To Be a Doctor in Jerusalem: Life under Threat of Terrorism

In 1948, when the state of Israel was established, Jerusalem was divided between Israel and Jordan, not through any deep reflective process, but merely because of the positions of the opposing armies at the time. Consequently, Mount Scopus, the location of the Hebrew University campus, established on 1 April 1925, and Hadassah University hospital, became an Israeli enclave in the midst of an Arab population. But a university and a hospital could not function under these conditions. Consequently, they were moved to the western part of the city. Since 1967, however, Israel assumed control of East Jerusalem, and the hospital on Mount Scopus was reopened. The Hebrew University returned to the mountain as well. Still, the surrounding population remained mostly Arab. Today, a hospital in which 90% of the staff is Jewish serves a mostly Arab community.

This article reflects our daily experience as doctors in Hadassah Mount Scopus Hospital. We are 2 residents, one Jewish, one Arab, working together in the internal medicine ward.

More than 2 and a half years of terrorism have claimed many victims. Among our hospital staff, an attending physician was murdered on his way home. A pregnant nurse in her ninth month from our ward was ambushed and shot 5 minutes from her home. Her father was killed, and she was severely wounded. An emergency department nurse triaged her own son, who was wounded in one of the terror attacks on the Ben-Yehuda pedestrian mall. Another nurse lost her daughter to terrorists, and the secretary for the hospital's chief executive officer lost her brother, who was murdered along with his fiancée. Familiarity with so many victims lies as a dark shadow over the hospital.

Our Arab patients have their own share of suffering. Some have had their loved ones injured and their homes demolished. Some have faced difficult delays or were humiliated at military checkpoints. The tension is high, and all of us, caregivers and patients alike, carefully walk a thin line. The vast majority of our patients are not connected to atrocities, but many of them support the Palestinian struggle. Wherever Jews and Arabs live so closely, the conflict affects most aspects of life. The neighborhoods one chooses to live in, the public transportation one uses, the place one goes shopping are all affected by the situation. In almost every aspect of life, people trust and prefer to seek help from people of their own nationality. The hospital is the only place left where Jews and Arabs actually meet.

Dr. Ofran, the Jewish physician: As years go by, my Arabic improves and my conversations with my patients extend to personal issues, sometimes even to politics. More than once I have been told by patients that Jews have no right to live in this country and that I "should return to Europe." One night, as we were in the emergency department treating casualties from a terrorist attack, I overheard a conversation between 2 young Arab patients in the hallway. In Arabic, they were discussing their anger at the long wait because of the treatment of the terrorists' victims. It was very hard to hear them wishing that all "the Jewish soldiers would die," and it was even harder not to respond.

Dr. Salameh, the Arab physician: I have experienced certain difficulties when treating patients—but in my case, Jewish patients. I'm an Israeli citizen and graduated from medical school in Jerusalem, so I speak Hebrew very well. One day, during morning rounds, one Jewish patient asked for advice: She didn't trust the Arab nurse who passes medications. She preferred, she said, having a Jewish one like "us." I couldn't contain myself. "I am also an Arab!" I said. She was astonished.

Once, during a terrorist attack, I approached a young Jewish patient who was cursing Arabs in general. I wondered what his response would be when he discovered that the doctor who was treating him was one of those he was cursing. On another occasion, a young Jewish patient cursed me and refused my help because he hates Arabs.

Outside the hospital, I face similar difficulties. Whenever a security checkup takes place, Arabs are treated with more suspicion than Jews. Since I have to separate myself from my own feelings and opinions when treating patients, I wonder why the airport workers can't do the same. Why should I be treated as a "suspect" until proven otherwise?

Both physicians: We have been taught to believe that intimacy and frank conversations are beneficial to patients and caregivers. We both experience difficulties with patients because of our nationalities. All over the world, physicians face racism and evil. Terrorism, however, is harder to deal with. Although a racist man can be identified by his behavior, a terrorist may behave as everyone else does. Living under the threat of terror, we find ourselves becoming more suspicious. We search for potential bombers on the buses we take home. We plan our route avoiding dangerous areas.

Suspicion and fear are contrary to intimacy. At the hospital, we mustn't view patients and their relatives as a potential threat. The patient who cursed all the Arabs reminds Dr. Salameh of the difficulties she and other Arabs experience on Jewish streets. Dr. Ofran, like every Jewish man, serves a month annually as a soldier in Israel's reserve force. The patients who wished death for the Jewish soldiers were speaking about him, too. When so many people whom you knew were murdered, it's hard to ignore such thoughts.

At what threshold should an attending physician be called from home? What are the medical conditions that dictate a certain test? There are no clear-cut answers to these questions. The more available the attending, the more he will be called. Similarly, the more available the procedure, the more likely it will be performed. In Hadas-

sah Mount Scopus, availability is a complicated issue. A significant number of senior doctors, nurses, and technicians live in Jewish settlements in close proximity to the Palestinian Authority. The Palestinian terror groups ambush them on their way from their homes to the hospital. Because of this, a doctor's home address has become a consideration in deciding whether or not to call the doctor on call from home. Despite the danger, physicians, technicians, and nurses come to work every day and never hesitate if they are called at night. But we, as residents on duty, are aware of their imminent danger and factor that in when calling them at home. Our primary obligation is to help the patients, but we are also committed to reducing our colleagues' exposure to danger.

Dr. Salameh, the Arab physician: National tensions are beginning to penetrate the walls separating the hospital and the outside world. A nurse who argued with an Arab patient entered the staff room and complained, "They have to go to an Arabic hospital, not to ours . . ."

I responded, "Will your next step be to kick me out of the hospital because I am an Arabic doctor?"

"No, no," she said, "it's something else."

Is it?

Dr. Ofran, the Jewish physician: Patients who share a room may become friends and enjoy each other's company. In order to engender a pleasant atmosphere in the ward, we attempt to match patients according to their age and medical condition. However, in these days of tension, some patients demand a separation between Jews and Arabs. What should be done when a patient or his family want to move to a different room to avoid being with Arabs or Jews? Nurses are guided by myriad considerations. Some are medical (isolation, monitoring, equipment), while others are nursing considerations (distance from bathroom, dementia, age, sex). Clearly, these considerations are primary. It is also clear that segregation of patients based on their nationality must be prevented at all costs. Yet, should all requests of this sort be declined without consideration?

The assignment of patients to the intensive care unit or to a regular ward is based on purely medical considerations. One winter night, I admitted an Arab patient to the intensive care unit. The Jewish patient who was lying in the next bed rudely expressed his objection to his new neighbor. My attempts to calm him failed, and, having no other option, I demanded that he choose between an Arab neighbor and a regular ward. Regrettably, he decided to move to the regular ward, even though in my view he needed to be in the intensive care unit. What would you have done? How can we change the atmosphere? Is it even possible?

On the afternoon of 11 September 2001, I began my shift. The television sets in the rooms were broadcasting children's programs. The ward was calm. Suddenly all of the channels broke in with the news of the hijacked planes. Doctors, nurses, and patients stared at the television screen in the hallway. From one room, a small and unrepresentative group of 4 Arab patients exulted, "Bush got it." How should I have responded? I was extremely angry. How could I keep treating these people appropriately? Understanding, empathy, and a sincere desire to help, which are so important in my contact with patients, had been replaced with anger and scorn. From that moment on, any smile on their faces seemed to be mockery. I was glad that none of them were my personal patients. For their own good, I did not tell their doctor in the morning about this incident.

Many times, I have treated those suspected of committing terrorist attacks and even terrorists who were wounded while committing their crimes. It's easy to concentrate on the suffering of the patients and give them the best treatment possible, even if they are evil, when someone else will decide about their guilt. I find it difficult to deal with situations when I am obligated to remain silent, and I know no one will condemn or punish those who support evil.

Dr. Salameh: the Arab physician: I just can't understand how people who suffer can enjoy the suffering of others. I feel anxious about being included in this group just because of shared ethnic origin. It is brutal to enjoy the pain of others and to encourage violence, even in one's thoughts. This behavior is a certain prescription for an unpleasant relationship between two peoples.

Both physicians: The basic infrastructure of terrorism is popular support. It's everyone's duty to protest against any kind of support of terrorism. Physicians should walk a thin line: Condemn all signs of terrorist support on one hand, while showing empathy and understanding on the other. On 2 occasions, visitors or patients in our department rejoiced when news about a terrorist attack was aired. To prevent these reactions, the nurses usually turn off the public television in the hall whenever terrorist attacks take place.

Hatred and violence in the streets project into the hospital. There have been attacks on ambulances. Twice, a Molotov cocktail was thrown into the yard of the hospital. Despite the violence, despite the relative accessibility of weapons and the nationalistic tension, we remember our oath to help all patients according to their medical conditions alone.

But this is never easy.

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Ann Intern Med. 2004;140:307-308.