

The Palestinian challenge to US medical ethics

For the past 7 months, the world has been witnessing the murder of health workers, as well as their abduction, torture, execution, and the dumping of their bodies in mass graves;¹ killing of patients in their hospital beds; deliberate bombing of hospitals and clinics; targeted destruction of health and sanitation infrastructure; blockades to humanitarian aid and essential medications during a historic famine manufactured to serve as a weapon of war; and the infliction of conditions designed to be incompatible with life on Palestinians in Gaza.

These facts have been documented in orders issued by the International Court of Justice on Jan 26, 2024, and March 28, 2024, and in a detailed report entitled *Anatomy of a Genocide*, published on March 25, 2024, by the UN rapporteur on the situation of human rights in the Palestinian territory occupied since 1967.²⁻⁴ Addressed to the UN Human Rights Council, the report concluded that “there are reasonable grounds to believe that the threshold indicating Israel’s commission of genocide is met”.⁴

And yet, in the USA, the most influential medical professional organisations, journals, and lobbies have been disturbingly reluctant to take any meaningful stand against the systematic obliteration of health systems in Gaza, including the killing of at least 491 of our Palestinian colleagues by Israeli forces since Oct 7, 2023.⁵ This inaction is particularly notable as it is the US Government’s provision of arms, diplomatic cover, and financial resources that makes Israel’s campaign against Palestinians possible.⁶

Historical reflection on leading medical institutions’ choices to remain silent during past atrocities,

including the Holocaust, teaches us that omission and apathy within the medical profession enable institutional forces that perpetuate injustices, including the dehumanisation and racism on which genocide depends.⁷ As the Doctors’ Trial at Nuremberg and more recent scenes of physicians’ participation in US Government torture programmes at Abu Ghraib and elsewhere have made clear, medical doctors are no less vulnerable than others to being absorbed into violent, nationalistic ideologies and misusing their training and power to inflict suffering rather than to support care and justice.

The psychiatrist, Frantz Fanon, who practised in colonial French Algeria, reminds us in *Medicine and Colonialism* that, although we doctors present ourselves as healers of “the wounds of humanity”, we often instead serve as “an integral part of colonisation, of domination, of exploitation”.⁸ To do otherwise requires constant vigilance, critical institutional and individual self-reflection, and dedication to aligning ourselves with those who are most affected by existing systems of power and inequality. The US, European, and Israeli medical establishments’ responses to ongoing violence against Palestinian health and health care make clear that Fanon’s observations regarding our potential for complicity with colonial and state violence remain as relevant as ever.

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- 7 Abi-Rached JM, Brandt AM. Nazism and the journal. *N Engl J Med* 2024; **390**: 1157–61.
- 8 Fanon F. *Medicine and colonialism*. In: *A dying colonialism*. Translated by Haakon Chevalier. New York, NY: Grove Press, 1965: 121–45.



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Medical voices against Dr Muhammad Abu Salmiya’s detention



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As a nurse, one of my most concerning patient presentations is one where a patient has urgently sought care and then suddenly gone silent. Right now, that person is Dr Muhammad Abu Salmiya, the Director of the Al Shifa Hospital, Gaza. When his latest Correspondence was published on Nov 26, 2023,¹ he had already been arrested and detained by Israeli forces.^{2,3}

Concerningly, WHO has urged in a statement for his legal and humanitarian rights to be observed during his detention.⁴ However, I am writing this today because

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