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COMMENT

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Selective empathy and the genocide in Gaza: the silence of health and academic associations

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Abstract

Background Genocide is one of the most extreme forms of global health crisis. The ongoing mass atrocities in Gaza have resulted in a sharp decline in life expectancy, the systematic destruction of healthcare infrastructure and the highest number of medical personnel killed in any conflict ever recorded. While multiple human rights organisations have recognised these conditions as genocide, major health and academic associations have responded inconsistently.

Main body In response to widespread institutional inaction, an open letter was launched to urge academic and health associations to recognise the genocide in Gaza. This initiative gathered over 15,000 signatures from academics, health professionals and members of the public. It also prompted new statements of recognition from several major public health bodies, including the European Public Health Alliance, the European Public Health Association, and the World Federation of Public Health Associations. Endorsements from national societies and local healthcare authorities in Italy also demonstrated the effectiveness of public health advocacy in confronting moral silence. Nevertheless, many medical and public health societies, particularly in the United States, have either remained silent or issued neutral statements. There were stark differences in the language and moral framing of responses to Gaza compared to those to the Russian invasion of Ukraine, reflecting a phenomenon of “selective empathy”, whereby institutional solidarity varies according to national, ethnic, or geopolitical alignment.

Conclusions The silence or equivocation of many health and academic institutions in the face of genocide undermines public trust and the ethical foundations of global health. Addressing this requires global health organisations to move beyond neutrality and engage in principled advocacy to reaffirm their moral and scientific duty to defend human life and health without discrimination.

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Genocide is, arguably, the gravest form of global health crisis. There is a broad consensus among experts and international organizations that the ongoing mass atrocities in Gaza meet this definition. The *International Association of Genocide Scholars* (IAGS), *Amnesty International*, *Human Rights Watch* and *B'Tselem*, Israel's leading human rights organisation, have all reached a consensus: Israel has committed genocide in Gaza [1].

Public health data reinforce this conclusion. Gaza has endured the most intense bombardment of hospitals and ambulances in recent history, the highest number of medical personnel killed in any conflict (over 1,400) and an unprecedented 35 year collapse in life expectancy at birth within a single year [2]. These indicators constitute a public health disaster of historic proportions.

In response to widespread inaction, we launched an appeal and petition urging academic health associations to recognise the genocide in Gaza. This quickly gathered over 5,500 signatures among academics and health professionals and more than 8,500 from the public [2]. Organisations such as the *European Public Health Alliance*, the *European Public Health Association* and the *World Federation of Public Health Associations* issued a joint statement recognising the genocide [3]. The *Italian Epidemiology Association* (AIE), the *Italian Society of Neonatal and Paediatric Anaesthesia and Resuscitation* (SARNePi) and the *Italian Resuscitation Council* (IRC) subsequently endorsed the open letter [4–6]. Several Italian healthcare institutions, including the regional health authorities of Romagna (AUSL Romagna) and Bologna (AUSL Bologna), as well as *Santorsola Hospital* in Bologna, also endorsed the open letter [7]. On 12 September 2025, the *World Federation of Public Health Associations* (WFPHA) also described the situation in Gaza as genocide [8].

However, while some associations have mobilized, others continue to deny, minimise or remain silent. A survey showed that only a quarter of US medical specialty societies made a public statement relating to Gaza [9]. In Australia and New Zealand, up until June 2025, the *New Zealand College of Public Health Medicine* was the only medical organisation to issue a statement calling for the prevention of genocide in Gaza [10].

This contrasts sharply with the unequivocal responses offered by the medical and public health community to other conflicts, such as that in Ukraine. For example, in its November 2023 statement, the *American Public Health Association* described the situation in Gaza as a humanitarian crisis and called for a ceasefire, yet it avoided assigning responsibility. In contrast, in February 2022, the association explicitly condemned Russia for invading Ukraine [11, 12].

Gaza has borne a far heavier health burden. Between October 2023 and July 2025, an estimated 17,121

Palestinian children were killed [13], compared to 521 during Russia's invasion of Ukraine between February 2022 and December 2024 [14]. In Ukraine, around 10% of those deceased were civilians and 90% were combatants. In Gaza, however, the proportions are almost reversed, with 83% of those killed being civilians and 17% being combatants, reflecting indiscriminate attacks [15]. Yet while Russia has faced more than 16,000 sanctions, Israel has faced none.

In a recent Correspondence in *The Lancet*, we characterised the silence of medical and academic associations regarding the genocide in Gaza as “selective” [2]. The *World Medical Association* (WMA) was criticised for its failure to condemn Israeli crimes or address violations of medical ethics by Israeli physicians, a stance described in another *Lancet* Correspondence as embodying “selective ethics.” [16] These examples reveal a deeper phenomenon that we refer to as *selective empathy* – a form of parochial compassion that is extended to some victims, but not to others, based on their nationality, ethnicity, religion or social status [17].

Selective empathy harms global health. Disparities and moral double standards in the international response erode trust in medicine, public health organisations, and academia as guardians of universal values. Institutions that profess to uphold justice and global human rights cannot remain silent in the face of one of the most well-documented genocides of our time.

Selective empathy, however, is not inevitable. Although the international community's response to Gaza has frequently been conditioned by national and geopolitical interests, some health professionals have demonstrated forms of solidarity that transcend such boundaries. Volunteer physicians placed themselves at grave risk in Gaza's remaining hospitals. Ambulance drivers, nurses, and clinicians continued to deliver care under relentless bombardment, with many ultimately losing their lives.

In London, the arrest of protestors, including Fiona Godlee, former editor-in-chief of the *BMJ* alongside more than a dozen healthcare workers outside the Houses of Parliament in London, exemplified principled engagement. Collectively, these actions affirm the universal ethical commitments that underpin medicine and public health and highlight two urgent failures within the healthcare and academic communities: a reluctance to recognise the genocide in Gaza, and an abandonment of egalitarian values in public health [18].

Health, by definition, is both egalitarian and cosmopolitan. It is inseparable from the principles of equity, solidarity, and global justice. To confine it within the limits of selective compassion is to undermine its very essence. Accordingly, medical and academic institutions must uphold their responsibilities by recognizing instances of

genocide, defending health without discrimination, and reaffirming their duty to humanity as a whole.

Author contributions

R.D.V. conceptualised and wrote the manuscript. J.M., R.W. and K.P. contributed to the design and revision of the main contents of the manuscript.

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Declarations

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Competing interests

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