

- https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf
8. Buckley MRF. Connecting Climate Change and Health. [Cited 2023 Mar 4]. Available from: <https://hms.harvard.edu/news/connecting-climate-change-health>
 9. Tun SYM, Martin T. Education for Sustainable Healthcare - A curriculum for the UK. Medical Schools Council. 2022. [Cited 2023 Mar 4] Available from: https://www.medschools.ac.uk/media/2949/education-for-sustainable-healthcare_a-curriculum-for-the-uk_20220506.pdf
 10. Wigand ME, Timmermann C, Scherp A, Becker T, Steger F. Climate Change, Pollution, Deforestation, and Mental Health: Research Trends, Gaps, and Ethical Considerations. *Geohealth*. 2022 Nov 1;6:e2022GH000632. <https://doi.org/10.1029/2022GH000632.11>
 11. Hegde R, Vaz M. The making of a "Citizen Doctor": How effective are value-based classes? *Indian J Med Ethics*. 2020 Jul-Sep;5(3) NS:227-35. <https://doi.org/10.20529/ijme.2020.055>
 12. Agudelo Higuera NI, LaRocque R, McGushin A. Climate Change, Industrial Animal Agriculture, and the Role of Physicians – Time to Act. *J Clim Chang Health*. 2023;13: 100260. <https://doi.org/10.1016/j.joclim.2023.100260>
 13. Bohle H-G, Brklacich M. Assessing Human Vulnerability to Global Climatic Change. Earth System Science in the Anthropocene Emerging Issues and Problems. In: Ehlers E, Krafft T, eds. *Earth System Science in the Anthropocene. Emerging Issues and Problems* Springer Verlag; 2005. pp.51–61.
 14. Resnik DB. Bioethics and Global Climate Change. *Bioethics Forum*. 2009[Cited 2023 Mar 4];39: 1. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/19484138>
 15. Williams PC, Marais B, Isaacs D, Preisz A. Ethical considerations regarding the effects of climate change and planetary health on children. *J Paediatr Child Health*. 2021;57: 1775–1780. <https://doi.org/10.1111/jpc.15704>
 16. Ten Have H. *Global Bioethics: An Introduction*. London, New York: Routledge; 2016. <https://doi.org/10.4324/9781315648378>
 17. Pattnaik A. Greener Leader Blog Series: Gaining support for climate policies through a health narrative: A way forward by Anandita Pattnaik – The official blog of BMJ Leader. BMJ Leader. Cited 2023 Aug 7. Available from: <https://blogs.bmj.com/bmjleader/2023/07/26/greener-leader-blog-series-gaining-support-for-climate-policies-through-a-health-narrative-a-way-forward-by-anandita-pattnaik/>
 18. Ministry of Health & Family Welfare-Government of India. National Action Plan on Climate Change & Human Health. 2018 Oct [Cited 2023 Mar 4]. Available from: <https://ncdc.gov.in/WriteReadData/l892s/27505481411548674558.pdf>
 19. Asaduzzaman M, Ara R, Afrin S, Meiring JE, Saif-Ur-Rahman KM. Planetary Health Education and Capacity Building for Healthcare Professionals in a Global Context: Current Opportunities, Gaps and Future Directions. *Int J Environ Res Public Health*. 2022;19. <https://doi.org/10.3390/ijerph191811786>
 20. Centre for Sustainable Healthcare Resource Library. Sustainability in Quality Improvement. Cited 2023 Mar 4. Available from: <https://sustainablehealthcare.org.uk/>
 21. Climate Resources For Health Education - CHRE. In: CRHE - An evidence-based resource bank for accelerating climate and planetary health education. Climate Resources for Health Education (CRHE); 2022 May 17 [Cited 2023 Mar 4]. Available from: <https://climatehealthed.org/>
 22. Healthcare Without Harm. No Vaccine for Climate Change - A Guidance Document For Health Professionals In India. 2021 Jun [Cited 2023 Mar 4]. Available from: <https://noharm-asia.org/articles/news/asia/healthy-energy-initiative-india-%E2%80%99Cno-vaccine-climate-change%E2%80%9D-communication-guide>

COMMENTARY

War on healthcare services in Gaza

THALIA ARAWI

Abstract

This article looks at the October 2023 war on Gaza in the context of the effects of wars on healthcare systems. I will begin with a brief historical overview of the so-called Israeli-Palestinian conflict to clarify the special status of the Gaza Strip and the hostilities since October 7, 2023. This will be followed by a description of the major distinguishing characteristic of this war, namely, the systematic assault on the healthcare system. Finally, I will attempt to explain the conduct of this war using a necropolitical lens.

Keywords: war, ethics, necropolitics, human rights, Gaza

Author: **Thalia Arawi** (Ta16@aub.edu.lb, <https://orcid.org/0000-0003-0443-5821>) American University of Beirut Medical Center, Salim el Hoss Bioethics and Professionalism Programme, Riad El Solh, Beirut 1107 2020, LEBANON.

To cite: Arawi T. War on healthcare services in Gaza. *Indian J Med Ethics*. 2024 Apr-Jun; 9(2) NS: 130-135. DOI: 10.20529/IJME.2024.004

Published online first on January 17, 2024.

Copyright and license

© Indian Journal of Medical Ethics 2024: Open Access and Distributed under the Creative Commons license (CC BY-NC-ND 4.0), which permits only non-commercial and non-modified sharing in any medium, provided the original author(s) and source are credited.

"The idea that some lives matter less is the root of all that is wrong with the world."

— Paul Farmer [1]

Introduction

"We have been trying to perform excruciatingly painful procedures, with no ketamine or even Tramadol. With nothing ..."

"The situation now is to die silently. Only death is all over around, no response, no help. Everything stays still."

These statements read like part of a Frankensteinian nightmare describing a failing healthcare system; but these are actual testimonies of surgeons treating the wounded in the Palestinian Gaza Strip ever since October 7, 2023, with over 22,438 residents having been killed as on January 4, 2024 [2]. The first assertion comes from an X post by a surgeon from Médecins Sans Frontières (MSF) [3] at Al Ahli Hospital and the second from a Gazan plastic and reconstructive surgeon [4] in Al Naser Hospital on his personal Facebook account, after amputating the arm and the leg of a child who eventually succumbed to her wounds. What makes such violence horrific is that in spite of the

understanding that, “even in destruction, there is an order and there are limits”[5], in Gaza those limits have been breached by the Israeli invasion almost daily, with no sign of ceasing.

One’s first impression on reading the narratives above is that of a breakdown of the healthcare system. Yet, it is not a breakdown, but a total and deliberate decimation, in defiance of international humanitarian law (IHL) which forbids the targeting of medical facilities. Most of the 36 Gaza hospitals have been made either completely nonfunctional or are trying to function with a lack of almost everything needed to treat patients, and with a 190% occupancy [6].

Visiting Gaza, the International Committee of the Red Cross president, Spoljaric, stated that “[t]he level of human suffering is intolerable. It is unacceptable that civilians have no safe place to go in Gaza, and with a military siege in place there is also no adequate humanitarian response currently possible” [7]. Dr. Richard Peepkorn, WHO representative in the occupied Palestine territories, simply noted that Gaza’s “health system has been crippled by the ongoing hostilities...” [8]

This article raises the perennial Machiavellian question of whether the ends justify the means. Is it acceptable for political leaders to breach the profoundest moral restrictions to reach what they see as the greater good for their own populations? To clarify this, it is necessary to briefly outline the historical background to this conflict.

A brief historical background

The so-called Israeli-Palestinian issue can be traced back to World War I, with Britain promising to establish a state for the Jewish people in Palestine under the infamous Balfour Declaration. November 2, 1917 [9], marked the day when the normal lives of Palestinians were disrupted as their homes, lands, and life began to be taken away by the Jewish migration to Palestine which continued during World War II with many escaping the Nazi regime in Europe and its horrific targeting of people on religious grounds. 1947 marked the arrival of a ship transporting Jewish refugees from Europe to Palestine which was then under British rule. Photographs show the ship full of Jewish refugees trying to enter Haifa port in Palestine holding a sign stating: “The Germans destroyed our families and homes — Don’t you destroy our hopes.” While Zionist organisations persisted in campaigning for a homeland for Jews in Palestine, under the false claim of “giving a land without people to a people without a land”[10], another expression of the colonial “*Terra Nullius*” concept legitimising the obliteration of the native inhabitants and formulating the “legal” and “moral” ground for sequestering native lands applying the logic of elimination, in the words of Theodore Herzl, the founder of Zionism, who said: “If I wish to substitute a new building for an old one, I must demolish before I construct.”[11]. With settler colonialism’s insatiable thirst for more land, the uprooting continues even today with the appropriation of thousands of acres of Palestinian land [12].

The horrors of the Holocaust, coupled with postwar antisemitism and violence, fueled the Zionist multi-faceted propaganda claiming Palestine as the “promised land” for Jews, prompting a Jewish exodus to Palestine. The taking over of Palestine was, according to the British Zionist leader Chaim Weizmann, to be done as noted in the British proverb of the camel and the tent [13]. On May 14, 1948, the founding of the State of Israel was proclaimed and celebrated by Israelis as their Independence Day, yet remembered by Palestinians all over the world as the day of the *Nakba* (“the Catastrophe”) and 75 years later, Palestinians are still pushed from one oppression to another, with the majority residing in the West Bank, Gaza and some Arab countries. The Gaza Strip has been under sea, air and land blockade since 2007, and has come to be known as the biggest open-air prison in the world.

By promising and giving away land that it did not own, Britain breached the most basic human rights, marking the beginning of one of the worst cases of aggression in the world, namely, the Israeli military occupation of Palestine, robbing the owners of all their human rights, and prompting several acts of resistance by the Palestinian people, ironically referred to as “the Arab-Israeli Conflict.” The Palestinians achieved some “victories” since 1987, which resulted in declarations condemning Israel for violations of the human rights of protestors [12].

How is the current invasion of Gaza different?

On October 7, 2023, Hamas militants launched the fiercest attack on Israel in decades, taking the state of Israel by surprise. *The Middle East Monitor* reports that this operation “launched by Al-Qassam Brigades on October 7, dealt an unprecedented, historic blow to Israel since its founding 75 years ago. It was a stunning strategic military and security attack, storming a significant area of the 1948 occupied territories and inflicting the highest toll of killed, wounded and captured Israelis compared to all the battles the Palestinians have fought since Israel’s establishment, and even most Arab-Israeli wars.”[14] With the rise of social media, that attack and the subsequent mass atrocities committed by the Israeli Defense Forces were visible for all to see and perhaps for the first time in the world’s history, most countries and populations (with the exception of most of their governments) began accusing the state of Israel of genocide and ethnic cleansing, and to call for a Free Palestine.

The war on healthcare

The World Health Organization (WHO) launched its 2015-2030 agenda for Sustainable Development Goals (SDGs) [15], aiming to reach universal health coverage by monitoring systems of health inequalities between countries or at the state level (SDG3). However, the health systems in several war-torn countries such as Yemen, Iraq, Syria, Ukraine, South Sudan, Palestine, etc continue to weaken and have been struggling with limited medical and

non-medical resources, shortages of trained medical staff and of fully functioning health facilities [16]. A quick look at the history of wars reveals their drastic impact on healthcare infrastructure and superstructure and how humanitarian crises rapidly escalate the health needs of populations, especially among the most vulnerable groups. International medical and humanitarian responses to these needs are often insufficient in countries suffering from a deterioration in institutional healthcare. Humanitarian crises lead to complex situations requiring varied evidence-based interventions, which again, are rendered impossible by war and political conflict.

Both the Geneva Convention and IHL Rule 25 explicitly state [17] that “military and civilian medical personnel exclusively assigned to medical duties must be respected and protected in all circumstances” which makes any deliberate attacks against care workers or targeting of health facilities a war crime and a clear breach of IHL laws. The October aggression on Gaza has revealed an “unrelenting war” on the healthcare sector [18], amounting to a war within a war. The long-term effect of such targeting will take several years to reverse, leaving a long interval for more disease to spread and fresh healthcare problems to arise. In addition, the specific targeting of healthcare facilities and personnel engenders serious doubts about the safety of any future healthcare structures which can at any time be targeted in the absence of international deterrence. While the aggression on Gaza is not new, the 2023 violence is marked by a new form of war: a war on healthcare overtly supported by an infamous letter from 45 influential Israeli rabbis calling on Netanyahu to bomb hospitals [19] and an unprecedented breach of medical ethics with it being endorsed by 400 doctors (including family physicians and paediatricians) [20]. At least 364 attacks on healthcare services have been documented in the occupied territories since October 7, with reports to the effect that the Indonesian hospital in Gaza was bombed 35 times [18]. Numerous healthcare workers have been wounded, detained, or incarcerated, including the general director of Al-Shifa Hospital who was arrested on November 23, and his whereabouts remain unknown to this day. Dr Mofokeng, United Nations (UN) Special Rapporteur on the right to health, declared that “the health infrastructure in the Gaza Strip has been completely destroyed and that “we are in the darkest time for the right to health in our lifetimes.”[18] Sadly, neither laws, nor regulations, nor UN resolutions were able to halt this annihilation of the healthcare system.

With the intentional dismantling of healthcare, the targeting of water, sewage, and essential food, the impact of this self-perpetrating disaster will continue long after this phase of the aggression is over. People no longer have a place to be treated, or clean water to drink, and suffer from malnutrition and its sequelae, all of which provide a breeding ground for communicable diseases, respiratory illnesses and diarrhoea, epidemics, non-communicable diseases, and even cancer — with the only cancer hospital in Gaza targeted twice in

October [21]. The WHO has already reported “an astounding increase in cases of diarrhoea, particularly amid infants and children, and noted “very serious signals around acute jaundice syndrome” in the Palestinian enclave [22].

With the public outrage caused by Israeli Heritage Minister Amichai Eliyahu’s declaration of support for the nuclear bombing of the Gaza Strip, reports emerged of Tel Aviv using internationally forbidden weapons including phosphorus, fissile, vacuum, and depleted uranium, missiles that leave nothing but bones on the body, some of which completely dissolve the body, and the resultant spreading of toxins [23]. The nature of weapons used was revealed by the nature of wounds, which included incendiary burns that cover most of the body, and weapons that would fragment into a number of guillotine-like disks causing amputations in the body. We still do not know the future effects of these weapons and the diseases to which they might lead.

In addition to the war’s direct wounds on the human body, malnutrition, starvation, the loss of homes and important family medical records continue to grow, and their effects will be felt for decades to come. The ruthless aggression is leading to a tsunami of mental health problems not easy to address, including but not limited to the effects of displacement, witnessing fellow humans shredded or losing limbs; and not being able to grieve over the continuing losses of dear ones, post traumatic stress disorders (PTSD) and depression will become even more manifest after the immediate violence is over and will continue for a good number of years. Gazans have already a high record of PTSD from previous aggressions which were generally less intense than the 2023 one which has spared no one. According to *Save the Children*, a charity organisation for children, “children are experiencing a whole host of signs and symptoms of trauma including anxiety, fear, worry about their safety and that of their loved ones, nightmares and disturbing memories, insomnia, bottling up emotions and withdrawing from loved ones”[24]. These illnesses also take a toll on healthcare workers who suffer traumatic flashbacks and mental health issues. Precisely because of the healthcare catastrophe caused by violence and the siege, the Executive Board of the WHO announced an emergency session on December 10 to discuss the health crisis in Gaza and the West Bank, while the Palestinian ambassador to the United Nations in Geneva, Ibrahim Khreisheh, is seeking to increase medical aid and the entry of foreign healthcare workers to the Strip.

Notwithstanding the danger, healthcare workers did not stop providing services to patients until the total breaking of the healthcare system and exhaustion of resources exacerbated by the siege. This led to surgeons having to resort to basic washing liquid and vinegar to clean wounds to keep the scarce saline solution for more serious needs and to perform surgeries and amputations without anaesthesia. The social media was filled with the story [25] of a Gaza surgeon weeping in devastation after losing his own

son during an amputation he had to perform on him without anaesthesia. Doctors reported having no morphine or ketamine; patients showing signs of worsening infection ultimately led doctors to perform painful attempts at cleaning wounds and amputating limbs that could otherwise have been treated [26]. British Palestinian doctor, Abu-Sittah reported the tragedy where triage was done with the help of family members based on factors such as how many siblings (or not) the patient had and remarked on the large numbers of people in the operating theatre suffering from fragmentation missile wounds inconsistent with other etiologies and requiring what he called “guillotine amputations” in ‘very tough’ parts of their bodies — such as the mid thigh, where medics had to saw through a web of thick muscles, and the femur, the strongest bone in the body.”[26] Fragmentation explosives are exceptionally lethal, bursting into a huge number of small and fast-moving lethal metal fragments upon collision.

Finally, I examine the ferocity of the invasion of Gaza from a philosophical and necropolitical perspective.

Überstates: Undercutting healthcare as a strategy of war

October 7 marked a Nietzschean moment in history in that shared values related to human rights and expressed in regulations such as the Declaration of Human Rights, the IHL, and the Geneva Conventions, are not only devalued, but unreservedly rejected. They are considered slave moralities hostile to life, espoused by the “weak” and thus need to be replaced by those that are based on the will to power. The ones with the power to shape the world have diametrically opposed values regarding life. Nietzsche said: “Man himself becomes the determiner of values; he does not require to be approved of; he passes the judgment: What is injurious to me is injurious in itself; he knows that it is only himself who confers honor on things; he is a creator of values.”[27] Modern day überstates (to coin a new term) are based on colonial settler ideologies that perpetuate the logic of abandonment within a necropolitical construct based on Foucault’s biopolitics. These überstates operate by othering the “subject” under their control, propagating epistemic violence which rejects all other kinds of knowing but their own, and trivialising indigenous knowledge. Gazans (and Palestinians in general) are regarded by the State of Israel as individuals who have nothing to give — whose experiences and narratives are rejected and silenced — and have been devalued and dehumanised via epistemic violence for more than 75 years now. This silence, however, has been shattered by a new form of resistance via social media which, for the first time, makes the Palestinian narrative and suffering visible to everyone as it actually is, a narrative of people with a land that is being brutally taken away from them as aptly expressed by Paul Farmer thus: “human rights violations are not accidents; they are not random in distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intimately to the social conditions that so often

determine who will suffer abuse and who will be shielded from harm.” [28]

Necropolitics and healthcare

The attack on healthcare in Gaza is a manifestation of what Foucault called biopolitics, “The set of mechanisms through which the basic biological features of the human species became the object of a political strategy, of a general strategy of power... It is the *power to ‘make’ live and ‘let’ die*. The right of sovereignty was the right to take life or let live. And then this new right is established: the right to make live and to let die.” [29] The attack on healthcare facilities and infrastructures in the Gaza Strip marks a shift from biopower to necropower, from aiming at the individual to targeting whole areas and communities. Gaza is the necropolitical paradigm of the concentration camp as visualized by Giorgio Agamben, “a space that is opened when the state of exception begins to become the rule” [30], where Gazans are reduced to the status of *homo sacers* (individuals that can be killed with impunity, for they are forbidden from living in a politico-legal civil society) and are reduced to no more than a biological existence fighting for mere survival, with the West Bank camps seen as “an experimental laboratory for control and surveillance” where the occupier rules through “the normalization of a state of exception” [31]. Not only do such targeted civilian populations lack access to healthcare facilities; but healthcare workers, hospitals and ambulances have been specifically targeted. Dr Hammam Aloh, a nephrologist working in Al Shifa Hospital who refused to flee believing in his duty as doctor to help the injured was one such “casualty”, who said in his last interview: “If I leave, who will treat my patients? We are not animals. We have a right to receive healthcare” [32]. This is not to argue that animals do not have the right to be treated (which is another issue altogether) but refers to the numerous times Palestinians have been referred to as an inferior race by Israeli government officials such as the Israeli Defense Minister Yoav Gallant [33]. There are many like Dr Hammam in Gaza who should be hailed for their superb humanism and bravery; but are killed instead of receiving the Nobel Peace Prize. That is but another manifestation of an Übermenschian state that controls the lives of an entire people by denying them healthcare, and thus challenges global definitions of values and rights. Gaza has become “the culmination of spatial exclusionary arrangements that existed in an incipient state during the early phases of modern settler or genocidal colonialism” [34]. According to Jewish philosopher Judith Butler, who has often written on the precariousness of life and how different lives are valued differently, the genocide happening in Gaza is “a systematic undercutting of the livelihood, the health, the wellbeing and the capacity to persist” [35]. Seen through a Butlerian lens, Palestinians are being denied a basic humanity which reduces them to otherness so that, in case of death or loss, they are not seen as worthy of grief. Consequently, we mourn for some lives but respond with coldness to the loss of others [36]. Butler,

also known for her theory of “grievability,” argues that every life is precious and as such, we are charged with maintaining life to the best of our ability and that decisions to provide healthcare or to terminate a life in war are socially constructed practices [36]. She continues, saying that Palestinians are treated as not being grievable, that their lives and deaths do not matter because “they are not just less than human (...) but a threat to what the idea of a human is, that is being defended by Zionist politics, shared by Israel and the U.S. and many Western powers.” [35].

11-year-old Anas requested water to quench his thirst after his last surgery, then gasped his last breath. The surgeon treating him said: “I got him some water and helped him drink. That will be my lasting memory of him. The boy was thirsty in his last moments” [37]. This last tribute to Anas and to the many Anases in Gaza was a retweet reaching 540.6K This testifies to how precious life is to most people, regardless of how much states may try to devalue it.

Albert Camus’s words in his Nobel Prize Acceptance speech reverberate in this humanitarian crisis: “Each generation doubtlessly feels called upon to reform the world. Mine knows that it will not reform it, but its task is perhaps even greater. It consists in preventing the world from destroying itself.” [38] We have this great task ahead of us, and if we fail, we fail humanity at large.

References

- Kidder T. *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World*. Random House Publishing Group; 2009.
- Hamas-run Gaza health ministry says war death toll at 22,438. *Times of Israel*. 2024 Jan 4[Cited 2024 Jan 4]. Available from: https://www.timesofisrael.com/liveblog_entry/hamas-run-gaza-health-ministry-says-war-death-toll-at-22438/
- Abu Sitta G. I am having to do major wound dressing changes that are excruciatingly painful with no ketamine or even Tramadol. With nothing. Otherwise, wounds are getting infected.
- Moghrabi AA. The situation now is to die silently...only death is all over around, no response, no help... Everything stays still...2.12.2023. In: Moghrabi DAA, editor.: Facebook; 2023 Dec 2.
- Altares G. Albert Camus and Gaza: ‘Even in destruction there is an order, and there are limits.’ *El Pais*. 2023 Dec 13[Cited 2024 Jan 2]. Available from: <https://english.elpais.com/opinion/2023-12-13/albert-camus-and-gaza-even-in-destruction-there-is-an-order-and-there-are-limits.html>
- United Nations. Gaza: ‘Unprecedented and unparalleled’ civilian death toll: Guterres. 2023 Nov 20[Cited 2024 Jan 2]. Available from: <https://palestine.un.org/en/253284-gaza-unprecedented-and-unparalleled-civilian-death-toll-guterres>
- International Committee of the Red Cross. Israel and the occupied territories: President of the ICRC arrives in Gaza, calls for the protection of civilians. 2023 Dec 4[Cited 2024 Jan 2]. Available from: <https://www.icrc.org/en/document/israel-and-occupied-territories-president-icrc-arrives-gaza>
- United Nations. Shock and terror in Gaza as bombardment of shattered enclave resumes. 2023. Dec 1[Cited 2024 Jan 1]. Available from: <https://news.un.org/en/story/2023/12/1144217>
- Editors, *Encyclopaedia Britannica*. Balfour Declaration. United Kingdom ; 1917]. Updated 2023 Dec 8[Cited 2024 Jan 1]. Available from: <https://www.britannica.com/event/Balfour-Declaration>
- Garfinkle AM. On the Origin, Meaning, Use and Abuse of a Phrase. *Middle Eastern Studies*. 1991;27(4):539-50.
- Herzl T. *Altneuland: The Old-New-Land*. Wildside Press LLC; 2018.
- Human Rights Watch. Israel: 50 Years of Occupation Abuses. 2017 Jun 4 [Cited 2024 Jan 4]. Available from: <https://www.hrw.org/news/2017/06/04/israel-50-years-occupation-abuses>
- Kramer M. The Forgotten Truth about the Balfour Declaration. *Mosaic*. 2017 Jun 5 [Cited 2024 Jan 2]; Available from: <https://mosaicmagazine.com/essay/2017/06/the-forgotten-truth-about-the-balfour-declaration/>
- Saleh MM. Al-Aqsa Flood: Dealing with the aftermath. *Middle East Monitor*. 2023 Oct 22[Cited 2024 Jan 2]. Available from: <https://www.middleeastmonitor.com/20231022-al-aqsa-flood-dealing-with-the-aftermath/>
- United Nations. The Sustainable Development Agenda. 2023[Cited 2024 Jan 1]. Available from: <https://www.un.org/sustainabledevelopment/development-agenda/>
- Druce, P., Bogatyreva, E., Siem F.F. Gates S, Kaade H, Sundby J, et al. Approaches to protect and maintain health care services in armed conflict – meeting SDGs 3 and 16. *Confl Health*. 2019; 13(2): <https://doi.org/10.1186/s13031-019-0186-0>
- International Committee of the Red Cross (ICRC). International Humanitarian Law Databases. Rule 25 of Customary Humanitarian Law. Available from: <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule25>
- United Nations. Gaza: UN expert condemns ‘unrelenting war’ on health system amid airstrikes on hospitals and health workers. 2023 Dec 7 [cited 2024 Jan 2]. Available from: <https://www.ohchr.org/en/press-releases/2023/12/gaza-un-expert-condemns-unrelenting-war-health-system-amid-airstrikes?sub-site=HRC>
- Ofir J. Israeli rabbis tell Netanyahu that Israel has a right to bomb Al-Shifa hospital in Gaza. *Mondoweiss*. 2023 Oct 30[Cited 2024 Jan 1]. Available from: <https://mondoweiss.net/2023/10/israeli-rabbis-tell-netanyahu-that-israel-has-a-right-to-bomb-al-shifa-hospital-in-gaza/>
- Shapiro T, Ofir J. Israeli doctors urge the bombing of Gaza hospitals. *Mondoweiss*. 2023 nov 5[Cited 2024 Jan 1]. Available from: <https://mondoweiss.net/2023/11/israeli-doctors-urge-the-bombing-of-gaza-hospitals/>
- Staff, New Arab. Israeli jets strike Turkish-run cancer hospital in Gaza Strip. *The New Arab*. 2023 Oct 31[Cited 2024 Jan 1]. Available from: <https://www.newarab.com/news/israeli-jets-strike-gazas-only-cancer-hospital>
- Tétrault-Farber G. WHO says Gaza's health system must be protected as disease spreads. *Reuters*. 2023 Nov 29[cited 2023 Dec 21]. Available from: <https://www.reuters.com/world/middle-east/who-says-gazas-health-system-must-be-protected-disease-spreads-2023-11-29/>
- Maqawi S. What internationally banned weapons did Israel use in its war on Gaza? *Al Masryalyoum*. 2023 Nov 11[Cited 2024 Jan 2]. Arabic. Available from: <https://www.almasryalyoum.com/news/details/3022994>
- Save the Children. Children’s mental health in Gaza pushed beyond breaking point after nearly a month of siege and bombardment - occupied Palestinian territory. 2023 Nov 7[Cited 2024 Jan 2]. Available from: <https://reliefweb.int/report/occupied-palestinian-territory/childrens-mental-health-gaza-pushed-beyond-breaking-point-after-nearly-month-siege-and-bombardment>
- Newsflare video. Heartbreaking scene as Gaza surgeon inconsolable after losing own son during amputation operation. 2023 Nov 21[Accessed 2024 Jan 4]. Available from: <https://www.newsflare.com/video/606445/heartbreaking-scene-as-gaza-surgeon-inconsolable-after-losing-own-son-during-amputation-operation>
- Sebouai L. ‘I performed six amputations in one night’: London doctor recalls war horrors after 43 days in Gaza. *The Telegraph*. 2023 Nov 28[Cited 2024 Jan 4]. Available from: <https://www.msn.com/en-us/news/world/i-performed-six-amputations-in-one-night-london-doctor-recalls-war-horrors-after-43-days-in-gaza/ar-AA1kCmh9>
- Sawyer K. *Beyond Good and Evil*. Self-published. 2023 April.
- Farmer P. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*: University of California Press; 2004.
- Cote M. ‘Society Must Be Defended’: Lectures at the College de France. *Can J Commun*. 2004; 29(3-4):414-416.
- Ek R. Giorgio Agamben and the spatialities of the camp: An introduction. *Geografiska Annaler: Series B, Human Geography*. 2006; 88:363-86.
- Frantzman S. Review: *The Power of Inclusive Exclusion: Anatomy of Israeli Rule in the Occupied Palestinian Territories* – Edited by Adi Ophir, Michal Givoni, and Sari Hanafi. *Digest of Middle East Studies*. 2010 Oct 22;19. <https://doi.org/10.1111/j.1949-3606.2010.00054.x>
- The New Arab. Hammam Alloh: Israel kills dedicated Gaza doctor who refused to leave patients. *The New Arab*. 2023 Nov 16 [Cited 2024 Jan 2]. Available from: <https://www.newarab.com/features/dr-hammam-alloh-dedicated-al-shifa-doctor-killed-israel>

33. Fabian E. Defense minister announces 'complete siege' of Gaza: No power, food or fuel. *Times of Israel*. 2023 Oct 9[Cited 2024 Jan 3]. Available from: https://www.timesofisrael.com/liveblog_entry/defense-minister-announces-complete-siege-of-gaza-no-power-food-or-fuel/
34. Mbembe A. *Necropolitics*. Duke University Press; 2019.
35. Goodman A. Palestinian Lives Matter Too: Jewish Scholar Judith Butler Condemns Israel's "Genocide" in Gaza. *Democracy Now*. 2023 Oct 26[Cited 2024 Jan 2]. Available from: https://www.democracynow.org/2023/10/26/judith_butler_ceasefire_gaza_israel
36. Butler J. *Frames of War: When is Life Grievable?* London: Verso; 2009.
37. @GhassanAbuSitt1. 36. Twitter (now X). 2023 Nov 5[Cited 2024 Jan 2]. Available from: <https://twitter.com/GhassanAbuSitt1>
38. Camus A. Nobel Prize Speech. 1957. Available from: <https://www.atlasofplaces.com/essays/nobel-prize-speech/>

COMMENTARY

Opioid promotion in Canada: A narrative review

JOEL LEXCHIN

Abstract

Studies based on the United States Open Payment database have demonstrated an association between the promotion and prescribing of opioids. An equivalent database does not exist in Canada; therefore, I undertook a narrative review of the literature. In 2015, Purdue spent over CAN\$4 million promoting a single product and generated over 160 pages of journal advertising. In the current review, I describe each of the six different forms of promotion that companies used to try and influence prescribing behaviour: messages from sales representatives, journal advertisements, company involvement in undergraduate medical education, key opinion leaders, clinical practice guidelines, and the funding of patient groups. Recent regulatory changes have decreased the volume of opioid promotion, but it would be incorrect to assume that it does not continue to influence the prescribing of this class of drugs.

Keywords: Canada, doctors, drug promotion, opioids, pharmaceutical industry

Introduction

There is compelling evidence of an association between exposure to information from pharmaceutical companies and prescribing quality. A systematic review by Spurling et al investigated the impact of drug promotion on prescribing quality, volume, and cost [1]. Despite including 58 studies, this review did not find evidence of a net improvement in

prescribing following interactions between prescribers and pharmaceutical companies in terms of the appropriateness of the prescriptions written, the cost of the drugs prescribed, or the number of prescriptions. The findings varied, with some studies showing an increase in prescribing quantity and costs, a decrease in quality, or no association, except for one US econometric study that reported both greater prescribing frequency and greater price sensitivity following sales visits. More recent systematic reviews, which focus on a subset of prescribers and non-trainee physicians [2], or which are restricted to a narrative synthesis of results [3], align with the study by Spurling et al. These collective results support the hypothesis that promotion is associated with increased prescribing costs and volumes as well as aligning with companies' interests in terms of increased sales and market share.

Specifically, regarding opioid promotion, studies conducted in the United States (US) using the Open Payments database have demonstrated an association between promotion and interactions with the pharmaceutical industry and the quality of prescribing of opioids. Physicians who received any opioid-related payments from the industry in 2014 were associated with generating 9.3% more opioid claims in 2015 compared with physicians who received no such payments [4]. A second study linked the marketing of opioid products with increased opioid prescribing and subsequently an elevated mortality from overdoses [5]. A third study [6] demonstrated that opioid-related payments to physicians from pharmaceutical manufacturers were associated with a greater likelihood that Medicare beneficiaries would be prescribed opioids at dosages exceeding those recommended by the Centers for Disease Control and Prevention despite having no hospice care claims or diagnoses of cancer that could have justified those higher doses [7].

It is highly unlikely that promotion has a significantly different impact on prescribing in Canada when compared to the US. However, due to the lack of a database similar to

Author: **Joel Lexchin** (jlexchin@yorku.ca, <https://orcid.org/0000-0001-5120-8029>), Professor Emeritus, School of Health Policy and Management, York University, Toronto, Ontario, CANADA; Associate Professor, Faculty of Medicine, University of Toronto, Toronto, Ontario, CANADA

To cite: Lexchin J. Opioid promotion in Canada: A narrative review. *Indian J Med Ethics*. 2024 Apr-Jun; 9(2) NS: 135-142. DOI: 10.20529/IJME.2024.006

Published online first on January 23, 2024.

Copyright and license

© Indian Journal of Medical Ethics 2024: Open Access and Distributed under the Creative Commons license (CC BY-NC-ND 4.0), which permits only non-commercial and non-modified sharing in any medium, provided the original author(s) and source are credited.