China – is it time to consider a boycott?

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On August 24th 2020 at the United Nations, the British ambassador stated: "We remain deeply concerned about the systematic, egregious human rights violations perpetrated against Uyghurs and other ethnic minorities in Xinjiang."

(https://www.gov.uk/government/speeches/countering-extremist-ideologies-across-the-globe) In October 2020, the World Medical Association (WMA) adopted a resolution at its General Assembly noting that "documented reports of physical and sexual abuse of Uighur people in China reveal unequivocal human rights violations"

(https://www.wma.net/policies-post/wma-resolution-on-human-rights-violations-against-uighur-peo ple-in-china/). Among other recommendations, it called on its constituent members, physicians, and the international health community to formally condemn the treatment of the Uighurs in China's Xinjiang region and called upon physicians to uphold the guidelines set out in the WMA Declaration of Tokyo and the WMA Resolution on the Responsibility of Physicians in the Documentation and Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment.

Among us, we number the former Editor-in-Chief of the *Annals of Human Genetics* (DC), the immediate past President of the *International Society of Psychiatric Genetics* (TGS) and the Chair of the Section on Psychological Consequences of Persecution and Torture of the *World Psychiatric Association* (TW) writing on behalf of the Section. Bearing in mind that the original title of the *Annals of Human Genetics* was the *Annals of Eugenics*, it is a particular concern for us that medical and scientific professionals are involved in human rights abuses.

We note in particular the following practices:

Mass DNA collection

Forced birth control, sterilisations, and abortions

Harvesting of organs from detainees

Evidence that these activities continue is supported by convincing testimony and external analyses. A report from the Australian Strategic Policy Institute documents concerns about the practice of mass DNA collection from men across the country, while another from Human Rights Watch reports the collection without consent of DNA samples, fingerprints, iris scans, and blood types from residents of Xinjiang, also known as East Turkestan (Cyranoski, 2020)

(https://www.hrw.org/news/2017/12/13/china-minority-region-collects-dna-millions). A report published by the Jamestown foundation brings together the evidence that forced birth control, sterilisation and abortion are used as instruments of oppression against the Uyghur people (The Associated Press, 2020; Zenz, 2020). Statistical evidence and the judgment of an independent people's tribunal support the claim that forced organ harvesting from prisoners continues to occur, while research reports regarding organ transplantation show clear departures from international professional standards (Robertson, Hinde and Lavee, 2019; Rogers *et al.*, 2019; Iacobucci, 2020; Nice *et al.*, 2020). Although not directly evidenced so far, we also note that it would in principle be possible to use DNA information to target potential organ donors.

These practices are not in accord with our values. While we freely acknowledge that human rights abuses are widespread, including in our own countries, we believe that the nature and scale of what is occurring in China merit special consideration. The involvement of doctors and scientists in these practices raises particular questions for us. In many other countries there are strong professional standards which, for example, make it difficult or impossible for doctors to be involved with torture or execution. If a doctor were accused of being involved with transplanting organs obtained in this way they would be investigated and if the allegations were upheld they would be disciplined and removed from the medical register as well as being charged with a criminal offence. Additionally, to some extent a whistle-blowing culture is encouraged whereby a doctor or scientist may raise concerns if they believe unethical practices are occurring. The situation in China is clearly very different. The practices described require the active cooperation of many doctors and scientists and the passive compliance of many more. We note that this complicity may not be voluntary and that protest or dissent would not be tolerated. We understand that because of censorship some practitioners may be genuinely unaware of these abuses. Nevertheless, it seems inescapable that a substantial proportion of doctors and scientists in China are complicit in practices which we regard as profoundly unethical. This is a markedly different situation from, for example, having two rogue psychologists advise the CIA on torture techniques

(https://www.nytimes.com/2009/08/12/us/12psychs.html).

We feel obliged to ask how this knowledge should impact on our relations with people in China who we would otherwise refer to as colleagues. Do we wish to carry on collaborating with them as if we had no concerns about these practices? Attempting to enter into a dialogue with individuals would seem to be problematic. Our claims would likely be met with flat denial and anybody who did engage with us would doubtless be putting themselves at grave risk. Should we retain cordial relations but politely avoid this difficult topic?

For medical and scientific journals, this might even translate into the question of whether one should continue to consider submissions from China? Of course, it is possible to vet contributions carefully, insist on compliance with high ethical standards and reject submissions about which there are concerns. But should we go further and say that we regard the Chinese medical and scientific establishments to be so intrinsically involved in these abuses that we are not willing to consider hosting any of their outputs in our journals?

Even if we felt comfortable accepting studies which had been ethically conducted, it is arguable how we could be confident that standards had in fact been adhered to. Given the strength of evidence which appears to demonstrate widespread deviations from these standards, why would we trust a researcher who claimed that subjects had provided informed consent? Should we demand to see copies of all signed consent forms? And even then, in what sense is agreement to participate in a research project in China truly voluntary? Should we even start from the position that scientific claims are likely to be trustworthy? Suppose, hypothetically, that it was in the Chinese government's interest to prove that the Uighurs or other non-Han Chinese ethnic groups were recent migrants into the Xinjiang region. Would there not be a group of scientists who would be willing to submit a fraudulent paper supporting this hypothesis?

Pressure from international medical bodies was brought to bear against the Soviet Union's abuse of psychiatry against political prisoners and was ultimately effective (van Vuren, 2010). We believe that it is now time for medical and scientific associations and journals to consider individually and collectively how we should be responding to these events in China. Our own view is that it is very difficult to see how we can claim to uphold our own values, such as are embodied in the Nuremberg Code, the Declaration of Helsinki and the Convention on the Prevention and Punishment of the Crime of Genocide, if we continue to maintain normal professional relations (Faraone, Gottesman and Tsuang, 1997). We note with regret the lack of outcry from all but a handful of members of the medical and scientific establishment and wonder how much this might be influenced by the financial support which they and their host institutions receive from China. We write this while fully acknowledging the contribution of countless bright, committed, and ethical Chinese scholars, some of whom we are proud to count as colleagues, and we recognise that many are victims of the very regime we criticise. In the end, we assert that the moral compass which has been guiding modern medicine for more than half a century must never again be compromised.

We hope that doctors and scientists will engage in debate on this difficult topic.

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