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**MEDICAL  
ETHICS AND THE  
DETENTION OF  
GAZA RESIDENTS  
SINCE THE START  
OF THE 2023 WAR**  
AN ETHICAL OPINION PAPER

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HUMAN RIGHTS  
ישראל ישראל

PHYSICIANS FOR HUMAN RIGHTS  
רופאים אטיבים  
לזכויות אדם לחقوق الإنسان

**It is the duty of every doctor, medical staff, and organizations representing the health community to oppose what is taking place in Sde Teiman in general and, in particular, in relation to the medical treatment given to prisoners there.**

**The undersigned on this report believe that the facility should be closed and that the presence of medical staff in a place where the treatment and conditions amount to torture is forbidden.**

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# Background

Since the start of the war and Israel's ground incursion into the Gaza Strip, thousands of Gaza residents, including children, women, elderly people, and dozens of medical personnel, have been detained by Israel. So far, any attempt to receive information regarding their conditions and locations has proven unsuccessful (see, for example, HCR 9021/23). The Gazan detainees are completely isolated from the outside world, and any third-party attempts to visit them, including legal representatives, local and international official visitors (such as the International Committee of the Red Cross), and human rights organizations, have been prevented. To our knowledge, all Gaza residents detained since the war's onset have been categorized as "Unlawful Combatants". This classification deprives them of prisoner of war status, enabling Israel to prohibit lawyer visits for prolonged periods, leading to a lack of critical oversight during a time of heightened risk of severe incarceration conditions and torture.

According to information obtained from the Israel Prison Service (IPS) in early April 2024, it appears that 849 individuals classified as "Unlawful Combatants" are presently held in its custody.<sup>1</sup> The number of individuals detained by the Israeli military, who have utilized a detention facility at the Sde Teiman army base to confine Gazan detainees, has not been disclosed.<sup>2</sup> Media reports indicate that three imprisonment facilities are being operated at the military base, with the recent addition of a fourth. Each of these facilities is said to accommodate up to 200

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<sup>1</sup> [HaMoked](#) website.

<sup>2</sup> See for example: Hagar Shizaf, "[Hundreds of arrested Gazans are imprisoned in the southern Israel while blindfolded and handcuffed throughout the day](#)" *Haaretz*, December 18, 2023.

individuals, although the actual numbers held there may exceed this figure.<sup>3</sup> Accounts from individuals released from the detention facility, as well as official guidelines from the Health and Defense Ministries,<sup>4</sup> suggest that those held at the site are continuously kept with their hands bound behind their backs, blindfolded, and kneeling for the majority of the day (7 am to 11 pm). Those who have been released have additionally reported being held in what they describe as pens, and they endured systematic violence, abuse and humiliation by the soldiers, that resulted in severe injuries and the deaths of other detainees.<sup>5</sup>

After Israeli hospitals declined to admit Gazan detainees and following healthcare system efforts to minimize their hospitalization in civilian facilities, a field hospital was established adjacent to the Sde Teiman imprisonment compound. This report discusses the limited information available regarding the medical care provided at the field hospital, the conditions of their detainment, and the procedures in case of referral to civilian hospitals. It cautions that under such conditions, the medical staff working in this facility face a significant risk of committing severe violations of medical ethics. As discussed in this report, the Ministry of Health's directives enable these violations while safeguarding staff from legal repercussions and ethical misconduct complaints, including involvement in practices tantamount to inhumane treatment or torture. Furthermore, considering the increasing number of testimonies from both detainees and medical staff concerning the circumstances at the Sde Teiman facility, the report suggests its closure and the relocation of all detainees requiring medical attention to civilian hospitals. This would ensure they receive appropriate medical care that conforms to medical ethics and professionalism.

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<sup>3</sup> Ibid.

<sup>4</sup> Ministry of Health, "[Briefing for the medical treatment of unlawful combatants at the Sde Teiman facility - Iron Swords War, December 19, 2023](#)" (Henceforth: Ministry of Health Directives.)

<sup>5</sup> See among others, Monika Pronczuk and Patrick Kingsley, "[U.N. Aid Agency Researchers Allege Abuse of Gazans in Israeli Detention](#)," *The New York Times*, March 3, 2024; Yuval Avraham, "['Kneeled for 20 straight hours, anyone who moves is beaten': Gazans describe their detention in Israel](#)", *Sicha Mekomit*, January 3, 2024; "[Haaretz Exposé | 27 Gaza Detainees Have Died in Custody at Israeli Military Facilities Since the Start of the War](#)," *Haaretz*, March 7, 2024.

## The detainees' right to medical care

Although the right to freedom is revoked upon entry into prison, other fundamental rights, including the right to dignity, physical integrity, and equality, are maintained. While movement is restricted, the state's obligation to safeguard the health of all individuals in custody is correspondingly heightened. The International Covenant on Economic, Social and Cultural Rights (1966),<sup>6</sup> ratified by Israel in 1991, enshrines the right of every person to receive the highest attainable standards of healthcare, as detailed in Article 12: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

Additionally, the right to medical care is anchored in section 3a of Israel's Patient's Rights Act (1996), which stipulates that "every person in need of medical care is entitled to receive it in accordance with all laws and regulations and the conditions and arrangements in effect at any given time in the Israeli healthcare system." Section 5 of the law further states that "patients have the right to receive sufficient medical care that meets standards of professionalism, quality, and interpersonal relations." And yet, Ministry of Health and Ministry of Defense directives and on-the-ground testimonies indicate that these obligations are often disregarded, as discussed later in this ethical opinion.

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<sup>6</sup> International Covenant on Economic, Social and Cultural Rights. 1966. General Assembly resolution 2200A (XXI).

## Referrals from the Sde Teiman field hospital to Israeli civilian hospitals

The Ministry of Health stated that individuals detained in the first few days of the war would not be treated in Israeli public hospitals and instead referred to the Israel Prison Service or military facilities – without accounting for these facilities’ capacity to provide the required medical care.<sup>7</sup> This announcement was embraced by Israel’s public hospitals, including Hadassah Medical Center,<sup>8</sup> which refused to admit detained Gaza residents brought in by security forces, as well as Sheba Medical Center.<sup>9</sup> Indeed, the Israel Medical Association (IMA) has called for treating every individual as a human being, while labeling the Gazan detainees as ‘terrorists’,<sup>10</sup> and some hospital personnel as well.<sup>11</sup> Yet, it was also reported that “most hospitals emphasized that they do not intend to hospitalize or provide any form of medical treatment to terrorists within their facilities.”<sup>12</sup> The Ministry of Health rationalized the inauguration of the Sde Teiman field hospital as “an alternative to treating them in civilian medical facilities given the disruption to public order resulting from their presence and the fear for their safety as well as the safety of other patients and medical personnel.”<sup>13</sup>

According to paragraph 10.3 of the Health Ministry directives for the establishment of the field hospital, patients may only be transferred to a civilian hospital in cases of immediate threat to their lives or risk that they may become irreversibly and severely disabled – and if there is no possibility of treating them at the field hospital. An irreversible and severe disability is defined as “the loss or dysfunction of a vital organ (such as a limb amputation or the loss of an eye).” In addition, medical

<sup>7</sup> Adir Yanuk, Ilana Kuriel, [“Following the public storm: the Health Ministry says a hospital will be built for the Gaza terrorists,”](#) *Ynet*, October 13, 2023.

<sup>8</sup> Channel 14, [“Not virtue signaling: Hadassah Hospital refuses to treat a Hamas terrorist,”](#) October 17, 2023.

<sup>9</sup> Adir Yanko, [“Sheba Hospital refuses to admit a terrorist; ambulance reroutes to IPS facility,”](#) *Ynet*, October 11, 2023.

<sup>10</sup> Israel Medical Association, [“The medical treatment of Gaza civilians and/or terrorists,”](#) January 25, 2024 (originally drafted in 2023).

<sup>11</sup> Yifat Menhardt, [“Physician who treated a terrorist: He’s the epitome of evil, but everyone deserves medical care,”](#) *Ynet*, October 15, 2023.

<sup>12</sup> Channel 14, [“Not virtue signaling: Hadassah Hospital refuses to treat a Hamas terrorist,”](#) October 17, 2023.

<sup>13</sup> Ministry of Health Directives, article 1.1.

treatment at a civilian hospital is limited to "the health concern identified at the time of transfer, and only for injuries resulting from combat - based on the patient's condition at the time of transfer. Special cases will be individually discussed" (section 10.6 of the directives)

These limitations have significant repercussions, particularly since some of the detained individuals may have pre-existing illnesses or may have developed severe medical conditions and health issues as a result of their confinement and subsequent interrogation. Consequently, attending care providers are constricted in determining the proper course of treatment for patients.

On February 23, Izz ad-Din al-Bana, a 34-year-old Gaza resident who relied on a wheelchair before his arrest, died at the IPS Medical Center. Al-Bana was transferred from Sde Teiman to the medical center due to severe pressure ulcers. Other individuals in detention with him stated that he had been complaining of pain for several days but did not receive an appropriate response or treatment. These circumstances raise concerns that Al-Bana was not transferred to a civilian hospital because his medical condition was not combat-related.

These directives, combined with the prevailing current militant public sentiment in Israel, the Health Ministry's clear reluctance to treat these patients in public hospitals, and the stances of numerous hospital staff members, have led public hospitals to provide medical treatment fraught with ethical and professional failures. Several hospital staff members have confirmed these circumstances to PHRI.<sup>14</sup>

Israel's public hospitals are ill-equipped to effectively separate detained patients from others in a manner that ensures the safety of both patients and staff amidst public unrest concerning their treatment. The lack of protocols for such scenarios, coupled with the prevailing public climate, has prompted hospitals to push for the swift release of detained patients - despite many of them arriving in critical conditions, frequently with gunshot wounds. These premature discharges have occurred at the cost of maintaining professional standards, although such actions could jeopardize patients' lives and potentially constitute medical malpractice.

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<sup>14</sup> The details of the staff members are withheld for their protection.



As such, instead of receiving care in a fully equipped intensive care unit or other units designed to address their conditions, detained patients are sometimes treated in facilities that restrict the treatment options available to their attending physicians. Furthermore, the attending medical personnel usually accept that detained patients are not identified by name and receive treatment while restrained, blindfolded, and wearing minimal clothing. These conditions further contribute to the widespread dehumanization of these patients. Moreover, staff have repeatedly neglected to ensure that informed consent is obtained or that translation services are provided, resulting in invasive medical procedures being carried out without patients receiving sufficient explanations beforehand or giving their consent. Certain staff members have also demonstrated positions that stray from the principles of medical ethics and professionalism by declining to administer care, necessitating their replacement by other personnel. Others have voiced support for providing only minimal treatment, including refraining from administering pain relief medication after undergoing an invasive procedure, or justifying treatment provision solely in instances where it aids the security forces in interrogating the patients.

The combination of staff members' personal positions and institutional directives backed by the Health Ministry has resulted in disparities in the delivery of medical treatment within the hospitals. The care provided to detained Gaza residents falls far below accepted standards and often proves harmful, departing from established protocols and ethical norms in many cases.

### **Medical care at the Sde Teiman Field Hospital: Ethical failures**

The field hospital is staffed by a senior physician and a team of medical professionals drafted to military reserve duty - though not through the military's Medical Corps, which is bound by Israel's Patient's Rights Act.<sup>15</sup> While their separation from the Medical Corps does not exempt

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<sup>15</sup> Patient's Rights Act (1996). The law regards the "Medical Corps of the Israel Defense Forces, the Medical Service of the Israel Police, and the Israel Prison Service's medical department" as medical institutions.

them from following ethical standards, it does indicate an alarming approach that would suggest they are not bound to the stipulations of the Patient's Rights Act.

Furthermore, the classification of detained Gazans as "Unlawful Combatants" appears to offer justification for the Ministry of Health, which refers to it in the directives, to devise alternative standards that blatantly violate standard ethical principles. For instance, according to the established protocol at the field hospital, detained individuals must receive treatment while they are handcuffed and blindfolded. The sole exception to this regulation is if the attending physician deems it necessary due to medical reasons. However, if security forces raise objections, the matter is escalated to a senior official for a final decision.<sup>16</sup> Past experiences suggest that medical personnel generally refrain from instigating conflicts, and in most instances, detained patients in Israel receive treatment while restrained.<sup>17</sup>

**a. Anonymity of care providers:** The field hospital directives state that in order to safeguard medical personnel as civilians and soldiers, their personal identifying information should not be disclosed. As a result, physicians are directed to refrain from signing medical documents with their name, license number, or personalized stamp, but rather solely by indicating their profession and medical specialization. This directive contradicts the Patient's Rights Act, which mandates that "physicians must document the treatment process in a medical record; the medical record should include, among other details, the patient's identifying information and the attending physician's details."<sup>18</sup> Preserving the anonymity of physicians at the field hospital can be interpreted as a measure intended, at least in part, to shield them from potential public backlash. However, there is a serious concern that anonymity is employed to prevent the possibility of investigations or complaints regarding breaches of medical ethics and professionalism.

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<sup>16</sup> Ministry of Health Directives, article 5.

<sup>17</sup> Meital Yassur Beit-Or, "What danger is posed by a boy without a leg? Over 95% of prisoners are restrained during medical treatment | An investigation," *Israel Hayom*, July 16, 2023.

<sup>18</sup> Patient's Rights Act section 17a.

**b. Treatment without informed consent or against patients' wishes:**

In accordance with the Patient's Rights Act, the directives of the field hospital stipulate that patient consent for medical treatment must be obtained and their preferences respected. An exemption from this protocol arises in instances of emergency care necessary to preserve the patient's life or prevent the immediate risk of severe and irreversible disability or when obtaining consent is not feasible.<sup>19</sup> However, while the Patient's Rights Act mandates that an ethics committee approve such cases after the patient has been consulted, the directives of the field hospital specify that ethical consultation should take place "when feasible, considering the facility's capacities and time constraints." Given the absence of sufficient checks and balances akin to those established in the civilian healthcare system, there are concerns that this approach might become standard practice. Therefore, physicians at Sde Teiman Field Hospital must exercise heightened caution regarding treatment without patient consent.<sup>20</sup> To our knowledge, medical treatment in Sde Teiman is typically administered without any discussion, translation, or explanations, and without actively seeking or obtaining patient consent.

**c. Surgical procedures performed without an anesthesiologist:**

At the discretion of the senior medical officer, surgical procedures of moderate complexity (typically not involving the penetration of significant body cavities) may be carried out at the field hospital. "General anesthesia should be administered, when feasible, in the presence of an anesthesiologist."<sup>21</sup> This non-binding directive suggests a subpar medical care standard and underscores concerns about the adequacy of the field hospital as a substitute for civilian hospitals.

**d. No reporting requirement:** Beyond what is explicitly outlined in the directives, it is noteworthy that there is no mention of the medical staff's obligation to report suspected instances of violence and torture, document them in medical records, and notify relevant authorities. The lack of adequate emphasis on this obligation, particularly within a facility of this kind, reflects a disregard for the responsibilities and directives outlined for medical personnel in detention settings,

<sup>19</sup> Ministry of Health Directives, article 10.

<sup>20</sup> Lee Black, Forced Mediation of Prison Inmates, *AMA Journal of Ethics, Virtual Mentor*. 2008;10(2):106-109. doi: 10.1001/virtualmentor.2008.10.2.hlwl1-0802.

<sup>21</sup> Ministry of Health Directives, article 9.2.

as stipulated in the Istanbul Protocol,<sup>22</sup> World Medical Association (WMA) guidelines,<sup>23</sup> and even IMA's guidelines, which mandate that "physicians who witness interrogations or torture carried out in violation of international conventions must report them to the appropriate authority."<sup>24</sup> Given that detainees consistently arrive for medical care with signs of severe violence, and considering that the cries of those enduring torture and violent punishment are clearly audible at the field hospital's tent, located at a distance of single meters from the detention pens, it is reasonable to infer that the medical staff is fully aware of the activities taking place in the detention facility. Consequently, it is the staff's ethical responsibility, regardless of any omission in the Ministry of Health's directives, to report and warn about these abuses.

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<sup>22</sup> [Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment \(2022 edition\).](#)

<sup>23</sup> [WMA Statement on the Responsibility of Physicians in the Documentation and Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment.](#)

<sup>24</sup> Dr. Tami Karni, (Ed.) "Medical Ethics: Guidelines and Position Papers," Ethics Board, Israel Medical Association 2023, Chapter 4: Physician-Society Relations, B. Prohibition of the participation of physicians in interrogations and torture.

# Health damage resulting from incarceration conditions

Security forces at the field hospital require all detained persons to remain handcuffed and blindfolded at all times, including during medical treatment.<sup>25</sup> Media reports indicate that Gaza residents held at this military facility endure harsh conditions, being restrained with their hands behind their backs and occasionally bound to a fence for prolonged periods, spanning entire and consecutive days.<sup>26</sup> These circumstances lead to substantial physical and psychological harm.

**a. Prolonged physical restraint** has been demonstrated to adversely affect various physiological systems and, in severe instances, can lead to death.<sup>27</sup> Prolonged restraint causes pain and suffering during and after the restraint<sup>28</sup> and may result in nerve damage that impacts hand functionality.<sup>29</sup> The likelihood of nerve damage increases with prolonged periods of restraint.<sup>30</sup> Studies on neurological damage resulting from handcuffing have shown that a substantial number of individuals exposed to handcuffing suffered nerve damage, although they were restrained for for short periods on average much less than usual in Sde

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<sup>25</sup> Ministry of Health, article 5.1.

<sup>26</sup> See for example: Mirian Berger, Hajar Harb, "[Gazan prisoners describe abuse at secretive Israeli detention sites](#)," *Washington Post*, 11.1.2024.

<sup>27</sup> Mohr WK, Petti TA, Mohr BD. Adverse effects associated with physical restraint. *Can J Psychiatry*. 2003 Jun;48(5):330-7.

<sup>28</sup> Grant AC, Cook AA. A prospective study of handcuff neuropathies. *Muscle & Nerve* 2000;23:933-938.

<sup>29</sup> Levin RA, Felsenthal G. Handcuff neuropathy: two unusual cases. *Arch Phys Med Rehabil* 1984;65:41-43.

<sup>30</sup> Bradley ed. *Neurology in Clinical Practice* p 1186, 2004. e-edition, accessed 30.1.2008.

Teiman.<sup>31</sup> The longer the duration of restraint, the greater the likelihood of experiencing neurological symptoms.<sup>32</sup> Restriction of independent movement not only results in physical injuries but also contributes to long-term mental health issues.<sup>33</sup>

**b. Blindfolding** can, even with short-term use, induce visual hallucinations in healthy individuals.<sup>34</sup> Over extended periods, such as during incarceration or captivity, prolonged use of blindfolds can contribute to the onset of anxiety disorders, depression, substance abuse, and post-traumatic stress disorder in the medium to long term.<sup>35</sup>

**c. Violence, abuse, humiliations, and death in custody:** Beyond the specific damages caused, subjecting individuals to extraordinary and extreme incarceration conditions generates a collective impact that exceeds the sum of its components. Research indicates long-lasting and significant outcomes, including decreased life expectancy, a notable prevalence of PTSD (up to 90%), and the emergence of depression and anxiety disorders.<sup>36</sup>

As per a report from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), interviews conducted with approximately 100 released detainees revealed that they were blindfolded, beaten, robbed, sexually assaulted, attacked by dogs, and denied access to medical care and legal representation.<sup>37</sup> Four

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<sup>31</sup> Ghaleb, et al.,2014; Granville-Chapman et al.,2005; Neufeld, et al., 2021.

<sup>32</sup> Chariot P et al. 2001.

<sup>33</sup> Mohr WK, Pumariaga AJ, "Post restraint sequelae five years out: concerns and policy implications," (paper presented at the Annual American Psychiatric Association meeting, New Orleans, LA, May 9 2001).

<sup>34</sup> Merabet LB, Maguire D, Warde A, Alterescu K, Stickgold R, Pascual-Leone A. Visual hallucinations during prolonged blindfolding in sighted subjects. *J Neuroophthalmol.* 2004 Jun;24(2):109-13.

<sup>35</sup> Turner S, Gorst-Unsworth C. Psychological sequelae of torture. A descriptive model. *Br J Psychiatry.* 1990 Oct;157:475-80; Neria Y, Solomon Z, Ginzburg K, Dekel R, Enoch D, Ohry A. Posttraumatic residues of captivity: a follow-up of Israeli ex-prisoners of war. *J Clin Psychiatry.* 2000 Jan;61(1):39-46.

<sup>36</sup> Abu Suhaiban H, Grasser LR, Javanbakht A. Mental Health of Refugees and Torture Survivors: A Critical Review of Prevalence, Predictors, and Integrated Care. *Int J Environ Res Public Health.* 2019 Jun 28;16(13):2309. doi: 10.3390/ijerph16132309. PMID: 31261840; PMCID: PMC6651013.

<sup>37</sup> The full report has not yet been released, but portions of it have been published as part of a New York Times investigative report: Monika Pronczuk and Patrick Kingsley, "[U.N. Aid Agency Researchers Allege Abuse of Gazans in Israeli Detention](#)," *The New York Times*, March 3, 2024. It was also been referenced in Julian Borger, "[Palestinians 'beaten and sexually assaulted' at Israeli detention centres, UN report claims](#)," *The Guardian*, March 5, 2024.

Gaza residents interviewed by Sicha Mekomit recounted the torture, degradation, and abuse they suffered in the detention facility: "The detainees described incidents where soldiers urinated on them, administered electric shocks, burned their skin with lighters, spat in their mouths, and deprived them of sleep, food, and access to toilets until they soiled themselves." These testimonies suggest extreme violence, resulting in fractures in various parts of the body, internal bleeding, and, in some cases, death.<sup>38</sup>

An investigative report by Haaretz revealed that 27 Gaza residents have died in military detention facilities since the start of the war.<sup>39</sup> Although the Israeli military denies some of the allegations, it has confirmed that indeed a number of Gazans died in custody, and the circumstances of their deaths are being investigated by the military police.<sup>40</sup> In late December, PHRI filed a Freedom of Information request to the Israeli military and the Ministry of Health, seeking information regarding the number of individuals who died while in military custody and the number of bodies sent for autopsy at the Ministry of Health's National Center of Forensic Medicine. Both parties sought an extension until the end of February, yet no response to the Freedom of Information request has been received to date.

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<sup>38</sup> Yuval Avraham, "['Kneeled for 20 straight hours, anyone who moves is beaten': Gazans describe their detention in Israel](#)", *Sicha Mekomit*, January 3, 2024.

<sup>39</sup> "[Haaretz Exposé | 27 Gaza Detainees Have Died in Custody at Israeli Military Facilities Since the Start of the War](#)," *Haaretz*, March 7, 2024.

<sup>40</sup> *Ibid.*

## Political interference in ethical and professional medical decisions

For years, PHRI has dedicated its efforts to addressing issues concerning adherence to medical ethics, conflicts of interest in healthcare, torture, and the medical treatment of individuals in incarceration settings. However, since the beginning of the current war, these issues have reached a crisis point, resulting in the abandonment of fundamental principles that, despite being regularly violated, were previously regarded as ideals to uphold and strive for. This situation was not only influenced by the current public sentiment in Israel but also by elected officials and state ministries who actively encouraged and promoted it. In addition to the Ministry of Health directives previously discussed, there was a consistent reluctance to address the necessity of transferring many detained Gazan patients to civilian hospitals. For example, the professional staff of the Ministry of Health sent a letter to hospital administrators directing them to admit individuals from Gaza and Lebanon who were injured in the war, stating that "these injured individuals have been evacuated for humanitarian reasons, in accordance with political and military considerations." As per media reports, the Health Ministry highlighted that the instruction to offer medical care corresponds with the state's responsibility to adhere to international laws and treaties. They mentioned that "the humanitarian evacuation of injured individuals has been conducted by the Israeli military, following the orders of commanders and medical personnel



in the field."<sup>41</sup> However, within less than 24 hours of sending the letter, the Ministry of Health's political leadership declared the directive's revocation.<sup>42</sup>

Medical professionals have been facing substantial interference in their decision-making processes, whether through directives instructing them not to admit residents of Gaza and Lebanon or, if admitted, to withhold treatment for health issues unrelated to combat injuries. This interference has been conveyed through formal directives or by fostering an atmosphere that permits and even encourages disregarding the principles of medical professionalism and ethics.

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<sup>41</sup> See, for example, Yolan Cohen, "[Ministry of Health instructs hospitals: prepare to treat wounded residents of Gaza and Lebanon](#)," *Channel 12*, January 18, 2024.

<sup>42</sup> Yolan Cohen, "[Storm in the Ministry of Health: The Minister instructed to cancel the directive to prepare for hospitalization of Gaza and Lebanon residents](#)," *Channel 12*, January 19, 2024.

## The healthcare community's role: IMA reactions to appeals from PHRI

Some of the concerns outlined in this report have been brought to the attention of the IMA, but its responses have been inadequate and superficial. For example, when we alerted the World Medical Association that the hospitalization of Gazan detainees was being prevented in public hospitals, IMA's legal advisor wrote to the WMA that "a dedicated hospital was set up within the Israeli Prison Service to treat these terrorists."<sup>43</sup> In contrast, IPS Chief Medical Officer Dr. Liav Goldstein explicitly mentioned in his response dated October 30, 2023, that "the IPS does not maintain a dedicated hospital as asserted in your letter."<sup>44</sup>

Responding to the various ethical concerns we raised, Dr. Yossef Walfisch, Chairperson of the IMA Ethics Board, offered a laconic statement: "My investigation into the matter revealed that the Supreme Court has addressed the issues you have highlighted. Furthermore, the IPS Chief Medical Officer assured me that the medical care provided to all individuals in prison - both security and non-security prisoners alike - adheres to the principles of medical ethics. Therefore, the ethics board finds no reason to pursue any further inquiries into the matter."<sup>45</sup>

The spirit of this approach persists, along with a reluctance to proactively and vigorously confront the reported deaths in custody, reports in the media and the various complaints brought to the IMA's attention since then.

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<sup>43</sup> Email dated October 23, 2023.

<sup>44</sup> Letter drafted by IPS Chief Medical Officer Dr. Liav Goldstein to PHRI.

<sup>45</sup> Letter addressed to PHRI.

## Conclusion and recommendations

It is vital to emphasize that the principles of medical ethics and professionalism dictate that the medical treatment offered to all detained individuals must be determined solely by their medical needs and the decisions of their care providers, without any interference from security or political considerations. Every physician has an obligation to ensure this for their patients. This can be guaranteed in a civilian medical facility, where the safety of both patients and care providers can be assured and which operates under ethical and professional guidelines.

The signatories of this ethical opinion contend that the Israeli healthcare system, particularly the Ministry of Health, has enabled the ethical violations previously outlined concerning the medical treatment of Gazan detainees. Moreover, the signatories of the report contend that the presence of medical professionals in a setting where there are severe and well-founded concerns about the treatment and conditions amounting to torture is forbidden, especially if it continues without raising a red flag and bringing the matter to the attention of decision-making authorities. We understand the challenges and ethical dilemmas confronting physicians working in this facility, and we recognize that many others have refused to treat these detained individuals altogether. Therefore, it is reasonable to presume that the medical personnel who nonetheless answered the call to treat these individuals did so out of a sense of duty to uphold the medical mission – despite systemic hostility. According to reports we have received, some are experiencing ethical, professional, and even emotional distress due

to the profound violations of medical ethics and professionalism. It is our understanding that these dilemmas and struggles have been brought to the attention of the IMA.

Given the incidents of deaths in custody, accounts of the conditions in detention facilities, and the information offered by PHRI, the IMA is expected to take a more proactive approach and serve as a guiding influence and support system for medical professionals facing these challenges.

**Therefore, most criticism should be directed towards the healthcare system and the organizations representing the healthcare community, including the Ministry of Health, the IMA, the National Association of Nurses, and even the military's Medical Corps. They are responsible for ensuring that healthcare professionals are not placed in situations that inherently and structurally expose them to the risk of committing blatant ethical violations. Whether through explicit guidelines or blaring silence, these bodies enable such violations to occur and shield medical personnel from legal repercussions, yet abandon them to face the mental, ethical, and moral consequences alone.**

**The overall conditions and the medical care standards at the Sde Teiman facility are a low point for medical ethics and professionalism. Every physician and healthcare professional has a responsibility to oppose the continued existence of this facility, vigorously advocate for its closure, and demand the transfer of detained Gazans requiring medical attention to a civilian medical facility that adheres to ethical and professional medical standards.**