

## VIEWPOINT

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## Health Professionals and War in the Middle East

**There is ongoing debate** on university campuses about how leaders should respond to recent events in Israel and Gaza.<sup>1</sup> Many campus leaders have responded with generic talking points: grief at the taking of innocent lives, condemnation of all forms of racism, reminders about the rights conferred by the First Amendment to the US Constitution, and offers of psychological support for those in need. Others have staked out stronger positions, such as promising to “stand with Israel, with the Palestinians who suffer under Hamas’s cruel rule in Gaza, and with all people of moral conscience.”<sup>2</sup>

What about leaders in the health professions? Hospitals and health science campuses don’t typically have departments of political science, military strategy, or history, and physicians are rarely experts in these domains. Do leaders in health care have any responsibilities to speak out, as health professionals, about the Israel-Hamas war?

For over a decade the University of Colorado’s Center for Bioethics and Humanities, on the Anschutz Medical Campus, has housed a program on the legacy of health professional involvement in the Holocaust, because the long shadow of these medical crimes continues to influence contemporary ethics in health care and society. In the Nazi era, innumerable health profession-

als and institutions took leading roles in developing and implementing racist, antisemitic programs of mass murder. These actions were an explicit and profound betrayal of the core values that should govern health care and our expected social roles, and this history led to several specific ethical responsibilities that should guide health professionals today.

### Do leaders in health care have any responsibilities to speak out, as health professionals, about the Israel-Hamas war?

Perhaps most important, the history of medical involvement in the Holocaust is a powerful illustration of what can happen in a society when health professionals adopt and reinforce prevailing sentiments and fail in the duty to speak hard truths in the face of rising racism, dehumanization, and medical war crimes. With this history in mind, health professionals do not need expertise in politics or military policy to commit to the following statements.

*First, health professionals should condemn dehumanization and acts of genocide.* The history of the Middle East is long and complex, with ethnic, religious, and territorial disputes going back thousands of years and multiple groups claiming indigenous status. The terrorist group Hamas, however, has repeatedly asserted that its aim is

to eliminate all Jews in the region by killing them.<sup>3</sup> This is the definition of genocide, and Hamas has proven intent on carrying it out. Health professionals should condemn both the genocidal aims and actions of terrorist groups in unequivocal terms. Dehumanization is the precursor to genocide, of course, and one need not assume moral equivalence to say that any use of dehumanizing language by Israeli leaders must also be rejected.

*Second, health professionals should vigorously oppose both antisemitism and anti-Muslim hatred.* Medicine teaches that we are one human family and there is no form of racism that is justified; the history of the Holocaust illustrates the particular dangers of allowing antisemitism to fester and grow. Neither Jews nor Palestinians feel safe today, and overt bigotry against both is on the rise.<sup>4</sup> Since Hamas launched its attacks, antisemitic incidents in the US have risen by over 300%, and a Palestinian boy was recently killed in an anti-Muslim attack in a suburb of Chicago.<sup>4</sup> Health professionals should condemn antisemitism and anti-Muslim beliefs and serve as role models. In hospitals and clinics worldwide, it is common for Jews, Muslims, Christians, and others to work side-by-side as colleagues and friends, treating people of all faiths equally—we must do everything we can to strengthen and demonstrate those bonds during wartime.

*Third, health professionals have special responsibilities to speak out against certain war crimes.* The intentional murder of civilians, taking of civilian hostages, attacks on civilian infrastructure, and using civilians as human shields are war crimes. All such crimes are abhorrent, but some warrant specific attention from health professionals. Namely, since World War II, the laws of war have specifically prohibited war crimes of a medical nature, and health professionals have unique claims to legitimacy in speaking about medical war crimes.<sup>5</sup>

Both parties to this war have been accused of medical war crimes, but in very different circumstances. Hamas and its allies shot individual health professionals who were wearing proper medical markings tending to patients on October 7. One heroic Israeli Arab medic was killed after staying behind to help victims at a concert, and another was shot when he stopped to help a fake car crash victim. Launching attacks from inside or near hospitals and using ambulances to transport weapons and military personnel are also medical war crimes.<sup>5</sup> Such crimes are not an inevitable result of asymmetric warfare; they reflect choices by Hamas that must not be normalized.

Israel, in its response to Hamas’ attacks, has promised not to target medical facilities unless they are being used for offensive purposes, which can make striking them legal under limited circumstances.<sup>5</sup> If a facility is being used

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to hide military equipment and personnel, for example, any proposed strike on it must still “minimize” potential harm to civilians, and the military value of the strike must be “proportionate” to the civilian harms it might cause.<sup>6</sup> Israel says it is abiding by these rules, but some international law experts believe Israel is not doing all it should to avoid harming civilians, and some believe Israel's siege of Gaza amounts to “collective punishment”, which is a war crime too.<sup>7</sup>

Clinicians sometimes have unique opportunities to detect, document, and report medical war crimes; they should do so. For many others, wartime creates impossible questions. Even if it might be legal, is it *morally* justified to strike a medical facility based on intelligence that enemy fighters might be hiding inside along with injured children? Is it ever justifiable to block medicines from entering an area because they could help enemy soldiers as well as civilians? Is a high proportion of children being killed an unavoidable tragedy

of urban warfare against embedded, nonuniformed enemies, or a reflection of failures to minimize harms and avoid disproportionate civilian deaths?

Health professionals of goodwill and equally strong commitments to human rights have differing opinions on these questions, which reflects the nature of the questions. It is abhorrent in medical ethics to calculate an “acceptable” number of children to kill to defeat even the most heinous enemy. We know that families of all faiths are equally destroyed whether their child is murdered by a terrorist or suffocated under the rubble of a missile strike.

This is why our primary responsibility in war as in peace is saving lives, regardless who they are or how they have been injured. In this respect, in wartime our profession must remain the living embodiment of religious injunctions to treat every life as sacred, because to save a single life is to save an entire world.

#### ARTICLE INFORMATION

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#### REFERENCES

1. Anderson N. University leaders search for the right words amid Israel-Gaza war. *Washington Post*. October 21, 2023. Accessed October 26, 2023. <https://www.washingtonpost.com/education/2023/10/21/dc-colleges-universities-israel-hamas-statements/>
2. Nietzel MT. College presidents issue statement supporting Israel and “moral clarity” in war with Hamas. *Forbes*. October 18, 2023. Accessed October 26, 2023. <https://www.forbes.com/sites/michaelnietzel/2023/10/18/college-presidents-issue-statement-supporting-israel-moral-clarity-in-war-with-hamas/?sh=242868fa2fac>
3. Hoffman B. Understanding Hamas' genocidal ideology. *The Atlantic*. October 10, 2023. Accessed October 26, 2023. <https://www.theatlantic.com/international/archive/2023/10/hamas-covenant-israel-attack-war-genocide/675602/>
4. Singh L. US antisemitic, Islamophobic incidents surge with war, advocates say. *Reuters*. October 25, 2023. Accessed November 3, 2023. <https://www.reuters.com/world/us/us-antisemitic-islamophobic-incidents-surge-with-war-advocates-say-2023-10-25/>
5. International Committee of the Red Cross. International Humanitarian Law Database. Rule 25. Medical personnel. Accessed October 26, 2023. <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule25>
6. Neuyberger L, Sands P, Fredman S, et al. The laws of war must guide Israel's response to Hamas atrocity. *Financial Times*. October 17, 2023. Accessed October 26, 2023. <https://www.ft.com/content/9f1b190d-c955-4381-a6f5-ab4a2bf1c32c>
7. International Committee of the Red Cross. International Humanitarian Law Database. Rule 15. Principle of precautions in attacks. Accessed November 3, 2023. <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule15>