

# ANTISEMITISM POLICY TRUST

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ANTISEMITISM IN THE  
HEALTHCARE SECTOR SINCE  
OCTOBER 7 2023

## Antisemitism in the Healthcare Sector since October 7 2023

Since the Hamas attack on Southern Israel on October 7, 2023, and the war that followed, antisemitism in the healthcare sector in the UK has escalated, affecting Jewish staff and patients. It is an emergent phenomenon which has become increasingly apparent over the last eighteen months. This briefing explores the breadth and reach of the issue, drawing on examples from the UK, US, Canada, and Australia, and offers policy recommendations.

### Incidents

In the UK, the Community Security Trust (CST) reported 4,296 antisemitic incidents in 2023, with two-thirds of this number occurring post-October 7, representing a 158% increase compared to 2022. In 2024, CST recorded the second highest number of incidents – 3,528 – only a slight decrease from the previous year.<sup>2</sup>

Between October 2023 and July 2025, 99 incidents were recorded in the healthcare sector by CST. This included 92 incidents categorised as abusive behaviour, 5 threats, 1 incident of damage and desecration, and 1 assault. Of these, 56 incidents were perpetrated by healthcare professionals, and 6 incidents were perpetrated by medical students.<sup>3</sup> 39 incidents occurred online.

These figures represent the incidents that were reported to CST and that pass its threshold for recording.

In healthcare settings, a survey covering the period from November–December 2023 found that the majority of Jewish doctors and healthcare professionals experienced antisemitic behavior.<sup>4</sup> There has been a dramatic, circa 15-fold rise in reports of antisemitism to the General Medical Council (GMC).<sup>5</sup>

The Jewish Medical Association (JMA) has been made aware of over 100 cases of antisemitism since October 7, 28 of which led the organisation to submit formal complaints to the GMC.<sup>6</sup>

Examples of incidents include patients being told, “Get your Jewish ambulance to come and get you.”, and Jewish patients finding “Boycott Israeli Apartheid”

stickers on their beds.<sup>7</sup> There were also reports of a Jewish child being mistreated in a hospital by nurses wearing pro-Palestinian badges.<sup>8</sup>



**Graffiti found on a soap dispenser in a hospital bathroom**

Individual doctors have engaged in antisemitic discourse and expressed support for proscribed terrorist organisations. Notable examples include a GP in Harrow who described the October 7 attack as “a welcome punch on the nose” for Israel, and was revealed to be the leader of the UK wing of Hizb ut-Tahrir, a terrorist organisation now proscribed under UK law.<sup>9</sup> NHS England said there was “insufficient evidence” to suggest they were unfit to practice as a GP.<sup>10</sup> A GP at Dartford and Gravesham NHS Trust, stated on social media that “Israel” is not a country, it is a genocidal Zionist colony that has no right to exist” and that “resistance including armed struggle is an honour”.<sup>11</sup> They also shared a picture of a terrorist from Hamas’ Al Qassam brigade with the caption “a picture of Al Qassam a day keeps the Z’s locked away”. In May 2025, they participated in a pro-Palestine Action demonstration outside an Elbit Systems (a defence company) plant in West Gloucestershire, sitting atop an ambulance wearing medical scrubs and a stethoscope.<sup>12</sup> They were subsequent arrested at the demonstration. At a pro-Palestinian rally on 1 June 2025, they declared “the settler colony of Israel must be dismantled and left in the dustbins of history”.<sup>13</sup> The GMC stated that they “were not able to provide information about complaints or concerns unless the matter has been referred to a full hearing at the Medical Practitioners Tribunal Service”.<sup>14</sup> As of May 2025, both remain practicing NHS doctors.

**Trigger warning: this report includes disturbing real-world samples of anti-Jewish racism.**

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One University Teaching Hospital has hosted Grand Rounds (normally held to promote learning on domestic clinical topics) that have focused on presentations by medical volunteers to Gaza, containing political, anti-Israel and antisemitic content.<sup>15</sup>

Regrettably, there have been a number of concerns raised about the British Medical Association (BMA), the organisation arguably best positioned to offer welfare support. A doctor, who is a member of the BMA, was reported for posting Holocaust denial and that Jews should be gassed on social media.<sup>16</sup> He was suspended but an investigation is still ongoing nearly a year later. This is not the only complaint that has been made to the BMA which operates a complaints process that might be described as slow, at best.

Jewish doctors expressed further concern about the BMA after its 2024 annual meeting saw calls for actions against Israel constituting 1 in 10 motions, including ones that have no relation to healthcare.<sup>17</sup> This included calls to boycott Israeli medical journals and academic exchanges. Worryingly, Jewish doctors attending the conference were said to 'expect to encounter a mix of overt antisemitism, bullying, harassment...'<sup>18</sup> A Jewish doctor was heckled at the conference after revealing she was Jewish. Although the BMA said this was 'worrying', institutionally it is somewhat compromised given its own president is under investigation for sharing antisemitic posts on social media.<sup>19</sup> The topic of antisemitism training was also raised at the annual meeting, where organisations including the Antisemitism Policy Trust and CST were allegedly described as 'propaganda groups'. Since then, one training session has been delivered for BMA Council members by CST.

Similar concerns were raised after the 2025 BMA annual meeting, at which 45 motions related to the Middle East conflict. One motion called for a boycott of Israeli medical institutions and universities.<sup>20</sup> The JMA reported that members attending the conference felt 'intimidated, unsafe and excluded'. They felt it necessary to seek security advice from CST to 'ensure the safety and protect the wellbeing of Jewish representatives'.<sup>21</sup>

Many Jewish healthcare professionals feel the BMA has not taken incidents of antisemitism seriously, and that these are not given the same treatment as other

forms of racism or discrimination. Some have cited a clear lack of knowledge and awareness of antisemitism amongst key stakeholders, including disciplinary panel members and legal advisers.

Issues have also been raised about individual medical schools. The Medical Schools Council has expressed zero tolerance for antisemitism but has no direct influence over individual schools.<sup>22</sup> One medical school has, for some years, failed to provide reasonable alternative arrangements for examinations set on Jewish holy days (when no work may be done by observant Jews) despite the medical school being alerted to the potential clash by observant Jewish students at the beginning of the academic year. When Jewish students reported antisemitic bullying by peers on an internal student WhatsApp group, soon after October 7, the school declined to engage with the JMA or the Jewish Chaplain. In a separate incident, the Chief Executive of the Antisemitism Policy Trust was surrounded and harangued by more than twenty students following training he delivered at a London medical school. The Department for Health and Social Care has recommended that all medical schools implement the Universities UK guidance on tackling antisemitism, and also ensure effective lines of communication with their local Jewish societies which can advise on incidents and how best to deal with them, and also offer antisemitism training where appropriate.

Medical journals have published numerous antisemitic or vehemently anti-Israel articles since October 7. This includes internationally respected journals including the British Medical Journal and the Lancet. One article entitled 'Counting the dead in Gaza: difficult but essential', published in the Lancet in July 2024, claimed that the death toll in Gaza during the first nine months of the conflict was around 40% higher than that recorded by the Hamas-run health ministry.<sup>23</sup> A correction to the article was issued, but the journal stood by its initial claim.<sup>24</sup>

One of the key criticisms of UK medical bodies and schools from some in the Jewish community relates to inconsistency of approach, whereby many have chosen to comment on the war in Gaza despite refraining from doing so on other conflicts and manmade humanitarian disasters.

## Online Incidents

The JMA has reported a significant increase in the use of social media by healthcare professionals to express antisemitism since October 7.

Social media posts have ranged from the use of classic antisemitic tropes (e.g. Jews controlling the media, stereotypes about Jewish wealth and power, accusing Jews of being white colonialists and having undue influence or control over UK government policies), and Holocaust inversion. In some cases, individual Jewish doctors in the UK have been specifically blamed for the actions of the Israeli government.<sup>25</sup>

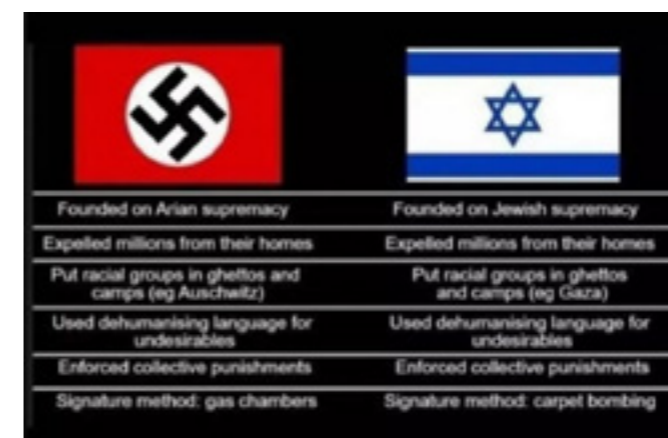


Image posted by an NHS doctor on social media

Some healthcare professionals, including doctors, openly celebrated the October 7 massacre online. Some have also praised former leaders of Hamas and Hezbollah killed by Israel.<sup>26</sup>

The use of workplace 'closed' fora, including Facebook and Whatsapp groups, to engage in antisemitism has been prevalent. Such spaces are normally used for work-related for example setting rotas, but have instead been used for antisemitic posts, to encourage members to join anti-Israel demonstrations, to encourage boycotts, and to accuse Israel of genocide, colonialism, and oppression of Gazan civilians. Several Jewish healthcare professionals have reported being bullied in such groups. One forum, a Facebook group for medical mothers (members are all female doctors who are also parents), has been the focus of several complaints. The group exists in several countries and 'Physician Mums Group UK' has several thousand members. The majority of the group's Jewish members have withdrawn since October 2023, citing a relentless bullying from vocal pro-Palestine supporters in the group. Some of these individuals have stated that

Zionists have no right to practice medicine in the UK. Jewish members have cited an unwillingness on the part of group admins to take any action against this abuse, or feel they even seem to sympathise with the perpetrators.<sup>27</sup>

## Impact

The effects on Jewish healthcare staff are profound, with one survey by the Jewish Dental Association finding that 73% of respondents have experienced antisemitism since 7 October.<sup>28</sup>

It found that 95% of 293 Jewish healthcare professionals (HCPs) were experiencing negative mental or emotional wellbeing due to antisemitism since October 7, 2023.<sup>29</sup> This is in line with studies that show antisemitism has an impact on individuals' mental health.<sup>30 31 32</sup> It has been found that people who were targeted by antisemitic abuse have suffered long term, enduring consequences that mirror emotional responses to other traumatic experiences, including anxiety and low self-esteem.<sup>33</sup>

The same survey found that 60% of Jewish practitioners have not reported antisemitic incidents, meaning that the real number of incidents will be considerably higher. Only 15% of those who reported the incidents felt that the situation was managed adequately.<sup>34</sup> Of the respondents who experienced antisemitism, 70% reported that incidents related to their colleagues. 95% said this had an adverse effect on their mental and emotional wellbeing.<sup>35</sup> Jewish staff reported feeling unsafe at work (48%) and modifying their behaviour as a result (44%). Safety concerns are significant, with 48% feeling unsafe in clinical settings and only 29% feeling safe around colleagues. Additionally, 44% are modifying or contemplating changes to their professional activities due to antisemitism, indicating a chilling effect on their careers.<sup>36</sup>

For Jewish patients, the impact includes fear of unequal care. This has led some to hide their Jewish identities to avoid discrimination, while others might avoid seeking medical care out of concern for their safety. Anecdotally, one patient insisted on having an invasive procedure without standard sedation so they could be awake and aware throughout. Two patients requested the Jewish chaplain not visit them in hospital

for fear of being identified as Jewish. There have also been stories of inpatients avoiding asking for Kosher meals for worry of being identifiably Jewish.<sup>37</sup>

These figures and experiences indicate a widespread

## Global Context

### United States

There appear to be similar phenomenon occurring in healthcare settings across the globe. In the US, it was found that nearly 40% of Jewish medical professionals had experienced direct exposure to antisemitism.<sup>38</sup> At the same time, only 1.9% of healthcare anti-bias training covered anti-Jewish bias.<sup>39</sup>

Examples include blacklists of “Zionist” psychiatric providers, denial of Jewish Employee Resource Groups (ERG), Jewish medical student groups being ostracised, and antisemitic teachings in medical schools labelling Jews as “white, privileged oppressors.”<sup>40</sup> There have been reports of healthcare professionals refusing to accept ‘Zionist’ patients, and others listing Zionism as a mental illness.<sup>41</sup> As a result of rising antisemitism, Jewish patients have been feeling unsafe displaying their Jewish identity, especially when medical practitioners insisted on wearing pro-Palestinian badges against dress code rules.<sup>42</sup>

In healthcare facilities in the US, protests that included pro-Hamas chants, were not only unlawful, but also intimidated Jewish staff and patients.<sup>43</sup> A study that analysed social media posts from the accounts of over 220,000 healthcare professionals based in the US, found that posts promoting antisemitic stereotypes had increased between 2 and 4 fold in 2024.<sup>44</sup> Many medical practitioners were also among those celebrating the October 7 massacre.<sup>45</sup> For example, in University Hospital San Francisco, medical staff could be heard chanting ‘intifada,<sup>46</sup> intifada, long live intifada’.<sup>47</sup>

### Canada

In Canada, Jewish medical professionals face similar issues, including antisemitism in medical academic settings.<sup>48</sup> Reports show a rise in hostile environments for Jewish healthcare practitioners. For instance, a survey by the Jewish Medical Association of Ontario

prevalence of antisemitism within our healthcare system. Weak institutional response to incidents are leaving Jewish practitioners and patients exposed to racist harassment and bullying, and to discrimination.

(JMAO) found that while only 1% of Jewish doctors faced severe antisemitism in a community, academic or hospital settings before October 7, 2023, since that time, 29% have reported facing antisemitism in community settings, 39% in hospitals, and 43% in academic settings.<sup>49</sup>

In Quebec, the Association of Jewish Physicians reported (in March 2025) that 45% of members experienced antisemitic incidents in hospitals since October 2023, with 30% facing weekly antisemitic remarks. This has led to many feeling unsafe, with some doctors fearing reactions from patients and colleagues.<sup>50</sup> These figures underscore the widespread nature of the issue, affecting a substantial proportion of Jewish healthcare professionals across different regions and settings.

Shortly after the October 7 massacre, posts vilifying Israel were circulated by physicians at the Faculty of Medicine at the University of British Columbia (UBC). Allegations included classic antisemitic tropes, such as organ-harvesting and trafficking and Christ-killing.<sup>51</sup> A petition calling to restrict the responsibilities of Jewish faculty at UBC was signed by a third of medical students.<sup>52</sup> The university appeared to refuse to accept that there was a problem with antisemitism. In another incident, anti-Israel protesters blocked the entrance to Mount Sinai Hospital in Toronto<sup>53</sup> in February 2023, chanting slogans, which former Canadian PM Justin Trudeau described as “reprehensible.”<sup>54</sup>

The impact on Jewish medical staff is profound, with 98% of Ontario respondents in the JMAO survey facing antisemitism at work expressing worry about its impact on healthcare.<sup>55</sup> This has led to a crisis of trust, with 31% considering leaving Canada due to the hostile environment, potentially exacerbating the doctor shortage, as noted by the Ontario Medical Association.<sup>56</sup> Dr. Ayelet Kuper, JMAO chair, warned that this could lead to the loss of a generation of physicians, educators, and researchers, undermining the healthcare system.<sup>57</sup>

### Australia

Antisemitism in Australian healthcare has emerged as a significant issue, particularly following the Hamas attack on Israel on October 7, 2023, with a marked increase in incidents affecting Jewish medical professionals and with potential implications for Jewish patients. This phenomenon occurred against a backdrop of a sharp rise in antisemitism within Australian society post-October 7 2023, with the Executive Council of Australian Jewry (ECAJ) reporting a 427% increase in incidents between 1 October 2023 to 31 March 2024, compared to the same period the previous year.<sup>58</sup>

A survey of healthcare professionals after October 7 found that half of respondents felt a need to hide their Jewish identity, and two-thirds had experienced antisemitism in the workplace.<sup>59</sup>

A notable incident occurred on February 12, 2025, when two nurses at Bankstown Lidcombe Hospital in Sydney were suspended after a video surfaced showing them threatening to kill and refuse to treat Israeli patients, with one nurse stating, “I won’t treat them, I will kill them,” and another claiming to have sent Israeli patients to “Jahannam” (hell).<sup>60</sup> Additionally, a Change.org petition by AntiRacism Australia highlights concerns about healthcare professionals publicly endorsing controversial slogans at pro-Palestine rallies while in uniform, generating fear among Jewish colleagues and clients.<sup>61</sup>



A Pro-Palestine poster stuck onto a menorah in a hospital

### Institutional Response

In the UK, institutional responses have been inadequate. The GMC investigated only 8% of the increased number of reports, with most of those investigated still practicing unrestricted, and antisemitism is often justified as simply freedom of expression.<sup>62</sup> A significant 68% of Jewish HCPs

lack confidence in regulatory bodies to address antisemitism, and only 15% of those who reported incidents felt they were appropriately managed.<sup>63</sup> The lack of confidence in institutions’ ability to handle complaints is not unexpected. In 2021 for example, the JMA reported 4 doctors to the General Medical Council (GMC) for antisemitism. There were no tribunal hearings and no sanctions.<sup>64</sup> The JMA only refers cases after careful scrutiny against the criteria for serious breaches. However, the GMC claimed that half of those cases did not meet the threshold for investigation – the ‘threshold’ for action, however, was not clear.<sup>65</sup>

The remainder of cases are either awaiting initial assessment or have been closed at preliminary review upon the GMC’s decision that the threshold for further investigation was not met. The JMA has raised concerns over the GMC’s approach to investigating cases of antisemitism. Namely, the process for those cases that do proceed to investigation is reported to take several months, at best, during which the healthcare professional concerned maintains their license to practice. This creates a risk of colleagues or patients remaining subject to whatever abuse was the cause of the original referral. Within its legal framework, the GMC is able to request a Tribunal to make an Interim Order of Conditions or Suspension if a doctor’s conduct is considered to present serious risk to patients or to public confidence in the profession: it has used this route only twice since October 2023 and in both cases there have been concerns in addition to those about antisemitism. Many Jewish doctors have expressed feeling abandoned by the GMC, owing to concerns that they and their patients are not being taken seriously, or, at best, not as seriously as the victims of other forms of alleged racism or hate. Failure to hold people accountable for antisemitic behaviour only emboldens such actions and places Jewish practitioners and patients at greater risk. At a recent summit on antisemitism in healthcare convened by the All-Party Parliamentary Group Against Antisemitism and the Office of HM Government’s Independent Adviser on Antisemitism, the GMC was heavily criticised by the Secretary of State for Health and Social Care.<sup>66, 67</sup>

Globally, responses vary. In the US, Jewish Federations, Hadassah, and the American Jewish Medical Association (AJMA) held a Capitol Hill hearing,

with lawmakers including Rep. Dan Goldman and Rep. Buddy Carter vowing action, though comprehensive institutional responses remain lacking.<sup>68</sup> In Canada and Australia, similar calls for action have been made, but implementation is slow.<sup>69</sup> There is little available information about the responses to antisemitic behaviour. However, two incidents of extreme antisemitism in Canadian hospitals, one including death threats<sup>70</sup> and the other included gasoline being poured along with antisemitic messages,<sup>71</sup> received swift and appropriate response from the police. Based on the widespread prevalence of antisemitism as

reported by medical practitioners, these responses do not appear to reflect how non-violent incidents have been handled. In Australia, the response to the high profile case of the two nurses referenced earlier was swift, albeit the matter received widespread public attention.

There is a clear and immediate need for a change in how incidents of antisemitism are recorded, handled and treated, and further action to prevent the incidents from occurring.

## Recommendations

- **Clear Definitions and Policies:**

We recommend all healthcare agencies and organisations adopt the IHRA Working Definition of Antisemitism. This will bring clarity to how antisemitism is understood, and give confidence to staff and patients seeking to address antisemitism in healthcare settings. IHRA can be used alongside conduct policies with consequences for violations. There should also be a review of reporting mechanisms, to make sure they are clear and straightforward, and that they ensure confidentiality and protection against retaliation. The JMA continues to call on the GMC and other medical organisations to adopt and use the definition.

- **Education and Training:**

There is a need for basic training on antisemitism across all NHS trusts, to provide a secure understanding for staff on how to recognise and report incidents of antisemitism. Training should be required for leadership, staff, faculty, and students in medical institutions, including Holocaust teaching in medical education as recommended by The Lancet Commission.<sup>72</sup> The NHSE Jewish Staff Network has received support from NHSE to roll out the delivery of training by the Antisemitism Policy Trust, across the NHS in England. However, participation remains voluntary, and some NHS Trusts have been better than others at circulating notice of the training to their staff or encouraging leadership to attend. One session was delivered by CST to BMA Council members after some attempts to block this

training. Concerns have been raised by the JMA and others regarding the omission of antisemitism from mandatory training for health system staff on Equality, Diversity and Inclusion (EDI). EDI programs should be reformed and quality assured to explicitly address antisemitism and include Jewish representation on committees.

The JMA reported that despite the substantial number of antisemitic incidents, and although the GMC has prioritised equality and diversity training, antisemitism has not featured in its work.<sup>73</sup> It might be that an NHS guide to antisemitism could be developed with the JMA. This would be consistent with the “Four Es” Approach: Implement education, engagement, empathy, and enforcement, as proposed by Dr. Steven Roth and Hedy Wald.<sup>74</sup> The authors cite education about the history of medicine during Nazism and the complicity of medical professionals in crimes of humanity against Jews during the Holocaust<sup>75</sup> as a way to help foster empathy towards Jews.

- **Institutional Accountability:**

Enforce a zero-tolerance policy for antisemitism. Leaders of all NHS Trusts should unequivocally denounce antisemitism and demonstrate commitment through policies and actions that promote an inclusive and safe environment, including with swift and decisive investigation and actions. The Department of Health and Social Care should require the GMC to provide complete transparency about its decision-making process regarding complaints of antisemitism, including

noting exactly what the threshold for investigation is, and fully disclose how decisions are reached. The Department should also implement a clear uniform policy. Consideration should be given to a ban on healthcare professionals wearing NHS uniform to protests that are not directly relevant to healthcare.

- **Support for Jewish Communities:**

Ensure Jewish medical networks and groups, and student groups, are not denied access or ostracized. Consideration should be given to the

scheduling of events to avoid Jewish holidays etc. in order to accommodate Jewish staff. The NHS Race and Health Observatory and Intent Health have produced a review of NHS health communications with (and for) the Jewish community, highlighting where opportunities for better communication with Jewish communities have been missed, and providing practical guidance and resources to be implemented by healthcare providers.<sup>76</sup>

## Conclusion

Antisemitism in healthcare has escalated significantly since October 7 2023, with the UK experiencing record levels of incidents, profoundly affecting Jewish staff and patients. Similar trends are evident globally, with perpetrators often being healthcare colleagues and institutions struggling to respond effectively.

Incidents are severely under-reported and there is a lack of information about antisemitism faced by Jewish patients and the impact on their health and wellbeing. The extent of antisemitism risks an erosion of trust between the Jewish community and our health services. Additionally, if Jewish staff leave the profession due to safety concerns, this could further exacerbate the NHS’ staffing shortage problem. The resignation of Jewish medical staff due to incessant racist incidents, would disgrace the entire healthcare system, which must be free from discrimination, bias and abuse.

The wide prevalence of antisemitism in healthcare reflects the extent to which antisemitism has become normalised in civil society and public discourse. This development means that those holding such views feel safe and comfortable expressing them in public. This not only causes distress and discrimination, it can also help to radicalise others into adopting these views. The damage therefore extends beyond individual victims to the wider community and our democracy.

The proposed recommendations, including education, clear definitions, and accountability, are crucial to fostering a safe and inclusive healthcare environment.

## Endnotes

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The Antisemitism Policy Trust's mission is to educate and empower parliamentarians, policy makers and opinion formers to address antisemitism. It provides the secretariat to the British All-Party Parliamentary Group Against Antisemitism and works internationally with parliamentarians and others to address antisemitism. The Antisemitism Policy Trust is focussed on educating and empowering decision makers in the UK and across the world to effectively address antisemitism.

## Contact APT



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