








SAMA's principled positioning in upholding global medical ethics

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In October 2025, the South African Medical Association (SAMA) suspended all professional and bilateral relations with the Israeli Medical Association (IMA) and called for its suspension from the World Medical Association, citing the IMA's failure to uphold medical ethics amid Israel's ongoing military assault on Gaza's health system. This decisive action follows similar, though less forceful, motions by other national associations, including the British Medical Association, and reflects SAMA's commitment to ethical accountability under international humanitarian law. Drawing historical parallels with the medical profession's complicity during apartheid, this article argues that SAMA's stance constitutes ethical stewardship rather than politicisation, affirming that neutrality in the face of systematic violations of medical ethics equates to complicity. The piece situates SAMA's decision within a broader call for global medical solidarity, ethical clarity and adherence to the principles of medical neutrality and human rights.

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The front cover of the 4 October 2025 edition of international medical journal the *Lancet* noted: 'Most medical and surgical societies worldwide have remained silent or issued vague statements about Gaza's healthocide [...] Staying silent while pretending to be neutral is, in effect, a form of complicity.'^[1]

On the same day, the South African Medical Association (SAMA) issued a media statement declaring that 'SAMA has resolved to immediately suspend all professional and bilateral relations with the Israeli Medical Association (IMA) and calls for the suspension of the IMA from the World Medical Association (WMA)'.^[2]

On a global level, this action is not isolated. A recent motion passed by the British Medical Association (BMA) stated that it would 'suspend engagement with the IMA until it affirms medical neutrality and condemns attacks on healthcare in Gaza'.^[3]

SAMA's statement was stronger and more decisive in suspending its relations with the IMA, which remains in effect until the IMA takes action to:

- (i) demand the urgent release of all detained Palestinian medical personnel
- (ii) condemn the systematic destruction of Gaza's healthcare system and actively advocate for its immediate reconstruction
- (iii) condemn the use of starvation as a policy as well as the blockade of essential medical supplies and call for the immediate cessation of these practices
- (iv) take active measures to guarantee adequate medical care for all individuals under Israeli control, particularly Palestinians in detention facilities.

This action by SAMA goes beyond rhetoric, as the association has an international presence, including at the WMA.^[2] According to the media statement, the decision to suspend relations with the IMA was reached after several months of extensive consultations and deliberations by the SAMA Board of Directors.

Withdrawing out of principle

As part of this action, SAMA also decided to withdraw from its participation in the Declaration of Taipei working group for as long as the IMA remains its chair.

The Declaration of Taipei is an ethical guideline governing the use of large medical databases and biobanks.^[4] It is deeply ironic that the IMA leads work on such an ethical guideline while representing a state (viz Israel) being investigated for the crime of genocide by the International Court of Justice, which includes the deliberate destruction of Gaza's healthcare system and medical schools, and whose military attacks destroyed 4 000 embryos stored at Gaza's only *in vitro* fertilisation centre.^[1,5-7] The use of biometric information collected from Palestinian citizens without their consent is in clear breach of personal consent, and this information is exploited by the Israeli military.^[8]

Why focus on the IMA?

The Israeli state's targeted attacks on health facilities in Gaza and the West Bank have been well documented.^[9-11] Yet the IMA has 'neither condemned the Israeli state's actions nor adequately addressed Israeli physicians' violation of medical ethics, particularly in the treatment of Palestinians held in arbitrary detention'.^[1] The Israeli Ministry of Health, with whom the IMA is closely affiliated, does not oblige physicians treating detainees to document or report patients demonstrating signs of possible torture, which is a clear violation of the Istanbul Protocol, the WMA Declaration of Tokyo and the UN Convention against Torture governing the rights of detainees.

The IMA has, over the course of several decades, failed to address the illegal siege of Gaza imposed by the Israeli regime, which has resulted in a crippling scarcity of critical medical equipment and supplies. It has also refused to advocate for the medical rights of Palestinian patients in the Occupied West Bank and Gaza, who have experienced grave health consequences due to the arbitrary

imposition of an unethical medical permit system that presents a significant barrier to access to medical care. When a number of Israeli doctors published a letter calling for the bombing of Gaza's hospitals and posted dehumanising content, such as referring to Palestinians as 'snakes,' and stated that Gaza hospitals are 'a legitimate target for annihilation,' the IMA neither sanctioned these doctors nor condemned such statements.^[12]

The IMA has faced scrutiny for numerous ethical violations of several WMA policies, international humanitarian law (IHL) conventions and of its own Code of Conduct, with international calls (including from the Treatment and Rehabilitation Center for the Victims of Torture) for the suspension of activities and collaboration with the WMA dating back to 2007.^[13] Indeed, as detailed in *The Shame of Israeli Medicine*,^[14] the IMA, far from acting as an impartial guardian of medical ethics, has instead offered political cover for the Israeli state, and failed to act against medical personnel engaged in violations of ethics and human rights. Its letters and statements routinely affirm a commitment to 'medical neutrality' while simultaneously parroting unverified and debunked claims that Palestinian healthcare facilities are used for 'terrorist activities'. For example, president of the IMA Zion Hagay wrote a letter dated 15 November 2023 to Italian academics calling for a ceasefire, describing personnel at the hospital as ' Hamas accomplices.'^[15]

Despite 431 Palestinian healthcare workers having been detained in Israeli prisons since October 2023 without charge, and many Gazan doctors who have died while in detention, the IMA has not done anything to protect these health workers from abuse and torture.^[16,17] Physicians for Human Rights Israel reports that rather than seeking to contribute to the protection and freeing of Palestinian colleagues unlawfully detained, the head of the IMA's Ethical Committee maintained that 'terrorists' are not protected, using familiar delegitimising rhetoric.^[18] This narrative echoes Israeli state propaganda, effectively designating hospitals as legitimate military targets and making a mockery of the protections afforded to them by the Geneva Convention.^[19]

The consequences of these decisions have been dire, and have resulted in an unprecedented rate of attacks on healthcare, with ~770 documented attacks on healthcare facilities, resulting in almost 94% destruction of the healthcare system at a time of mass civilian displacement and daily mass casualty events. Physicians for Human Rights Israel^[20] and B'Tselem's^[21] recent medicolegal analyses of Israel's conduct in Gaza point to a co-ordinated and intentional strategy of attacks on healthcare as part of a larger process designed to eliminate conditions that ensure survivability of the population in Gaza.

As has been made evident, these debunked propagandistic claims have consequences – deaths of Palestinian healthcare workers and patients, and the detention without charge of many doctors in Israeli prisons under conditions described by human rights organisations as tantamount to torture.^[18,20] Such doublespeak represents a gross betrayal of the principles of medical ethics and IHL.

The IMA has also actively lobbied against international condemnation of the occupying Israeli regime. For example, following global outrage at the Israeli Defence Force (IDF)'s occupation of Al Shifa hospital in November 2023, the head of the IMA's Ethics Bureau co-authored a letter to the director-general of the World Health Organization repeating the unverified claim that ' Hamas has utilised Shifa and other hospitals in the region as a base of terror, storing armaments, shooting missiles, and even hiding hostages,' and that 'the hospital is apparently in full control of Hamas and is connected to the network of tunnels the terrorists use for their murderous purposes.'^[22] That the IMA should repeat IDF propaganda is not surprising, given that the chief medical officer of the IDF and the director-general of

the Israeli Ministry of Health serve on the IMA's executive committee. This underscores the IMA's support for a policy of erasure disguised as military necessity and self-defence.

The IMA's ethical conduct regarding the Palestinian people in the Occupied Palestinian Territories (OPT), where they are legally responsible for the provision of health services under IHL, includes financial underinvestment, resulting in what human rights organisations term de-development and medical apartheid, a situation that fosters ongoing dependency on foreign aid packages and the inadequate service delivery supplied by Israel as the occupying power.^[21] More serious ethical breaches are their silence while Gaza's healthcare system is being systematically dismantled, Gaza's civilian population is experiencing the most rapid descent into a manufactured famine witnessed in modern times and the *Lancet* noted an alarming drop of nearly 50% in average life expectancy in Gaza, still considered to be a conservative estimate by the authors.^[23]

While claiming institutional independence, the IMA has close affiliations with the Israeli government, and is the recipient of generous monetary support from the state. Senior IMA doctors hold dual positions and also serve on government advisory boards, leading observers within both organisations to describe the institutional overlap as a 'revolving door' situation. This close alignment with state and military policy, coupled with lack of independent ethical oversight, points to an alarming conflict of interest on the part of the IMA, but explains its strict institutional silence regarding the Israeli government's actions in Gaza and the OPT. The IMA effectively functions as an extension of the government, and has prioritised state policy and military objectives over adherence to IHL and medical ethics.

Drawing on South Africa's anti-apartheid movement

South Africa (SA)'s own history of apartheid provides a precedent for SAMJA's actions. Then called the Medical Association of SA (MASA), the organisation was involved in the 'healthwashing' of SA apartheid on the international stage, and the cover-up of torture and abuse in detention under apartheid.

Anti-apartheid activists within SA and abroad have argued that 'in their exoneration of the doctors who had failed to treat the fatally injured Steve Biko while he was in police detention in September 1977, MASA had failed to uphold the principles enshrined in the WMA's Tokyo Declaration against torture and the Geneva Declaration.'^[24] MASA withdrew from the WMA because of international diplomatic pressure.

Despite a decades-long campaign by both local and global anti-apartheid activists, MASA was not expelled from the WMA, as those who sought to maintain cordial relations with the apartheid-era medical association argued that 'constructive engagement' rather than suspension could bring about incremental positive change within the organisation. In reality, this decision appeared to condone systematised racism, and was seen as a troubling double standard. Eventually, the issue 'cost the WMA its relationship with the World Health Organization', diminished its moral standing and severely depleted its membership ranks as many national associations withdrew in protest.^[24,25] MASA was eventually granted readmission to the WMA once it instituted reforms and met conditions that were more consistent with the WMA code of conduct. Much to the relief of the American Medical Association and the WMA, this coincided with the end of apartheid in 1994.

The parallels with the current context are striking. More than four decades ago, the chair of MASA's Federal Council, responding to pressure for the organisation to take a stand against torture, claimed

that, after a meeting with security officials, he was convinced that 'there had been a very real attempt on the part of the authorities to provide the best possible medical care for detainees'. This is paralleled in the response in 2024 of Dr Yossef Walfish, chairperson of the IMA Ethics Board. When pressed for action to prevent medical complicity in the torture of Palestinian detainees, he told Physicians for Human Rights Israel that 'the IPS [Israel Prison Service] Chief Medical Officer assured me that the medical care provided to all individuals in prison adheres to the principles of medical ethics. Therefore, the ethics board finds no reason to pursue any further inquiries into the matter.'^[26] In fact, the IMA has conducted no investigations into the many cases of torture of detainees reported to it over the past 2 years.

The IMA's continued presence on global medical platforms therefore challenges *all* medical bodies to hold it accountable to ethical standards, given that the IMA has given cover to Israel's deliberate and systematic dismantling of health systems, decimation of healthcare infrastructure and killing of healthcare workers.^[27,28]

Arguments against the exclusion of SA from the WMA derided anti-apartheid activists as 'political', suggesting that medical ethics should be distinct from politics.^[24] We reiterate that when politics intrudes on medical ethics, there is no escaping from the need to speak up against injustice. Just as such claims were flawed during apartheid, so they are currently when a national medical association fails to adhere to recognised global ethical standards.

Practically, the application of medical ethics cannot be de-politicised.^[29] Health associations bear legal and moral obligations to uphold the principles of IHL, and doing so strengthens protection for healthcare workers and patients in times of conflict.

Consolidating efforts

SAMA's courageous action should encourage other medical societies, both in SA and abroad, to be introspective and consider similar responses. International isolation is a conventionally accepted form of non-violent action that can be used to apply pressure to bring the Israeli state within the ambit of international law. International solidarity helped to dismantle SA apartheid – the same is needed in occupied Palestine.

Those in leadership positions within healthcare associations must emphasise that medical neutrality does not mean silence, thereby granting immunity to those in breach of ethical codes. Rather, it refers to the active defence of our shared values and their universal application, which is not a discretionary duty but a moral imperative.

The crisis of legitimacy that is being experienced by our institutions at this time of geopolitical uncertainty cannot be resolved by abdication of our moral responsibility – history bears witness to the fact that silence only perpetuates structural injustice. SAMA's stance with respect to the IMA in this context is therefore ethical stewardship and compliance with our binding obligations under IHL. Now is the time to choose ethical clarity and human rights over political considerations. The frameworks that afford us protection as medical professionals, and safety for our patients, are already in place, but they require our collective resolve to ensure that they are respected. The IMA has failed to maintain and promote the ethics required of a professional medical association. Its silence around the Israeli state's systematic and deliberate destruction of the healthcare system in Gaza, and refusal to address Israeli physicians' violation of medical ethics, including the inhumane treatment of Palestinians

held in arbitrary detention, makes the IMA at the very least an enabler to Israel's ongoing occupation and genocide.

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