EXCLUSIVE

Gaza: Muslim doctors in UK feel censored and targeted for expressing concern over humanitarian crisis

Elisabeth Mahase

Muslim doctors in the UK say they are being unfairly censored when expressing concerns about the humanitarian situation in Gaza, leaders have warned.

One in 10 of the more than 650 Muslim healthcare professionals who took part in a survey by the British Islamic Medical Association (BIMA) said that they had expressed opinions in their workplace on the Palestinian crisis and as a result had experienced problems, such as formal meetings with supervisors, disciplinary investigations, and referral to the General Medical Council.  

Nearly all the respondents (97%) said that the situation in the Palestinian territories occupied by Israel had negatively affected their wellbeing, and only 12% said that their employer had offered culturally sensitive support.

The online survey, shared with BIMA members and across social media, was conducted between 10 November and 12 December 2023. A third of respondents were doctors, a third were healthcare students, and other responses came from dentists, allied health professionals, and nurses. BIMA has around 6000 members.

Many respondents said they thought there was a double standard in their workplaces, with employers who had made statements at the start of Russia’s war in Ukraine remaining silent on the situation in Gaza and many not offering the same level of support to staff. Many thought this attitude stemmed from Islamophobic views. One survey respondent said, “It hurts to see so many innocents being harmed. And hurts more when colleagues say they deserve it or that it’s fair in war.”

Another respondent said, “It does not feel like I’m welcome or appreciated or cared for. I’m silenced and alone, fearful and more than ever heartbroken.”

BIMA is calling on NHS organisations across the UK and the GMC to acknowledge the distress that the current situation in the occupied territories is having on Muslim healthcare professionals and to ensure that doctors who speak out on the crisis are treated appropriately and proportionately when the organisations deal with complaints. The association is also calling on employers to provide appropriate psychological and emotional support to staff members who are affected by the crisis, especially those of Palestinian heritage.

Some survey respondents also called for clearer guidance on how they can express their concerns, including through social media, without worrying that it might put their career at risk.

Silencing in the workplace

Sahira Dar, BIMA vice president and a GP, told The BMJ, “Muslims in the NHS are struggling with their emotional health and are being affected by silencing in the workplace either directly through external factors or self-censoring.” She said that psychological support for people of Palestinian heritage or who have family and friends there was lacking. “As Muslims, we have a proximity to what’s going on because of our faith, and there has been a lack of any psychological support or asking about emotional wellbeing,” Dar said.

“We see the double standards, because when the invasion of Ukraine started there was communication from management in regard to the situation and support was offered. But there has been deadly silence when it comes to the Gaza situation.” The lack of workplace support has led many doctors to turn to social media for a sense of community and to voice concerns, but there have been repercussions, Dar said. “We are aware of the targeting of Muslim healthcare workers for their political opinion and the weaponisation of GMC referrals as a result of that.”

Dar also believes that the government’s rhetoric around people who voice concern for civilians in Gaza and recent instances of Islamophobic statements by senior political figures in the UK were “filtering down” into the health system.

“We already face issues of Islamophobia in the NHS, and this kind of political rhetoric is only making it worse,” she said.

“Othering” in academia

Perceptions of being silenced and unsupported were also being reported by people in academia, said Mishal Khan, professor of global public health at the London School of Hygiene and Tropical Medicine.

Khan told The BMJ that, despite institutions making bold statements and promises on tackling issues of racism and equity, they were now effectively silencing staff who wanted to speak out against “unjust killings” in the occupied territories. “It feeds into this idea of othering, prejudice, and a lack of awareness of Muslims and how they live,” Khan said. “There’s this idea that Muslims are so different, possibly primitive, and it’s sometimes at a subconscious level.”

GMC referrals

Hina Shahid, chair of the Muslim Doctors Association, was not surprised by the survey’s findings. “We are concerned about the silencing of free speech that advocates for humanitarian interventions for a
population at risk of ethnic cleansing and about the delegitimisation of moral distress and lack of inclusive institutional support at a time when many colleagues are struggling with their wellbeing," she said.

“Where comments and behaviours are racist and antisemitic, there is no question that these should be investigated and appropriate action taken. However, the concerns being raised are about the weaponisation of fitness to practise processes to restrict legitimate freedom of speech.”

The Muslim Doctors Association has been working with the GMC to “seek clarity about how referrals and investigations are being handled and what thresholds and definitions are being used, which currently remain obscure,” Shahid said.

A spokesperson for the GMC said that it acknowledged the concerns raised by BIMA and other doctors in relation to the “threat of GMC referrals being used inappropriately” and that it was working to “understand more about their members’ experiences.”

The spokesperson said that doctors had a right to hold and express their own opinions and political beliefs, and to campaign on these issues, but that they must follow the GMC’s Good Medical Practice guidance on the behaviour expected of all medical professionals.3

“We understand this means some are concerned that Good Medical Practice could be used against them if they deviate from their duties in any small way. This is contrary to the spirit of the standards we set and is unacceptable,” the spokesperson said. They added that the GMC was working to help patients and the public “understand the difference between the things we can and can’t investigate” and that a “number of safeguards are in place to help make sure that the referrals that come to us are fair, appropriate, and proportionate.”

