

Meeting Report



Educating Health Science Students About Peace through Health Topic; A Panel Discussion

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Abstract

This report describes an experience of the first international health for peace conference held in November 2018 in Shiraz University of Medical Sciences. This paper discusses the panel on peace education in medical and paramedical schools and the way for the future.

Keywords: Curriculum, Education, Medical, Social justice

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Introduction

“Since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed”.¹

Peace can be defined not only as the absence of war or violence or harm to others but also as creating a state of positive, dutiful, and cooperative relationships. “Peace through health is an academic discipline about studying health interventions in real and potential war regions that can contribute to peace.” Violence disturbs the lives of millions of people all around the world, with long-lasting complications.² Health workers can help to decrease direct and structural violence. Violence is defined as avoidable insults to basic human needs, including survival needs, wellbeing needs, freedom needs, and identity needs; war is an extreme form of violence.³

Curricular revision in peace education in health science disciplines is an important issue in medical and health sciences universities. This activity affords teachers and students with the chance to be involved not only in the contents of peace education but also more prominently determine the difficulties of peace education. Furthermore, significant engagement with peace curriculum allows medical and health teachers and students to detect violence and prepare a basis for fundamental peace.⁴

Peace education is reported as an essential instrument for the avoidance of violence and war and the construction of maintainable peace.⁴ McMaster University in Canada launched the first university course on Peace through

Health fifteen years ago.⁵ Since then, educational courses about Health and Human Rights have been taught throughout the United States, especially in public health schools including Harvard, Berkeley, and Princeton. Furthermore, there is a certificate educational program at Johns Hopkins School of Public Health.⁶

Nevertheless, the concept of Peace through Health has not been so far incorporated in medical and health sciences curricula. Medical students have expressed a desire for the greater presence of medical humanities in their curriculum.⁶

The literature includes topics that might be included in a curriculum of peace education for medical and paramedical students such as the capacity for conflict management, linking peace and health, violence as a major health conflict, the role of health professional experts in peacebuilding, healthcare staff at risk of violence and the concept of peace medicine. There are opportunities to develop some qualities, tools, and values that can be inculcated in students by such inclusion. Examples of qualities include skills and knowledge for diagnosis and treatment of diseases, documentation of health threats to populations, and reconstruction of the health sector. Some tools are international collaboration and networking, access to people and different communities, funds and infrastructure, mediation, and diplomacy. The values include a commitment to health, doing no harm, human dignity, social responsibility, and confidentiality.⁴

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Panel Description

Peace through health can also be designed as an inter-professional elective for medical, nursing, midwifery, physiotherapy, and occupational therapy students. By integrating peace components in existing curricula at an international level, educational policymakers seem to have strong commitments for constructing peace in the society. The main objective of the panel was to analyze curricular issues in peace education and to explore the understanding of the key factors involved in the implementation of peace education in medical and paramedical schools.

A model of peace through health education at an international level was described in the panel. It described the activities based on the primordial, primary, secondary, and tertiary model of prevention. This model also focused on what we know about this important topic and what we do and how we practice in this field.³

The dimensions of peace education are very wide. Some examples of these dimensions are when students learn which activities will lift people and countries out of poverty, how to rebuild countries and nations after wars, how to create a common understanding between countries, and how to notice ethical issues. A sample of peace through curriculum was also discussed in the panel. Regarding the content of the peace curriculum, the objectives can be divided into domains of knowledge, attitude, and psychomotor. Some important issues in the knowledge domain are global health, ecosystem health, health professionals' responsibility in conflict-solving strategies, human rights, violence, building a link between physical, psychological and social health, local and global peace, and war surgery. In the attitude domain, important values are responsibility, equity, partnership, non-violence, patience, tolerance, modesty, solidarity, confidence, neutrality, commitment, truth, honesty, impartiality, and optimism. In the psychomotor domain, the important skills are communication skills, stress and conflict handling, building of self-confidence, conflict analysis, public work, teamwork, community mobilization, group leadership and strengthening of self-healing capacities.

For delivering the curriculum, the SPICES model (student-centered, problem-based, integrated, community-oriented, electiveness, and systematic approach) will be considered.⁷ A range of different teaching strategies will be used. These teaching strategies include supervised practice, fieldwork, practical exercises, role play, exchange programs for students, group work with case studies, problem-based learning and team-based learning.⁸

The Way for Future

The present panel discussion focused on curricula, which

means there are many other aspects to be accomplished such as classroom communication and learners' skills in the field of peace education. Similarly, it is also remarkable to look at how other stakeholders understand the importance of peace education in all countries. They may have useful and lived experiences. Further, the truth might be so different from what teachers say they teach in peace education lectures. Therefore, a wide range of quantitative or qualitative research designs such as grounded theory, ethnography, and phenomenology may be used to better understand some of the issues raised by this panel discussion.

In conclusion, it is necessary to reinforce the need for peace education. It might fill the gap between health and peace in practice, teaching, and research. If a full peace concept is applied in the medical university curriculum, it would include behavioral and cultural factors that are specific to that community. Based on such a perspective, for supporting peace on all levels, and for strengthening the conflict-handling capability of people and communities, it is an urgency to empower our students about this important topic.

Authors' Contribution

MA and NA designed the panel and wrote the manuscript. MS, MBK and AM helped in designing the panel and writing the manuscript. All authors read and approved the final manuscript.

Conflict of Interest Disclosures

None.

Ethical Statement

Not applicable.

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