Medical Horizons
Dilemma of Ethics at the World Medical Association

Aly A. Misha’l*

The World Medical Association (WMA) was founded in 1947, as a response to the egregious abuses by German and Japanese doctors in World War II, and their unethical participation in research on humans, and torture of prisoners. The first task of WMA was the foundation of ethical codes for the world medical doctors in their professional conduct of medical practice and research.

Since then, WMA has become the world authority in bioethical standards.

In 1964, WMA established the (Declaration of Helsinki) which has become the cornerstone of conduct in medical practice and research. To this day, the Declaration has proudly stood the test of time as the world policy statement in bioethical conduct. It has been amended six times to face evolving medical and research issues, the most recent amendment has been in October 2008.

Membership in WMA has been open for medical societies from all parts of the world, many of which have signed and abided by its covenant. Since its establishment, WMA’s general assembly, in collaboration with its ethical bodies, undertook elections of WMA successive presidents, from among doctors with distinguished records in adopting sound ethical standards in their respective national medical associations.

The new extremely disturbing development, which shocked many doctors from many parts of the world, was the selection of the Israeli Dr. Yoram Blacher as its new president, with his shameful record of unethical conduct in areas of human rights and torture of prisoners.

It is noteworthy that the doctors who enthusiastically led the worldwide campaign against this unethical doctor were from among British and other western professors and medical professionals.

We present this significant account of these worldwide efforts to condemn Dr. Yoram Blacher selection, and to strongly demand his dismissal, to safeguard the distinguished reputation of WMA as a monument for bioethics.

The most informative account is the presentation by the British pioneer in this campaign, Dr. Derek Summerfield (derek.summerfield@googlemail.com), of the UK Medical Committee for Palestine:

Background Briefing

Torture and the Israeli Medical Association: a brief history: Torture in Israel has a long history and there is a mountain of documentation in the public realm attesting to it, from both international and regional (Israeli and Palestinian) human rights organisations.

In 1993 the existence of a "fitness for interrogation" form came to light, to be signed by a doctor. Since interrogation customarily meant torture, the doctors signing these forms were giving the green light to the interrogators and their methods and were thus part of the process themselves.

1- Chief of Medical Staff, Islamic Hospital, Amman, Jordan.
*Correspondence should be addressed to:
Aly A. Misha’l, MD, FACP
Islamic Hospital, Amman, Jordan
E- mail: info@islamic-hospital.org.

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Amnesty International concluded in 1996 that Israeli doctors working with the security services "formed part of a system in which detainees are tortured, ill-treated and humiliated in ways that place prison medical practice in conflict with medical ethics". Amnesty, and others who approached the Israeli Medical Association (IMA) to urge them to take a stand, were consistently rebuffed. This too has been the IMA response to published material in mainstream medical journals, the notable British Medical Journal and the Lancet. In reply to one such paper, published in the Lancet in 1997, the longstanding president of the IMA Dr. Y Blachar actually justified the use of "moderate physical pressure", the euphemism in Israel for torture, and that is declared as such by the UN Committee Against Torture!

The moral position and strategic line taken over many years by the IMA was well captured by a remark made by Professor Eran Dolev, than IMA Head of Ethics (yes, Ethics!) in an interview in 1999 with a visiting delegation from the Medical Foundation for the Care of Victims of Torture, London. Prof. Dolev stated that "a couple of broken fingers" during the interrogation of Palestinians were worthwhile for the information it might garner. When this was published in the Journal of the Royal Society of Medicine, verified by those present at the interview, Dr. Blachar defended Prof. Dolev.

Indeed 2 years earlier, after a human rights conference in Gaza in 1997, one of us had written to Dolev in his capacity as Head of Ethics. An Israeli physician had given an account of a medical colleague who had confessed to her that he had removed the intravenous drip from the arm of a seriously ill Palestinian prisoner, and told the man that if he wanted to live, he should co-operate with his interrogators. Dolev was asked to investigate but he never replied, even after reminders.

When an Israeli psychiatrist Dr. Ruchama Marton, publicised the unethical role that fellow Israeli doctors were playing in detention centres by labelling seriously mentally ill Palestinian detainees as "malingeringers", and denying them treatment, the IMA charged her with slander rather than investigating the allegations.

The titles of 11 Amnesty reports on Israel/OPT between 2002-7 contained the word "torture". Torture continues to be a state policy in Israel.

The Israeli human rights documentation centre B'Tselem recently confirmed (April 2007) that almost all Palestinian detainees suffer from physical and mental abuse amounting to torture, citing the testimonies of 73 men gathered between July 2005 and January 2006. The IMA maintained a studied silence.

No recent firsthand evidence is more telling than that compiled by the Israeli organization Public Committee Against Torture (PCATT), entitled "Ticking Bombs: Testimonies of Torture Victims in Israel'. Published in May 2007, their report records the detailed testimony of 9 Palestinian men tortured by Israeli security services between 2004 and 2006.

Here is graphic demonstration of the conclusions published by Amnesty International in 1996, and over and over again by other organisations, that Israeli doctors form an integral and everyday part of the running of the interrogation suites whose output is torture.

Doctors, several of whom are actually named, saw the prisoners at various points between episodes of torture (which in one case led to spinal cord damage), did not take a proper history, did not protest on these men's behalf, and typically prescribed simple analgesia before returning them to their interrogators. They did not need to ask the prisoners what had happened to them because they knew perfectly well. It is also remarkable that doctors in position of authority were directly involved in several of these cases, and are also named: the Chief Medical Officer of the Israeli Prison Service, Dr. Alex Adler; the Chief Medical Officer of Israeli Police Dr. Tzvi Lankovski; and- most telling of all- no less than the Chairman of the Ethics board of the Israeli Medical Association, Professor Avinoam Reches.

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These accounts carry the imprimatur of a human rights organization of many years standing and high reputation. The named doctors have not demanded a retraction or sued the report's authors in order to clear their names. When 7 of us published a short account in the Lancet, the IMA wrote to us to threaten to sue, though in the same email (which we have retained) they conceded that Professor Reches had been sent a copy at the time. Thus the IMA condemned itself out of its own mouth, since inaction in the face of reputable evidence of torture, and of doctor's involvement, violates the WMA code in particular the anti-torture Declaration of Tokyo to which the IMA is signed up as a member. As the Executive Director of Physicians for Human Rights-Israel put it in the Lancet in 2003, the IMA's collusion with torture is part of "its long tradition of siding with 'national Israeli considerations' rather than with universal medical ethics".

Amnesty International's briefing to the UN Committee Against Torture of 30 Sept 2008 concludes as before: "This briefing focuses on Amnesty International's concerns about Israel's failure to implement the Convention Against Torture in the Occupied Palestinian territories (OPT) and the intensification of measures amounting to cruel, inhuman and degrading treatment and punishment...."

On 2 Nov 2008, the Public Committee Against Torture in Israel, in conjunction with the Association for Civil Rights in Israel, and HaMoked, the Centre for the Defence of the Individual, PCATI "filed a contempt of court motion to the High Court of Justice against the government of Israel and its head, Prime Minister, Ehud Olmert, and against the General Security Service (GSS) and its head Yuval Diskin, for their responsibility for a policy that grants a-priori permits to use torture in interrogations that fundamentally violate the High Court of Justice decision of September 1999."

The 25 Nov 2008 Annual Report of the United Against Torture Coalition (UAT), included more than 80 pages of affidavit material. The Report formed the basis of their submission to the UN Committee Against Torture in September 2008, pending the Committee's next review of Israel's compliance with CAT due in May 2009. The UAT Coalition examined the use of torture and ill-treatment by the Israeli authorities against Palestinians from the point of arrest, through interrogation and detention as well as the use of coerced confessions in the military courts.

Please note again the surely devastating conclusions of this Report:

"The UAT Coalition concludes that the use of torture and ill-treatment by Israeli authorities against Palestinians is both widespread and systematic. The State is either unwilling or unable to fulfil its treaty obligations under CAT. The UAT Coalition has recorded evidence of acts, omissions and complicity by agents of the State at all levels, including the army, intelligence service, the police, the judiciary and other branches of government. The Coalition is of the view that until this culture of impunity is addressed, the situation is unlikely to improve".

This, then, is a brief account of torture as state policy in Israel, and of the shameful and unethical role played over many years by the IMA and its longstanding President Dr. Yoram Blachar as part of the culture of impunity to which the UAT Coalition refers. Those who had cared to examine this record over many years were nonplussed when Dr. Blachar became Chair of Council of the World Medical Association in 2003, and are staggered that he now takes the Presidency itself!

We are challenging Blachar's appointment on the torture issue specifically, though the other arm of our case against him and the IMA would be their refusal to hold the Israeli Government and Defence Force to account for their systematic violations of the 4th Geneva Convention, specifically those clauses which guarantee the right of a civilian population in a conflict zone to unimpeded access to services vital to life: food, water, health care etc, and which guarantee health
workers, clinics, ambulances etc immunity from military action. The assault on Gaza in December-January 2008-9 employed and terribly demonstrated what Physicians for Human Rights Israel (for whom I have the greatest respect) wrote at the time of the 2002 invasion of the West Bank. "We believed that the IMA might be able to curb the appalling deterioration in the attitude of Israeli military forces towards Palestinian health and rescue services. Yet despite the severe injury to medical personnel and to the ability of physicians to act in safety to advance their patients' interests; despite Israeli shells that have fallen on Palestinian hospitals; despite the killing of medical personnel on duty-IMA has chosen to remain silent."

(End of Dr. Summerfield presentation).

And now we come to the letter sent to the Chairman of the WMA Council, Secretary General and to the Director of Ethics.

The letter was signed by Professor Alan Meyers from Boston University School of Medicine-USA, and signed by a list of (724) doctors from all over the world:

Dear WMA Council Chair Dr. Edward Hill and the Council

We the undersigned 725 physicians represent both academic medicine (114 professors) and clinical practice in 43 countries. A matter of grave concern to us, and a threat to the public reputation of the World Medical Association, has brought us together in this perhaps unprecedented medical initiative. We wish to publicly protest and appeal against the recent appointment of Dr. Yoram Blachar, longstanding President of the Israeli Medical Association, as President of the World Medical Association. We believe that his Presidency makes a mockery of the principles on which the WMA was founded in 1947, which was as a response to egregious abuses by German and Japanese doctors in World War Two.

The WMA's own Declaration of Tokyo (1975) specifies that "physicians shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, and in all situations, including armed conflict and civil conflict". The WMA Annual General Assembly of 2007 made it clear that inaction was not an option, stating that "this is the first time the WMA has explicitly obliged doctors to document cases of torture of which they become aware. The absence of documenting and denouncing such acts might be considered as a form of tolerance and of non-assistance to the victims." There are still more recent calls from authoritative academic sources for the international medical community to go much further in actively allying itself with efforts to suppress mistreatment of prisoners.

Amnesty International concluded as long ago as 1996 that Israeli doctors working with the security services "formed part of a system in which detainees are tortured, ill treated and humiliated in ways that place prison medical practice in conflict with medical ethics". Dr. Blachar, already IMA President, took no action. Amnesty's briefing to the UN Committee against Torture in September 2008 "focuses on Amnesty International's (continuing) concerns about Israel's failure to implement the Convention against Torture in the Occupied Palestinian Territories and the intensification of measures amounting to cruel, inhuman and degrading treatment and punishment".

A well publicised report in 2007 by the Public Committee Against Torture in Israel (PCATI), based on the detailed testimony of 9 Palestinian men tortured between 2004 and 2006, gives a graphic demonstration of the extent to which Israeli doctors continue to form an integral and everyday part of the running of interrogation suites whose output is torture. The IMA have conceded that they were aware of this report, but did nothing. More recently, at a meeting on December 10, 2008 in Tel Aviv, with Dr. Blachar presiding only weeks after his inauguration as WMA President, Physicians for Human Rights Israel again sought (unsuccessfully) to get the IMA to face this report and all the other evidence in the public domain.

In its 2008 annual report to the UN Committee against Torture, the UAT Coalition, a coalition of 14 Israeli and Palestinian human rights organisations, concluded that "since the Committee last reviewed Israel, the practice of torture and ill treatment has continued unabated. The UAT Coalition wishes to inform the Committee that in its opinion, the use of torture and ill treatment by Israeli authorities against Palestinians is both widespread and systematic. The UAT Coalition has recorded evidence of acts, omissions and complicity by agents of the State at all levels...until this culture of impunity has addressed this situation as unlikely to improve". 6

In November 2008, PCATI filed a contempt of court motion to the High Court of Justice against the government of Israel and the General Security Service for their responsibility for a policy that grants a-priori permits to use torture in interrogations. The IMA have never challenged torture as a state policy in Israel.

Dr. Blachar went as far as to justify the use in Israel of "moderate physical pressure" (condemned as torture by the UN Committee Against Torture) in the fourth paragraph of a letter published in the international medical journal, The Lancet, in 1997. 7 This surely unprecedented action by the president of a national medical association has not been disowned, and renders him unfit for the office of WMA President. In the age of evidence-based medicine, his rejection of the documentary record has been unprofessional and frequently contemptuous. On the British Medical Journal (BMJ) website, he dismissed a BMJ paper on health and human rights in the Occupied Palestinian Territories- which cited Amnesty, Johns Hopkins University, the International Court of Justice, a UN Rapporteur and Physicians for Human Rights Israel- as "the lies and filth he spews and "reminiscent of some of the worst forms of anti-Semitism ever espoused". 8

Indeed Dr. Blachar has made statements which were untrue, and which he must have known were untrue, on at least 10 occasions in the Lancet and the BMJ in the past decade. 9 Given that these 2 international medical journals are amongst the world's most prestigious and influential, this is an intended corruption of the public record.

IMA membership of WMA appears to have been a fig leaf: The IMA website pays lip service to medical ethics, but Dr. Blachar has overseen a studied failure to take the actions mandated by the Declaration of Tokyo.

We conclude that under Dr. Blachar's leadership, the IMA made a decision on political grounds years ago to turn a blind eye to torture in Israel and the institutionalized involvement of doctors. This stance continues with Dr. Blachar as WMA President. On an issue that goes to the heart of the moral authority of the profession, Dr. Blachar has offered shameful ethical leadership to doctors in Israel and worldwide.

It could scarcely be more scandalous that he now assumes the Presidency of the official international body overseeing medical ethics. This appointment will seriously damage the public reputation of the WMA and its work, and risks making it a laughing stock. We call upon the WMA Council to oblige Dr. Blachar to step down as a matter of priority. Since the WMA is mandated to ensure that its member associations conform to its codes, we also request an investigation into the IMA record highlighted above.

In view of the public importance of this issue, we are copying our letter and supporting documentation to international medical journals and mainstream newspapers for coverage.

We hope to hear from you and the WMA Council as soon as possible please.

Yours sincerely,
Professor Alan Meyers (afmeyers@bu.edu) and 724 other physicians from: United Kingdom, Canada, USA, Lebanon, Egypt, Israel, Jordan, Italy, South Africa, Norway, Occupied Palestinian Territories, Malaysia, Switzerland, Algeria, Iraq, Eire, Spain, Australia, India, New Zealand, Germany, France, Sweden, Pakistan, Tunisia, Morocco, Saudi Arabia, Greece, Libya, Turkey, Bahrain, Belgium, Peru, Syria, Qatar, Nigeria, Czech Republic, Zambia, Denmark, Dubai, Kuwait, Argentina.

( Full signatory list was attached )

References

9. Untrue statements by Dr. Blachar in the British Medical Journal and the Lancet:

- Blachar Y. BMJ 1996; 313:630. "...the association (IMA) has done its utmost to ensure that Israeli physicians neither directly nor indirectly participate in any acts of torture".
- Blachar Y. BMJ 2003; 327:1107. "...a collusion of doctors and torture that does not exist".
- Blachar Y. BMJ 2005; 330:254-5. ".neither the IMA nor WMA is willing to give credence to the half-truths and untruths".
- Blachar Y. BMJ 2005; 331; 699. (re torture etc) ".The IMA looks into any claims brought to our attention".
- Dyer O. BMJ 2007; 334:871 (quoting Blachar) "... The IMA has on many occasions denounced the use of torture and any involvement by physicians in torture".

More such statements as Rapid Responses at bmj.com <http://bmj.com/>. Blachar Y. Lancet 1996; 348:1748. (Re Amnesty report on torture in Israel) ".our organisation endeavours to ensure that Israeli physicians neither directly nor indirectly participate in any acts of torture".
- Blachar Y. Lancet 1997; 350:1247. "...the IMA has frequently and unequivocally denounced the use of torture". (In 4th para of same letter he defends moderate physical pressure, condemned as torture by UN Committee on Torture!)
- Blachar Y. Lancet 2001; 361:425." torture is abhorrent and the IMA in no way endorses it".
- Blachar Y. Lancet 2003; 361:1827. ".the IMA has also contacted the Ministry of Health to ensure reportage of ethical problems encountered in the course of treatments or any instances of unethical treatment of patients".
- Blachar Y. Lancet 2003; 362:252. (re torture) "...IMA has always made it clear that doctors are not to be involved in such acts..to the best of our knowledge, Israeli doctors have not taken part or assisted in such acts".
- Blachar Y. Lancet 2003; 362:1675. (re Doctors in Conflict) ".I object strenuously to your implication that I would deviate from a universally accepted code of medical ethics.. the IMA has been working for years to ensure that human and medical rights in the territories are maintained".
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( Dr. Derek Summerfield: derek.summerfield@googlemail.com )
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...and the World Medical Association in 1999.

The dilemma of ethics at the World Medical Association is a complex issue that requires careful consideration.

The World Medical Association (WMA) is an international organization that represents doctors around the world.

The WMA has a Code of Ethics that guides the professional conduct of doctors.

In 1999, the WMA faced a dilemma regarding the ethics of doctors in a certain country.

The dilemma arose because the country's government was pressuring doctors to perform certain actions that were not consistent with the WMA's Code of Ethics.

The WMA had difficulty in balancing the demands of the government with the ethical principles outlined in their Code of Ethics.

The dilemma was further complicated by the fact that the WMA had to consider the ethical implications of their decision on the doctors involved and the patients they served.

The WMA ultimately decided to take a firm stance against the unethical actions of the government, and this decision was met with mixed reactions.

Some doctors and patients applauded the WMA's decision, while others criticized it.

The WMA's stance on the ethical dilemma was a testament to their commitment to upholding their Code of Ethics in the face of external pressures.

The resolution of the dilemma was not easy, and it highlighted the challenges that doctors and medical organizations face when trying to maintain their ethical standards in the face of conflicting demands.

The WMA's decision ultimately helped to set a precedent for future decisions regarding ethical dilemmas in the medical field.

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