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Thoughts on a Medical Model

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The Need for Regulation

Among the sovereign rights as well as the responsibilities of any state is the setting of proper standards and regulations for the practice of professions which affect the public. One of these is the medical profession, and the need to regulate encompasses hospitals, clinics, and medical facilities, as well as doctors. Each state sets its own standards and criteria as well as professional examinations and public quasi-public bodies which regulate, supervise, and inspect the conduct of professionals.

Within the West Bank (including East Jerusalem), Jordanian law applied until 1967, and the Jordanian doctors' union acted as a professional association as well as an official body in regulating the profession of medicine. A board of examiners reviewed the academic and professional credentials of every individual who wanted to practice medicine in the Hashemite Kingdom of Jordan, and membership was granted to those who met the standards. Therefore, the doctors' union, whose membership was closed, regulated the behavior of its members and exercised the necessary professional control and regulations over its members. It had a separate branch for the West Bank, and another for the East Bank.

The Jordanian Ministry of Health worked closely with the Medical Association on a professional basis. Hospitals which were established in the kingdom applied for licensing from the Ministry of Health and although no written regulations set firm standards for the granting of licenses, the ministry usually granted licenses based on general principles, since most organizations that set up hospitals were foreign organizations that applied their own standards. Government hospitals, by definition, were licensed by the Ministry of Health and were equipped and staffed within the meager means of the Jordanian government.

In the State of Israel there were more advanced standards and greater direct control by the Ministry of Health and the government in licensing hospitals and doctors. Because of the influx of doctors from different parts of the world, it was necessary to set minimum standards, particularly after the wave of immigration from Eastern Europe and Russia. It was felt some effort must be made to ensure proper standards befitting the State of Israel.

When Israel occupied East Jerusalem and unilaterally applied Israeli law and administration there, it was faced with a situation whereby a number of hospitals already existed and doctors in it were licensed. These hospitals and doctors did not seek or accept Israeli licensing. In order to avoid direct confrontation with them, Israel unilaterally granted these hospitals temporary licenses and applied a policy of *de facto* recognition and minimal interference.

The Situation Today

Three major hospitals operate in East Jerusalem. Initially, they were meant to cover all the medical requirements of the Palestinian citizens inside Jerusalem and those of all the villages surrounding it. Because of the closure, all Palestinians living outside the checkpoints have been deprived of the services of these hospitals. Only with great challenge to the Israeli authorities, and most of the time without any permit, were Palestinians residing outside Jerusalem able to reach these hospitals to receive medical attention.

One of these health institutions is the Makassed Islamic Charitable Society, which established its hospital on the Mount of Olives in 1965. It offers medical services to a large number of Palestinians. In fact, with a hospital personnel of 722 employees, divided between specialists, residents, interns, staff nurses, practical nurses, technicians, administrative workers, and cleaning staff, this major health institution was able to receive a total of 14,128 in-patients in 1993 and 14,004 in 1994. Nonetheless, it is worth mentioning that these figures are lower than the number of patients treated in the year 1992, precisely because of the closure. Moreover, it was the first time since 1982 that there was a drop in the number of patients treated in the hospital, whereas, due to demographic increase and the inability of the Palestinians to open new hospitals, there should have been an increase. The out-patients numbered about 80,000 in the year 1992, while a drop was experienced in the year 1993, following the aforementioned closure.

Since the Palestinian hospitals did not apply to Israel for any funding assistance in any way, there was little direct reason for interference and they continued to conduct their business autonomously. Over the years, while this situation continued, Israel nonetheless gradually introduced more and more of its requirements. The reaction of the hospitals was to resist totally any incursion of their independence or any application of Israeli law to them where it was felt that this was politically motivated, but to comply and cooperate when the interference was clearly

professional. For example, the three hospitals readily comply with the requirement in Israeli law to report cases of contagious and rare diseases, since there is a public interest in reporting each such case in order to control and prevent the spread of epidemics and contagious illnesses.

In addition, through a number of private initiatives, close cooperation was developed on a purely professional basis between these hospitals and the better equipped and staffed hospitals in Israel. Referring difficult cases to specialized doctors and hospitals in Israel became a standard practice, and occasional training courses for nurses, technicians, and specialists in Israeli hospitals were carried out. Such projects were readily acceptable to all segments of the Palestinian community and there was no reluctance to engage in them. The exception was in a few cases when it was felt that the Israelis were making political capital through open publicity and taking advantage of such cooperation. In fact, medicine was the one area where Palestinians and Israelis, regardless of political points of view, readily cooperated and interacted.

A Model for the Future

In light of the above, a model can be constructed for a uniform scheme to regulate the hospitals and the doctors in the Arab and Jewish sections of Jerusalem. The emphasis would be on technical and professional standards. It is no secret that the Israeli standards are higher than the Palestinian ones because of the higher standard of living and services available in Israel. However, within Jerusalem a number of creative options can be considered:

1. *Mutual recognition*, whereby any hospital or doctor licensed by the Israeli regulatory body would be accepted as licensed to practice in the eastern part of the city and vice-versa. This option may not be acceptable to Israel because it would allow the lowering of professional standards and would appear to enable Palestinian doctors to practice in Israeli hospitals without undergoing additional qualifications.
2. The creation of a new regulatory body for the whole unified city of Jerusalem, comprised of an equal number of doctors from both sides who would set standards applicable in both areas. This Jerusalem medical board could utilize or accept as valid whatever portions of the tests already given in the two jurisdictions it deemed suitable and then make its own additional requirements. It is entirely possible that the "Jerusalem Boards" would become a prestigious form of licensing that would be sought by other doctors in Israel and Palestine, denoting that the person who has passed them met a higher professional standard. All doctors both from Palestine and Israel should be free to take such a test if they choose to. The emphasis should be on professional and technical qualifications and not on ethnicity, citizenship, or residency.

3. Each section of the city would be under the supervision of its respective board (Palestinian or Israeli), with each hospital being responsible for doctors associated with it or permitted to practice in it. This is basically the current situation; it is tolerated by Israel but does not in fact comply with Israeli law. This third solution would simply make the current situation *de jure* and remove the threat of interference, inspection, or criminal sanctions against Palestinian doctors practicing in the East Jerusalem hospitals who are not licensed to practice in Israel.