

## ОБОСНОВАНИЕ НЕОБХОДИМОСТИ ОБУЧЕНИЯ СТУДЕНТОВ МЕДИЦИНСКИХ ВУЗОВ ПРИМЕНЕНИЮ ГУМАНИТАРНЫХ ПРИНЦИПОВ В ПРАКТИКЕ РАБОТЫ

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**Резюме.** Отмечено, что все большее число людей в мире становятся жертвами гуманитарных кризисов, а применение основных гуманитарных принципов может улучшить качество оказания медицинской помощи, в том числе в чрезвычайных ситуациях (ЧС). В связи с этим обучение будущих врачей применению гуманитарных принципов в практике работы становится крайне важной задачей, поскольку без этого невозможно представить достижение цели всеобщего охвата населения услугами здравоохранения, в том числе в ЧС. Представлен опыт обучения студентов медицинского вуза выполнению правовых обязательств при оказании медицинской помощи в различных чрезвычайных ситуациях.

**Ключевые слова:** гуманитарная помощь, гуманитарные принципы, гуманитарный кризис, качество медицинской помощи, медицинское образование, международное гуманитарное право, проект «Оказание медицинской помощи под угрозой», студенты медицинских вузов, чрезвычайные ситуации

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## RATIONALE FOR TEACHING MEDICAL STUDENTS TO APPLY HUMANITARIAN PRINCIPLES IN THEIR WORK PRACTICES

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**Summary.** It has been noted that an increasing number of people in the world are becoming victims of humanitarian crises, and the application of basic humanitarian principles can improve the quality of medical care, including medical care in emergencies. Therefore, training future physicians in the application of humanitarian principles in practice becomes a crucial task, since without this it is impossible to imagine achieving the goal of universal health care coverage, including in emergencies. The article presents the experience of teaching medical students to comply with legal obligations when providing medical care in various emergency situations.

**Key words:** emergencies, "Health Care in Danger" project, humanitarian crisis, humanitarian principles, international humanitarian law, medical education, medical students, quality of medical care

**Conflict of interest.** The authors declare no conflict of interest

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## Introduction

At present, more people are affected by humanitarian crises<sup>1</sup> than at any other time in human history.

In the year 2021 alone, a total of 235.4 million people worldwide will be in need of humanitarian emergency assistance (UNOCHA, 2021). In 2020, some 82.4 million people have been displaced by armed conflict, the highest number of internally displaced people since World War II (UNHCR, 2021). In addition, natural disasters threaten the lives and health of about 200 million people each year (UNDDR, 2021).

Increasingly, emergencies of several types occur simultaneously — for example, armed conflicts or natural disasters can occur in the context of a pandemic of infectious disease. All these have a negative impact on people's health and well-being and seriously undermine the sustainable development of societies.

In recent years, the number of organizations providing humanitarian aid has grown considerably. There are many positive aspects to this, as it means that more individuals from the population receive humanitarian aid. At the same time, the increase in the number of organizations interpreting and applying humanitarian principles in very different ways hampers the understanding of humanism and humanitarian action [1].

In turn, the quality of health care provided is a priority goal of the humanitarian community, as well as a key component of the right to health and health coverage for the entire population [2].

The provision of health care in humanitarian crises becomes extremely difficult, as it requires rapid adaptation of the system of its delivery. It should be noted that the factor of confidence of the affected population in health care providers plays a very important role. The fact that medical professionals may face serious problems in the field of medical ethics, for example, during the decision on the priority in providing care to victims, raises the need for an accurate interpretation of these norms in the conditions of an emergency situation. This task becomes extremely difficult also when medical workers are unaware of the cultural (racial, religious, etc.) specifics of the affected population and of the legal norms regulating their activities in the conditions of an emergency.

For example, according to international humanitarian law (IHL), persons engaged in medical activities cannot be forced to act or perform work in violation of the norms of medical ethics or other medical norms, developed in the interests of the wounded and sick [3]. In turn, UN Security Council resolution 2286 (2016), adopted on May 3, 2016, states that all parties to armed conflict need to respect the humanitarian principles of humanity, neutrality, impartiality and independence in the provision of humanitarian, including health care, and that all actors involved in the provision of such assistance in armed conflict need to uphold and

respect these principles. Thus, health professionals should be familiar with the relevant IHL provisions and be able to apply them in practice.

According to some studies, this is not always the case — most surgeons who work with national and international nongovernmental organizations have varying degrees of training in humanitarian law and humanitarian principles and thus are not always prepared to deal with complex tasks that they have not encountered in their daily work [4].

In emergencies other than armed conflicts, international human rights law (IHRL) has similar requirements. The right to receive humanitarian assistance is consistent with existing human rights law — it is necessary that fundamental human rights such as the right to life can be effectively applied. The idea of improving the humanitarian response to natural disasters has led to the creation of a separate branch of law, International Disaster Relief Law.

At present, the question of how to make health care delivery more efficient, i.e., more professional, is extremely pressing [5]. As contemporary crises become more complex and prolonged, humanitarian organizations are working hard to improve the delivery of health care [6]. In turn, promoting adherence to humanitarian principles in humanitarian response is an important element of effective coordination of all humanitarian work<sup>2</sup>.

The delivery of humanitarian aid is a complex and challenging task, especially at a time of extreme violence against humanitarian workers, among whom health workers are the most at risk [7]. The COVID-19 pandemic has only worsened the safety of health workers involved in humanitarian crises. The knowledge and practice of basic IHL and humanitarian principles by health personnel can be an effective way to prevent and mitigate violence against members of the entire health sector (8).

### Content of the humanitarian principles

The humanitarian principles are a set of principles that guide the provision of humanitarian assistance<sup>3</sup>. They are crucial for establishing and maintaining access to affected populations during emergencies.

Attempts to develop principles related to the notion of humanity have been made since the 16th century, but it was not until the Battle of Solferino<sup>4</sup> on June 24, 1859 that the issue of the care of the wounded and sick during war was raised and, especially, the establishment of societies that could voluntarily assume the responsibility of providing medical assistance during war.

The Swiss businessman Henri Dunant initiated the creation of such societies, thanks to whose efforts the International Committee of the Red Cross (ICRC) was founded and in 1864 the First Geneva Convention for

<sup>1</sup> A humanitarian crisis is a serious disruption of the functioning of a community, the consequences of which it is unable to cope with using its own resources. There are also synonyms for this definition — crisis, complex emergency

<sup>2</sup> Health cluster guide: a practical handbook. Geneva: World Health Organization; 2020

<sup>3</sup> Humanitarian aid refers to the practice of saving lives and alleviating human suffering (ReliefWeb Glossary of Humanitarian Terms, 2008)

<sup>4</sup> Major Battle of the Austro-Italian-French War (April 27-July 12, 1859)

the Amelioration of the Condition of the Wounded in the Land War was adopted (1, 9).

Humanitarian principles were finally adopted at the 20th International Conference of the Red Cross in 1965. Since then, the principles of humanity, impartiality, neutrality, independence, voluntariness, unity and universality have been universally recognized as guiding principles of National Red Cross Societies.

Nowadays, humanitarian work has developed extensively outside the Red Cross Movement (hereinafter referred to as the Movement), and the humanitarian principles are recognized throughout the world community. The first four principles (humanity, impartiality, neutrality, independence) are considered to be more important, including at the global level, as confirmed by United Nations General Assembly resolutions 46/182 (1991) and 58/114 (2004). Currently, humanitarian principles are at the core of the normative code of the Movement and of international governmental and non-governmental humanitarian organizations. The UN Office for the Coordination of Humanitarian Affairs (UNOCHA), which coordinates assistance in humanitarian crises, points out the need for all states to strictly adhere to humanitarian principles. 10] Commitment to humanitarian principles and adherence to IHL rules are crucial to distinguish humanitarian missions from political, military and other activities. If medical teams fail to comply with these conditions, it can be detrimental to their professional activities<sup>5</sup>.

That is why it is extremely important to prepare future medical professionals to work in humanitarian crises by teaching them the fundamental legal norms. The need for such training is currently beyond doubt [4, 10, 11].

### **Application of Humanitarian Principles in Medical Care**

The primary task of health care providers is to protect people's physical and mental health and to alleviate their suffering. In doing so, they need to be humane and respectful of human dignity. The World Medical Association's International Code of Medical Ethics includes an obligation to provide medical care — a doctor has no right to refuse to help a person in need. He/she has an obligation to preserve life and to treat medical care as a humanitarian obligation<sup>6</sup>.

This is how the principle of humanity must be put into practice. When all efforts to save a life prove futile, palliative care becomes an integral part of the humane treatment of the victim [12].

The quality of medical care can be seen as an integral element of the humanity of medical professionals. It includes not only meeting medical standards for diagnosis and treatment, but also adequately meeting all

the needs of the population in the provision of medical care [2].

In the most general way, the way health workers should act in humanitarian crises means that they should promote equal access to health care, i.e., the provision of health care should be impartial. In turn, this requires an understanding of the specific needs of different groups of victims, taking into account the factors that make them more vulnerable and therefore in need of priority provision of medical services. Moreover, it is imperative that all inequalities and all forms of discrimination against the affected population be monitored simultaneously.

The Geneva Conventions<sup>7</sup> describe a humanitarian relief operation as "impartial."

This is the most important principle of humanitarian action, the content of which is the provision of humanitarian assistance in the total absence of all kinds of discrimination, and which recalls the equality of all persons in the face of disaster. Impartiality, however, is not simply to be understood as precision in the distribution of medical aid, whereby, on the pretext that no one should be given preference, aid is distributed equally to all those in need. Impartiality requires that medical care be given in the first instance to those who need it most, whichever category of person may be affected. For example, this principle plays a key role in the medical triage of victims, when it is necessary to decide on the priority of emergency medical care, or in conditions of limited resources, to make one of the most difficult decisions — to provide only palliative care to some victims.

This principle implies that medical care is not merely equitable, but equitable, depending on the vulnerability and special needs of the victims. Health care providers are allowed to prioritize based on the importance and urgency of the needs of

general population or individuals [2]. In doing so, it is crucial for health professionals to demonstrate that the underlying factors behind all forms of discrimination have no effect on the health care process. Appropriate training for health professionals will help them to deal with moral distress, as some acute conditions may be the result of political and socioeconomic issues, lifestyle choices, or cultural traditions that may be viewed negatively by them (14).

Thus, in order to provide medical care in emergencies, medical professionals must apply their clinical skills including those based on humanitarian principles.

Teaching medical students to apply humanitarian principles in practice

In order to comprehensively educate students of Sechenov University on medical care in emergencies at the Department of Life Safety and Disaster Medicine of the Institute of Clinical Medicine named after N.N. Sklifosovsky of Sechenov University (headed by Professor I.M.Chizh) since 2017 has been training students in "Disaster Medicine", "Medical aspects of International Humanitarian Law" and "Organization of surgical care in armed conflicts".

<sup>5</sup> A guidance document for medical teams responding to health emergencies in armed conflicts and other insecure environments. Geneva: World Health Organization; 2021

<sup>6</sup> F. Boucher-Saulnier. Practical Dictionary of Humanitarian Law / Translated from French, Moscow: The Whole World, 2017. 1024 с.

<sup>7</sup> Four international treaties adopted in 1949 that set international legal standards for humane treatment in times of war

**Электронные образовательные ресурсы проекта «Оказание медицинской помощи по угрозы»**  
Electronic educational resources for the project "Providing Medical Care under Threat"

Образовательный ресурс / Educational resource	Краткое содержание / Summary
Оказание медицинской помощи под угрозой: правовые основы / МККК Health Care in Danger: The legal framework* / ICRC	Объекты защиты МГП Права и обязанности медицинского персонала Использование эмблемы Красного Креста / Objects of protection of IHL Rights and duties of medical personnel Use of the Red Cross emblem
Оказание медицинской помощи под угрозой: права и обязанности медицинского персонала / МККК Health Care in Danger: The rights and responsibilities of health-care personnel** / ICRC	Права и обязанности медицинского персонала, работающего в условиях вооруженных конфликтов и других чрезвычайных ситуаций / Rights and duties of medical personnel working in armed conflicts and other emergencies
МООК: Насилие в отношении системы здравоохранения / Женевский Университет, Швейцария MOOC: Violence Against Healthcare*** / The University of Geneva, Switzerland	Этические принципы оказания медицинской помощи во время вооруженных конфликтов. Правовая основа защиты оказания медицинской помощи Оказание скорой и догоспитальной помощи в ситуациях риска Обеспечение готовности и безопасности медицинских организаций в условиях вооруженного конфликта / Ethical principles of medical care in armed conflict Legal basis for protection of medical care provision Emergency and pre-hospital care in situations of risk Preparedness and security of medical organizations in armed conflict

\* <https://elearning.icrc.org/healthcareindanger-legal-framework/en/>

\*\* <https://elearning.icrc.org/healthcareindanger-2015/en/>

\*\*\* <https://www.coursera.org/learn/violence-against-healthcare#syllabus>

Примечание/Note: МККК – Международный Комитет Красного Креста, англ. – International Committee of the Red Cross (ICRC)

МГП – международное гуманитарное право, англ. – International Humanitarian Law (IHL)

МООК – массовые открытые онлайн-курсы, англ. – Massive Open Online Courses (MOOC)

The main purpose of the training is to build students' skills in fulfilling the legal obligations for medical care, which are common to IHL, regardless of the type of emergency.

As part of competency-based learning and given the increasing need of students for meaningful digital (multimedia) content in the learning process, students are given the opportunity to use electronic educational resources developed by the ICRC project "Health care in danger" (table).

Students' use of these educational resources not only increases the amount of material being studied, but also makes learning adaptive to the educational needs of the student, since the student has the opportunity not only to choose the time of study, but also to study additional material. In addition, educational content filled with real cases related to the practice of medical care makes learning problem-oriented. In turn, this has a positive impact on the development of relevant competencies.

## Conclusion

Humanitarian work and medicine share a common commitment to saving lives. The practice of emergency medicine and the application of basic humanitarian principles can significantly improve the quality of emergency care. Showing respect for life and human dignity creates an atmosphere of mutual trust, which in turn is essential for the effective interaction of medical professionals with survivors.

With more and more people falling victims to humanitarian crises and with discrimination in accessing health care remaining widespread<sup>9</sup>, training doctors in the application of humanitarian principles to their work practices has become a crucial task (10-15).

Without this, it is impossible to achieve universal health coverage, including in emergencies. Ultimately, the humanity and impartiality of medical professionals improve the quality of care provided.

<sup>9</sup> Joint United Nations statement on ending discrimination in health care settings. 2017.

Available at: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings>

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