

## **Doctors are facing anti-Semitism from their colleagues – will the NHS protect them?’**

Miranda Levy - 19<sup>th</sup> December 2024 - Telegraph

Since the outbreak of the Israel-Hamas conflict, Jewish medical staff have faced increasingly frequent – and brazen – discrimination

Dr David Katz, head of the Jewish Medical Association, is one of many disturbed by an increase in anti-Semitism since October 7

In November last year, a London doctor was coming to the end of a meeting with his colleagues about a patient. As they left the room, a fellow medic turned to him. “Isn’t it a disgrace, disgusting what is happening in Gaza?” he said. “Yet again, it’s being done by the Jews.”

The doctor, who is not Israeli, but was wearing a kippah (a religious Jewish head-covering), was forced to listen to this colleague reminding him about the destruction of Gaza as they walked back to the ward.

Then there is Deborah\*, an intensive care unit (ICU) nurse who last year reported a colleague who she says posted an anti-Semitic trope about Jews “drinking blood” on her social media page. “My colleague repeated the mantra ‘I have done nothing wrong’ and the case was dropped,” she says. The colleague now leaves the room every time Deborah enters.

Meanwhile, at one hospital in north-west England, Jewish junior doctors find themselves having to use an office computer with a screensaver of the Al Ahli hospital – the one that was hit by an Islamic Jihad missile in October last year, rather than the Israeli air forces as the BBC originally claimed. “Stop Israeli Nazism!” is imposed on the image.

“In the last five days I have been told by a nurse that they thought I might be Jewish because of my nose and an Egyptian colleague that there is no Israel, and it’s called Palestine,” says Laura\*, a trainee hospital doctor.

As these interviews reveal, from the loftiest consultant to the most junior auxiliary nurse, Jewish medics in the NHS are witnessing a creeping anti-Semitism that shows no signs of abating.

The International Holocaust Remembrance Alliance (IHRA) definition of [anti-Semitism](#) includes: accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, drawing comparisons of contemporary Israeli policy to that of the Nazis, and holding Jews collectively responsible for actions of the state of Israel.

Dr David Katz is Emeritus Professor of Immunopathology at University College London, and executive chairman of the Jewish Medical Association. “It was there before [October 7](#), but since then, the situation has changed considerably for the worse,” he says.

“There have been several episodes where unacceptable behaviour – both verbal and online – has been inflicted on Jewish junior doctors and medical students. But will their hospitals and medical schools protect them?”

Dr Katz has said that Jewish medics are experiencing more anti-Semitism in their work

Dr Rehiana Ali, a consultant neurologist of 20 years’ experience including a period at Imperial College NHS Trust, has recently made several inflammatory statements on social media. She reposted a tweet describing the late Hamas leader Yahya Sinwar as a “legend”, after denying atrocities committed by Hamas, and celebrating Israeli deaths.

Multiple complaints about Ali are believed to have been made to the General Medical Council (GMC), which regulates doctors. Ali denies the claims against her and told *The Telegraph* last month: “Posting facts is not ‘anti-Semitic’. It is the Palestinians who are Semites according to scientific/historical studies so the correct term you should be using is ‘judeophobic’ or ‘Jewish hatred’. I find it troubling that you object to questions being asked or concern [sic] over Israeli terrorism.”

There has – as yet – been no public outcome from the complaints made to the GMC about Ali, which is not atypical. Following a meeting with Jewish leaders to discuss anti-Semitism last week, Wes Streeting, the Health Secretary, told *The Telegraph*: “I expect regulators to investigate any concerns suggesting patient safety is at risk due to discrimination or misconduct by a healthcare professional. Any worker espousing racist or extremist views should know they could end up in front of a disciplinary panel.” Victoria Atkins, Streeting’s Tory predecessor, had previously warned that tough action against “extremism, discrimination or hate speech” was “vital for public confidence” in the health system.

This week, *The Jewish News* obtained figures from the GMC showing that, of 402 complaints of anti-Semitism between 7 October 2023 and 19 November this year, 350 cases were closed at the regulator’s “triage” stage. Six complaints were still being assessed while 25 were under investigation. The GMC said that 376 of those complaints “were made against 98 identifiable doctors and 26 were made against doctors where we have been unable to verify the doctor’s identity on the medical register”. No doctors are known to have been struck off for anti-Semitism.

Dr Wahid Shaida, a GP in north west London, was formerly leader of the UK branch of Hizb ut-Tahrir until its proscription as a terrorist organisation in January 2024. His previous actions include leading a protest featuring calls for “jihad” against Israel. Though Dr Shaida was [suspended by the NHS](#) earlier this year, a panel overturned this decision after it determined there was insufficient evidence that he was not fit to practise. An NHS spokesman said at the time that conditions would be imposed “to manage a safe return to practice, for both staff and patients”. At no point has the GMC suspended or removed Shaida’s licence to practise, meaning that even when he was suspended by the NHS he was still, in theory, permitted to practise privately.

Dr Wahid Asif Shaida previously described the Oct 7 Hamas attacks on Israel as ‘a welcome punch on the nose’

In another case, Martin Whyte, a paediatrician who was removed as deputy chairman of the British Medical Association’s junior doctors’ committee in April 2023 after writing on social media “Hahaha zeig heil hahaha gas the Jews”, is still licensed by the GMC, leaving him free to treat patients.

The GMC says that “a doctor not having interim restrictions on their registration does not mean the GMC is not investigating, nor is it an indicator as to whether they were referred to an Interim Orders Tribunal (IOT),” which hears cases in private.

But doctors fear that the apparent lack of action is having a knock-on effect among medics. Jonathan\*, a GP, works in a practice on the south coast. “I’m part of a WhatsApp group for a large number of doctors from all over the UK,” he says.

“During one of our discussions, someone posted a “Free Gaza” meme, with a Palestinian flag. I wrote: ‘Why are you putting this in our group? We should be sticking to professional topics on here.’

“The next thing I knew, there was a complaint to my practice manager, saying the writer was ‘worried about my patients’ because of ‘my Islamophobia.’”

Explaining his unease with the use of the Palestinian flag in this context, Jonathan says: “It’s not the flag itself that’s the problem,” he says. “It’s all the anti-Israel and anti-Jewish hate that is associated with this flag, and the illogical libel that goes with it – the claims of apartheid, genocide and ‘baby murdering’. I have nothing against the Palestinian people per se, but I do have a problem with Hamas, a terrorist organisation.”

Yorkshire-based physiotherapist Elisa\* eventually had to change jobs because of her colleagues’ behaviour. “It started with me being blocked from WhatsApp groups or removed from them all together,” she says. “Another colleague posted videos on Instagram of her[self] at the Pro-Palestine marches. When I tried to explain to her how this felt for a Jewish co-worker, she blocked me,” says Elisa. “I reported all this to my manager, an older clinician. He just told me to ignore it. A middle-aged person might think it’s ‘nothing’ to be blocked on social media, but when you are in your 20s, it’s really upsetting.

“Another assistant in our department has a large sticker on the back of her phone that says ‘Free Palestine,’” says Elisa, whose parents live in Israel. “During our Monday meetings, she turns her phone over so that the flag is showing, and nudges it towards me. Another has a lanyard with a map of Israel, overlaid with a Palestinian flag – she’s basically saying she wants to erase all the Jews from the Middle East.”

Elisa, who works in an area of north England with a large Muslim population, has become used to parents bringing in seven-year-old children wearing ‘Free Palestine’ T-shirts. (“The parents also ask whether I’m Jewish, as I dress modestly in the Orthodox style, but I tend to ignore the question,” she says). But it’s Elisa’s colleagues who upset her more than the patients. As well as wearing Palestine flags and badges resembling watermelons (used as a symbol of Palestinian resistance due to their green, red, and black colours): “Since October 7, I’ve noticed former friends being careful around me, putting on fake smiles when I come into the room. I’ve tried to speak to them face-to-face, but no-one is interested.”

Palestinian flags have appeared in working areas in some hospitals.

She has reported her colleagues’ behaviour five or six times. “After this, we receive round-robin emails about ‘uniform policy’, telling us that people should not be wearing political symbols to work,” she says. “So my colleagues take the flags and watermelon badges off for a week, but they soon return. There is no sanction or discipline.”

In the end, Elisa was no longer able to stand the constant drip-drip of anti-Zionist sentiment. “When I finished my last maternity leave, I requested that I move to a different rota,” she says. “Now I’m mostly doing home visits, where I don’t have to deal with it.”

Elisa feels “hurt and betrayed” by the actions of her colleagues. “From our first day of training, we are taught about professional ethics and the importance of treating everyone equally,” she says. “I see every patient as a human and this is meant to be instilled in our brains. But this doesn’t seem to mean a thing to the health authorities. It really does seem that ‘Jews don’t count.’”

Deborah, the ICU nurse, says: “I’m the only Jewish person in my department. I feel isolated, concerned and upset. I have cried at work. If I talk about going to visit my family in Israel, I have to talk in a whisper. After 25 years, I am now planning on leaving nursing.”

As a veteran medical academic, Katz is concerned. “Junior doctors and other medical staff may face an environment where, for them, the words taken from the GMC Good Medical Practice [guidelines], ‘respect for and sensitivity towards others’ life experience, cultures and beliefs’, are observed only in the breach in relationship to their Jewish identity,” he says. “This is what British Jewish doctors and other healthcare professionals are confronting in their daily environment.”

More than one junior doctor revealed in confidence to the *Telegraph* that they are hesitant to lodge any complaints because it could prejudice their applications for permanent NHS consultancy roles. Katz agrees this is an issue. “Junior doctors may want to write to the *Lancet* or the *BMJ* about their experiences, but they are worried about being Googled and then not short-listed for a senior post.”

He says that Palestine has become a “unifying cause” for many NHS staff, “even if few have had anything to do with Palestine previously. Other important humanitarian causes – Sudan, Syria, Ukraine, are being sidelined”.

Katz refers back to the hospital doctor in his kippah, effectively accused of “Israeli crimes” after his meeting. “This clinician’s case is typical,” he says. “He contacted the Jewish Medical Association, and a complaint was lodged with the local health trust. After a delay of several months, the doctor received a letter saying that ‘no further action is to be taken’.”

Many cases sent to the GMC are fudged over until they are quietly dropped, says Katz. “In at least two cases, there has even been a counter-complaint,” he says.

Katz and his colleagues would like to see anti-Jewish sentiment being taken seriously, and the IHRA definition of anti-Semitism adhered to.

Caroline Turner, the director of UK Lawyers for Israel (UKLFI), says: “We have reported around 43 doctors to the GMC, as well as reporting many of them to the police for their anti-Semitic statements on social media, and their statements supporting terrorism.”

“Some of these are being investigated although unfortunately the GMC seems to believe that anti-Semitic views are part of a doctor’s freedom of speech, so are allowed.”

The GMC insists “we are very clear that any form of anti-Semitism is completely unacceptable”, adding: “We can and will investigate serious concerns that suggest patient safety or the public’s confidence in doctors may be at risk, and we are clear that the standards expected of doctors do not change when they are communicating online. We consider all concerns that are raised with us and we take this responsibility very seriously.”

Wes Streeting has promised a ‘zero tolerance approach’ to anyone in the NHS who ‘uses the conflict in the Middle East as a pretext to attack communities’.

An NHS spokesman adds: “It is completely unacceptable for anyone to experience racism, discrimination or prejudice in the health service, and the NHS takes any instance of anti-Semitism extremely seriously.

“The NHS provides care and treatment for everyone regardless of race, faith, or background and all trusts and NHS healthcare providers should have robust policies in place to take the necessary action against any member of staff who is in breach.”

But Turner continues: “In all, we have seen a terrible problem of anti-Semitism within many hospitals and other NHS settings since October 7.”

And yet, Katz has a quiet determination about the future of junior doctors in the UK. “This is the time of year when aspiring doctors hear whether they have been invited to interview for a medical school place,” he says. “In recent weeks we have been running mock mini-interviews.”

“The students doing the interviews were all prepared perfectly: the atmosphere was remarkably calm, serious and studious. It was done with aplomb, and with positive constructive suggestions. It had a rhythm about it that was in itself reassuring.

“As I left, I reflected that these students and prospective students, and their leaders, deserve huge credit for what they were doing,” says Katz. “This should be acknowledged: they are a source of pride for the Jewish community. We can but hope that they will be allowed to contribute to the distinguished history of Jews in British medicine.”