We need to teach human rights in medical schools

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Dear Editor.

Recently, we read the protocols of the questioning of a young military physician in the Israeli Defence Forces, who performed a vaginal examination on a Palestinian woman under arrest, against the latter's expressed will and without a medical indication (Breiner, 2021).

The examination was, according to the investigation, performed after an order the physician received from a non-medical superior. The incident happened in 2015 and reached the news in Israel again in 2021, when the investigation was closed with no indictment, because it was impossible to ascertain who gave the order. According to the investigation protocol, which was available to the public following publication by a journalist (Breiner, 2021), the physician expressed the discomfort she felt when performing this invasive examination. She did not, however, mention any attempt to refuse to carry out the order.

The physician was in a difficult situation, a situation of dual loyalties, torn between responsibilities toward her superiors and her profession, between her duty to obey and her obligation to respect the rights of the person under her care. The internationally accepted ethical guidelines are clear that in a case of dual loyalty, the primary duty of the physician is to the patient (Møller, Stöver, Jürgens, Gatherer, & Nikogosian, 2007). However, one may be more willing to participate in a de-humanizing act if the other is considered the enemy.

The fact that the detention was by the Israeli army and the person being examined was a Palestinian woman, who was probably presented to the doctor as a security threat, may have helped to facilitate an erroneous understanding that somehow the examination was permissible. This is reflected in a recent research study, which found that 29% of Israeli physicians considered it permissible to verify the health of detainees so that torture can begin or continue (Benninga, Steiner-Birmanns, Arbel, Abu Akar, & Aboo Dia, 2017).

The physician in this case probably did not realise that gendered violence is commonly used in Israeli prisons to humiliate and punish Palestinians. Note the reports of sexual and other gendered forms of violence being used against Palestinian women and men in Israeli detention (Francis, 2017; Weishut, 2015).

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In principle, no physician should use their medical skills in the service of a non-medical request, no matter who it comes from. With respect to body cavity searches there are guidelines published by the World Medical Association (WMA), which stress that no such search should ever be undertaken without consent, or under coercion; that if a search is considered absolutely necessary and informed consent is given by the prisoner, it should be undertaken by someone with appropriate training (not necessarily a physician). If the patient requests, the body cavity search may also be undertaken by a physician (World Medical Association, 2016). In this case the individual was able to provide consent and did not.

We assert that the inability of the physician to see the ethical implications of forcing an internal examination on a person is a failure of the system which educated her. We, as clinical teachers, should have taught these guidelines, ensuring that this young physician, and others in similar circumstances, would have been equipped with the necessary background to understand the situation and act accordingly. Physicians working in security forces and other physicians too are likely to encounter prisoners and people under arrest. But are they provided the relevant knowledge? Israeli medical schools give little attention to human rights issues, and this may be the case in other countries as well. If we do not teach medical students human rights, the relevant guidelines and ethics then who is supposed to do that?

In support of the WMA guidelines on including human rights courses in medical schools that were adopted in 1999 and reaffirmed recently (World Medical Association, 2021), we call on medical schools to integrate a human rights perspective and introduce sufficient material on human rights, prisoners' rights and medical ethics to help physicians make the right decisions in challenging sit-

uations such as the one described. Recommendations on how to incorporate the study of human rights into medical education have been provided elsewhere (McKenzie, Mishori & Ferdowsian, 2020).

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