

The WMA at a Crossroads: Confronting Medical Complicity and Preserving Ethics Amid Gaza War Crimes

L'AMM à la croisée des chemins: Entre complicité médicale et devoir de préservation de l'éthique dans le contexte des crimes de guerre à Gaza

Meriem Gaddas^{1,2}, Leslie London³, Foued Bouzaouache^{4,5}, Rym Ghachem^{6,7}, Lilia Zakhama⁸, Helmi Ben Saad^{1,2}

Meriem Gaddas and Leslie London have equal contribution as first authors.

Helmi Ben Saad and Lilia Zakhama have equal contribution as last authors.

1. University of Sousse, Faculty of Medicine 'Ibn el Jazzar' of Sousse, Farhat Hached University Hospital, Research Laboratory LR12SP09 'Heart Failure' Sousse, Tunisia
2. Department of Physiology and Functional Explorations, Farhat Hached University Hospital, Sousse, Tunisia.
3. School of Public Health, University of Cape Town, South Africa
4. Regional Council of Physicians of the Center, Sousse, Tunisia
5. Department of community health and family medicine, Faculty of Medicine 'Ibn el Jazzar' of Sousse, University of Sousse, Sousse, Tunisia.
6. Psychiatry department, Hôpital RAZI, Tunis, Tunisia
7. National Council of Physicians of Tunisia, Tunis, Tunisia.
8. Department of Cardiology, Security Forces Hospital, La Marsa, Faculty of Medicine of Tunis, University of Tunis El Manar, Tunis, Tunisia

"Bad men need nothing more to compass their ends, than that good men should look on and do nothing"
John Stuart Mill

Hate crimes, encompassing both overt public incitement to violence and implicit endorsement through tacit tolerance, represent grave criminal offenses that contravene universally recognized human rights (1). The presence of discriminatory motives based on race, national origin, religion, or political affiliation constitutes an aggravating circumstance in the adjudication and sentencing of such offenses (1, 2). In the context of armed conflicts, these acts may be elevated to the status of crimes against humanity, thereby rendering perpetrators liable to the most severe sanctions, frequently including life imprisonment (1). The medical affiliation of the perpetrators of these criminal acts is more shocking as it stands in stark contrast to the esteemed perception of the medical profession, which, through successive humanitarian crises, has cultivated an image of dedication and sacrifice (3, 4). Systematic hate crimes profoundly

violate the collective conscience, particularly that of medical professionals, as they evoke shameful historical episodes that have tarnished the reputation of healthcare practitioners for decades (5). Indeed, it was this historical wound within the profession that motivated the establishment of the World Medical Association (WMA) in 1947 (6). The WMA was conceived as an independent body representing the honor of physicians worldwide (encompassing over 115 countries) and asserts as its primary objective the service of humanity through the implementation of the highest international standards in medical ethics (7, 8).

Since its inception, the WMA has played a pivotal role in establishing the foundations of medical ethics and has subsequently contributed to the development of the Declaration of Geneva (1948, reaffirmed in 1994), the Declaration of Helsinki (1964), and the International Code of Medical Ethics (ICME) (1949), which has been revised multiple times (9). In its 2022 revised version of the ICME (10), the WMA emphasizes key principles concerning

Corresponding Author:

Meriem Gaddas

University of Sousse, Faculty of Medicine 'Ibn el Jazzar' of Sousse, Farhat Hached University Hospital, Research Laboratory LR12SP09 'Heart Failure' Sousse, Tunisia

E-mail: meriem-gaddas@hotmail.fr

the duties of its members, including, under penalty of sanctions for non-compliance, the obligations to: i) Respect life and human dignity; ii) Maintain impartiality and non-discrimination; and iii) Uphold neutrality in contexts of conflict.

Accordingly, incitement to criminal acts, especially on discriminatory grounds, constitutes a severe and fundamental violation of all ethical and professional principles governing the medical profession (10). On this matter, the WMA is unequivocal: *"Physicians found guilty of genocide, war crimes, crimes against humanity, or violations of medical ethics, human rights, or international law are unfit to practice medicine"* (11). Moreover, the WMA urges the competent authorities of physicians' countries of origin, upon reports of abuse, to ensure that such physicians are not permitted to practice. *"Competent authorities must ensure that physicians possess the necessary qualifications and have not been found guilty of genocide, war crimes, or crimes against humanity"* (11). It is true that the WMA lacks legal authority and binding jurisdiction to punish culpable members (12). Its role remains primarily normative and moral (12). However, the WMA, as "the closest thing to a 'governing' body that exists to guide physician behavior throughout the world" (13), enjoys considerable moral authority in the eyes of the public, which it must preserve by refusing to remain silent in the face of serious violations of medical ethics occurring under its aegis.

It is important to recall that the Israeli Medical Association (IMA) history within the WMA has been overshadowed by numerous allegations of serious, repeated, and well-documented misconduct by 'certain' Israeli physicians — including incitement to bomb hospitals (14), participation in the torture of prisoners (15-17), and failure to fulfill their duty to report systematic abuses committed against detainees (18). Despite these grave concerns, the IMA — which signed the anti-torture Declaration of Tokyo in 1999 — has remained complicit through its silence (16, 17), consistently failing to take any meaningful disciplinary action (19, 20). This is not a recent issue, but a long-standing pattern (19) — to the extent that serious doubts have long been raised about the true role of the IMA: whether it genuinely represents universal medical ethics or merely functions as an extension of the Israeli establishment (21). Following each incident, the IMA has routinely evaded responsibility by claiming it cannot "discipline" its members, only "educate" them (22) — all while prioritizing national security interests over fundamental principles of medical ethics (19). On the WMA's side, these serious allegations have never led to formal sanctions, as the principle of "presumption of innocence" has been consistently invoked — despite repeated challenges from member associations and the damage caused to the WMA's credibility and its commitment to upholding medical integrity (12). We emphasize that the current situation in Gaza is exceptionally devastating (23), and the "presumption of innocence" historically granted to the IMA — which has effectively served as an institutional shield (24)—

can no longer be regarded as a credible justification, given the multiple layers of legal and factual evidence now available. These include factual and documentary evidence in non-governmental organization (NGO) reports (23, 25, 26), investigations by international organizations (27-29), as well as credible testimonies from medical and legal experts (30). Of particular significance is that these allegations are currently the subject of international criminal prosecutions for war crimes (31). Additionally, the International Court of Justice (ICJ) has twice heard evidence of Israel's intentional destruction of civilian infrastructure, including medical facilities, as one of a number of key elements of charges of genocide against Israel, and concluded that the Israel Defense Force should immediately cease actions which make life in Gaza unlivable (32). Israel has ignored both ICJ orders and the IMA has remained silent on the destruction of health care in Gaza and attacks on health workers and health facilities in Gaza (33).

Given the exceptional nature and unprecedented scale of the atrocities committed (23, 34), and despite being a NGO, the WMA could face civil liability if subsequent investigations establish the existence of harm caused by negligence towards Gaza physicians (35) or the civilian population (36). Nor can the WMA evade its obligations—to oversee and enforce adherence to ethical principles—nor its political and reputational responsibilities (12), which prohibit both explicit and implicit tolerance towards human rights violations against Palestinian physicians (36), who were among the founding members of the WMA (6). We recall that, specifically in the context of armed conflict, the WMA has significantly strengthened its ethical codes to prevent any deviation, emphasizing that even in wartime, "ethics do not change" (7). The physician's primary allegiance must always be to the patient (10), and neither governmental orders nor political pressure can ever justify a violation of medical ethics or human rights (7). The stance of "neutrality" regarding the IMA is no longer justifiable, especially given the WMA's statements confirming the complete unacceptability of war crimes committed against Palestinian physicians and Gaza's civilian population (37, 38). In fact, the IMA's conduct illustrates a pattern of ethical inconsistency and political alignment (24). It has condemned one isolated bombing of an Israeli medical facility as a war crime, yet remained silent on the sustained destruction of Gaza's health system over 21 months (23, 33, 39). Despite repeated appeals, the IMA has failed to intervene in cases of torture or to protect medical personnel, both in Gaza and in Israeli custody (35, 36). Its delayed call for humanitarian access — issued only after international pressure — and continued use of security-focused rhetoric to justify attacks on health infrastructure further undermine its credibility as a neutral medical body (23, 24, 33). In accordance with WMA regulations (10), it is the duty of members to report and denounce serious and repeated violations of humanitarian law and the ICME. Moreover, the WMA is obliged to impose appropriate sanctions, consistent with those previously enforced against other members (10).

In the 1970s, the WMA faced a crisis over South Africa's apartheid policies (40), which included racially discriminatory health practices and the torture and killing of political detainees (40). The Medical Association of South Africa (MASA) supported the apartheid government, refusing to back whistleblowing doctors and seeking to conceal evidence of abuse by security forces (41), and colluding medical personnel (40), including complicity in the 1977 death of detainee Steve Biko (42). Growing global condemnation forced MASA to withdraw temporarily from the WMA (1975–1981) (43, 44). The MASA was readmitted as a result of lobbying by the American Medical Association, despite MASA's record on torture and discrimination (45). This action provoked global outrage and led numerous medical associations to leave; by 1985, WMA membership had dropped to just 35 (43). Although MASA was never actually expelled from the WMA, an important historical lesson is that even when an organisation such as the WMA has an ethical code prohibiting medical participation in torture, it can still exonerate an organisation that openly fails to comply with it—highlighting the need for firm and consistent enforcement. Claims of “depoliticizing” medical ethics are illusory, as they ignore the direct impact that political decisions and actions have on medical neutrality and the rights of patients and communities. This episode also shows that global advocacy in defence of human rights can bring meaningful change.

The continued membership of the IMA—whose government is implicated in an unprecedented, deliberately induced humanitarian crisis—despite flagrant breaches of medical ethics, legitimizes these acts and implicates its members collectively. History shows that crimes against humanity are imprescriptible, and accountability extends not only to perpetrators but also to those who remain passive. We therefore urge the WMA, with the full moral authority of our profession, to open an independent investigation into the IMA's role and to suspend or exclude it unless and until it takes a clear stance in defence of human rights and medical ethics—sending an unequivocal message that the global medical community will not remain silent in the face of inhumanity.

TAKE-HOME MESSAGE:

Silence in the face of grave, well-documented ethical violations—especially by physicians and their organizations during humanitarian crises—enables injustice; the WMA must act decisively against the IMA's complicity to uphold medical ethics and human rights.

DECLARATION. The authors wish to disclose that artificial intelligence tools (ChatGPT ephemeral and QuillBot) were used to enhance the clarity and coherence of the manuscript writing. The tools were employed solely for language refinement purposes, ensuring that the text was clear and coherent without altering the scientific content or generating new text.

REFERENCES

1. Nersessian DL. Comparative approaches to punishing hate: The intersection of genocide and crimes against humanity. *Stanford J Int Law*. 2007;43(2):221-64.
2. Organisation for security and co-operation in Europe office for democratic institutions and human rights. Hate crime prosecution at the intersection of hate crime and criminalized 'hate speech': A practical guide. Varsovie. 2024. Link: <https://www.osce.org/odihr/579391> (Last visit: August 13, 2025).
3. Gaddas M, Ben Saad H. Ethical and legal dilemmas of civil disobedience: physicians' decisions under occupation. *Libyan J Med*. 2025;20(1):2481740.
4. Seltzer A. Medical complicity, torture, and the war on terror. *Lancet*. 2010;375(9718):872-3.
5. Gaddas M, Ben Dhiab M, Ben Saad H. Medical experimentation on prisoners (part 2): role of doctors in research abuses. *Tunis Med*. 2022;100(7):497-502.
6. World medical association. History: The story of the WMA – Background and preliminary organisation. Link: <https://www.wma.net/who-we-are/history/> (Last visit: August 13, 2025).
7. World medical association. Council resolutions: Upholding ethical standards and protecting healthcare personnel. In world medical association council resolutions. Montevideo, Uruguay. 2025. Link: <https://www.wma.net/policy-types/council-resolutions/> (Last visit: August 13, 2025).
8. World medical association. What is the World medical association? Link: <https://www.wma.net/who-we-are/about-us/> (Last visit: August 13, 2025).
9. World medical association. History of the association: Declaration of Geneva, Declaration of Helsinki and international code of medical ethics. Link: <https://www.wma.net/who-we-are/history/> (Last visit: August 13, 2025).
10. World medical association. WMA international code of medical ethics (Revised by the 73rd general assembly, Berlin). 2022. Link: <https://www.wma.net/policy-tags/code-of-medical-ethics/> (Last visit: August 13, 2025).
11. World medical association. Statement on physicians convicted of genocide, war crimes or crimes against humanity. 2022. Link: <https://www.wma.net/policies-post/wma-statement-on-the-licensing-of-physicians-fleeing-prosecution-for-serious-criminal-offences/> (Last visit: August 13, 2025).
12. Parsa-Parsi RW, Gillon R, Wiesing U. The revised international code of medical ethics: An exercise in international professional ethical self-regulation. *J Med Ethics*. 2024;50(3):163-8.
13. Lundberg GD. The international code of medical ethics of the world medical association. *MedGenMed*. 2004;6(4):37.
14. Physicians for human rights–Israel. The letter that outraged us: The physicians' letter calling for the destruction of Shifa hospital in Gaza. 2023. Link: <https://www.phr.org.il/en/physicians-call-eng/> (Last visit: August 13, 2025).
15. Physicians for human rights–Israel & public committee against torture in Israel. Doctoring the evidence, abandoning the victim: Medical complicity in torture in Israeli detention facilities (based on data from 1999–2010). 2011. Link: https://stoptorture.org.il/wp-content/uploads/2024/02/Doctoring-the-Evidence-Abandoning-the-Victim_November2011.pdf (Last visit: August 13, 2025).
16. Bamber H, Gordon E, Heilbronn R, Forrest D. What is the WMA for? The case of the Israeli Medical Association. *Lancet*. 2003;362(9379):251-2; author reply 2.
17. Miles SH. Doctors' complicity with torture. *BMJ*. 2008;337:a1088.
18. Amnesty international. "Under constant medical supervision"

- Torture, ill-treatment and health professionals in Israel and the occupied territories. 1996. Link: <https://www.refworld.org/reference/countryrep/amnesty/1996/en/23395> (Last visit: August 13, 2025).
19. Dolev E, Blachar Y. Israeli medical association and torture. Association tries to ensure that no doctors participate in acts of torture. *BMJ*. 1996;313(7057):630.
 20. Lerman A. Israel's doctors must allay torture fears. *The Guardian*. 2009. Link: <http://www.theguardian.com/commentisfree/2009/dec/22/israel-palestinian-doctors-torture-allegations> (Last visit: August 13, 2025).
 21. Ziv H. The role of the Israel and world medical associations. *Lancet*. 2003;361(9371):1827-8.
 22. Symons L. Israeli medical chief returns fire on 'torture'. *The Jewish Chronicle*. 2009. Link: <http://www.thejc.com/news/world/israeli-medical-chief-returns-fire-on-torture-cdr7xsdb> (Last visit: August 13, 2025).
 23. Physicians for human rights Israel. Destruction of conditions of life: A health analysis of the Gaza genocide. 2025. Link: <https://www.phr.org.il/wp-content/uploads/2025/07/Genocide-in-Gaza-PHRI-English.pdf> (Last visit: August 13, 2025).
 24. Summerfield D. Is the international regulation of medical complicity with torture largely window dressing? The case of Israel and the lessons of a 12-year medical ethical appeal. *J Med Ethics*. 2022;48(6):367-70.
 25. Amnesty international. Israel/OPT: Investigate killings of paramedics and rescue workers in Gaza. 2025. Link: <https://www.amnesty.org/en/latest/news/2025/04/israel-opt-investigate-killings-of-paramedics-and-rescue-workers-in-gaza/> (Last visit: August 13, 2025).
 26. Human rights watch. Israel: Palestinian healthcare workers tortured. 2024. Link: <https://www.hrw.org/news/2024/08/26/israel-palestinian-healthcare-workers-tortured> (Last visit: August 13, 2025).
 27. United Nations general assembly. Report of the independent international commission of inquiry on the Occupied Palestinian territory, including East Jerusalem, and Israel (A/79/232). 2024. Link: <https://docs.un.org/en/A/79/232> (Last visit: August 13, 2025).
 28. Office of the United Nations high commissioner for human rights. UN report: Palestinian detainees held arbitrarily and secretly, subjected to torture and mistreatment. 2024. Link: <https://www.ohchr.org/en/press-releases/2024/07/un-report-palestinian-detainees-held-arbitrarily-and-secretly-subjected> (Last visit: August 13, 2025).
 29. International committee of the red cross. ICRC alarmed by intensification of Gaza hostilities amid decimated healthcare system. 2025. Link: <https://www.icrc.org/en/news-release/israel-occupied-territories-icrc-alarmed-intensification-gaza-hostilities> (Last visit: August 13, 2025).
 30. United Nations human rights council. Anatomy of a genocide: Report of the special rapporteur on the situation of human rights in the Palestinian Territory occupied since 1967 (Doc. A/HRC/55/73). 2024. Link: <https://www.un.org/unispal/document/anatomy-of-a-genocide-report-of-the-special-rapporteur-on-the-situation-of-human-rights-in-the-palestinian-territory-occupied-since-1967-to-human-rights-council/> (Last visit: August 13, 2025).
 31. International criminal court. Statement of the ICC prosecutor on applications for arrest warrants in the situation in the State of Palestine. 2024. Link: <https://cil.nus.edu.sg/blogs/the-icc-arrest-warrants-in-the-palestine-situation-double-standards-limitations-and-opportunities/> (Last visit: August 13, 2025).
 32. International court of justice. Application of the convention on the prevention and punishment of the crime of genocide in the Gaza strip (South Africa v. Israel): The Court reaffirms its previous provisional measures and indicates new measures (No. 2024/47). 2024. Link: <https://reliefweb.int/report/occupied-palestinian-territory/application-convention-prevention-and-punishment-crime-genocide-gaza-strip-south-africa-v-israel-court-reaffirms-its-previous-provisional-measures-and-indicates-new-measures-no-202447> (Last visit: August 13, 2025).
 33. The New York review of books. The shame of Israeli medicine': An exchange. 2025. Link: <https://www.nybooks.com/online/2025/06/14/the-shame-of-israeli-medicine-an-exchange/> (Last visit: August 13, 2025).
 34. The Lancet. Gaza has been failed by silence and impunity. *Lancet*. 2025;405(10492):1791.
 35. Kelly A, Osman H, Jallad F. *The Guardian*. More than 160 Gazan medics held in Israeli prisons amid reports of torture. 2025. Link: <http://www.theguardian.com/global-development/2025/feb/25/more-than-160-gazan-medics-held-in-israeli-prisons-amid-reports-of-torture> (Last visit: August 13, 2025).
 36. Niu H, Bedggood M, Jenkins M, Pathan S, Saeed D, Jureidini J. Genocide in Gaza: moral and ethical failures of medical institutions. *Lancet*. 2025;405(10497):2271-2.
 37. World medical association. WMA statement on the ongoing deaths of physicians and other healthcare workers in Gaza. 2025. Link: <https://www.wma.net/news-post/wma-statement-on-the-ongoing-deaths-of-physicians-and-other-healthcare-workers-in-gaza/> (Last visit: August 13, 2025).
 38. World medical association. WMA issues urgent plea over attacks in the Gaza war. 2024. Link: <https://www.wma.net/news-post/wma-issues-urgent-plea-over-attacks-in-the-gaza-war/> (Last visit: August 13, 2025).
 39. Feroze A. Hospital attacks in Gaza and Israel: What counts as a war crime? Think global health. 2025. Link: <http://www.thinkglobalhealth.org/article/hospital-attacks-gaza-and-israel-what-counts-war-crime> (Last visit: August 13, 2025).
 40. Baldwin-Ragaven L, de Gruchy J, London L. *An ambulance of the wrong colour. Health professionals, human rights and ethics in South Africa*. Cape Town: UCT Press; 1999.
 41. Orr W. Uncompromised professional responsibility in apartheid South Africa. *AMA J Ethics*. 2015;17(10):973-7.
 42. McLean GR, Jenkins T. The Steve Biko affair: a case study in medical ethics. *Dev World Bioeth*. 2003;3(1):77-95.
 43. Mbali M. 'A matter of conscience': the moral authority of the World Medical Association and the readmission of the South Africans, 1976-1994. *Med Hist*. 2014;58(2):257-77.
 44. Stewart J. The expulsion of South Africa and Rhodesia from the Commonwealth medical association, 1947-70. *Med Hist*. 2017;61(4):548-67.
 45. Wynen A. BMA's withdrawal from World medical association. *Br Med J (Clin Res Ed)*. 1984;289(6447):765.