotheses were:

- If physicians have knowledge, attitudes and abilities on human rights and on education in human rights,
- If physicians have a relevant information on the human rights by the main medical institutions in Greece,

² The quantitative method analyzes the number of occurrences of a phenomenon under consideration. The qualitative method aims at description, analysis, interpretation and understanding of the social phenomenon (Kvale, 1996, p. 67; Iosifides, 2003, p.4).

- If Greek medical system perform actions on education in human rights of patients,
- If physicians would like to be educated in human rights and which would be their proposals.

In this research, the research questions, through the interview, act as a prism through which the information collected may be processed and classified. The research questions also help in ‘content analysis’, as a set of conceptual categories to explore to the relevant research questions had been determined from the beginning (Breakwell, 1999, p. 116). The formulated questions revolve around six axes or conceptual categories that constitute the frame of this research as to the conduct, but also as to the conclusions reached based on the collected empirical data. The questionnaire that was drawn up included 10 key questions indicative of conceptual categories. Specifically:

The first conceptual category explores the *knowledge and attitudes* that doctors have assimilated and adopted, respectively, on human rights in the context of formal and lifelong education. These two topics are examined jointly to demonstrate the difference between the lack of knowledge on the one hand and the positive attitudes on the other. Referring to this category, data could be elicited from all 10 questions posed to the interviewee doctors, because each answer revealed both knowledge and attitudes on this issue.

The second part explores the *context*, i.e. what is the official status of formal and lifelong education of doctors in Greece related to human rights.

The third category explores the *perceptions of physicians in regard to human rights education*.

The fourth category investigates the possibility of *infringement or violation of human rights of patients* from the perspective of physicians as a means of detecting the personal opinions of doctors on the concept of human rights violations, in a more general context, but also to investigate whether doctors as a social group violate or uphold the human rights of their patients.

The fifth module is related to *individual or collective activities*. In other words, the possible existence of actions by the medical world geared toward both to providing information, and to defending the human rights of patients. Regarding the latter category, an attempt is made to *formulate possible suggestions for improvement*, with the aim of obtaining a comprehensive and humanitarian education of doctors, based on the principle of defending the rights of patients to proper medical care and health.

The research questions were:

1. During the course of study (undergraduate or graduate level) did you receive some kind of training on human rights of patients (adults or children) or general human rights issues?
2. Was there a relevant discipline or equivalent work assignment of the matter in the context of a course?
3. Have you been given relevant information by the teachers of the university department, or by media, by newspapers, the Internet or on your own initiative?
4. Have you ever participated in a conference or workshop, in Greece or abroad, in which they were made suggestions on issues related to medicine and human rights? If so, could you describe your experience of this involvement?
5. I would like your opinion on whether it is necessary to educate future practitioners (students), that education on human rights is an integral part of the curricula of future physicians and the education and training of practicing physicians on issues related human rights?
6. How do you understand the term ‘training of doctors in human rights’?
7. How do you understand the term ‘human rights violation’?
8. Do you think that doctors, as a social group, violate or respect the rights of their patients?
9. What initiatives do you take in learning, respecting or even violating human rights, collectively or individually?
10. How do you perceive the ‘Medical Training in human rights’? What recommendations would you have done?

The participants

The sample for this research-field exploration consists of eight representatives working in health and medicine. The selection criterion called for them to be doctors or medical students, to represent a collective medical provider, so that they could provide a wealth of relevant information through their institutional capacity, and to be professors or to be able to train subordinates or colleagues in human rights and Medicine.

Thus, they included:

1. A medical student at the University of Athens and representative of a student, humanitarian, medical organization which designs and elaborates relevant educational programs.
2. A doctor, professor of Medicine at the University of Athens.
3. A doctor, professor of Medicine (postgraduate level) at the University of Athens.
4. A doctor, professor at the National School of Public Health.
5. A doctor working in a public hospital in Athens, head of a particular department of the hospital and training subordinates.
6. A doctor, medical representative of a non-governmental, medical and humanitarian organization which designs and elaborates relevant educational programs.
7. A representative of Therapy Center for Dependent Individuals responsible for the education sector.
8. A representative of a Greek Scientific Medical Society which works out educational programs.

Processing Survey Results

1st Axis: Knowledge and Attitudes

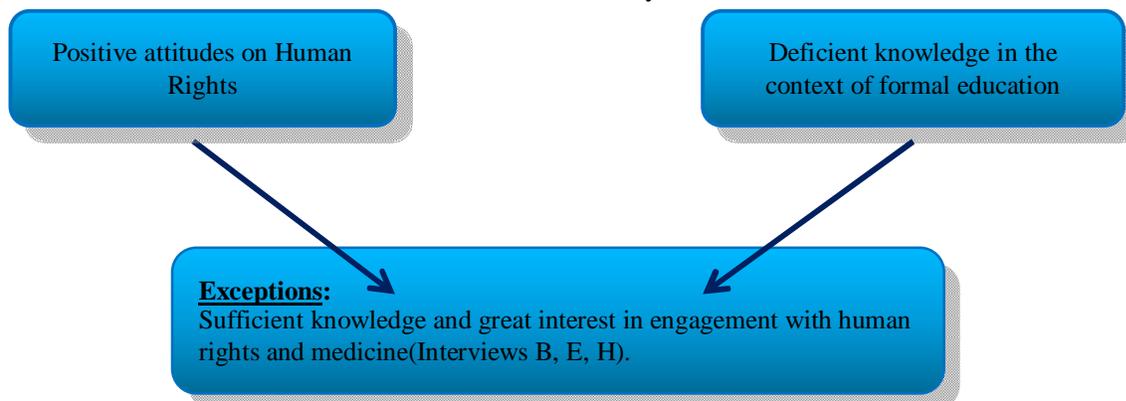
Although this research focuses on the extent to which physicians are aware of and respect the human rights of patients, two views emerged which shifted the focus from the patient to the physician. Thus, they spoke less on the defense of the human rights of patients, and more on the rights of the doctors themselves who, in their opinion, are oppressed by the predominant health system. Specifically, the third interviewee said: *“With the concept of protecting yourself, there might be a need for a more formal education, not only about rights but also about the obligations of others with whom you come in contact and communicate” (Interview C).*

While the image that emerges in regard to the attitudes is very positive, we note the exact opposite in terms of knowledge they have about human rights.

Except for three specific cases, the other interviewee doctors do not have a basic knowledge of human rights. They approach the subject generally, without being able to give a clear definition of what a human right is or what we mean by human rights violations. The most important thing is that these doctors come into daily contact with vulnerable groups and unfortunately, lacking basic knowledge, they are not able to address special cases and commit latent violations. This is not determined arbitrarily, but it is confirmed by their testimonies and especially by those who have the basic knowledge and can judge more objectively. According to them, the lack of basic knowledge is evident in everyday reality.

There are three cases which show that a doctor can’t be considered good scientist and physician, if he has received only technical knowledge. Instead, they must be recipients of a comprehensive and humane education. They actually said: *“There is nothing structured and programmed in the curriculum which aims to educate a student doctor on the above subject [...] I got involved with HELMSIC and the area of human rights in order to raise awareness mainly among medical students” (Interview E).* Then, in the last interview, the propensity, and willingness to engage in human rights is apparent. The representative says: *“Yes, of course. I do. It’s a subject that interests me. [...] Yes. It is an issue I work on, I am interested in it, I am active in it and it is part of my daily life. I base everything on this ”(Interview H).*

The views of the interviewees are summarized schematically as follows:



2nd Axis: Academic Situation

This axis investigates the situation in the education of doctors both in formal contexts and in the context of lifelong learning.

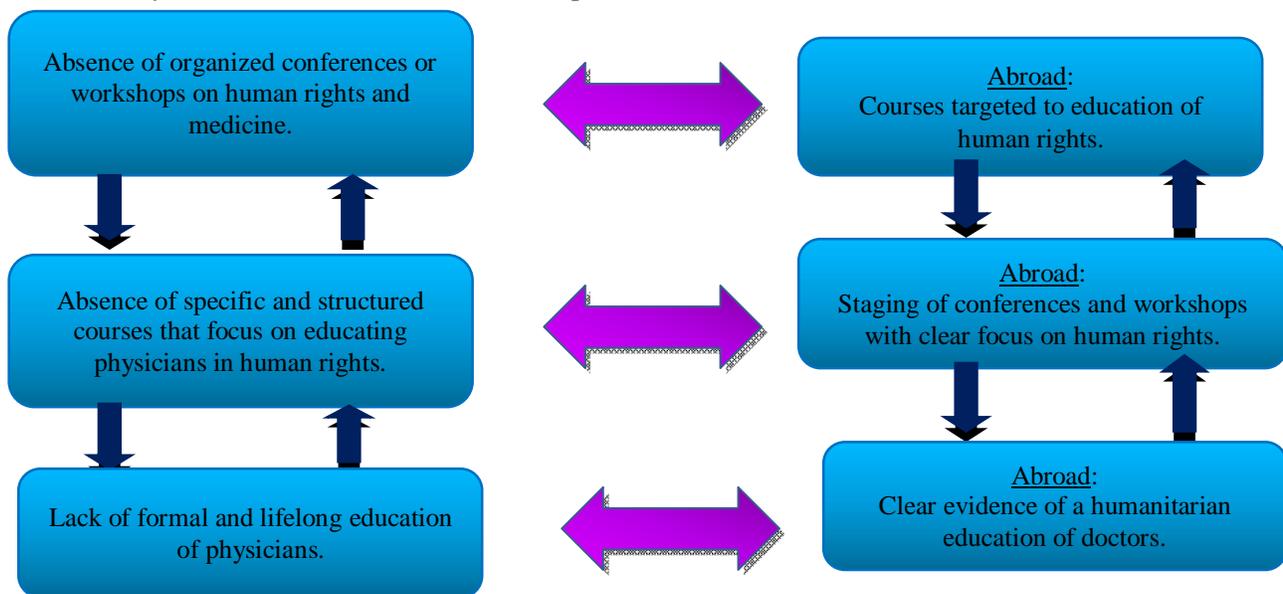
As mentioned in interviews A, B, D, E and H, at the undergraduate level at least, there is no lesson directly related to human rights. They refer to the existence of some elective courses, but they focus on legal issues and endeavor to train doctors more in matters concerning the legal coverage in case of a medical error.

This situation, in other words the absence of structured and targeted courses on human rights, is contrary to the situation seen in universities in the U.S. and Europe. Some of the interviewees who were trained abroad say that they received information and knowledge on human rights.

One isolated effort noted in the context of formal education is the presence of a postgraduate program in the Athens Medical School. This program educates physicians directly on human rights issues, thus adding a human dimension to their academic education. The representative of the program says: *“Except for the fact that we have a specific section that talks about the violation of rights [...] the whole graduate program revolves around the same subject [...] and we try through all modules to get the participants to understand that all this talk is about the rights of people”* (Interview H).

It should be noted that there are no special efforts to educate doctors on human rights in the context of lifelong learning. There are some activities that are mainly conducted by NGOs, such as Doctors of the World and student community organizations, such as HELMSIC.

Schematically, the views of the interviewees are presented as follows:



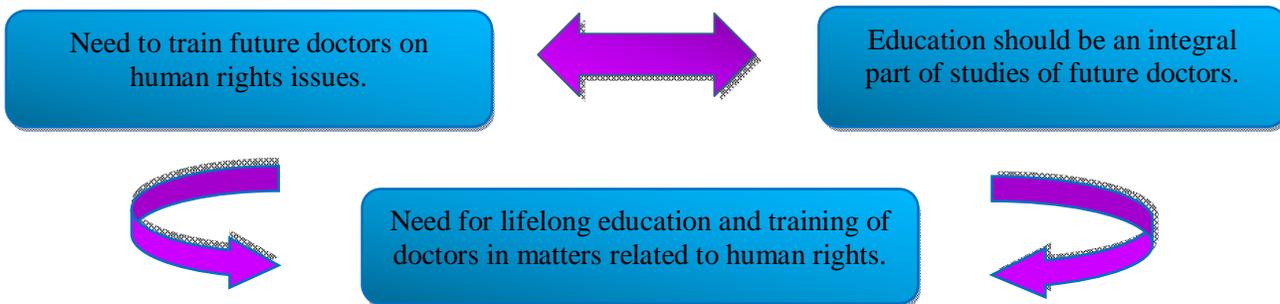
3rd Axis: Doctors' perceptions of education on human rights

This axis investigates the perceptions held by doctors on whether they should receive training on human rights or not. All the interviewees agreed that everything comes down to education. They argued that everyone should receive a humanitarian education starting in primary and secondary school. They said: *“If a doctor can't receive this knowledge during his early years, from the family or in the early stages of his school education, we end up giving this knowledge to the doctor at this stage of very specialized medical training.”* (Interview C).

With regard to the education of doctors on human rights, they indicated a very positive attitude. Almost all of them agreed that they should be trained on human rights in the context of both formal education and lifelong learning. They reached this conclusion either because they have become aware of the education gap that is evident in their medical training, or because they have ascertained a weakness in dealing with specific cases through their empirical practices. They declared, in fact, that such an education should preferably be offered through compulsory courses during the undergraduate years. They stated: *“It certainly may be incorporated into a program at undergraduate level. I think it is the most important advantage”* (Interview B).

Only one of the interviewees did not agree that doctors should be trained in human rights as a discrete area. He believes that it is not necessary for doctors to "learn" the patients' human rights". He is not generally against education. He is in favor of a global and interdisciplinary education. He does not agree, however, that it is possible for a practicing clinician to suddenly become a recipient of such an education. As such, he places greater emphasis on general education, proposing the creation of compulsory, undergraduate courses for medical students (Interview F).

The following pictograph reflects concisely the interviewees' views:



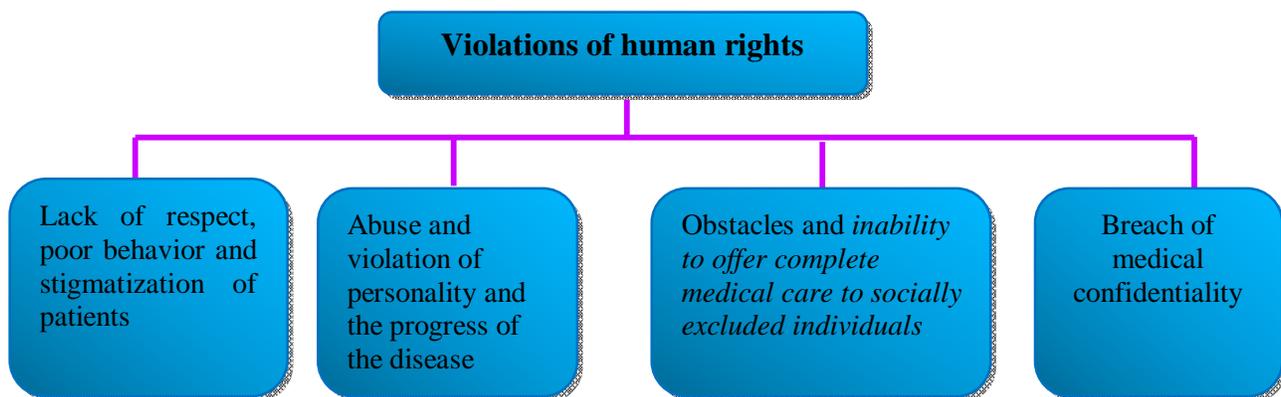
4th axis: Violations of human rights

By analyzing the answers, it was found that although doctors as a whole perceive the term "violation of human rights" differently, they all recognize that there may be violations of human rights by their colleagues. In closely observing the interviewees' answers, it was found that the majority of doctors believe, stating thus directly or indirectly, that their colleagues violate their patients' human rights. Even those who may defend their colleagues through peer solidarity ascertain that there is always a possibility of intentional or unintentional violations. They said:

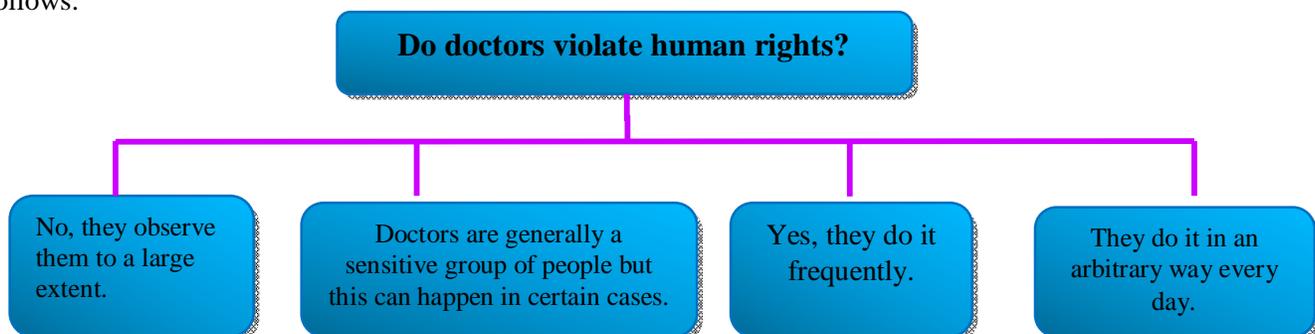
"There are violations which relate to the respect that is shown" (Interview F).

"In other words, doctors, even unwittingly, may violate human rights" (Interview E).

In regard to the definition of human rights violations, the different viewpoints can be charted as follows:



The responses which were collected in regard to whether physicians violate their patients' human rights appear as follows:



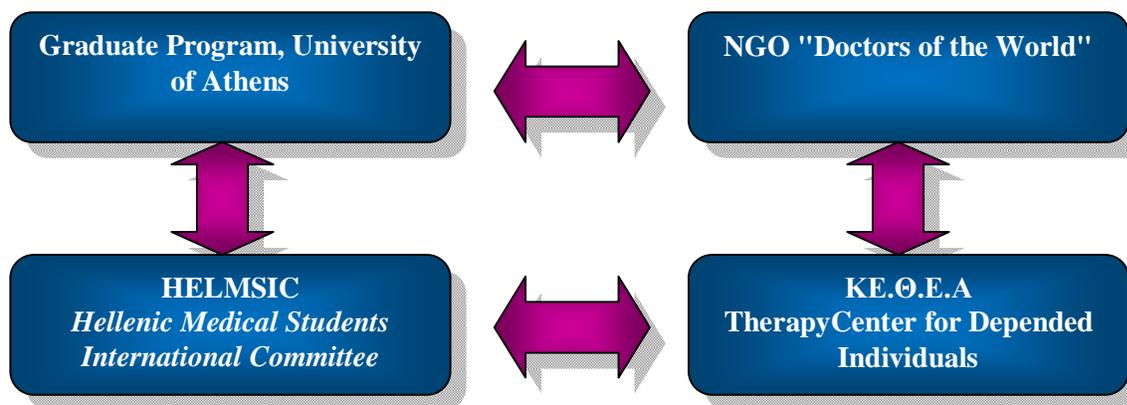
5th axis: Individual or collective activities

Through the testimonials, it was found that there is no institutionalized educational activity on human rights in Greece. Most of the medical providers have not developed educational or training programs on human rights. They focus mainly on discipline-related matters. In particular, of the eight interviews only four referred to activities of their institution, while the others said that their institution does not offer educational programs on human rights but focuses only on discipline. In particular, they reported the following:

"There is nothing relevant so far. We focus only on the discipline" (Interview G).

As noted, only one post-graduate study program, a medical NGO, the student humanitarian organization and the rehabilitation and social reintegration network provide educational programs on patient human rights. Visiting their work places, the different philosophy of these people was clearly evident. Photos from trips to Third World countries, libraries full of books on this subject, experiences from personal activities revealed the different orientation and the particular culture.

Greek medical organizations active in human rights



6th axis: Proposals for education on human rights

Doctors as a whole believe that it is necessary to enrich their education with courses that add humanitarian content to their profession. In fact, emphasis is placed on the need for them to also become familiar with subject modules from other sciences, which are essentially implicated in their own.

Therefore, they propose that there be compulsory, undergraduate, interdisciplinary courses which will be offered mainly in the final semesters of medical school. The purpose of these courses will be to transmit the necessary knowledge on human rights. They said:

"We could have an undergraduate course taught not only by a physician to physicians but by a multidisciplinary group" (Interview F).

At the same time, all of them indicated the need to conduct training seminars and workshops relating to the issue of human rights in the context of lifelong learning. This certainly proves the usefulness but also the need to plan and stage such actions.

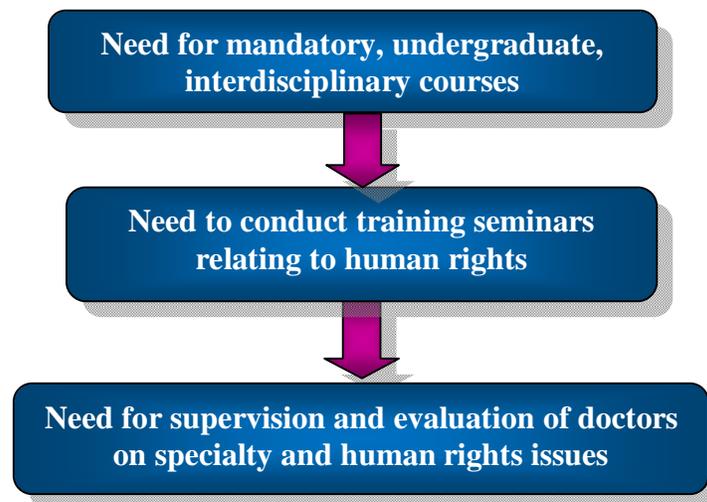
One of the interviewees, however, admitted that he does not believe in lifelong learning for doctors in the form of seminars, workshops and conferences on human rights issues, because it implies a negative commentary. He said: *"If you have a 50-year-old doctor participate in a seminar on human rights, he will laugh and he will see it in a negative light." (Interview F).*

In addition to lifelong learning, some survey respondents regarded the contribution of supervision and evaluation of the medical community to all aspects of their specialization as very substantial, and apparently to the issue of compliance and non-infringement of human rights as well.

In particular, the following views were recorded:

"It should be clearer that professionals need constant supervision because are vulnerable to professional burn out, which could lead to a stage of depersonalization" (Interview A).

The aforementioned proposals are graphically depicted as follows:



Conclusions – Proposals

After a thorough review of the data in this investigation, it is possible to formulate certain findings relating to six axes along which this survey was conducted and which focuses on verifying or disputing some of the original assumptions and not on the adoption of the interviewees' universal and absolute positions. In this way, the formulation of arbitrary, generalized and superficial conclusions is systematically avoided. In the first case it seems that it is commonly accepted that human rights must be respected by everyone, and that the principle of respect for human dignity and diversity should be held by all, without exception. All of the views indicate a generally positive attitude of physicians toward human rights of the patient. This, of course, did not limit certain interviewees from expanding and expressing additional views which affect the rights of doctors themselves which are violated by the medical world but also by patients themselves.

However, a strong dipole was observed. On one side, there is a generally positive treatment of human rights by physicians. However, the case is not the same with knowledge. It is believed that, except in certain cases, physicians' knowledge of human rights of patients is general, limited and in many cases non-existent. In fact, this occurs mainly as a result of the lack of a proper, comprehensive, and interdisciplinary formal and continuing education of doctors. In addition, the knowledge of some of the representatives is the result of either personal motivation, or a proper education of which they happened to be recipients. It is perceived also that both within the framework of formal and lifelong education, human rights are not a matter of direct or indirect educational priority. In Greek universities, a plethora of courses which mainly favor the acquisition of specific medical knowledge are presented, and lead the physician to see the patient more as an inanimate work object and less as a human being. According to the interviewees, there are courses whose subject matter focuses on medical and ethical issues. But these subjects are more of a legal nature aimed at ensuring the doctor's professional integrity. In general, any initiatives aimed at the protection and promotion of human rights as a paramount educational theme are observed mainly among some non-governmental organizations or student organizations which are focused purely on human rights, or in the graduate program of the University of Athens, which as mentioned above is directly related to human rights issues.

It is understood that education does not stop at universities. It also extends to informal educational contexts. Thus, beyond the academic communities, education is provided by other medical organizations, such as medical associations, scientific societies, and public and private hospitals. Although these bodies are the cornerstones of the Greek medical world, their initiatives in the provision of medical training on human rights nevertheless ranges from limited to nonexistent. At the opposite pole are European and American universities, which include courses directly related to human rights in their annual academic programs. In addition, workshops, seminars, conferences, face-to-face and distance courses are staged by various competent medical bodies, promoting and providing a comprehensive, multidisciplinary, formal and lifelong education. In the third theme, the hypothetical question focused, on what the attitudes of doctors may be as regards their training on human rights of patients. The research hypothesis had to do with whether doctors should be educated on this issue.

The answer is quite promising and positive. Almost all the representatives indicated awareness that training on human rights, both within the framework of formal education and lifelong learning, is absolutely necessary. They noted that such training should take place at all stages of physician training, starting from primary level and continuing through lifelong education. The unanimity of the answer has to do with ascertaining the cognitive deficiencies in doctors' course of education.

Involvement with human rights should not be superficial or theoretical. On the contrary, it should be an arduous process that will lead doctors from their theoretically positive attitude on human rights to their direct application. This, of course, cannot be done abruptly. It should be achieved gradually starting in the early years of education and following them throughout their professional career. With regard to the initial assumptions of the fourth axis, it was ascertained that the heterogeneity of the responses of the representatives reflect a lack of meaningful and structured knowledge of the subject, since every doctor gave his own interpretation, as imprinted internally, based on personal educational history and perception of the world. But if there were any relevant knowledge on human rights, the answers would be quite different and the interviewees would address the issue of violations in its appropriate dimension. It is worth noting that those doctors who have developed a relationship with human rights on their own, either because they have undertaken related studies, or because, as a result of their philosophy of life, they are actively involved in this area, they are aware and can clearly define the term "violation". At the same time, the expressed ascertainment of the existence of violations in the field of medicine, either intentional or unintentional, reveals that precisely because there is a lack of education on this subject, numerous incidences of patient human rights violations occur. Therefore, there is need for formal and systematic education, training, and lifelong learning on this crucial issue in order to limit the phenomenon of violations.

The fifth axis provided a wealth of information that proved, once again, that there is no institutionalized educational activity on human rights in Greece. Formal medical education in Greece is primarily focused on discipline-related cognitive issues. In contrast, the Athens University post-graduate program, which has a different orientation as expressed by the title alone, the non-governmental medical organization, the student humanitarian organization and the Treatment Center for Individuals with Addictions have developed a rich network of activities. This reflects a different culture of medical practice in which human rights are the navigator. In the sixth axis, the proposals of the representatives themselves on education of physicians on human rights led to fruitful conclusions. This is because their acknowledgment of deficiencies and weaknesses in their training to date, along with the unilateral adherence to the subject because of the special nature of the particular profession, is considered very important. Their desire to acquire more substantive and multidisciplinary knowledge of humanity and human rights is very interesting. This certainly demonstrates the usefulness and necessity of planning and staging relevant actions. Another very important proposal relates to the existence of supervision and evaluation of the medical care offered, which in our opinion is in line with the observance and safeguarding of human rights. Certainly the representatives who proposed something like that come from areas that demonstrate particular sensitivity in matters of human rights advocacy and know very well the necessity for their proposal.

From the suggestions of the interviewees, it is also ascertained that the education received by the individual substantively contributes to the way issues relating to one's professional and personal life are addressed. The research results reveal the difference between those who have real knowledge about issues relating to human rights and those who simply have a generally positive attitude while lacking a fundamental education on this topic. The consequences of this educational gap are reflected in both the level of knowledge and the level of skill, as manifested through everyday medical practice.

Discussion

The purpose of this study was not the comparative juxtaposition of Greek academic education with international standards. On the contrary, the main goal is to cultivate the critical reflection on the well-established academic situation, in hopes that the image presented by the various international academic institutions will constitute a first exemplary step for the future reform of university education of Greek physicians, focusing directly on the role of human rights in the health sector.

Thus, if an opportunity to formulate a proposal related to the education of Greek physicians for human rights were to be offered, the accountability model proposed by Tibbitts (Tibbitts, 2002, pp. 159-171) would likely be chosen, which, as mentioned above, is addressed to specific professional groups, including doctors and medical staff in general. It would probably be a proposal with two main parts.

The first would concern formal academic training, while the second would focus on life-long education of doctors, thus covering both the needs of future and practicing physicians. What should be noted is that the task of this indicative proposal would be, on the one hand, to follow the key principles of the World Program for Human Rights Education and on the other, to have as a main starting point humans and their health, which should not be just a wish, but a human right that we should strive to achieve.

Finally, it is worth noting the desire of all participants, as expressed in the conduct of this investigation: that the investigation of this field and the results it yielded should serve as a springboard for future long-term research that will have a broader scope and enjoy valid scientific recognition.

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