

The responsibilities of the World Medical Association President

Yoram Blachar's accession to the Presidency of the World Medical Association¹ comes with responsibilities. The World Medical Association was founded to work for the highest possible standards of ethical behaviour and care by physicians at all times. The Israeli Medical Association, of which he is also President, has on its website powerful position statements on health care during conflict² and on torture,³ which deserve strong support. Yet despite these statements, the Israeli Medical Association has been criticised for its reluctance fully to endorse international humanitarian codes.⁴ *The Lancet* has recently argued that it is the responsibility of medical professionals, and their professional bodies, explicitly to condemn unethical acts, even when such a challenge might prove unpopular.⁵ Blachar's Presidency of the World Medical Association offers the opportunity to restore respect for the Israeli Medical Association from the global medical community, and creates opportunities for doctors to play a vital role in the search for peace.

Israel has a right to act in pursuit of its security, but security might be used as a cover for many authoritarian actions. Some actions of the Israeli General Security Services, under the umbrella of security, have superseded human rights, including the right to health care. Recent events in Gaza have led to widespread distress at the suffering of civilians; international agencies have reported the Israeli Defense Force targeting medical stores and ambulances, and health workers have been killed. There were disturbing reports of the military refusing access to care for the injured, including one of children in a building found clinging to their dead mother 4 days after the house was shelled.⁶ Such acts are contrary to the principles stated in the Israeli Medical Association's paper, *Assurance of medical and health services during the Israel-Palestine conflict*,² as well as contravening international conventions. Yet the Israeli Medical Association has been disturbingly unforthcoming about these events. Blachar responded to my request for a statement of protest⁷ by claiming that Hamas was using medical facilities to store weapons and employing human shields.⁸ These reports are unverified and, according to international conventions, do not justify indiscriminate attacks on such targets.

Just before the recent conflict, I visited the occupied Palestinian territory. Health care in the West Bank,

as for most aspects of daily life, has been completely undermined by the matrix of control exerted by the security forces. The separation wall and the checkpoints make travel difficult. We saw children in the East Jerusalem paediatric intensive care unit who had been transferred from Gaza without their parents being permitted to accompany them on security grounds, including newborn triplets.⁹ Teenage boys with type 1 diabetes are not allowed to cross the Israeli checkpoints to visit their specialist, because of ostensible security risks, even though their home and clinic are both on Palestinian land (Alem I, Ministry of Health, Nablus, occupied Palestinian territory; personal communication). The blockade of Gaza has exacerbated the need for patients to access health care in the West Bank and Israel. But in the first 6 months of 2008, 34% of patients were refused permission on security grounds to leave Gaza for health care, compared with around 10% a year earlier, an increase in absolute numbers from 59 to 724 per month.¹⁰ It might be argued that, once explosives and weapons have been excluded, if it is still felt that patients present a security risk, they should be provided with military escorts. But perhaps in this setting, security has a different connotation. An August, 2008, report¹⁰ documents that the security grounds for refusing entry can be the refusal to provide information on Hamas suspects

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Mobile clinic in Gaza destroyed by air bombardment, January, 2009

to the General Security Services. The Israeli Medical Association has not responded to this report.

The Israeli Medical Association is to be congratulated for its clear statement on torture,³ ratifying the Tokyo Declaration of the World Medical Association, but there seems to be a disconnect between word and deed. The abuse of human rights by the Israeli Security and Prison Services has been documented. A May 2007, report, *Ticking bombs: testimonies of torture victims in Israel*,¹¹ recounted the cases of nine Palestinian torture victims, with named medical personnel having been involved in their management. Again, the Israeli Medical Association has not responded to this report, and has not investigated the six doctors who are members.

The Israeli Medical Association argues that its stance must reflect its spectrum of membership. This might be why the position paper on health services during conflict is in the international relations section of its English language website,² but not in the Hebrew one (Weingarten M, Occupied Territories Project of Physicians for Human Rights-Israel; personal communication). It would seem unthinkable that Israeli doctors could condone attacks on health-care facilities or medical involvement in torture, so the Israeli Medical Association should be prepared to speak out, rather than appearing to neglect its humanitarian leadership role. Such an action might help divert calls for a boycott of the Association.⁴

Failing that, the World Medical Association President now needs to re-examine the situation from his new perspective, no longer hidebound by the constraints of the national association, to make a clear stand on each of these issues. Health care is a fundamental human right, and the medical profession worldwide should adhere to universal humanitarian codes. Doctors and medical associations in the region could build bridges to create conditions to help alleviate suffering in the West Bank

and Gaza. This could remove one of the grievances which drive people to violence. Without the tacit connivance of the medical profession, the General Security Services, the Defense Force, and the State would find it difficult to continue with policies, including torture¹¹ (even of children¹²) and denying patients access to health care.¹⁰ Such a move would require a bold step, but one which could secure Blachar's place in history as a leader prepared to stand firmly for international humanitarian law, rather than one whose Association rationalises actions which are clearly unacceptable.

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