

## The medical conditions in Gaza



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During the past 2 weeks, *The Lancet* has been contacted by many doctors concerned at the desperate events unfolding in the Gaza Strip. All deplore all violence directed at civilians. But, in this politically inflammatory setting, the overwhelming sense we detect among our correspondents—and reflected in Special Reports by Jan McGirk, Mads Gilbert, and Erik Fosse, a Comment by Iain Chalmers, letters from David Worth et al and Rami Adbou et al, and further reports posted on [thelancet.com](http://thelancet.com)—is that the violence launched on Gaza is taking an unjustifiable toll on civilian populations. At least 265 children have been killed so far, social infrastructures (UN buildings, schools, and government facilities) have been badly damaged, and agreed international norms of humanitarian behaviour in situations of conflict have been breached.

So far, several mobile clinics and ambulances have been damaged by Israeli attacks. At least six medical personnel have been killed. The proximity of battle has closed Ministry of Health clinics and hospitals. International law requires that all medical staff and facilities be protected at all times, even during armed conflict. Attacks on staff or facilities are serious violations of these laws.

Many doctors are currently working 24-h shifts. Ambulances are unable to operate because of disrepair and lack of access to replacement parts. Hospital equipment, medicines, and anaesthetics are in short supply, as are beds and medical personnel. Hospitals and clinics have had their electricity supplies cut. They are relying on fragile back-up generators. Many homes

no longer have running water. Vaccination programmes, laboratory services, antenatal care, and school health services have all been interrupted.

The International Committee of the Red Cross (ICRC) has asked for urgent access to wounded civilians. ICRC also reports that the Israeli army has failed to assist Palestinians in need of medical assistance and has imposed delays on ambulance access to neighbourhoods under fire. The ICRC has said that “the Israeli military failed to meet its obligation under international humanitarian law to care for and evacuate the wounded. It considers the delay in allowing rescue services access unacceptable”.

We find it hard to believe that an otherwise internationally respected, democratic nation can sanction such large and indiscriminate human atrocities in a territory already under land and sea blockade. The heavy loss of civilian life and destruction of Gaza’s health system is unjustified and disproportional, despite rocket attacks by Hamas. The collective punishment of Gazans is placing horrific and immediate burdens of injury and trauma on innocent civilians. These actions contravene the fourth Geneva Convention.

We are disappointed by the silence of national medical associations and professional bodies worldwide in response to this destruction and dislocation of health services. Their leaders, through their inaction, are complicit in a preventable tragedy that may have long-lasting public-health consequences not only for Gaza, but also for the entire region. ■ [The Lancet](#)

## Collaboration in primary-care research



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For more on the [UK school and research network](#) see

<http://www.nspcr.ac.uk/> and

<http://www.cmcc.nihr.ac.uk/index/networks/primarycare.html>

As shown by today’s publication of a trial on cost-effective management of dyspepsia in primary care, the Netherlands continues to prove itself as a major centre for primary-care research. What about elsewhere?

In a 2003 Editorial, we highlighted a crisis in primary care as a specialty. That picture is changing. Take the UK, for example, where family doctors are beginning to see research as an integral part of their work thanks to new developments. In 2007, a Primary Care Research Network was established to bolster and coordinate work in this area. To date, 235 studies have started, are in the process of opening, or have been completed, and more

than 50000 patients have been recruited into clinical studies through the network. In 2006, a National School for Primary Care Research opened, consisting of the five academic departments that received the highest rating in the specialty in the 2001 Research Assessment Exercise, which has helped to foster international collaborations.

In low-income countries, however, there is still a dearth of good-quality research. Resources, time, and expertise are barriers to primary-care research in these nations. Developed countries should foster more collaboration, such as those taking place at the UK’s national school, to help change this situation. ■ [The Lancet](#)