

CORRESPONDENCE

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)¹ 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 not to take part in any action that can be regarded as torture. We require strict adherence to the Tokyo Declaration and the tenets of the UN Convention against torture and cruel, inhuman, or degrading treatment. Moreover, we repeatedly urge anyone with knowledge of physicians who 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 would actively take part. We feel that our mandate covers physicians and medical care, an area in which we can impose our standpoint and decisions.

The State of Israel upholds the fundamental rights of all people, irrespective of crimes alleged or committed. At the same time, Israel recognises its responsibility to protect both Jews and Arabs from harm by terrorists. The guidelines on interrogation recommend that only “moderate physical pressure” (in accordance with international law, and not unknown in other democratic countries) be sanctioned. Even this is

restricted to cases defined in terms of a “ticking bomb”, where the degree of anticipated danger poses a grave threat to citizens. Furthermore, the European Human Rights Court has previously ruled with regard to interrogations in Northern Ireland that ill treatment must reach a certain severe level to be deemed torture.

Israel prides itself on its democratic legal system, which is subject to public scrutiny. As a result, any allegation of maltreatment is thoroughly investigated by Israeli authorities and, where requested, by the International Committee of the Red Cross. However, it should be noted that individuals have personal and political motives for fabricating claims of maltreatment, including the desire to have a confession ruled inadmissible at trial, to present oneself as a martyr, or to spread anti-Israel propaganda.

We repeat our demand that Summerfield, or any other individual who maligns the IMA in connection with human rights, provide proof, names, or both of Israeli physicians involved in torture. At the same time, we demand the immediate cessation of the spreading of false and unfounded allegations, amounting to harassment and slander of the medical community in Israel.

Yoram Blachar

Israel Medical Association, 2 Twin Towers, 35 Jabotinsky St, POB 3566 Ramat-Gan 52136, Israel

- 1 Summerfield D. Medical ethics: the Israeli Medical Association. *Lancet* 1997; **350**: 63–64.
- 2 Blachar Y. Amnesty report on torture in Israel. *Lancet* 1996; **348**: 1738.
- 3 Dolev E, Blachar Y. Israeli Medical Association and torture. Association tries to ensure that no doctors participate in acts of torture. *BMJ* 1996; **313**: 630.

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 in to 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.

Derek Summerfield

Medical Foundation for Care of Victims of Torture, London NW5 3EG, UK

Stress and long-term coronary risk

SIR—The report by Whiteman and colleagues (Aug 23, p 541)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