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Psychiatrists try to bridge Middle East divide

A week before Israeli psychiatrist Ruchama Marton and her Palestinian colleague, Eyad El-Sarraj, addressed an audience at the University of Toronto in May, Israeli soldiers — in what they called a case of mistaken identity — shot and killed 5 Palestinian police officers. A week after their talk, a Palestinian suicide bomber killed more than 20 Israelis outside a Tel Aviv disco. The tit-for-tat nature of those events formed depressing bookends for the 2 physicians, who delivered a message about the need for peace in the Middle East during a series of speeches and interviews throughout Ontario and in Montreal this spring. Their U of T presentation was sponsored by Science for Peace (scienceforpeace.sa.toronto.ca/), a Canadian organization representing natural scientists, engineers, social scientists, professors and students. The speaking tour itself was sponsored by 22 groups, including Oxfam Canada and Inter Church Action.

“I come from a hectic place,” says

Marton, the chair of Physicians for Human Rights (Israel) and the target of vociferous criticism in Israel because of her views about the need to compromise with Palestinians. “Things are changing so fast, history cannot be written. Since the recent changes in Israel, which began 8 months ago, there is no more talk of peace, of being good neighbours, or of equality. The new rhetoric is full of power. It reminds me of the rhetoric after the 1948 war, when every Palestinian was an enemy.”

The 2 doctors are calling for international intervention “not only to keep Palestinians safe but to save Israel from itself,” Marton said.

Marton, the 1999 recipient of Israel’s highest human-rights honour — the Emil Grunzweig Award — said Israeli patients complain of sleeplessness and heart palpitations because of the violence, and ask: “Why do they do this to me? What did I do?”

“Almost no one asks, ‘What is the rea-



Canapress

Aftermath of a bombing at a Tel Aviv disco

son for this violence?’” says Marton. “The media does not ask this question. When the question is not asked, all violence is unexpected and ‘explained’ [as] terror.”

El-Sarraj, commissioner general of the Independent Palestinian Commission for Citizens Rights, has lived his life in Gaza, but says he has never seen as much anger and despair as he sees now, and the continuing expansion of Israeli settlements in the West Bank means the current situation can only deteriorate. “Just come to Gaza and you’d be immediately sensitized,” said El-Sarraj, director of the Gaza Community Mental Health Program.

El-Sarraj said that while he has publicly urged Palestinians to pursue nonviolent resistance, few listen. “Due to their culture and the severe form of trauma they’ve experienced, their immediate reaction when emotional is to act. Also, death is glorified by martyrdom. I have been surprised by some ordinary people, patients of mine, who now express this wish to die as martyrs.”

El-Sarraj says the violence is self-perpetuating. “Every Palestinian bullet,” he says, costs Palestinians the support of an Israeli peace activist. — *Ann Silversides, Toronto*

Even “minimally adequate” amounts of emergency antidotes missing from hospitals

A study in this issue of *CMAJ* showing that most Ontario hospitals do not stock “even minimally adequate amounts” of 10 common antidotes comes as no surprise to a Quebec physician who has been warning rural hospitals about the same problem.

Dr. Vydas Gurekas of the Society of Rural Physicians of Canada says the lack of certain antidotes in rural areas that don’t have a pharmacy nearby is “unacceptable.” Gurekas, director of the Centre de Santé de Temiscaming, said many emergency departments in both rural and urban areas do not have enough of a specific antidote on hand to treat 2 adult patients at once.

The *CMAJ* study (page 27) found that only 1 hospital of the 179 surveyed stocked adequate amounts of all 10 selected antidotes. “Poisonings are often sporadic, but if you aren’t prepared, the patient can really suffer,” said the study’s chief investigator, Dr. David Juurlink. Cyanide exposure can result in death within 45 minutes; the antidote costs \$50. Juurlink says the main problem is that hospitals simply don’t think about these stocks because they are used so rarely.

The authors conclude that the problem could largely be solved, at no cost, if hospitals stopped stocking excessive amounts of some expensive antidotes. (The most expensive in the study is the digoxin immune Fab antibody fragments, used to treat digoxin-induced arrhythmias — \$8241 for a minimum stock.) “But even cheap antidotes aren’t stocked,” said Juurlink. — *Barbara Sibbald, CMAJ*