vital. ‘Rather than seeing health care providers as part of the problem, this conference hopes to start mapping a programme for making health workers part of the solution,’ he said.

London said a steering committee, drawn from conference participants, would consult stakeholders and compile recommendations to be tabled at the HPCSA’s next full meeting in October.

Zimbabwe doctor’s experience
Dr Henry Madzorera, a family practitioner in Kwe-Kwe and member of the Zimbabwe Association of Doctors for Human Rights, said a ‘climate of fear’ existed among health care professionals in his country. Doctors would ‘not even put their name’ to booking a venue for CPD meetings if human rights were on the agenda. They had seen what happened to other professionals who openly criticised government. He said that by ‘not going the TRC route and simply embracing reconciliation’, Zimbabwe had missed a vital opportunity.

Undergraduates had no formal training in human rights, although some lecturers ‘try to sneak it in’. There was not enough staff to handle existing medical courses, let alone teach human rights. Lecturers were suffering from burn-out while doctors in private practice avoided the topic. ‘Just the words ‘human rights’ are considered an anathema in government – if you open your mouth and mention them, you are labelled an MDC (Movement for Democratic Change) member,’ he said.

People who had been tortured under the Smith regime had now become police torturers while ‘gross partiality’ of the police and judiciary was the norm. ‘Nobody is immune simply by virtue of the nobility of their profession,’ he said, adding that he had twice been stoned in his car by Zanu-PF youth militia.

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Madzorera said a glimmer of hope on the horizon was the establishment of a human rights commission. While he regarded this as ‘mere sanitisation of the issue’, it could turn out to be very effective, because ‘times change and governments change’.

Chris Bateman