

Iraq's Doctors are Subject to Humiliation and Murder

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by Kawkeb Al-Auwsy

It is not an exaggeration, or scaremongering, to talk about the grave risks to which doctors are exposed by clans and families, especially when committing a medical error and causing the death of the patient.

The predicament facing the medical sector in Iraq needs to be addressed as a whole through a comprehensive study to establish the causes and to put forward recommendations and solutions that would change the chaotic reality to a more satisfactory state of affairs and allow Iraqi citizens feel satisfied and content.

Among the many problems faced by this sector, is the random distribution of newly graduated doctors, irrespective of their personal and social circumstances, instead of appointing them near their homes and families in their cities of origin. This dilemma is faced especially by female doctors in Iraq which is suffering from chaos and lawlessness.

A young Iraqi doctor posed a number of questions including ,

“Why hasn't the Iraqi Medical Syndicate (Union) put a stop to the issue of the whimsical and random distribution of doctors?,

where is the Union in the face of the excesses which have reached the stage of people spitting in the face of the doctor and beating him whilst he is performing his duties in hospitals?,

where is the Union in defending doctors from the excesses of the security services during the processing of their wounded? and why are the Union not pushing the Ministry of Defence to accept their responsibilities and call upon it to re-open military hospitals which some ex-military doctors wish to avoid because of potential student and training penalty costs?

The same doctor added, " We demand that the medical union, as the true representative of the doctors, face up to the problems and take a stand to work in partnership with the Ministry of Health and Parliament, in the decision-making process of medical and health issues in the country".

Iraqi doctors say that the developed countries are keen to take care of their new graduates, and Iraqi doctors demand the formation of a special committee to find the best solution for the allocation of doctors which will ensure the best medical and therapeutic service to every

citizen, whilst at the same time achieving the aspirations of young doctors.

Dr Sama Muhammad spoke about the allocation of places by the Department of Health (Baghdad Rusafa), "I have been appointed in Maysan province, according to my grades; I have never even seen Maysan, I do not know how I'm going to go and how I will spend the time away from my family in this chaotic and uncertain situation and as a female. How will react if I am subjected to 2 harassment or problems? I think it has been the mistake of my life to take up this profession.

Another female doctor adds "if the situation in Iraq were normal and safe, we wouldn't have feared such situations, but people differ between the provinces and the ways in which we deal with them varies. She told me that one of her friends asked a male patient to lift his Agal (head dress) from his head to which he responded by spitting in her face and saying "Al ayshair ma'arfat trabeech" which translates as "the tribes did not know how to bring you up" and he demanded an apology, otherwise "Li'ayshair al kilm as fassl" ("the tribe will have the final word" ie they will refer to the tribal law). Such a response has become the norm in Iraq since the Occupation.

Another doctor emphasised that Iraqi doctors, in addition to their duties and responsibilities, always need to provide their own protection, "Every day you face a worrying situation which places you in a spiral of fear and terror as every person expects you to provide special treatment; if the syringe is not available they will threaten you which makes it difficult to sleep at night and fearful of leaving the province in case you are attacked. I know many female doctors who do not return to their parents in the other provinces, and prefer to stay in the doctor's residence to avoid insult and harassment. This is not an exaggeration as the incidents faced by doctors travelling on highways are countless and the simplest of these incidents is stealing their salaries.

When you raise this with colleagues they say "Better to steal the salaries than be killed". Dr Saad Mizel, a specialist, told me "Recently the phenomenon of blackmailing and threatening doctors that they will be kidnapped for a ransom has increased and most cases of threats to doctors are concentrated in areas of unstable security, although it does happen in secure areas also. However the main source of problems is firstly from tribes and families who threaten doctors if they commit an error or are accused of causing the death of a patient, so some doctors resort to mediation to move away from health centres in areas where there is an abundance of blackmail and extortion".

According to Dr Ali Bustan, Director General of Baghdad Health, Rusafa Branch, "Special relations and mediations play a role in the allocation of medical staff, especially in the suburb of al-Sadr City in Baghdad, which is mostly avoided by doctors and medical staff".

Dr Salman, from Diwaniya stated that a lot of doctors suffer from constant threats by gangs, and citizens in a lot of cases, which is why some doctors are reluctant to perform surgery. He confirmed that he himself had been exposed to extortion when he disagreed about issuing a death certificate in violation of regulations. He added that "Doctors on some occasions are forced to pay compensation to the next of kin of the deceased (fasil ayshairari) (tribal tradition). Another young doctor is Dr. Ali Basim, one of several doctors intends to emigrate from Iraq after becoming fed up with the threats, insults and attacks. Ali adds that "Providing personal security 3 is not practical, particularly as most doctors live in cities and regions characterized by tribal nature."

He adds that “Dozens of the attacks and arguments which occur against medical staff in hospitals and health centres, are committed by people who believe that the medical staff caused the death of a person or a deterioration of his health, and there were serious cases exposed by female doctors which made us all come forward to protect them and help them to escape through special escapes routes made for doctors”.

Dr Medhat Shalall tells the story of how he was attacked by members of a clan who demanded a treatment which they believed suitable for the clan member and which led to his death. He continues, “Their threats compelled me to leave the hospital and go to Baghdad.” If ordinary doctors face threats, specialist doctors are subjected to death threats and kidnappings by groups asking for a ransom.

Police officer, Ihsan Ali said that “The security of doctors and hospitals is an integral part of the security of the society, and it is not possible to provide protection for doctors alone, if there is no security then chaos experienced by everyone.”

Dr. Bilal Rashid tells that there are a lot of situations when patients have long waits in hospitals before being seen by a doctors because of the shortage of doctors, especially after armed operations and explosions where there are large numbers of wounded people. Social worker Jamal Muhannad says “It’s unbalanced equation, there is a severe shortage in the proportion of doctors to the population.”

Another doctor who requested anonymity points to a document of protection issued by tribal elders of Sadr City, as proof of the problems faced and the statement issued by the dignitary is a reflection of the lack of medical services in Sadr city. He added, “Despite that the threat of armed groups has receded significantly, but the tone of the threats issued by tribes and citizens continues unabated.”

According to Dr Maher Freeh, the tribal persecution of doctors is not a rare phenomenon but an ongoing daily occurrence and he added that “Frequently tribes chase up the doctors without justification and in some cases doctors have been accused of premeditated murder by members of the family and tribe.” Journalist, Maged Abdel Haq, attributes the causes of this to the absence of an awareness of the role of the doctor and the denial of his humanitarian role and rights in treating people, and the need to educate citizens to respect each other and the law as the basis of a non-violent culture. 4 Female doctor, Shahla Badri, stated that one of the officials stated, when asked about the inequitable distribution of doctors, “That they had a duty to serve citizens according to the legislation (al-Shara) on reason and logic.”

At the time doctors felt they could not reply to him as they feared the guard standing behind him was recording the name of each of those who argued with the statement. Shahla refutes this charge that al-Shara provides for the distribution of newly graduate female doctors to be sent to distant provinces far from their families in places which are difficult enough for a man to survive in let alone a female, even if they were a doctor! Dr Maha Samer told me “We doctors are living in constant terror and fear throughout the day, how do they expect us to work and create an excellent service? We fear standing in front of the patient and his family and when we come upon a difficult situation we rush to the Director to excuse ourselves from receiving and treating it for fear of any error, even if the case is simple. Believe me, we live among people who wish to prey on errors even if they were natural and simple in order to blackmail; they live on the “sinful” income and they terrify doctors so they will take advantage of them.”

Dr Samar Hisham tells her story and the assault on her saying

“I treated one patient who asked me for medicine not related to his condition, and when I refused he threatened me that I would not get to Baghdad safely. He carried out his threat and took my monthly salary together with a necklace and a ring, and when I pleaded with the security guards standing in front of the hospital they told me and I quote “You are the reason, it was better for you to give him a drug that he wants”! “

Another female doctor stressed again that it was wrong for the Ministry of Health to distribute newly qualified, particularly female, doctors to outlying provinces, especially as they do not have enough experience to deal with such situations and environments as their days as students do not equip them to deal with such alien experiences.

Experts say that keeping female doctors far away from their families, where they may be subjected to psychological and social threats, makes them vulnerable. They point to the existence of many potential solutions to overcome the effects of appointing newly qualified doctors away from their families. These include:- appointing new doctors to their own provinces within reach of their families for a limited period, according to the geographical distribution and areas of residence; redistributing married couples together in a single province; and the formation of a special committee whose goal it would be to find practical solutions to address these issues.

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