



## News

# The children's advocate

BMJ 1998; 316 doi: <http://dx.doi.org/10.1136/bmj.316.7136.955m> (Published 28 March 1998) Cite this as: BMJ 1998;316:955

## Kamran Abbasi finds out if David Southall is a publicity mad sinner or a banner waving saint

To say that Professor David Southall courts publicity would be partly right. As long as, he argues, it is for the betterment of children. He explains: "I am interested in advocacy. I believe that every voice expressing concern over childhood issues is important. Unfortunately, the state of children in so much of the world is disadvantaged—whether in an abusive home in Britain or in a zone of armed conflict. Advocacy can be supported by ethical publicity."

Last week he published a controversial paper suggesting that high altitudes, including aircraft flight, may be harmful to some infants, causing airway hypoxia and possibly the sudden infant death syndrome (*BMJ* 1998;316:887-94). Even though infants were subjected to 15% oxygen to simulate high altitude, Professor Southall believes that his team did everything possible to minimise risks. He feels that much of the surrounding publicity was fair, and, as a result, airline companies are already showing a willingness to look further into safety for infants on flights.

In November last year he was at the centre of controversy when he supervised the secret filming of suspected child abusers. Although his work led to 33 criminal prosecutions, he was criticised for putting babies at risk for the sake of research (1 November 1997, p 1111). Despite this criticism, Professor Southall is unrepentant: "Covert video surveillance is, in my opinion, justified if there is no other way of identifying child abuse. It is not without its negative side. I am convinced that there is nothing worse for a child than to suffer sadistic abuse at the hands of his or her parents."

None the less, he understands the complaints: "No one likes covert investigation, particularly when it involves a doctor. I agree that it places a child at risk in order to make the diagnosis, and thereby protect the child from further potentially life threatening abuse. It does involve a breakdown of trust between parent and doctor." He is prepared to jeopardise that trust, however, for the sake of the child: "The child is my patient. An abusing parent has betrayed the most fundamental of trusting relationships. Unfortunately, crimes against children are a reality; either we ignore them, or we do our best to limit the damage."

Working in such a controversial area is a fast way of making enemies: "There has been a well

orchestrated campaign conducted against our work in the media. Our charity, Child Advocacy International, has been infiltrated and burgled. I have been threatened on numerous occasions. Grants for our research and international aid have been blocked.”

In fact, over the years, child abusers have organised themselves into highly active and troublesome rings. David Southall feels that we should be wary of such groups: “Some child abusers justify their actions by communicating with other abusers and seeking their support. Such rings are most prevalent with child sexual abuse. However, on a larger scale, abuse of children has formed part of genocide programmes in Bosnia and Rwanda. I think child abuse rings are a reality and very dangerous.”

After four years in adult general medicine David Southall spent a year in obstetrics and two years as a GP, before moving onto paediatrics and a consultancy at North Staffordshire Hospital in Stoke on Trent. His 21 years in paediatrics have benefited from his varied early training, but he is now ready to change tack again.

In recent years he has become increasingly involved with international child health, a complex, challenging, and often dangerous interest. While much of modern day medicine is fine tuning, David Southall is convinced that all doctors can make a huge impact on international child health in disadvantaged countries, especially areas of armed conflict.

“I believe that children's doctors have much to offer the international aid effort, not only through their professional skills but through advocacy. It has become clear on becoming involved with aid programmes that the majority of the world's children are living in extreme poverty with unacceptable levels of health care. Too many are living in fear.”

His charity strives to involve high quality doctors in aid work, and currently he has projects in Afghanistan, Albania, and Bosnia. He is convinced that his work makes a difference to those turbulent areas: “If I did not believe in this work I could not continue. It is intellectually more challenging than any of the research or clinical work I have previously undertaken.”

His life changed when he visited Bosnia: “I went to Sarajevo in 1993 as part of a programme to medically evacuate sick and injured children. I witnessed disregard for trauma inflicted on children and their families, not only by warring factions, but also by the indolence of the international community.”

What he saw fired him up to do more, and so he set up Child Advocacy International.

Although the international community often concentrates on primary health care in disadvantaged countries, David Southall, with his background in paediatric intensive care, feels that primary and secondary health care should be developed in tandem. This is a policy his charity is advocating in war torn Afghanistan, where David Southall, with his penchant for controversy, on the one hand is preparing to discuss family planning with the ultraorthodox Taliban authorities, while on the other is urging the international community to adopt a more supportive role in the region: “Some of the gender issues are extremely important but in my opinion are being focused on by the international community to an extent which ignores other serious problems that are affecting families.”



