

Healing Amidst Conflict: The Perspective of an Israeli Family Physician During Wartime

Dikla Agur Cohen, MD, MSc^{1,2}

¹Department of Family Medicine, Ruth and Baruch Rappaport Faculty of Medicine, Technion - Israel Institute of Technology, Haifa, Israel

²Haifa and West Galilee district, Clalit Health Service, Israel

ABSTRACT

Family medicine is well-established in Israel and serves as the foundation of the Israeli health care system. On October 7, 2023, Israel experienced a profound shock and trauma when over 1,200 Israelis, including Jews, Christians, and Muslims of all ages, were brutally murdered, tortured, raped, burned alive, or taken hostage by Hamas terrorists from Gaza. This essay provides a contextual view from the vantage point of an Israeli family physician. It touches on the horror of the conflict while proposing that family physicians can stand as beacons of hope, offering healing and solace to all in need.

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INTRODUCTION

On October 7, 2023, Israeli citizens experienced profound shock and trauma. Over 1,200 Israelis, including Jews, Christians, and Muslims of all ages, from infants to the very elderly, were brutally murdered, tortured, raped, burned alive, or taken hostage by Hamas terrorists from Gaza.¹ The sudden escalation of violence and the relentless barrage of rocket attacks targeting Israeli civilian areas brought about a palpable sense of fear and uncertainty. For many in Israel, including family physicians, the attack by Hamas on October 7th changed their lives and has had irrevocable consequences. Families sought refuge in bomb shelters, confronting the harsh reality of living under constant threat. Iran and Iranian proxy militias in Lebanon and Yemen have sent endless missiles, drones, and rockets into Israel in efforts to murder combatants and non-combatants alike. These events underscored the enduring security challenges faced daily by Israelis. They left a lasting impact on family physicians and communities nationwide, prompting further consideration of resilience strategies and the need for sustainable solutions in conflict resolution.²

THE ISRAELI HEALTH CARE SYSTEM

The Israeli health care system, modeled in part after the British system, ensures universal access to primary care through 4 competing health maintenance organizations (HMOs).³ This public system is remarkably efficient, as reflected in favorable health outcomes across all stages of the life cycle. Residents benefit from comprehensive, high-quality services in primary, secondary, and tertiary care that are largely free at the point of use. This care is supported by a strong medical, educational, and research academic infrastructure, well-equipped clinics and hospitals, a robust primary-care network, and a multicultural health care staff with Muslim, Jewish, Christian, and Druze medical professionals working side by side.⁴⁻⁶ The health care system is not without challenges, however. For example, it struggles with increasing privatization and underfunding in sectors like acute care hospital beds.^{4,6,7} Israel's primary care services are extremely developed and robust, with first-class training, high professional standards for clinicians, and significant support.^{8,9} Every Israeli, irrespective of background or identity, has access to primary care physicians through one of the 4 competing HMOs. Primary care in Israel has been touted as "world-class," based on teams of professionals working in widely

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CORRESPONDING AUTHOR

Dikla Agur Cohen
Rappaport Faculty of Medicine
Technion
HaShachaf 6 St
Haifa, Israel
dikla.agur@gmail.com

dispersed community clinics that are held accountable and dedicated to quality improvement by extensive data collection, analysis, and feedback.¹⁰

HEALTH CARE COOPERATION: A BEACON OF HOPE BETWEEN ISRAEL AND PALESTINE

There has been cooperation for decades between the Israeli and Palestinian health care systems, with thousands of Palestinians receiving medical treatment in Israel annually.^{5,6,11-16} Medical care initiatives for Palestinians in the West Bank and Gaza have included oncological treatments, complex surgeries, corneal, bone marrow and organ transplants.¹⁶⁻¹⁸ Even in these difficult days, Palestinian patients continue to be referred to Israeli hospitals and are warmly accepted by the multicultural health care staff,¹⁶ although, unfortunately, most sick and injured Palestinians from Gaza and the West Bank are no longer able to enter Israel during wartime.

In addition, Palestinian doctors, nurses, and other health professionals have received extensive professional training in Israeli teaching facilities since 1985.¹⁹⁻²¹ Israeli hospitals have hosted training programs for Palestinian doctors from the West Bank and Gaza in a variety of specialty areas with the aim of enhancing the skills and knowledge of Palestinian health care providers. Such initiatives are often facilitated through collaborations between Israeli medical institutions, nongovernmental organizations (NGOs), and international organizations,^{7,19,22,23} and reflect a commitment to humanity amidst conflict.

THE ISRAELI HEALTH CARE SYSTEM DURING WARTIME

The events of October 7th marked a horrifying departure from past conflicts, with Israelis massacred indiscriminately wherever they were found. In the time frame of a few hours, people lost their families, their homes, their jobs, their community, and missiles continued to fall. Israel is a very small country, many of our patients in clinics all over the country witnessed or saw Hamas video recordings of the murder or abduction of their closest friends and family, leaving deep psychological wounds and trauma. Israelis lost not only their sense of personal security but also their sense of national security.

As family physicians, we now face a daunting task: treating injured patients and traumatized civilians, including young people from the music festival that was attacked and many more who have lost friends and loved ones. During the medical encounters, patients express their lack of trust in the country, its authorities, and the army—all of whom were entrusted with their protection, and the feeling of uncertainty is more threatening than ever.

At the end of each family medicine patient care shift, we find ourselves overwhelmed with tears, grappling with the daily suffering we witness. As one colleague related:

“During my shift, I try to keep my distance from the patient’s story; these things run through my mind at night.”

Despite the chaos, the Israeli health care system has long been a beacon of coexistence. Our medical teams remain steadfast, offering care and compassion to all, regardless of background, religion, ethnicity, or circumstance. The current crisis strains this unity, however, with tensions running high among patients and families who have endured or witnessed unimaginable horrors. As family physicians, we cannot ignore the humanitarian crisis unfolding in Gaza either. We witness the anguish, injury, and death of the innocents, as well as the cumulative impacts from hunger, repeated displacement, and war. At the same time, we cannot accept that Gazan hospitals like Al-Shifa shelter terrorists. As a hospital director confessed: “There are employees who are military operatives of the Izz ad-Din al-Qassam Brigades [the armed wing of the Hamas]—doctors, nurses, paramedics, clerks, and staff members.”²⁴⁻²⁶ The thought of atrocities and crimes against humanity occurring within its walls is deeply troubling, challenging our understanding of medical ethics and humanitarian principles.

In a reality marred by terrorism and ongoing conflict, our role as medical personnel is clear: to treat each person with dignity and compassion, regardless of their religion, ethnicity, or gender. Amidst the turmoil, I found myself drawn to the front lines, volunteering at a temporary “pop-up” primary care clinic near the Dead Sea, one of the many clinics established overnight after October 7th by volunteer organizations and later supported by the HMOs. This clinic served thousands of people evacuated from their homes in the south and north.²⁷ Some evacuees fled the atrocities in the south, leaving communities near Gaza, where friends and family members were murdered or went missing. Others escaped from areas adjacent to the Lebanese and Syrian borders in northern Israel, anticipating the looming threats. The evacuees were relocated to various regions across the country, primarily to areas with large hotels and low population density. These locations, such as the hotel district around the Dead Sea, were selected for their safety from the threat of missiles.

NARRATIVE FROM THE TEMPORARY DEAD SEA MEDICAL CLINIC

Just a week after the October 7th attack, I headed south to a medical clinic that was erected near the Dead Sea, at the lowest place on earth, where we tended to a diverse array of internally displaced patients, including new mothers, families with young children, and elderly individuals. Despite their different backgrounds, they all shared distress and exhaustion, longing for the comfort of home. While most encounters did not result in prescriptions, they provided solace, hugs, and hope to those seeking understanding and support. I found myself consoling patients struggling with survivor guilt and comforting a single mother whose 14-month-old toddler was crying non-stop and refusing to go to sleep since

a missile landed in their yard. Parents were grappling with overwhelming guilt and fear, questioning their choices:

"How did I raise a family in such a place? Will my children ever recover from the horrors they have witnessed?"

Each interaction left a lasting impact and served as a poignant reminder of the immense suffering endured by those Israelis from communities around Gaza. For example, I was called to visit an 82-year-old woman who had been moved to a cramped, inaccessible hotel room after surgery for a fractured femoral neck. Her caregiver, who was sharing this small space with her, struggled with the lack of wheelchair access to the shower, bathing her in bed and striving tirelessly to prevent pressure sores. Later, I offered guidance to a young mother struggling to breastfeed, her milk drying up as her tears flowed.

In my relentless pursuit of hope, I endeavored to secure a comprehensive assessment for a mother and her precious 2-year-old toddler who had to be diagnosed with suspected autism in a hospital that was destroyed in a missile attack. The mother was devastated, struggling to hold herself together. Her child, disoriented and distressed, had wandered away from the hotel room and had defecated in the hallways. The profound sorrow I encountered served as a poignant and heart-wrenching reminder that within the tapestry of these horrendous narratives, there exists an alternative realm of unbearable anguish in Gaza, where the hearts of young mothers ache with the weight of immeasurable loss and the cries of thousands of wounded civilians and families without shelter echo throughout the nights.

I crafted balloons from disposable gloves, each adorned with playful faces and fashioned throat sticks into whimsical characters, all in a heartfelt effort to coax radiant smiles from the lips of these young children seeking precious respite from the weight of their somber circumstances. A few days later, after many hugs, I left the lowest place on earth and headed north. With a heavy heart, I bid farewell to the Dead Sea, my tears mingling with its salty waters as I journeyed northward.

INSIGHTS FROM THE MEDICAL EXPERIENCE

The volunteering experience, along with many subsequent encounters, required me to care for individuals enduring severe, prolonged trauma—grieving and frightened patients who had lost their basic sense of security. Within days, Israeli family doctors acquired skills in trauma-informed care, supported by mental health professionals treating affected communities and rapid online courses designed to address a reality scarcely covered in the existing literature. Quick training programs were established to provide first aid for physical and mental trauma, equipping communities and medical personnel to face a war on the home front.

As a family doctor with 20 years of experience, I found that empathetic communication, mental health care skills, and a supportive environment were crucial in offering relief to

the elderly, children, and their mothers during this challenging time. However, these alone were not enough. A comprehensive skill set is essential for treating severely traumatized patients effectively. This includes mastery of trauma-informed care principles, crisis intervention, and educating patients about trauma and its effects.^{28,29} While pharmacotherapy played a limited role in my activities, it was still necessary to address common complaints such as insomnia and anxiety. Collaboration with mental health specialists, cultural competence, and personal resilience are also vital. Familiarity with therapeutic techniques such as cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and mindfulness-based interventions is critical for proper referrals.³⁰⁻³²

A multidisciplinary approach is essential, and it was heartwarming to see how the Israeli therapists' community engaged in helping this suffering population.

Struggling with the profound suffering endured by displaced individuals in Israel emphasizes the parallel and immense hardships faced by those in Gaza.

Since that first experience, I have returned multiple times to volunteer at similar clinics, often for several days, just like many of my colleagues. The ability to provide even a small measure of relief to such a profoundly wounded population brings a sense of meaning amidst the immense challenges faced by Israeli society.

Amid the October 7th tragedy that shook our nation to its core, the Israeli health care system found itself facing unprecedented challenges. Despite the overwhelming despair that hung heavy in the air, the resilience of the Israeli health care system and Israeli family medicine shone through. Our medical teams remained steadfast in their commitment to providing care and compassion to all, regardless of background or circumstance. There is much more work ahead both in Israel and Palestine. In a world torn apart by conflict and violence, it is our duty as medical personnel and family physicians to stand as beacons of hope, offering healing and solace to all those in need.



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Key words: family practice; health care system; conflict and humanitarian crisis; trauma and psychological stress; war-related injuries; medical cooperation; humanitarian assistance

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