

Peace through health in the Middle East

REFLECTIONS

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Natural disasters, failing exams and missed flights are known reasons for medical students to miss their elective. Another reason to add to that list is being deemed a 'threat to public security' by the host country of an elective placement.

The completion of my fourth year of medicine required writing a report on a clinical or research elective, which I chose to do in the Middle East. However, despite securing funding from the Jewish Medical Association to pursue a placement in paediatric oncology in an Israeli hospital, I was denied a visa to enter the country. The immigration officers were less concerned by my acceptance letters and bursary prize, but instead, questioned me on my alleged links to pro-Palestinian activists, links to Syria and fundraising activities for humanitarian charities back in the UK. After 6 hours of interrogation and detention, I was sent on the next flight back home.

The disappointment of not being able to pursue my elective lingered for a good few weeks after my deportation. Despite representations being made on my behalf by Conservative and Labour MPs, as well as the Jewish Medical Association, the Israeli embassy did not give an explanation regarding my refusal of entry.

My project would have explored the experiences of Israeli Arabs, Palestinians of Jerusalem, and patients referred from the West Bank and Gaza into the Hebrew University Hadassah Hospital. The Jewish Medical Association considered this a research question of vital importance, which aside from a few pieces of journalism, (1) has not yet been effectively addressed. It appears that a model of co-existence does exist in the wards of the hospital I was meant to work in, where Israeli and Arab patients are treated equally from a diverse group of healthcare

staff. (2) This was also considered an important topic because of the current trends of healthcare staff and facilities being targeted in conflict areas. (3) A positive example of cooperation in healthcare is much needed to showcase the importance of neutrality in the practice and service provision of medical care.

The Israeli-Palestinian conflict is deeply polarising, with divergent views on the source of strife across the political spectrum. But medicine is a discipline that has the potential to transcend the nature of the conflict. I was looking forward to examining the stories of the patients and staff who work at the facility, with the aim of providing a new avenue of how the medical profession can contribute towards the peace process. I wanted to shed light on how in spite of the atmosphere of destruction and divisions that do exist in that society, medicine through its values of altruism and compassion can be a bridge to bring peace. I was to be based in a paediatric oncology department, as the welfare of children is something that many people hold to heart even in the face of years of hatred and discord.

Moreover, the current global health paradigm is based on healthcare system strengthening and building partnerships. (4) Although the *Lancet* published a series on health in Palestine a few years ago, the information on patient referrals and transfer from the Palestinian Authority to Israeli hospitals was not discussed in depth. (5) In collaboration with my mentors at University of Birmingham, King's College London and Hebrew-University Hadassah Hospital, I was going to conduct focus interviews with the patients and healthcare staff regarding their experiences. Interfaith work as it stands is often based on religious unity, but the answers of my research could have shed light on how people of faith consider life to be sacred, at least in a hospital setting.

There is scope to strengthen the healthcare system of Palestine through not just the UN and NGO-led movements such as Medical Aid for Palestinians, but also collaboration with Israeli institutions, such as Hebrew-University Haddassah, to train staff as well as treat patients with complex conditions. A recognition of the co-operation between Israeli and Palestinian health systems has the potential to decrease delays at checkpoints for the citizens of the West Bank and Gaza seeking healthcare in the tertiary care centres in Jerusalem. The development of such partnerships between the health systems may in turn put pressure on the Israeli authorities to recognise the healthcare needs of patients as a priority. (6) To facilitate this, the medical profession worldwide should also highlight the issues with Israeli immigration policies on dealing with the entry of students and healthcare staff into the country, who come for humanitarian and academic purposes.

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