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Gaza: doctors' testimonies demand a permanent ceasefire

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This week a United Nations motion demanding a permanent ceasefire in Gaza was vetoed by one country—the US.¹ The result: more death and destruction. Donald Trump's administration began by cutting foreign aid, and the UK dutifully followed (doi:10.1136/bmj.r1132).² The outcome of withdrawing US global health funding: an estimated 25 million deaths over the next 15 years.³ For a few rich men to wield political power, millions of people are dying.

A recently published strategy to "make America healthy again" places child health at its centre, albeit with the evident fallacy that children in the US have never been sicker. Although the emphasis on child health is a good one, the proposed solutions—in keeping with the MAGA playbook—are likely to worsen child health. The report itself was prepared with the help of artificial intelligence, which has resulted in embarrassment over made-up and misquoted references (doi:10.1136/bmj.r1150). Attention to detail in addressing what the administration sees as the US's most urgent challenge is shockingly absent.

Another feature is the ideological and scientifically suspect vendettas that the US health secretary, Robert F Kennedy Jr, seems to be driven by. Democratic power should not be about political revenge. This sense of score settling extends to a potential ban on federal scientists from publishing in some prominent medical journals (doi:10.1136/bmj.r1110). Instead, federal institutions will publish their own journals. In tandem, politicians will be the ultimate arbiters of fairness, best practice, and research misconduct in federal science. The outcome: chilling political control over medical science.

US health and science appointees? The administration's view on science is an unscientific one, far from a "gold standard" (doi:10.1136/bmj.r1173).⁷ According to MAGA science, unless there's a placebo controlled trial, data don't exist to support decision making. It's an argument that's used to create doubt over the safety of MMR vaccination or covid vaccination for pregnant women—and public health interventions in general. It's an argument that's patently false and dangerous.⁸

What does this do for the credibility of other senior

Yes, randomised controlled trials remain the gold standard for evaluating interventions. If the current evidence base is built on low quality observational studies—even small randomised trials—and uncertainty exists about the benefits and harms of standard therapy, a placebo controlled trial may well be appropriate. But when robust observational or trial data reassure us about the safety and efficacy of a standard therapy, a placebo controlled trial is unethical. In the case of covid vaccination in pregnant women, a large systematic review published in *BMJ Global Health* does provide that reassurance.⁹

A journal's job

Contempt for facts, science, and evidence does not put America or Americans first; it places political and personal agendas first. This agenda driven approach is enabling mass death around the world and starvation in Gaza (doi:10.1136/bmj.r1133). The US is isolated as the prime supporter of a regime that, despite its status as a democracy, is inflicting starvation and, according to Amnesty International, committing genocide in Gaza. 11 12

The calamity facing Palestinians was evident 18 months ago when too many political leaders gave Israel unconditional support

(doi:10.1136/bmj.p2681). ¹³ It is entirely consistent to condemn the attacks of October 2023 and wish for the safe return of hostages, while standing against Israel's disproportionate and probably illegal military action in Gaza.

Why does this matter to a medical journal? Should we stay in our lane? Mass death and starvation do matter to a medical journal. Reporting on wanton destruction of health facilities, and on the killing of health professionals and humanitarian aid workers, is the business of a medical journal. Political decisions, as we see most vividly in Trump's administration, directly and indirectly affect health and wellbeing. Addressing the political determinants of health is firmly in a medical journal's lane. Medical journals that avoid the impact of political decision making on health are not doing their job.

Add to this the role of doctors in conflict zones. Many doctors leave conflict zones for their own safety and that of their families. For example, the World Health Organization estimated in 2021 that 40% of doctors had left Lebanon (doi:10.1136/bmj.r989). 14 However, others stay and continue to serve their communities in extremis. Doctors and health facilities are not legitimate targets in conflicts according to humanitarian law, but they are now attacked with impunity (doi:10.1136/bmj.q2474). 15 Doctors also travel to conflict zones such as Gaza to contribute to patient care and to prop up the health system; to save lives in high risk settings.

When facts are hard to establish, when independent media access is banned, and when state propaganda replaces truth, the voice of doctors working in those conflict zones perhaps offers the most powerful account of events. Many doctors have provided testimony about the distress they have witnessed in Gaza. ^{16 17} Has any doctor in Gaza, or returning from Gaza, said that there's nothing to see here—that the accounts of death and destruction are exaggerated? These medical professionals, many of whom voluntarily risk their lives in a conflict without moral limits, confirm the collective horror the rest of us are experiencing at second hand.

The doctors' testimonies must be taken seriously, as must the independent reports by UN and non-governmental agencies. With over 50 000 people killed since 7 October 2023, 640 000 displaced in the past three months, and nearly 3000 young children with malnutrition diagnosed in the second half of May, ¹⁸ arguing against a permanent ceasefire has become morally repugnant.

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