The truth about Israeli medical ethics

Sir—Once again, the Israel Medical Association (IMA) is under virulent and unwarranted attack. Derek Summerfield (July 5, p 63)² presents an inaccurate picture in which incorrect “facts” and unfounded allegations are portrayed as truth.

The IMA has frequently and unequivocally denounced the use of torture.²,³ Our members are instructed to participate in torture to inform us so that we can take action. Unfortunately, we hear general accusations but no specific events or names. The one exception is the case cited by Summerfield regarding Ruchoma Marton’s allegations against several Israeli psychologists, which were later established to be unfounded. Such misleading reporting undermines Summerfield’s credibility.

We are also involved in ethical matters unrelated to torture. When we learn of people prohibited, for security reasons, from entering Israel for medical treatment, we demand that such entry be permitted. It is ironic that 2 years ago, after our efforts in this regard, two terrorists entered Israel in the guise of patients and blew themselves up at Beit Lydd, killing and injuring soldiers and civilians. Furthermore, when a law was enacted recently to allow prisoners to be stripped and searched, we insisted on a clause stipulating that no physician could be drawn into the abuse of psychiatry in Israeli prisons remain unanswered by the IMA.

We appeal to the IMA to reconsider. They could start by implementing the recommendations made to them last year by Amnesty: to establish a commission to investigate the situation of doctors working in places of detention, the level of clinical independence and opportunities for ethical advice available to physicians, and the means by which they can communicate professional concern about the treatment of prisoners.

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Author’s reply

Sir—It is surely unprecedented for a national medical association to use the pages of a medical journal to condone actions that satisfy international definitions of torture. The Israeli Medical Association (IMA) ignores the reports I referenced in my paper. Are the conclusions of the most authoritative human rights organisations in the world, based on the sober accumulation of material over many years, to be simply dismissed by rhetoric about slander and incorrect “facts”? How does the IMA reconcile their own government’s claim that all detainees are “under constant medical supervision” with what Amnesty International concludes is the integral role of doctors in units where torture is routine? The IMA calls for names but this issue is not about isolated malpractice, rather the way doctors are drawn into what Human Rights Watch calls the “bureaucratisation” of torture in Israel—the process by which it becomes embedded in official practice. These reports contain sample cases with named Palestinian victims. Why does the IMA admit no proactive role here, no duty to provide ethical leadership? Moreover, it is untrue that the allegations by Dr Marton, chairperson of Physicians for Human Rights Israel, were groundless. Her calls for an inquiry into the abuse of psychiatry in Israeli prisons remain unanswered by the IMA.

I appeal to the IMA to reconsider. They could start by implementing the recommendations made to them last year by Amnesty: to establish a commission to investigate the situation of doctors working in places of detention, the level of clinical independence and opportunities for ethical advice available to physicians, and the means by which they can communicate professional concern about the treatment of prisoners.

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Stress and long-term coronary risk

Sir—The report by Whiteman and colleagues (Aug 23, p 341)¹ provides evidence that the psychological trait of submissiveness is protective against the development of coronary heart disease. Similarly, hostility seems to be a risk factor for coronary heart disease.² These counterbalancing effects of submissiveness and hostility are reminiscent of the situation in war, and it has long been debated whether war stress may increase the risk of coronary heart disease in later life.³

We decided to re-examine data we collected in 1984, in a study of