



**Position Paper
June 2010**

Who Gets to Go?

In Violation of Medical Ethics and the Law: Israel's Distinction between Gaza Patients in Need of Medical Care

This paper reviews Israel's exit policy at the Erez Crossing as it affects Palestinian patients and Israeli-imposed restrictions on their passage from the Gaza Strip to the West Bank, Jordan and Israel in order to undergo medical treatment unavailable in Gaza. The paper argues that there is a consistent Israeli policy of distinguishing between life-threatening cases and cases that affect quality of life, analyzing both the medical-ethical and legal aspects of the subject.

It is the position of Physicians for Human Rights – Israel (PHR-IL), Al Mezan and Adalah that Israel must allow every patient requiring medical treatment that is unavailable in Gaza access to treatment outside the Strip without delay. Israel has adopted a categorical distinction between life-threatening and non-life-threatening cases, which continues to be followed today, in violation of the principles of medical ethics and international law. Despite Israel's position that it no longer bears any responsibility towards the Gaza Strip, it is still considered an Occupying Power under international law and has consequent obligations toward the population of Gaza. These obligations include allowing access to medical care for every Gaza patient in need, and thus by failing to find solutions to allow patients with "security prohibitions" to exit the Strip to receive medical care, Israel is failing to meet its obligations. Further, Israel's reluctance to reconsider rejected applications by patients who do not fall within its delineated medical criteria, based on a political decision made in September 2007, is foreign to medicine and to medical ethics. These harsher criteria – still in effect today – constitute a further layer of Israel's policy of tightening the closure of the Gaza Strip, imposing hardship on its residents and limiting their movement.

Background

As a result of the events of June 2007, which left Hamas in control in Gaza,¹ and Israel's subsequent policy changes in September 2007 that led to the total closure of the Strip,² controls on Palestinians seeking to exit Gaza for medical treatment intensified. Stricter

¹ In June 2007, following violent clashes between the Hamas and Fatah factions in the Gaza Strip, the Rafah and Erez crossings were closed completely, preventing Gaza residents from accessing medical treatment unavailable in the Strip. Following a petition to the Israeli Supreme Court filed by PHR-IL and Gisha, the Erez Crossing resumed limited service, but not without harsher restrictions limiting the number of permits issued each month. Today Israel maintains that it does not have legal responsibility as an occupying power toward Gaza's residents, and determines that the passage of sick and injured Gaza residents shall be permitted *solely as a "humanitarian gesture"*. See the State's response in HCJ 5429/07 *PHR-IL and Gisha vs. Defense Minister*, 20 June 2007.

² On 19 September 2007, the Israeli Security Cabinet declared Gaza to be a "hostile territory", a decision that carried with it policies of collective punishment against the civilian population.

criteria for obtaining travel permits, increased processing times on permit requests and the introduction of new measures by Israeli authorities such as interrogations by the Israeli Security Agency (previously known as GSS or Shin Bet) – sometimes followed by the arbitrary detention of patients – has made leaving the Strip for medical treatment an even more distressing, arduous and complex task for Gaza patients.³

The sharp decline in the number of successful appeals submitted by PHR-IL on behalf of Gaza patients whose initial requests had been rejected by Israeli authorities is yet another sign of the toughening policies and the tightening closure. Until June 2007, PHR-IL's success rate in reversing Israeli decisions was above 75%; by 2009 it had dropped to just 35%.

The fact that these changes came about immediately after Hamas took control of the Gaza Strip, and in conjunction with Israel's declarations regarding the illegitimacy of its regime, suggests that these policies are politically motivated, and in fact constitute an additional component of the far-reaching closure policy imposed on the Strip as a means of undermining support for the Hamas government.

Following the events in Gaza of June 2007, PHR-IL published a position paper⁴ examining, through the lens of medical ethics, the procedures by which patients could exit Gaza during the Palestinian political split. The paper concluded that Israeli conduct at the Erez Crossing constituted an inexcusable breach of medical ethics due to the practice of distinguishing between life-threatening cases and cases affecting quality of life. During this period, permit requests for patients suffering from non-life-threatening conditions were often rejected, even if their conditions were considered critical or urgent from a medical standpoint.

The purpose of this joint position paper is to revisit the permit policy as it affects patients attempting to leave the Gaza Strip via Erez Crossing, taking into account developments which have occurred since the summer of 2007. In order to do so, the paper analyzes cases handled by PHR-IL in 2009, while examining correlations between cases considered life-threatening and permit approval rates. A strong correlation between the severity of the medical condition and the approval rate would affirm concerns that the change in criteria which initially occurred during the summer of 2007 – in which a categorical and baseless distinction was drawn between life-threatening and non-life-threatening cases – has been adopted as a clear policy that continues to be followed, in violation of the principles of medical ethics and international law.

Review of Israel's Rejections of Requests Submitted by Gaza Patients in 2009

In 2009, two main challenges faced patients seeking to exit Gaza for medical treatment: bureaucratic and security-related obstacles which prolonged delays in receiving medical treatment, and official rejections of permit requests⁵. While the majority of appeals to PHR-IL in 2009 came from patients facing delays and not necessarily explicit rejections⁶, for analytical purposes, this paper only examines patient requests that were officially denied.

³ For an explanation of the process involved in attempting to obtain a permit see *Obstruction of Access to Healthcare: Yet Another Child Casualty Due to Israel's Closure Policies*, Al Mezan, March 2009, (http://www.mezan.org/en/details.php?id=8571&ddname=crossings&id_dept=22&p=center).

⁴ *Israeli Policies at Erez Crossing, Gaza: Medical-Ethical Position Paper*, Physicians for Human Rights-Israel, Aug. 2007 (<http://www.phr.org.il/default.asp?PageID=111&ItemID=314>)

⁵ For further details, see: *Referral Abroad of Patients from the Gaza Strip*, monthly reports, World Health Organization – West Bank and Gaza.

⁶ See: Amira Hass, *One Third of the Patients Exiting the Strip Miss Treatment due to ISA Interrogations*, Ha'aretz, 1 October 2009 (Hebrew) (<http://www.phr.org.il/default.asp?PageID=63&ItemID=211>).

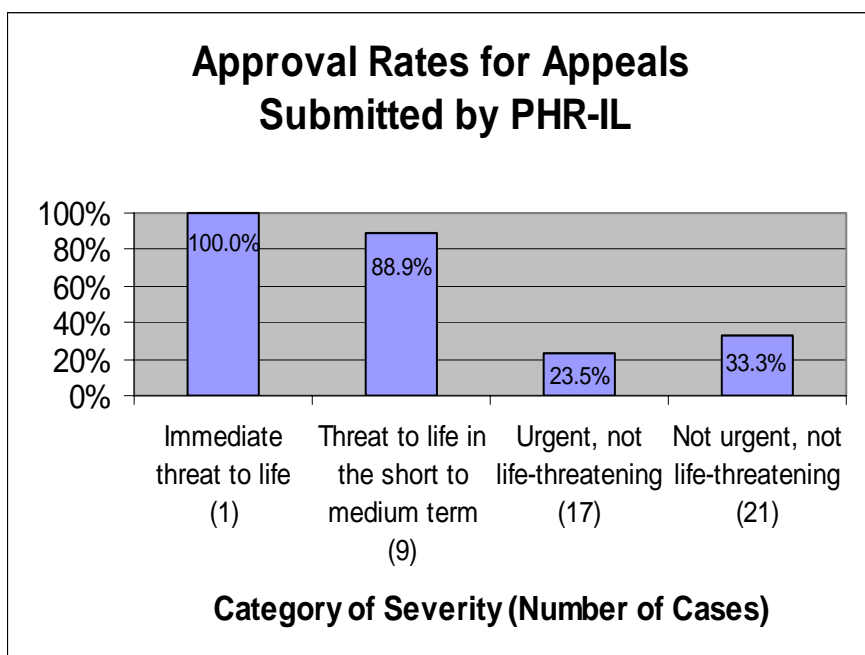
During 2009, PHR-IL submitted appeals on behalf of 48 Gaza residents whose requests to leave the Strip for medical treatment were initially denied. It should be noted that the vast majority of patients whose requests were denied are considered by the Israeli security authorities to have “security prohibitions”; however, after PHR-IL appealed in their behalf to the authorities, providing an expert opinion that detailed each patient’s medical needs, some of the patients were eventually granted exit permits, while the others remained prohibited from exiting Gaza. The purpose of the following analysis is therefore to examine, given that “security prohibitions” are common to most patients in this group, the correlation between the severity of their medical condition and the authorities’ approval or denial of PHR-IL’s appeals in their behalf.

For this purpose, the 48 cases have been divided into four categories, according to medical severity, as follows:⁷

Category of Medical Severity	Number of Cases	Diagnosis
1. Medical Emergency: Immediate threat to life	1	Iatrogenic VSD.
2. Urgent Medical Need: Threat to life in the short-to-medium term	9	Leukemia; Diabetes Mellitus; obstructive urolithiasis; kidney cancer; Hodgkin’s Disease; recurrent peripheral vascular disease (PVD), hypercoagulation; osteomyelitis; suspected Brown-Sequard Syndrome; urolithiasis.
3. Urgent Medical Need: No threat to life	17	Paraplegia; retinal detachment; SLE (Lupus); foreign body in vitreous; subluxated lens; chronic severe febrile anemia, fever of unknown origin (FUO); traumatic macular hole; psychomotor retardation, anemia; suspected abdominal abnormal vascular pressure; suspected chronic intestinal disease; pseudoarthrosis (non-union of fractured bones) – arms, hand; infected plate – hip; deformation of cornea; recurrent dislocation of shoulder; lumbar discopathy; opacity of vitreous; malformation of urinary tract.
4. Medical case that is not urgent and not life-threatening	21	Obesity; multiple injuries – hand; pseudoarthrosis; otosclerosis (leading to deafness); pseudoarthrosis – leg; terminal renal insufficiency; Blepharophimosis syndrome; deformation of hand; torn ACL – knee; foot drop (post gunshot wound); bilateral sensorial deafness; ankylosis – elbow; severe headache post operation for glaucoma; status post multiples fractures face and Jaws; status post multiple fractures; ankylosis – knee; deformation of hand; ankylosis of ankle; strabismus; ankylosis – knee; keratoconus.

The following graph presents the outcomes of appeals by PHR-IL to Israeli authorities on behalf of the 48 patients whose requests were initially denied:

⁷ The severity of the cases was evaluated by dozens of PHR-IL’s volunteer physicians, who reviewed the patients’ medical reports throughout the year. The division into categories was made by four physicians: Dr. Ya’akov Arad, Chief of the Emergency Department at the Yoseftal Medical Center; Dr. Jonathan Cohen, Chief of the Intensive Care Department at the Rabin Medical Center; Prof. Michael Alkan, Specialist in Infectious Diseases at the Ben-Gurion University Medical School for International Health; and Prof. Zvi Bentwich, Head of the Center for Emerging Tropical Diseases and AIDS at the Faculty of Health Sciences at the Ben-Gurion University. Two physicians provided additional professional counseling: Dr. Adaya Barkay, Specialist in Pediatrics, Public Health and Health Administration; and Dr. Aliza Ron, Eye Surgeon at the Jerusalem Medical Center.



The findings presented in the above graph raise serious concerns that Israeli officials at the Erez Crossing are indeed implementing a policy of distinguishing between life-threatening and non-life-threatening cases: in nine of the ten life-threatening cases (categories 1 and 2) PHR-IL appeals were approved; in contrast, the vast majority of the appeals in non-life-threatening cases (categories 3 and 4) were rejected.

It should be stressed that a case which is not defined as life-threatening can still be clinically urgent; this includes, for example, conditions that can lead to the loss of limbs or organs. To illustrate, of the 17 category 3 patients, seven cases involved urgent eye treatments where denying exit for treatment could lead to blindness.⁸ Another category 3 case involved a patient suffering from an infection in his hip implant which, according to medical reports, if not treated urgently in an advanced medical center, could spread and endanger his entire leg.

In September 2009, Al Mezan Center for Human Rights forwarded an appeal to PHR-IL received from AAS, a 24-year-old Gaza resident who had been shot in the arm in October 2007. Since the shooting, he has been unable to use his hand due to atrophied muscle tissue around the area of his wound. He also continues to suffer from severe pain in his arm. In an official letter, Dr. Yosef Leitner, a specialist in orthopedic surgery, stated that a tendon transfer would be the only hope for AAS to regain function in his right hand.

Though it is the largest and most advanced hospital in the Gaza Strip, Al Shifaa Hospital does not have the means or staff necessary to carry out this type of procedure. For this reason, AAS was referred to Al Makassed Hospital in East Jerusalem in July 2009. In August, an exit request was submitted to the Israeli authorities. When his initial request was denied, AAS contacted Al Mezan Center in Gaza, which then forwarded the case to PHR-IL. PHR-IL appealed on AAS's behalf to the Israeli District Coordination Office (DCO) on September 6, 2009. Over three months later, on December 13, 2009, the DCO responded, rejecting the appeal and AAS's request to exit Gaza, and denying his access to medical care.

⁸ The conditions included in the table that, if neglected, might lead to blindness: retinal detachment; foreign body in vitreous; subluxated lens; traumatic macular hole; deformation of cornea; opacity of vitreous; keratoconus.

Israel's Official Policies of Distinguishing between Gaza Patients

The policy of distinguishing between life-threatening and non-life-threatening cases is also apparent in the official responses given to appeals by Gaza patients made after the summer of 2007. For example, a response by the State Attorney to a petition regarding a request by a Gaza resident to enter Israel for medical treatment stated that, "crossing into Israel via the Erez Crossing is routinely limited nowadays, in general, to humanitarian cases, **including mainly urgent, life-saving cases...**"⁹ [bold in original text].

Similar language could be found in correspondence throughout 2009 between PHR-IL and various officials from the Israeli army's Gaza District Coordination Office (DCO). For example, a Gaza DCO response regarding a patient suffering from recurring urinary infections, and who required advanced urological investigation, stated that PHR-IL's appeal on her behalf had been rejected on the ground that "it is not in line with criteria, as determined from time to time, based on the political and security situation."¹⁰ The "criteria" mentioned, as DCO officials explained to PHR-IL staff in informal telephone conversations, related to the severity of the patient's clinical state.

Therefore, it appears that the severity of the patient's clinical state is indeed a factor, and sometimes the determining factor, when deciding whether to allow a Gaza resident to exit Gaza via the Erez Crossing for medical treatment.

Ethical Analysis: Threat to Life vs. Quality of Life

Distinguishing between a life-threatening medical state and one that hinders quality of life – while denying medical treatment in cases which are not life-threatening – is contrary to the principles of medical ethics. These principles mandate that all patients are entitled to the best available medical treatment, regardless of the urgency of the treatment or the severity of their clinical state.¹¹

According to medical ethics, it is legitimate to make such a distinction only in cases where a lack of suitable resources forces medical personnel to set priorities in cases.¹² Generally, such conditions are relevant only during extreme situations such as natural disasters or multiple-victim events, and even then only for a limited period of time, and with the final objective remaining to eventually allow all patients access to medical treatment.

The above-described "sorting mechanism," which is applied to Gaza patients as a matter of routine, clearly does not meet the criteria which justify distinguishing between patients. The withholding of medical treatment from Gaza patients is not due to limited resources; it is the result of other considerations, including political ones, as is clearly shown in the above analysis. Relying on political considerations in denying access to medical care is foreign to medicine and medical ethics, and appears to constitute an additional component of Israel's policy of tightening the closure on the Gaza Strip, imposing hardship on its residents and limiting their movement. Moreover, the goal of this sorting procedure is not just to establish levels of urgency and priorities, but to determine whether or not a patient is eligible for medical treatment at all, an act that is completely unacceptable in terms of medical ethics.

⁹ A response by the State Attorney for the Southern District to petition 456/09 submitted to the Court for Administrative Affairs. Decision not yet published.

¹⁰ From a letter by the Gaza DCO Humanitarian Office to PHR-IL: Doc # 5379, January 27, 2010.

¹¹ For further elaboration, see medical-ethical analysis by Prof. Michael Weingarten and Dr. Ya'akov Arad, in: *Israeli Policies at Erez Crossing, Gaza: Medical-Ethical Position Paper*, Physicians for Human Rights-Israel, August 2007 (<http://www.phr.org.il/default.asp?PageID=111&ItemID=314>).

¹² *Ibid.*

In light of the above, it is clear that the change in criteria for patients to exit via the Erez Crossing, which has transformed into a consolidated policy over the past two and a half years, stands in complete contrast to medical ethics, and contravenes the rights of Gaza residents to access appropriate medical care.

Legal Analysis: Israel's Obligations towards Palestinian Patients from Gaza

Israel's Supreme Court has approved restrictions on the right of patients to exit the Gaza Strip for medical treatment, in contravention of Israel's obligations under international law. However, the court has also defined narrow exemptions, which the State has ignored. The court's position is similar to its stance on other aspects of the punitive closure imposed on the Gaza Strip and its residents.¹³

The court has ruled that Gaza residents do not have an inherent right to enter Israel for the purpose of obtaining medical treatment. Although Supreme Court justices have expressed, both orally and in writing, their reservations regarding the Israeli authorities' policy of distinguishing between permit requests by Gaza patients in need of "life-saving" or "quality of life" care, they effectively approved it by leaving the final decision in each case to the state security authorities:

Regarding "life-saving" or "quality of life" cases, both sides agree about cases that from a humanitarian point of view involve saving life. With regard to "quality of life" cases, we ourselves are having difficulties addressing this definition, since if for example a man, God forbid, loses his eyesight or his limbs and stays alive, the injury is so severe that saving the eyes or the limbs has tremendous meaning. Some of these people are also neutralized from causing direct terrorist damage due to their medical condition. Nevertheless, neither we, nor the petitioners actually stand daily at the Erez Crossing, exposed to the dangers of terror at every opening. Therefore, it would not be reasonable and fair for us to expose – with the stroke of a pen – IDF soldiers and the citizens at the crossing to the dangers associated with extending the crossing's openings beyond that which is needed, and that is the claim on this matter (subject to specific security prohibitions in certain cases). Having said that, we assume that the respondents' approach will be humane, so that extremely severe cases, where withholding treatment would completely impair one's life, will be taken into account. We, however, do not believe that we should address such specific cases, but rather leave them to be examined and judged on an individual basis.¹⁴

In a later judgment, the court restricted its previous decision, which found that the security forces had the authority to distinguish between "life-saving" treatment and "quality of life" treatment, and deplored the use of this distinction in cases of "severe medical defects."¹⁵ The court also referred to the practice of distinguishing between cases as obsolete. However, in fact, as the analysis in this paper clearly illustrates, this policy remains in force, and is still being routinely implemented, even in cases involving "severe medical defects," which the court explicitly stated was inappropriate.

¹³ On the matter of closing border crossings to goods, see H CJ 5523/07 *Adalah vs. The Prime Minister*; on the matter of limiting electricity and fuel, see H CJ 9132/07 *Al-Basyuni vs. The Prime Minister* (not yet published; delivered January 30, 2008).

¹⁴ See H CJ 5429/07 *PHR-IL vs. Defense Minister* (not yet published, delivered June 28, 2007).

¹⁵ High Court decision from November 28, 2007, in response to H CJ 9522/07, *Physicians for Human Rights, et al. v. The Commander of IDF Forces in the Gaza Strip, GOC Southern Command, et al.* para. d(3). Link: <http://elyon1.court.gov.il/Files/07/220/095/t06/07095220.t06.htm>. This decision also makes up a part of the final decision on the same case, handed down on December 2, 2008. <http://elyon2.court.gov.il/files/07/220/095/T11/07095220.T11.htm>

Drawing a distinction between life-saving and non-life-saving treatment contradicts international humanitarian law¹⁶ and international human rights law,¹⁷ which uphold the right to life, physical integrity and dignity. The right to medical treatment is integral to these rights,¹⁸ which are also recognized as fundamental rights under Israeli law.¹⁹ States are obliged to provide and to allow their residents, as well as those living on territory under their effective control, to receive the best available medical treatment. Despite the clear position of both Israeli domestic and international law towards the right to life, physical integrity, and dignity, the Israeli Supreme Court failed to explain the legal basis for the distinctions that it had approved, distinctions which have resulted in the withholding of treatment from certain patients.

The distinction made by the court between categories of patients who require medical treatment is based on the same false assumption that was established in the *Al-Basyuni* case.²⁰ According to this assumption, Israel's obligation toward the civilian population of the Gaza Strip is limited solely to allowing the passage of goods and people to the extent that would enable them to "maintain vital humanitarian needs of the civilian population."²¹ This standard does not exist in international law, and contradicts the responsibilities of the State of Israel as an occupying power toward the civilian population of the Gaza Strip.

The establishment of a new standard of "vital humanitarian needs", which has no basis in law, and the consequent setting of an artificial distinction between treatment that is life-saving and treatment that affects "quality of life," appears to serve as a means to justify Israel's policy of punitive closure against Gaza. Furthermore, the setting of these new standards establishes a dangerous precedent for the withdrawal of legal protections afforded to protected civilians living under occupation. Through its rulings, the Israeli Supreme Court has violated the rights of the residents of the Gaza Strip to life, physical integrity and dignity.

Denying medical treatment is also a form of torture or cruel, inhuman or degrading treatment, in contravention of international humanitarian law and international human rights law.²² UN human rights treaty bodies with a mandate encompassing the prohibition on torture and cruel, inhuman or degrading treatment or punishment have expressed their concerns over the denial of access to medical treatment to residents of Gaza. In its recent Concluding Observations on Israel in 2009, the UN Committee against Torture stated that it was "seriously concerned at the many allegations provided to the Committee from non-governmental sources on

¹⁶ See the Geneva Convention IV (1949), Articles 27, 38 and 55, regarding the protection of civilians during times of war, Hague Convention IV (1907) Article 43 regarding regulations respecting the laws and customs of wars on land, and instructions of clause 41(1) to the first additional protocol of the Geneva Convention from 1977.

¹⁷ See Article 25(1) of the Universal Declaration of Human Rights, 1948; Article 28 in the Convention on the Rights of the Child, 1989; and Article 12 of the International Convention on Economic, Social and Cultural Rights, 1966.

¹⁸ HCJ 494/03 *PHR-IL vs. Finance Minister*, P.D. 59(3) 322, 334-335 (2004); HCJ 366/03 *Committed to Peace and Social Justice vs. Finance Minister*, paragraph 15 of President Barak's verdict (not yet published, delivered December 12, 2005). See also 4905/98 *Gamzu vs. Yesha'ayahu*, P.D. 55(3) 360 375-376 of President Barak (2001).

¹⁹ See Articles 2 and 4 of Basic Law: Human Dignity and Liberty; HCJ 4764/04 *PHR-IL vs. Chief of IDF Forces in Gaza*, P.D. 58(5) 385 (2004); HCJ 7957/04 *Mara'aba vs. Prime Minister*, Verdict (2) 477, 550-549 (2005).

²⁰ HCJ 9132/07 *Al-Basyuni vs. Prime Minister*, (not yet published, delivered January 30, 2008). The case discussed the legality of cutbacks to electricity and fuel supplies to the Gaza Strip.

²¹ *Ibid*, Paragraph 11 of the decision.

²² HCJ 5100/94 *Public Committee against Torture in Israel vs. Israeli Government*, P.D. 53(4) 817 (1999). See also 1949 Geneva Convention, Articles 1 and 16 of the 1984 UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Articles 7 and 10 of the 1966 International Covenant on Civil and Political Rights, Article 8 (2)(II) of the Constitution of the International Criminal Court (Rome Statue) 1998. "Cruel and inhuman treatment or punishment... can be defined as the infliction of severe pain or suffering, whether physical or mental, by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity." Manfred Nowak and Elizabeth McArthur, *The United Nations Convention Against Torture: A Commentary*, New York City: Oxford University Press, 2008, p. 558.

degrading treatment... and denial of entry, including for persons with urgent health needs.”²³ Similarly, the UN Human Rights Committee recently made a request to Israel to “provide information on the movement of persons in and out of Gaza”, and in particular about patients seeking treatment abroad.²⁴

Conclusion

This position paper has examined Israel’s handling of requests by Gaza patients to exit Gaza to undergo medical treatment unavailable there. It revealed a strong correlation between the severity of the patients’ medical condition and the approval of permit requests. This finding heightens fears that the existence of a life-endangering medical condition, or the lack of such a condition, is a significant factor in the decisions made by the Israeli authorities of whether to permit Gaza patients to exit the Strip for medical care. This policy appears to be politically motivated, and to constitute an additional component of the punitive sanctions Israel has imposed upon Gaza residents since Hamas took power there.

Medical ethics allow for a distinction to be drawn between life-endangering cases and other cases only in emergency situations, and only for a limited period of time. However, data presented in this paper reveal that this distinction, which was first implemented at the Erez Crossing during a specific crisis in June 2007, is still in place and has in fact become a routine, permanent policy.

Including political considerations in decisions that lead to the deliberate withholding of medical treatment from patients in need, with the full knowledge that the treatment is not available in Gaza and without offering alternatives, is a breach of the principles of medical ethics. As an occupying power that continues to control most aspects of civilian life in the Gaza Strip, the State of Israel bears responsibility for the health of Gaza’s residents, which includes ensuring access to medical treatment outside the Strip. The fact that the Israeli-controlled Erez Crossing is the only regularly available exit for residents who need medical attention not available in Gaza²⁵ makes Israel’s obligation to residents there even greater and the policy currently practiced at the Erez Crossing even more deplorable.

In contravention of Israel’s obligations under domestic and international law, Israel’s Supreme Court has approved restrictions on the right of patients to exit the Gaza Strip for medical treatment, and ruled that Gaza residents do not have an inherent right to enter Israel for the purpose of obtaining medical treatment. While in a later judgment the court restricted its previous decision, which hinted that the security forces had authority to distinguish between “life-saving” treatment and “quality of life” treatment, it described the practice of distinguishing between such cases as obsolete. However, as this paper has shown, the policy in fact remains in force.

The denial of medical treatment is considered a form of torture or cruel, inhuman or degrading treatment, in contravention of international humanitarian law and international human rights law. Furthermore, deliberately withholding medical treatment from patients in

²³ UN Committee Against Torture Consideration of Reports Submitted by States Parties under Article 19 of the Convention, CAT/C/ISR/CO/4, 23 June 2009, para. 31.

²⁴ UN Human Rights Committee, List of Issues to be Taken up in Connection with the Consideration of the Third Periodic Report of Israel, 17 November 2009, CCPR/C/ISR/Q/3, para. 19.

²⁵ The Rafah Crossing has been essentially closed since 2006. It opens irregularly, usually for several days a month, to allow the passage of a small number of persons with dual nationality, students, patients and other people with “humanitarian needs”. Exiting via the Rafah Crossing is subject to coordination between Hamas and the Egyptian government, and entails lengthy bureaucratic procedures.

need in order to achieve political goals constitutes collective punishment, prohibited under international humanitarian law.

Physicians for Human Rights-Israel, Al Mezan and Adalah call on Israel to:

- Allow every patient requiring medical treatment that is unavailable in Gaza access to treatment outside the Strip without delay;
- Immediately halt its policy of distinguishing between patients requiring life-saving treatment and patients requiring treatment that would enhance their quality of life;
- Stop imposing limitations on the exit of patients from Gaza in order to promote political, non-clinical goals;
- End its siege on the Gaza Strip, a form of collective punishment prohibited by international law.