



Terrorism and violence

Toward a preventive approach

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Few of us escape personal grief and loss at some point during our lives. The Koreans speak of life as '10 000 joys and 10 000 sorrows',¹ a far cry from the western consumer package of happiness unblemished by inconvenient life events. Professionally as general practitioners, we witness grief regularly.

However, most of us in general practice in Australia escape dealing with grief and loss on a large scale. With advances in sanitation, living conditions, immunisation and antibiotic therapies, infectious illnesses are less of a threat than in centuries past. Loss of life from civil disasters or large scale violence has been infrequent and has killed far fewer people than in other countries. In western countries such as Australia, we have been to some extent shielded from the realities that countless millions of people (and their doctors, if any exist) face daily – uncontrolled spread of infectious disease, abject poverty, war and other acts of terror.

Despite the relative peace and affluence of Australian society, increasingly Australian GPs are seeing the grief wrought by extreme violence at first hand. We have patients who have themselves fled situations of fear and repression, and patients with family and friends still living in war torn countries.

In addition, our apparent invulnerability to acts of politically motivated violence has been shattered. After the terrorist bombings in Bali we can no longer regard terrorism and its bitter legacy of grief as simply something that

happens to other people.

Most Australians are aware of the increased danger we face as a result of our role in the actions in Afghanistan and Iraq. And many are painfully aware that the cycle of violence and fear in which we are now entangled is the worst possible response to terrorism. Violence and destruction simply invite further violence and destruction.

What has been missing from our country's response is a serious look at prevention. That is, looking beyond the symptoms of hatred and violence to discern the causes. Examining root causes is as important in reducing acts of terror as it is in cancer or heart disease. Addressing terrorism by focussing primarily on preparing our health care system for disaster makes as much sense as addressing heart disease by buying more defibrillators. How can we reduce tobacco smoking? Understanding motivation is the key to prevention. What motivates terrorists? Why would terrorists want to kill Australians? It's all prevention, and primary prevention is the goal.

A further imperative if we are to break the cycle of fear and violence is to acknowledge the grief and suffering wrought in our own name. For example, the reported killing of over 3700 innocent Afghans² and 1700 Iraqi civilians³ by bombing, or the deaths of over half a million young children in Iraq by economic sanctions which Australia fully supported, do not seem to have registered deeply within our national psyche. But

until we as a nation recognise our common humanity, and ultimately our common destiny, with all peoples – and until our leaders demonstrate this unequivocally – the cycle of fear and violence is likely to continue.

What can we actually do in the face of these massive losses, both to treat and to prevent? To treat we need to support groups such as Oxfam (www.oxfam.org.au), UNICEF (www.unicef.org.au) and Médecins Sans Frontières (www.msf.org), who work in these war torn areas. Just look in the White Pages or visit their websites to get started. The Medical Association for Prevention of War (part of International Physicians for the Prevention of Nuclear War, IPPNW, www.mapw.org.au) has been active in the medical community in Australia for over 20 years, educating on the need to eliminate all weapons of mass destruction and to prevent wars and other acts of terror. Prevention is their core business.

The medical profession has a unique role in the promotion of human welfare. We cure sometimes and aim to bring comfort at all times. And where there is a grave threat to human health, we prevent.

References

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2. Milne S. In: The Guardian. December 20, 2001. Citing Professor Marc Herold, University of New Hampshire.
3. King L. In: Toronto Star. May 18, 2003, referring to a Los Angeles Times survey of hospital records in Baghdad and districts.