COMMENTARY

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The Moral Imperative of Countering Antisemitism in US Medicine — A Way Forward

BACKGROUND

Antisemitism, the world's oldest form of hatred,[1] was endemic in American medicine in the early to mid-20th century, with quotas on Jewish students and residency trainees until the 1960s.[2] Antisemitism did not fully dissipate even as a greater number of physicians emerged from the American Jewish community.[3] Antisemitism dramatically increased in the United States in 2023, with 8873 antisemitic incidents in 2023, a 140% increase from 2022 and the highest since data collection began (1979). Much of this increase appears related to the October 7, 2023 terror attack on Israel, with the 5326 incidents recorded in the United States from October through December 2023 exceeding that in any single year.[4] Presently, 74% of Americans consider antisemitism a serious problem.[5] Examples of its impact upon medicine include medical students' social media postings claiming that Jews wield disproportionate power,[6] antisemitic slogans at UCLA Geffen School of Medicine,[7] antisemitic graffiti at the UCSF Cancer Center,[8] Jewish medical students' exposure to demonization of Israel diatribes and rationalizing terrorism;[9] and faculty, including a professor of medicine at UCSF, posting antisemitic tropes and derogatory comments about Jewish health care professionals.[10] Jewish medical students' fears of retribution, should they speak out, have been reported.[9] Our recent unpublished survey of Jewish physicians and trainees demonstrated a twofold increase from 40% to 88% for those who experienced antisemitism prior to vs after October 7.

Antisemitism and all forms of hate and discrimination must be rejected. A first step is defining antisemitism; the International Holocaust Remembrance Alliance definition is the official definition within the Antisemitism Awareness Act of 2023 of the US Department of State, and 30 other nations. Included are distinct aspects of antisemitism such as stating that Jews wield inordinate influence, incitement of violence against Jews, applying double standards to, demonizing, or delegitimizing Israel; and Holocaust denial.

We offer a framework of Education, Engagement, Empathy, and Enforcement (4 Es) as key elements to counter the growing antisemitism in medicine, also serving as a program to eradicate all forms of hate, to foster civil discourse, and to provide progress toward the ever-present goal of fostering a diverse and inclusive environment.

ANTISEMITISM AND THE LEARNING ENVIRONMENT

A prominent manifestation of antisemitism in educational institutions is the presence of a hostile learning environment, an ethical failure, and violation of Civil Rights Code Title VI. Over 140 Title VI investigations have been brought against American universities, many since October 7, 2023, and some already implicating or likely to extend to include medical schools. Hostile learning environments have striking relevance for contemporary medicine given that the learning environment plays a central role in well-being, academic performance, and professional identity formation, including qualities and conduct in medical practice.[11] Aspects of anti-Jewish hostile learning environments we have personally observed in medical schools include tearing down posters of Jewish hostages, including children; demonization of Jews, accusing Jewish students of complicity with genocide, wearing banned graduation

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regalia portraying Israel's destruction, and Holocaust distortion or inversion.

Fostering critically reflective, morally resilient lifelong professional identity formation in medical education is an essential component to help trainees and professionals fulfill their particular responsibility to fight antisemitism and all forms of hate.[12]

EDUCATION, ENGAGEMENT, EMPATHY, AND ENFORCEMENT—A WAY FORWARD

1) **Education**: Moral responsibility and agency are essential for trainees, faculty, and clinicians. Education is a well-documented central tenet toward attenuating all hate, and antisemitism, in particular. Interest is increasing in implementing the *Lancet* Commission on Medicine, Nazism, and the Holocaust report calling for this history and its implications to be required in medical education to support history-informed professional identity formation, including fighting antisemitism and other forms of hate.[12] Medical education must include moral education, thus, critically reflecting on pervasive complicity of physicians during the Nazi regime and the extent to which anti-Jewish hate can extend, can foster empathy and support combating antisemitism and all discrimination. Within an antisemitism education program, modules including the contemporary relevance of this history can be combined with teaching history of Judaism, the Jewish people's over 3000-year-old connection to the land of Israel, and achieving understanding of the reasons for persistence of antisemitism, including denying the Jewish people's right to self-determination within the land of their origin, Israel. We recommend integrating this education on Jewish history and the Holocaust into existing diversity, equity, and inclusion (DEI)/sexual harassment/anti-bias programs aiming to improve the learning environment and patient care. The Diversity Matters Program of the Accreditation Council for Graduate Medical Education (ACGME) includes teaching modules cultivating cultural and religious sensitivity to Jewish patients, staff, and trainees, which can be readily incorporated into existing DEI programs in medical schools. DEI "competencies" of the American Association of Medical Colleges (AAMC) should be broadened to include antisemitism and religious discrimination, as called for in President Biden's National Strategy to Counter Antisemitism.
2) **Engagement** is fostering and maintaining civil discourse in medical learning and practice environments through reflective dialogue and actions, including critical reflection for perspective taking. The AAMC recommended key elements for training in civil discourse, including: 1) allowing one's convictions to be challenged, 2) developing humility that one could be mistaken, and 3) respecting the humanity of those who disagree.[13] Widespread incorporation of such principles within a structured paradigm for medical education, however, has yet to be achieved. Functioning within an often-polarized political atmosphere, teaching these elements is essential toward achieving understanding despite individual differences.
3) **Empathy** should be fostered and sustained in peer-to-peer and faculty−student relationships, as well as within patient care, although the former tends to be underemphasized in medical education. Education about the history of medicine during Nazism and the Holocaust can foster critical reflection, which includes perspective taking, empathy, and humility.[12] A ripple effect for humanistic, non-biased care, as well as preventing ethical erosion, is an expected outcome.
4) **Enforcement**: With the strong interest that medical schools have to ensure that all groups are treated fairly, with no real or perceived double standards, academic leadership should provide unequivocal definitions and behavior policies regarding hate speech in any form of media, and actions that could constitute harassment. There should be consistent enforcement of disciplinary consequences, as in place, for example, with racial slurs. Microaggressions cannot be tolerated, neither can macroaggressions.

These 4 Es align with and embody American Medical Association (AMA) guidelines for health care organizations and systems, including academic medical centers, to establish policies and organizational culture to prevent and address systemic racism, explicit and implicit bias, and microaggressions in the practice of medicine (civil and human rights), as well as a code of behavior as a guide in developing standards for teachers and learners in their own institutions.

CONCLUSIONS

We suggest implementing a 4 Es framework as a way forward during this challenging time for our trainees, faculties, health care practitioners, and our patients. Given rising hostile learning environments, we urge a prospective approach by medical schools. Intervention programs for countering antisemitism ("toward equity, diversity, and inclusion") and evaluating efficacy of such interventions are needed.[14] Existing excellent resources are available to support recognizing, studying, and teaching about antisemitism and fostering Jewish inclusion to the betterment of all trainees, faculty, and practitioners. These include the *Lancet* Commission on Medicine, Nazism, and the Holocaust,[12] ACGME's Diversity Matters, AMA guidelines, and AAMC's suggestions on fostering civil discourse. Such efforts can help ensure a medical education and practice free from antisemitism and with true commitment to diversity and inclusion ideals.

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