Letter to Editor

Rafah's Healthcare Crisis: Unveiling the Dire Reality

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Dear Editor,

Our journey to Rafah, Palestine, provided significant insights into the challenges faced by the medical community during wartime. Rafah, once a thriving city, is now supported by ten hospitals, including field hospitals and partially and fully functional ones, catering to the healthcare needs of nearly 1.2 million citizens. This situation has persisted since October 7, 2023, when the circumstances drastically changed.

The relentless conflict that ensued has displaced the citizens of the Gaza Strip from the north to Rafah, the southernmost city. Initially designated as a "safe area," Rafah offered a beacon of hope for beleaguered Palestinians. However, the city has plunged into despair following its unexpected invasion on May 6, 2024. Since the start of the war, approximately 37,718 Palestinians, the vibrant heartbeat of Gaza, have tragically lost their lives, with children constituting a heartbreaking 40% of the deceased. Over 86,377 individuals have been injured, and an innumerable number remain missing or buried under rubble due to bombings and the inability to retrieve victims.

The repercussions of this conflict are far-reaching, severely disrupting the healthcare system. We have witnessed an alarming lack of systematic patient management through our personal experience at one of Rafah's partially functional hospitals. There was no triage system in place, resources were scarce, intensive care unit (ICU) capacity was limited, and there was a dire shortage of personnel both in number and skill. Some hospitals could afford to pay wages to their staff, while others had resorted to providing shelter and daily meals in exchange for their services. Consequently, many junior doctors and final-year medical students stepped in to provide care in these hospitals.

Figure 1: Resuscitation of a burn patient after bombing in Rafah, Palestine

The evident lack of training, experience, and guidance was a concern. The patient care provided, while well-intended, had room for improvement, and it was clear that more contemporary methods of patient management needed to be introduced. Some practices that were being followed, such as suturing minor wounds without local anesthetic despite the availability of it because the wound is “small”, managing

psychological distress with unconventional methods, prescribing proton pump inhibitors for all abdominal pain, and improper use of antibiotics, were just a few areas where improvement could have been made. These practices, learned from senior staff, were passed onto juniors as the standard of care. This situation was a strong call to action for further education and the adoption of more universally accepted healthcare practices.

Our already precarious situation was further complicated by the hospitals' limited resources for patient treatment. This spans all levels, from the Emergency Department to the ICU. Essential items for emergency patient management, such as airway management devices, oxygen supplies, sedatives, blood products, and many more were in short supply.

Due to these shortages, the hospital focuses on intubation and bleeding control, often overlooking life-threatening injuries before patients are transported to other facilities. Like many others, our hospital cannot cater to patients requiring blood transfusions or critically ill patients needing intensive care, thereby increasing the need for interfacility transfer. We have observed many overlooked life-threatening injuries in these transferred patients, including pneumothorax, hemothorax, occult bleeding, maxillofacial injuries, and poor fluid management in burn patients. Tragically, some patients did not survive the journey.

The presence of emergency physicians in the emergency department is paramount to streamlining patient management and overall department operations. They are pivotal in establishing an effective triage system, particularly during incidents of mass casualties, providing patient care, minimizing waste, creating a safe environment, and offering training to doctors.

During high-pressure situations, such as mass casualty incidents, the primary role of an emergency physician is to make swift diagnoses and coordinate the floor to ensure efficient patient management. Their presence significantly bolsters the confidence of junior doctors, empowering them to perform procedures such as endotracheal intubation, chest tube insertion, and central line placement - skills often taught only in classrooms.

For instance, we permitted a junior officer to insert a chest tube. This experience provided her with a significant sense of accomplishment, reflected in her sustained positive demeanor over several days. This exemplifies how the presence of emergency physicians not only enhances patient care but also cultivates a learning environment for future medical professionals.

Figure 2: The critical need for versatile emergency physicians is essential for comprehensive, effective care in diverse and complex emergency situations.

It is crucial to recognize that sustainable impact in the healthcare community is rooted in education, understanding, and adaptability. Unfortunately, international players' engagement in the healthcare system is often fleeting and can be characterized as a "touch and go" situation. We have observed numerous external entities attempting to impose their systems immediately, overlooking the need to understand the local culture and the adjustments required for successful integration. This approach has proven unsustainable and collapsed soon after their departure.

The true currency in this context is the **TIME**. To see a meaningful effect, one needs to commit to more than just a brief stint. However, this extended commitment poses challenges for aid workers, as it requires them to take extended leave from their usual roles and exposes them to the psychological toll of operating in a war zone for prolonged periods.

Yet, it's a trade-off that warrants serious consideration, as the potential benefits are significant. By investing time and resources in education, training, and

system development that is sensitive to local context, we can build a more robust and resilient healthcare community—one that can weather crises and continue to provide essential care to those who need it most.

We hope to see an international commitment to a more sustainable, educational approach to healthcare assistance in Rafah and similar regions worldwide.

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**All of the authors have recently volunteered in Gaza with Mercy Malaysia under the World Health Organization Emergency Medical Team initiative.*