



## **Israel, Iraq, Zimbabwe — should we care?**

Should general medical journals concern themselves with political debates and political conflicts around the world?

The World Association of Medical Editors (WAME) maintains an electronic forum for editors from around the world to exchange information, present and discuss editorial dilemmas, and debate the perennial topics of editorial independence, peer review, conflict of interest, copyright, funding of journals and so forth. Once in a while, someone throws in a topic that raises tempers and results in a few resignations from WAME, such as when Ian Roberts, editor of the *Cochrane Injuries Group*, wrote in recently to call for more debate in medical journals about the impending attack on Iraq.

Against those who believe that medical journals are an inappropriate medium for the politics of the Iraqi conflict, Roberts countered that medical journals have already played an important if unwitting propaganda role in preparing the public for the Iraqi conflict. To persuade ordinary people to support the military attack on Iraq, he argues, 'it is necessary to whip them up by making them feel that they are being attacked ... and medical journals have, I believe, played an important propaganda role in persuading the public that they are being attacked'. As evidence, Roberts cites the growth in the number of articles on bio-terrorism published in the leading five medical journals, from 2 in 1999 to 72 in 2002 (presumably following September 11 and the anthrax scare), as opposed to only 56 articles on road traffic crashes. In real life, traffic accidents have a much greater relative public health impact, killing 3 000 people a day worldwide.

So then, how should medical journals deal with world political conflicts? A common-sense approach comes from Africa. Malcolm Molyneux of the *Malawi Medical Journal* writes: 'Medical journals should provide a forum for presenting war's health consequences, but not for discussing the political (or poetic, or religious) aspects. Similarly, the risk that excessively loud music may impair hearing is a legitimate topic. The artistic merit of the music is not.' However, it is not always possible to make that sort of distinction.

Medical journals certainly have given much attention to the health and medical fall-out of the Iraqi conflict. A *BMJ* search has produced no less than 187 references – news, letters, commentary – on Iraq in that journal in the last 2 years. Whereas the focus has mostly been on the effects of the economic sanctions on Iraqi child mortality and morbidity, prompting the resignation of some high-level UN aid officials in Iraq, it has also included the fate of doctors who have been executed or imprisoned for refusing to amputate limbs and ears of lawbreakers.

On television recently, I watched with horror as an Israeli tank blasted uniformed Palestinian firefighters desperately trying to douse a burning block of flats in a residential neighbourhood in the occupied territories. Dropping their fire hoses, the firefighters scampered away for dear life. A few days earlier, I had been equally horrified by the devastation at the scene of a suicide bombing in Haifa which cost 11 lives and caused numerous injuries.

The Israeli-Palestinian conflict is historically convoluted and politically complex, and it would be foolish to view the context

of these events in simplistic terms. These horrors reflect the intensity of the strife that has been with us since the founding of the state of Israel in 1948. In that sense, nothing has changed. What has changed is the current image of Israel in the eyes of the larger world. The 'old' Israel of Ben Gurion, Golda Meir, Moshe Dayan and Yitsak Rabin was perceived to adhere to the Western values of chivalry, fair play and a human rights culture. The Israeli army was the stuff of which legends were made. For these and other reasons, Israel enjoyed the almost unquestioning support and goodwill of the democratic nations of the world.

Whether the Israelis are truly more secure now than before Ariel Sharon is for them to decide. What is clear, however, is that in the 'new' Israel of Sharon and Benjamin Netanyahu, that reservoir of goodwill and trust is steadily drying up. And the killing has not stopped. Over 700 Israeli and 2 100 Palestinian lives have been lost since September 2000, and the World Bank estimates the economic regression (housing, infrastructure, joblessness) in the occupied territories at 5 billion US dollars during this period. Indeed, the dominant TV images nowadays are of Israeli bulldozers demolishing home after home, and of F15 bombers, helicopter gunships and tanks unleashing their wrath on seemingly unarmed communities who can only throw stones in return.

All of this infrastructural devastation and social disruption has had a serious impact on the health of the Palestinians, and it is for this reason that Israel has been in the spotlight in leading medical journals recently – particularly in the *BMJ* and the *Lancet* – including a debate in the *BMJ* about whether or not there should be a boycott of Israeli universities and Israeli science.

In a development reminiscent of NAMDA in the days of MASA, a group of Israeli doctors has formed the 'Physicians for Human Rights-Israel' to expose state human rights abuses, and to 'protest the Israeli policy of siege which makes it impossible for the Palestinian health system to function'. The IMAs apparently consistently declined to condemn the use of torture for political purposes.

If we learned one lesson during the years of apartheid, it was that where health and medical issues are concerned medical journals must not avoid dealing with politically sensitive topics. The *SAMJ* certainly has not hesitated to publish articles with a political dimension domestically in the last decade. We have however given scant attention to the health consequences of the conflict right across our borders in Zimbabwe, where ordinary people are facing unprecedented starvation from food shortages and other deprivations due to economic collapse.

The consequences for health and medical ethics of political conflict are our business, wherever they may occur.

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