

Policy Document

Health and Human Rights Policy

Background

AMSA is Australia's peak representative body of medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA advocates on issues that impact local, national and global health outcomes.

Human Rights

Human rights, as outlined by the 'Universal Declaration of Human Rights', refers to the 'recognition of the inherent dignity and equal and inalienable rights of all members of the human family'. These are recognised as the 'foundation of freedom, justice and peace in the world' [1]. The United Nations Covenant on economic, social and cultural rights expanded the concept of human rights to recognise the necessity of economic, social and cultural rights to achieve freedom from fear and want in all aspects of human existence, including health [2].

Human Rights and Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease [3]. The social determinants of health bear great influence on health outcomes [4].

"Health is a social, economic and political issue and above all a fundamental human right" [5]. Accordingly, the United Nations Declaration of Human Rights asserts the right of everyone 'to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services. The attainment of these rights is therefore essential to the achievement of health and wellbeing [4, 5].

However, there are many individuals and communities, in Australia and throughout the world, who are yet to fully realise their rights and thus continue to experience poor health. Within Australia these vulnerable groups include refugee and asylum seeker populations, people with a disability, those in need of mental health or dental services, the homeless and Aboriginal and Torres Strait Islander Australians [6,13]. Generally, those who suffer the worst health are least able to protect and promote their rights. [5]

Local health interventions which consult, engage and up-skill individuals and communities are an effective means to empower those who experience poor health or marginalisation to take control of their health and rights, whilst also ensuring sustainability and cultural appropriateness

In seeking to provide equitable health, it is essential to recognize the fundamental importance of the broader determinants of health and, most especially, human rights, which "should be protected by the rule of law [1]." As future health

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professionals, medical students are tasked to be leaders in the pursuit of 'health for all [7].' In doing so it is essential that we engage in a dialogue of rights and health.

Position Statement

AMSA recognises the need to advocate for health and human rights issues. AMSA believes that: All people should have the opportunity and the means for achieving good health;

1. Human, economic, social and cultural rights are universal, interdependent, and therefore indivisible;
2. The attainment of the above stated rights are fundamental to the attainment of social justice and 'health for all';
3. Efforts to improve health must address issues of human rights and other social determinants of health;
4. All people should be empowered in their pursuit of health with the knowledge of their rights and the means to attain them.

Policy

Accordingly, AMSA calls upon;

1. The Australian government to:
 - a. Make the attainment of good health, and its preconditions, the highest priority and therefore to:
 - i. Provide for all people living within Australia with access to: education, fresh food, clean drinking water, effective sanitation and freedom from poverty.
 - ii. Implement health interventions that empower individuals and communities with knowledge and skills to ensure sustainable advancement of health as well as human, social, cultural and economic rights.
 - b. Target groups who are yet to fully realise their health and human rights and accordingly to:
 - i. Continue measures to address human rights issues of the Indigenous population through addressing the social determinants of health, under the guidance of Aboriginal and Torres Strait Islander representative organisations and communities. Care must also be taken to note the specific inequities faced by Indigenous children and women and hence policy and interventions must be catered to deal with this.
 - ii. Develop and implement goals, policies and strategies to minimize health inequities experienced by refugee and asylum seeker populations, both in detention and in the community, that is concordant with Australia's international human rights obligations.
 - iii. Ensure that the rights of people with mental illness to live, work and participate in the community are supported through the provision of sufficient community based services. Steps should also be taken to reduce the reliance within mental health services on aversive/involuntary treatments and the consideration of Advance Directives for mental health patients.
 - iv. Recognise that homelessness is linked to adverse health, both as a contributor and a consequence. Steps should be taken to recognise that this is a human rights issue and/or commitment to ensure the core minimum necessities for a dignified life.
 - v. Continue to uphold its national and international obligations as outlined by the Disability Discrimination Act 1992 [16] and the Convention on the Rights of Persons with Disabilities [17] respectively. Steps should be taken to empower and engage people with disabilities in the process of improving their health. Particular attention needs to be given to the relatively worse human rights situation of children and women living with disability

- c. Enshrine these rights in a format, which informs the Australian population of their entitlements and allows the right of appeal against violations of human rights, including by:
 - i. Engaging in public debate over the inclusion of a Declaration of Human Rights in the Australian constitution
 - ii. Creating an independent 'Health Ombudsmen' whose office is responsible for identifying individuals and groups of individuals whose Health Rights have been violated, and is responsible for recommendation.
 - d. That the Australian Government should support measures to advance Human Rights to all people throughout the world, including by:
 - i. Being an exemplar in its own actions, both in our own country, and internationally.
 - ii. Fulfill its commitment to increase foreign aid to 0.7% of GNI [8]
 - iii. Direct aid in a way, which maximizes benefits to the health and rights of recipient communities.
 - e. Altering its policies that regulate the processing and treatment of refugees and asylum seekers in a manner that is consistent with Australia's international human rights obligations.
2. Australian medical schools to provide effective and meaningful education in:
 - a. Human Rights included by;
 - i. Taking steps to incorporate the teaching of human rights in the curriculum with particular focus on global target groups who have not fully realised their human rights.
 - ii. Support medical- based student organisations in their advocacy, awareness and strategies for human rights development.
 - iii. Allow for increased promotion and exposure to groups who have not yet realised their human rights (such as communities in developing nations and asylum seeker/refugee populations) via clinical rotations and international electives.
 - b. Human Rights relating to Indigenous and Global Health Issues.
Both of these issues are covered in their respective policies [14][15]

References

1. United Nations. Universal Declaration of Human Rights, Proclaimed by the General Assembly of the United Nations, Resolution 217 (iii) of 10 December 1948. 1948. Available at: <http://www.un.org/en/documents/udhr/index.shtml>
2. The United Nations, International Covenant on Economic, Social and Cultural rights. Available at: <http://www.hrweb.org/legal/escr.html>].
3. World Health Organisation, WHO definition of Health. Available at: <http://www.who.int/about/definition/en/print.html>].
4. World Health Organisation. Social Determinants of Health. "Closing the gap in a generation". Available at: http://www.who.int/social_determinants/en/
5. Peoples Health Movement. Available at: <http://www.phmovement.org>
6. Tiffen R, Gittins R. How Australia Compares. Cambridge: Cambridge University Press; 2004.
7. Declaration of Alma Ata. Available at: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
8. United Nations. Millenium Development Goals. Available at: <http://www.un.org/millenniumgoals/>
9. Organisation for Economic Co-operation and Development. Development Assistance Committee. Secretariat Projections. February 2010. Available at: <http://www.oecd.org/dac>
10. OECD. Health at a Glance 2009: OECD Indicators: OECD Publishing; 2009.

11. World Health Organization. Preamble to the Constitution of the World Health Organization, International Health Conference. New York; 1946.
12. Grayling AC. Towards the Light: the story of the struggles for liberty and rights that made the modern west. London: Bloomsbury; 2007.
13. Adrienne Lucy, 'South Eastern Sydney Area Health Service Homelessness Health Strategic Plan 2004–09' (2004) 17(8) Parity 6.
14. "Aboriginal and Torres Strait Islander Health Education in Medical Curricula" Policy, AMSA, 2010 Available at http://media.amsa.org.au/policy/2010/2010_atSI_health_education_in_medical_curricula_Policy.pdf
15. "Global Health and the Medical Curriculum" Policy, AMSA, 2013. Available at http://agh.wpengine.com/wp-content/uploads/2012/05/2010_global_health_and_the_medical_curriculum_policy.pdf
16. 'Disability Discrimination Act 1992', Australian Government, 1992. Available at <http://www.comlaw.gov.au/Series/C2004A04426>
17. 'Convention on the rights of persons with disabilities'. UN, 2008. Available at <http://www.un.org/disabilities/convention/conventionfull.shtml>

Policy Details

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