

- 10 Kelley JM, Kraft-Todd G, Schapira L, Kossowsky J, Riess H. The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials. *PLoS One* 2014; **9**: e94207.
- 11 Carboon F. Language power and change. *Aust Coll Midwives Inc J* 1999; **12**: 19–22.
- 12 Hunter LP. Women give birth and pizzas are delivered: language and western childbirth paradigms. *J Midwifery Womens Health* 2006; **51**: 119–24.
- 13 NICE. Intrapartum care for healthy women and babies. Clinical guideline [CG190]. 2017. <https://www.nice.org.uk/guidance/cg190> (accessed Jan 28, 2021).
- 14 WHO. WHO recommendations: intrapartum care for a positive childbirth experience. 2018. Geneva: World Health Organization, 2018.

## Social action to achieve a dignified life for people with disabilities in the occupied Palestinian territory



When people with disabilities (PWDs) and civil society in the occupied Palestinian territory (oPt) exhausted their calls for basic human rights and dignity for PWDs in the absence of credible representative bodies and with the Palestinian Legislative Council dissolved in 2018,<sup>1</sup> we decided to induce a turning point by taking social action. And we did.

The Palestinian Basic Law stipulates that any person with a disability has the right to comprehensive governmental health insurance, yet only an estimated 14 000–17 000 of more than 90 000 PWDs in the oPt have governmental health insurance.<sup>2</sup> Under the governmental health insurance (law number 113) for 2004, disability is not mentioned as an eligibility criterion; and the service package excludes several services and interventions for PWDs—eg, rehabilitation, assisting devices, disability assessment, and necessary surgeries. PWDs face difficulties in accessing services and there is insufficient transparency about the basis for providing health insurance to one PWD and not another. Furthermore, the absence of an inclusive health insurance system jeopardises our and our families' rights to live in good health and with dignity, taking into account the strong correlation between disability and poverty.

This systemic vulnerability has been exacerbated during the COVID-19 pandemic. The pandemic and the imposition of the state of emergency dislocated the lives of PWDs and their families, yet PWDs were not included in the governmental emergency plan. However, the medical and rehabilitation needs and rights of PWDs during the pandemic have been identified as a priority by organisations such as WHO<sup>3</sup> and UNICEF,<sup>4</sup> as well as local organisations.

Given the lack of response by the Palestinian Authority to the long-term demands of PWDs for full governmental health insurance,<sup>2</sup> we held a sit-in at the Palestinian

Legislative Council from Nov 3, 2020, to Jan 4, 2021. We called for the Council of Ministers to enact and implement a decree on a free and inclusive governmental health insurance system for all PWDs in the oPt through which they can obtain quality health, medical, and rehabilitation services and to resolve the contradictions in the various laws which discriminate against PWDs.

During our sit-in we submitted a position paper that included our demands pertaining to the health insurance system and a proposed national health insurance system for PWDs and their families to the Council of Ministers, the Ministry of Health, and the Ministry of Social Development. We met with relevant representatives of the government, including the Prime Minister, to clarify our position and proposed system. For several weeks, we did not gain more than promises and reactivation of a previously formed committee assigned to modify the by-laws related to the health insurance for PWDs, with no time frame identified to achieve this task.

Despite these difficulties, we continued to connect with supportive people and organisations. We were open to feedback and coordination, and we used several advocacy techniques. We created our own social media platform to keep in touch with interested persons and organisations and we explained the problem and proposed the solution. We established close partnerships with some media outlets and human rights advocates. We called for and participated in action in the streets in Ramallah city and at the district level and negotiated with the government representatives when needed. We designed a powerful message people can relate to and we put our issue on the agenda of many organisations, including ones that do not work on disability. We equipped ourselves with the strongest possible will to succeed. We continued our sit-in despite the many ups and downs, and the time it took media agencies to take an interest and report on what



Courtesy of Shatha Abu Sour/Movement for a Decent Life for people with disabilities in Palestine

we have been doing. We persisted even when we did not hear from the government for weeks and when people's movements were restricted in the COVID-19 response.

With vigorous social action, the Prime Minister's office finally passed the decree on the 63rd day of the sit-in. This decree stipulates that disability is an eligibility criterion to access health-care services and requires the government to provide a basket of services, including diagnostic, curative, preventive, and rehabilitation services, in an accessible and dignified way. The decree also includes monitoring and accountability articles. Our next steps entail continuous follow up with the government to guarantee effective implementation of the decree in participation with PWDs. We found that when a team works with values, willpower, and resolve to achieve public good, success will be the outcome, no matter how long it takes.

I participated in the People With Disability Sit-in at the Palestinian Legislative Council, Ramallah, oPt, and declare no other competing interests.

**Shatha Abu Srou**  
shatha857@gmail.com

Beit Jala, West Bank, occupied Palestinian territory

- 1 Anabtawi S, Brown NJ. Why Mahmoud Abbas dissolved the Palestinian parliament—and what it means for the future. *The Washington Post*, Jan 18, 2019.
- 2 Hammad S. Palestinians with disabilities battling PA for vital healthcare. *Middle East Eye*, Nov 20, 2020. <https://www.middleeasteye.net/news/palestine-disability-protest-health-care-insurance> (accessed Feb 11, 2021).
- 3 WHO. Health conditions in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan. Report by the Director-General. Nov 5, 2020. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA73/A73\\_15-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_15-en.pdf) (accessed Feb 11, 2021).
- 4 UNICEF. Covid-19 protection needs identification and analysis in the State of Palestine. November, 2020. <https://www.unicef.org/sop/media/1476/file/COVID-19%20Protection%20Needs%20Identification%20and%20Analysis%20in%20the%20State%20of%20Palestine.pdf> (accessed Feb 11, 2021).



## Announcing the *Lancet* Commission on Medicine and the Holocaust: Historical Evidence, Implications for Today, Teaching for Tomorrow

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Medicine during the Nazi period and the Shoah (Holocaust) is not a matter of the distant past. Historical evidence documents that the reasoning, values, and activities of health-care professionals and biomedical researchers in this context represented extreme manifestations of potential problems inherent in medicine more generally.<sup>1</sup> Confronting what happened to medicine in this period is crucial to recognise and modify similar tendencies today and guide and inform the ethical practice of medicine. This history also illustrates the conditions for and scope of the resilience and resistance of medical professionals in challenging situations.

The *Lancet* Commission on Medicine and the Holocaust: Historical Evidence, Implications for Today, Teaching for Tomorrow is necessary because of both the decades-long post-war refusal of the medical community to engage with this history in Germany and worldwide and the long-standing myths about the relation between the Nazi regime and medicine.<sup>1</sup> Among these myths are that only a few fanatical physicians committed medical atrocities, that all other German and Austrian physicians and medical scientists were coerced by the Nazi regime,

and that science in the Nazi context was pseudoscience and thus not only unethical but also invalid and therefore irrelevant for post-war medicine.

A first objective of this Commission is to identify, describe, and analyse the historical evidence that proves such myths wrong—ie, the extensive cooperation of many German and Austrian physicians and medical organisations with the health and population policies of the Nazi regime; the complicity of many physicians in the systematic exploitation and killing of Jews and other people deemed by the Nazis to be “biologically inferior”; and the broad participation of the medical community in programmes of forced sterilisation, systematic patient killing, and forced human subject research.<sup>2-5</sup> These actions created some of the conditions for the Holocaust. In the post-war period, many physicians involved in these actions retained their positions and advanced their careers, enabled by contexts in Germany and beyond.

The Commission will explore the relationship between physicians, organised medicine, and the Nazi state; eugenics, Nazi racial hygiene, and Nazi racial anthropology and their implementation; forced human subject research