

Gaza War and its Bioethical Challenges: Rethinking the Role of Physicians at Times of War

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As the human tragedy in Gaza and the region continues, the impact on hospitals, patients, and healthcare providers has consistently made headlines due to the warinduced damage to healthcare systems. The UN Special Rapporteur on the right to health (1) has emphasized the severity of the situation, stating that "The practice of medicine is under attack" and highlighting that "We are in the darkest time for the right to health in our lifetimes." In this challenging context, the significance of physicians' perspectives on the ethical stance toward the conflict becomes particularly noteworthy.

In this article, we focus on the example of "Doctors for IDF Soldiers' Rights" letter (2), endorsed by over 90 Israeli physicians, which ignited controversy by asserting the Israeli Defence Forces' (IDF) right and duty to target hospitals in Gaza, alleging their use as terrorism headquarters. Signatories contended that prior calls for civilian evacuation sufficiently discharged moral obligations to minimize civilian and non-combatant deaths. In response to this letter, Physicians for Human Rights-Israel (PHRI) (3), backed by over 3,500 members and volunteers, criticised the letter's argument asserting that it amounts to a "death sentence for patients." During times of conflict, physicians often assume (and are expected to assume) the role of moral arbiters underscoring the need to preserve life and uphold human dignity inpublic, professional and political fora.

The assumption is that physicians' training and practical formation equips them with a unique moral clarity during the 'fog of war' and prepares them to sound the clarion call when humanitarian values are violated.

We question whether these assumptions are universally true and whether physicians intrinsically have the moral vision and skills to assume such a weighty mantle. Indeed, as illustrated by the contrasting letters mentioned above it is clear that physicians hold differing stanceseven on the issue of targeting hospitals and patients in Gaza. Accordingly, we advocate for judiciousness, and caution against excessive reliance on doctors'voices for moral leadership. We hazard that physicians are not immune to the political frames used by stakeholders to impair moral judgement, that they are prone to being situated within echo chambers that reinforce particular narratives, and may not be as morally formed by medical training as presumed. For example, historical recordsare replete with instances where medical professionals have been complicit in or coerced into participating in atrocities, such as unethical human experiments and complicit roles in state-sponsored violence.

The limitations of physicians' moral authority were epitomised by atrocities committed in Nazi Germany, Tuskegee and Guatemala, to name a few.



Drawing insights from this historical context and acknowledging the limitations of physicians as voices of unassailable moral clarity, we propose a more inclusive and ethical deliberation that includes moral philosophers, ethicists, theologians, and other relevantvoices. It is especially vital, given the origin and foundations of their discipline, that bioethicists deliberate over and discuss the present conflict to find common moral ground and a shared language through which we can call for the leadership that is required to uphold fundamental bioethical principles and value for human life. Indeed, it was only a short while ago that bioethicists were warned of the "peril of silence" (4) about the ongoing Ukrainian-Russian war.

Experts were called to employ their specialised expertise to assess the war's moral and human costs and encouraged to resolutely speak out against the loss of human lives. In our view the same applies to this and other conflicts raging across the world. Bioethicists of all stripes should have a prominent voice as diverse disciplinary insights need to be brought together in order for the muddied moral calculus to become clearer.

Controversial Letter

That said, the Doctors for IDF Soldiers' Rights letter (5) has triggered another distinct morally-laden question, namely should the role of physicians be extended to assume their public endorsement of a country's army justifying the targeting of medical facilities within enemy territory. Where physicians have actively contributed to war atrocities, international organizations drafted and issued documents, guidelines and statements with the aim of defining the broad lines for what ethical conduct ought to be in the context of war. Illustratively, in its "Statement in Times of Armed Conflict and Other Situations of Violence" (1956, revised in 2023) (6), the World Medical Association (WMA) adopted an unequivocal position holding that medical ethics is identical in both wartime and peacetime, confirming that the "primary task of the medical profession is to preserve health and save life." The WMA also adopted a principled position towards the protection of healthcare facilities, especially its "Declaration On the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence" (2011, revised 2022) (7).

It stressed that, in alignment with the Geneva and other international conventions, "healthcare personnel and facilities should *never* be instrumentalised as means of war" and concurrently recommended to "*never* misuse

hospitals and other health facilities for military purposes."In our view, and that of other colleagues in Israel (8), it appears that this letter has crossed a line bysimply making any hospital in Gaza a potentially legitimate military target, which inevitably has led to the loss of life, the destruction of critical life-saving services, and the annihilation of spaces that are sacred to the medical profession.

War often blurs the lines between right and wrong, and the morality of actions becomes ambiguous and contested. Doctors, while experts in their field, may not possess the expertise required to navigate the complex ethical terrain of war.Moreover, over reliance on doctors as moral voices may inadvertently lead to the militarisation of medicine. Furthermore, placing undue reliance on doctors may inadvertently place them in an ethically vulnerablepositions. Support for any kind of military action erodes trust in the broader healthcarecommunity.

In times of ambiguity and charged emotions, it is prudent to adhere to international codes of ethics crafted with an eye towards broad consensus, such as those of the WMA, rather than discard them.

Note: Views presented are the authors' personal perspectives and do not reflect the positions of any affiliated institutions

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