

The Games Go On: British Medical Journals Play Politics, Again

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The politicization of British medical journals is an ongoing conundrum, and one that has been previously discussed on these pages.¹ Forefront among these journals is *The Lancet*, whose editor, Richard Horton, minces no words when it comes to Israel. In its latest display of political diatribe, the journal's website, *Lancet.com*, featured a series of abstracts on the topic of health in the Palestinian territories. Of particular note is the abstract presented by Halla Shoaibi, "Childbirth at checkpoints in the occupied Palestinian territory."² Shoaibi determines, and Horton, in his editorial, concurs, that "a legal analysis of the evidence of denial of free movement for Palestinian women in labor... supports the conclusion that Israel's policy is consistent with the criteria for crimes against humanity."³ In our response to *The Lancet*,⁴ we stated:

Unfortunately, we are unable to refute the allegations cited in Shoaibi's abstract since it is just that, an abstract from a writer's workshop, rather than a legal treatise. However, using only the section cited by Miss Shoaibi from article 7(1)(k) of the Rome Statute of the International Criminal Court, it would appear that Israel's limitation of passage can in no way be deemed to be "intentionally causing great suffering". Rather, such limitation is predicated on unfortunate experience with terrorists using ambulances, medical clearances and even subjects disguised as pregnant women, to perpetuate terror.^{5,6}

Even with the intense security measures Israel is required to take to protect its citizens, the vast majority of patients, pregnant and otherwise, are granted permits to enter Israel from Gaza. According to WHO figures, in the last two months (May and June), 92% and 89% of permits, respectively, were granted.⁷

Israel has always, and will continue to provide high levels of medical care to Israelis and Palestinians alike. The testimonies of those who feel gratitude can be easily accessed if one

wishes.⁸ However, if one's agenda is to perpetually display Israel in as negative a light as possible, the facts be damned, apparently that too can be easily accomplished.

A similar response was drafted by Dr. Arthur Eidelman, Chair (emeritus) of the Department of Pediatrics at Shaare Zedek Medical Center in Jerusalem. In his letter, Dr. Eidelman focuses on the faulty data used by Shoaibi in her abstract and on the appropriateness of such a questionable "scientific" article in a medical journal. In his letter Eidelman writes:

The article purports to present data that the delay at checkpoints for mothers "travelling to give birth in hospital" in the 8 year study period (2000–2007) resulted in 69 births, 35 infant deaths and 5 maternal deaths. It concludes that the data are consistent with the "crimes against humanity," and that the issue should be pursued in the International Courts.

Unfortunately, serious questions must be raised both as to the validity of these data, and to the public health implications, let alone the legalistic interpretations of the author. Standards of epidemiologic and public health studies require a clear definition as to the source of the raw data. There needs to be appropriate population statistics so that proper calculations of the magnitude – if any – of the problem can be made. Clear analysis needs to ensure that inappropriate and confounding biases and variables are minimized. Regrettably, the aforementioned study fails on all these criteria. To quote the author (Shoaibi) in the methodology section "the study was undertaken through desk research and legal case analysis with data from... the International Criminal Tribunal for the former Yugoslavia and the International Criminal Court for Rwanda." One must question what the public health relevance is of data from Yugoslavia and/or Rwanda in analyzing a supposed phenomenon in Palestine. There is no mention of data sources and analysis from the local (Palestine) site. It is thus difficult to understand the relevance of legal analysis and opinion per se when one is purporting to present a public health outcome that is so unsubstantiated.

Citing specific problematic data, he adds:

One must raise questions as to the accuracy of some of the data actually presented. The author cites (source not given) the statistic that the percentage of home births rose from 8% in 1999 to 33% in 2002 as a measure of the impact of the checkpoints. The current relevance of these data is questionable given that the study period is 2000–2007. Furthermore,

8. See, e.g., Abu Sarah A. Hope for the Israeli-Palestinian conflict. <http://www.jpost.com/Opinion/Op-EdContributors/Article.aspx?id=185729>, August 23, 2010, accessed July 18, 2011.

1. Shoenfeld Y, Shemer J, Keren G, Blachar Y, Eidelman L, Borow M. British medical journals play politics. *IMAJ* 2009; 11: 325-7.

2. Shoaibi H. Childbirth at checkpoints in the occupied Palestinian territory. *Lancet* 2011; published online July 5. <http://download.thelancet.com/flat-contentassets/pdfs/palestine/palestine2011-4.pdf> (accessed Oct 11, 2011).

3. Horton R. Health in the occupied Palestinian territory. *www.thelancet.com*, July 5, 2011, accessed July 18, 2011.

4. Ciechanover A, Shoenfeld Y, Shemer J, Eidelman L, Borow M. Response to health in the Occupied Palestinian Territory. *www.thelancet.com* vol 378, October 29, 2011

5. *Ibid* at 327.

6. <http://www.mfa.gov.il/MFA/Government/Communiques/2002/A+woman+terrorist+en+route+to+carry+out+a+suicide.htm>, accessed July 18, 2011

7. http://issuu.com/who-opt/docs/update_rad_report_may_2011, http://issuu.com/who-opt/docs/update_rad_report_june_2011, accessed July 18, 2011.

these data are contradicted by the statistics published in *The Lancet* itself in 2010 in a study by Fujiya et al. (*Lancet* online July 2, 2010). This study cited data from the Palestinian Ministry of Health (2005) and the Palestinian Demographic and Health Survey (DHS) (2004) and noted that the home birth rates were as follows: 2000, 8%; 2001, 8%; 2002, 15% “reflecting Israeli military action”; 2003, 8%; 2004, 5%; 2005, 6%. Surely these official Palestinian Health data belie Shoaibi’s data and do not in any way support the conclusion that continued checkpoint activity after 2002 has led to an increase in home births. If anything, on the contrary, there has been a decrease!

Finally, Eidelman maintains that the failure to publish a study lacking even the most basic standards of public health and epidemiologic research is compounded by the assertion that these data are consistent with “crimes against humanity.” As Eidelman writes:

Judicial analysis is the purview and expertise of proper judicial fora. Such fora are designed to evaluate if data meet the standards of evidence and reliability. Proper advocacy and defense have to be provided. A medical journal lacks this expertise and cannot evaluate such serious issues and it is inappropriate for a medical journal such as *The Lancet* to serve as a platform for such highly charged political conclusions. Surely to publish a “study” that does not meet even the most minimum scientific standards of a peer-reviewed journal and written by an author who has neither medical nor public health expertise harms the reputation of *The Lancet* as a premier medical journal.

This, in addition to the fact that the editor of such a journal, Richard Horton, has taken upon himself to “become a one man judicial analyst and political advocate,” led Eidelman to turn instead to the ombudsman of *The Lancet*, Professor Charles Warlow, to make his concerns known. The Ombudsman, in a reply dated October 3, 2011, stated as follows:

Personally I have never rated abstracts very highly, and I doubt if I have ever cited one. I far prefer to await the full paper where there is the detail so that I can judge for myself whether the methods are appropriate, and the results likely to be correct. In this case I agree that “the abstract gave no serious details of the methodology”, but that applies to many abstracts which is why I tend to ignore them. I agree completely that “epidemiologic and public health studies require a clear definition as to the source of the raw data” and “there needs to be appropriate population statistics so that proper calculations of the magnitude – if any – of the problem can be made”. Also, I agree that “clear analysis needs to ensure that inappropriate and confounding biases and variables are minimized”. The trouble is that one just can’t tell from this abstract to what extent these rules were followed, for lack of detail in the methods section. I hope that during the conference the methods were made more explicit. My guess, and it is only a guess, is that the epidemiological rules were not

well followed because the sole author is not a scientist but a lawyer (she received an LLM qualification in 2008 and is currently a legal intern at Human Rights Watch and a junior associate and trainee at Kamal & Associates – attorneys and counselors-at-law <http://www.linkedin.com/pub/halla-shoaibi/14/35a/404>). I also take your point, without having the means to check it, that “the proper perspective about the number of births at check points is that it yields on average 8.6/year, which represents 0.016% of the births”. I am sure that if *The Lancet* were to receive the full paper for publication it would be properly reviewed and scrutinised with all your points in mind, and if found wanting it would surely be rejected.

I am not sure if Richard Horton is explicitly supporting the notion of crimes against humanity when he writes in his Commentary, “A legal analysis of the evidence of denial of free movement for Palestinian women in labour and the consequences for their children supports the conclusion that Israel’s policy is consistent with the criteria for crimes against humanity”. He may be only reporting the legal analysis rather than agreeing with it (I am not sure what analysis he is referring to, perhaps the author’s who after all does have a law degree).

Despite his reservations, however, the Ombudsman concludes:

Having said all that, I think that your concerns are not very directly linked to my role as Ombudsman because I have no say in editorial decisions – *The Lancet* can publish what it wants, in the same way as any other scientific journal, or indeed any newspaper. If it published low grade science, then this will be ignored and eventually show up as a declining impact factor which is absolutely not what *The Lancet* wants to happen... My role as Ombudsman is to do with failure of governance and process which is not an issue here I think.

...While I share your concerns about the validity of the data and so the jump to the International Courts in the ‘interpretation’ of those data (in fact more the implications I think), you must agree that much of epidemiological – and more so public health – research is inevitably ‘political’ in the sense that it impacts so directly on public policy (on smoking, obesity, exercise, the food industry, the arms industry, etc., etc.).

I agree the Israeli/Palestinian issue is highly controversial and a huge burden to the people in both countries, but the correct way to make your concerns known must surely be to write a letter to the editor in the hope that he will publish it, outlining your points about the lack of methodological detail, the likely invalidity of the results, and indeed your comments about the International Courts.

Following these directions, Dr. Eidelman did, in fact submit a letter to the Editor under the title “Should *The Lancet* serve as a platform for a political agenda disguised as science?” The *Lancet*’s senior editor responded by informing Dr. Eidelman that they had decided not to publish his letter, with no specific explanation given.

And so, the games go on.