

The Lancet Against Israel

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Recently a number of papers demonstrating a clear anti-Israel bias were published in *The Lancet*. The internet link in reference [1], which is a search for *Lancet* articles relating to Palestinian children, reflects that journal's obsession to publish anti-Israel reports. In contrast, a search for pro-Israeli papers does not yield a single reference to Israel's remarkable medical research and achievements.

For example, one article [2] accuses Israeli doctors of collusion in the torture of a Palestinian detainee who died in custody. The Israel Medical Association (IMA) denied vehemently that medical professionals were involved in torture or abuse and stated that torture was not approved or used by Israeli security forces or prisons. The IMA claimed in a statement: "The IMA vociferously objects to the claim that medical professionals are involved in torture or abuse, and we will continue to do everything possible with the tools available to us to inform doctors about their obligation to report and to conduct themselves appropriately." But these do not sway *The Lancet* from its anti-Israel bias. In March (2013), they cited a new UNICEF report, "Children in Israeli Military Detention: Observations and Recommendations." This report conveys allegations that Palestinian children detained by the Israeli military have been subjected to "widespread, systematic and institutionalized" ill treatment [3]. Palestinian minors have been used in the past as suicide bombers to attack Israeli targets; most detainments are for throwing stones. It should be remembered that a stone is a weapon that can maim and kill, and most stone throwers are not innocent children but young adults – aiming to cause harm and death. Of course, there is no mention of the thousands of Palestinian children and adults being treated and receiving top-of-the-line medical care in Israeli hospitals, the same treatment that Israeli citizens receive.

A concerned reader, Joy Wolfe, the StandWithUs UK chairperson, approached *IMAJ*, urging the editors to make every effort to sway the balance of publications in the *Lancet*. Her letter mentions that the Canadian Medical Association had responded to the ill-researched and misinformed article on

Palestinian children, and alerts the editors that the *Lancet* is planning a new global issue and is calling for papers for the June launch of the global publication [4]. This is not the first time that *IMAJ* has had to address such questions. In the article "Ethical Dilemmas for Physicians in Time of War" [5,6], Borow wrote that "in wartime, military physicians must juggle the interests of the patient with the interests of the state. In the case of a country's soldiers, the interest of the state is to heal the patient as quickly as possible in order to put him back in harm's way, whereas the best interest of the patient might be to stay off the battlefield. Patient autonomy is not discounted but is sometimes overridden by other considerations. In the case of a country's enemies, the physician's obligation is, once again, to his individual patient and yet, here as well, collective considerations may override individual ones. For instance, a patient posing a security risk might need to be secured, although the basic ground rule is that prisoners and detainees should be treated without being restrained unless there is a real danger of escape or if the individual or the medical team is in danger."

Shoenfeld et al. [6] argue that contentious issues arise in times of peace as well as during war. Those societies with high moral standards that enter into war are challenged, as their commanders and medical personnel are expected to provide adequate medical care for the wounded of both sides. Hippocrates' oath and other ethical codes help define how to treat our patients but not when to treat them. Vague opinions are heard from international medical societies and ethical committees, but there is no clear statement regarding these issues. Therefore, in some situations we face these dilemmas alone, as each of us must decide according to his/her own personal standards, within ethical boundaries.

Two years ago Ciechanover et al. [7] responded to allegations, published in the *Lancet*, by Shoaibi who accused Israel of crimes against humanity. It is imperative to reiterate that even with the intense security measures that Israel is required to take to protect its citizens, most patients, including pregnant women, are granted permits to enter Israel from Gaza. According to World Health Organization figures [8] in May 2011, 92% of requests for permits were approved. Israel has always provided, and will continue to provide, a high level of medical care to Israelis and Palestinians alike. If one wishes, the testimonies of those who have expressed gratitude can be easily accessed. But if the intention is to perpetually display Israel in a negative light – as has been the case with the *Lancet* – one

can't help but wonder whether the guiding force is scientific truthfulness or a biased political agenda.

Amir Ofek from the Israeli Embassy in London reacted to the *Lancet* editorial on March 16 [3], and the *Lancet* printed his letter without any comment from the Editor [9]. Ofek expresses the same concerns and views stated in the present article.

The Israel Medical Association and *IMAJ* share Joy Wolfe's concern. Given the *Lancet*'s clearly demonstrable anti-Israel bias and its propensity to publish inadequately researched allegations against Israel regarding the poor health of the Palestinians and the ill treatment by Israel, we desperately need articles about the contribution of Israel's medical research to the world. The IMA and *IMAJ* urge the medical and scientific community to inundate *The Lancet*, and especially the new global issue coming out in June [4], with papers about Israel's medical achievements, including the medical services provided to Palestinians throughout the country.

For a true view of misconceptions concerning the Israeli-Palestinian situation go to the following link
<http://www.youtube.com/watch?v=GdtGOY8T5XE>

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Capsule

T cells stay fit during flu

Immunological memory is critical for keeping us from getting sick from many pathogens for a second time. For example, infection with chicken pox usually confers lifelong immunity. Tissue-resident memory CD8+ T cells are a key population that is responsible for this protection. By being poised at sites of pathogen entry, such as the lung, they can quickly kill virus-infected cells. But what protects these cells from virus-induced cell death so that they can carry out their duties? Wakim et al. revealed that during influenza infection in mice, the antiviral protein IFITM3 affords such protection to lung CD8+ memory T

cells. IFITM3 is expressed specifically by resident CD8+ memory T cells in the lung, and cells deficient in IFITM3 did not survive well in response to secondary infection with influenza as compared to controls. Moreover, mice whose lung-resident CD8+ memory T cells were deficient in IFITM3 were more susceptible to infection with influenza. These results suggest that the selective expression of an antiviral factor in memory T cells allows the host to protect itself against subsequent viral infection.

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Capsule

Protecting pregnancies

Preeclampsia is a dangerous complication of up to 5% of human pregnancies. The only treatment is removal of the fetoplacental unit by surgery or delivery. To better understand this condition, Doridot et al. generated a preeclampsia mouse model by overexpressing the transcription factor STOX1, which has previously been associated with preeclampsia. When control females were mated with transgenic males, the pregnant female mice showed characteristic features of preeclampsia, such as hypertension and protein in the urine. In addition, an elevated plasma level of soluble anti-angiogenic factors was seen. When aspirin was administered

early in the pregnancy via the drinking water, hypertension was prevented, as were elevated protein levels in the urine. An effect was also seen in the litter size: control mice had slightly larger litters than their transgenic counterparts; however, with administration of aspirin, litter size was normalized. These results indicate that providing low doses of aspirin to preeclamptic mice early in gestation prevents disease development and suggests a potential means of human therapeutic intervention for this life-threatening condition.

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