

Introduction: The IHRA defines Antisemitism as: “a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities.” <https://holocaustremembrance.com/resources/working-definition-antisemitism>. Antisemitic acts and events have affected the medical working environment in an adverse way (Kuper, 2023; doi: 10.36834/cmej.76086) which has also been amplified after October 7th, 2023. The Association des Medecins Juifs de Quebec (AMJQ) <https://www.amjq.org/en> was established to unite physicians and promote the interests of its members on different societal and medical aspects. **The AMJQ supports colleagues and medical trainees in the context of the rise in antisemitism, particularly in academic healthcare settings.** Understanding and addressing antisemitism in the faculties of medicine in Quebec is crucial for fostering a supportive and equitable environment for physicians, their colleagues and their patients. Furthermore, when these acts are disclosed by way of reporting mechanisms and administrative leaders, the typical response has become ambivalence and avoidance.

In particular, Jewish physicians, trainees and medical students perceive a double standard within academic settings: microaggressions and racist or prejudiced behaviour towards other minority groups, including Indigenous Canadians, Black Canadians, and LGBTQ2+ individuals, are firmly called out by academic leaders and swiftly disciplined, sometimes harshly. By contrast, Jewish physicians, trainees and medical students have experienced a deep discomfort and unwillingness from administrators, at times rising to the level of systemic barriers, when reporting anti-Jewish hatred, bias, and antisemitic incidents. Additionally, the prevalence of subtle, and sometimes not-so-subtle, microaggressions, biases or inaccurate statements, antisemitic declarations and promulgation of blood libels against Jews, Israelis, or Zionists, posted on social media platforms have led to situations of significant discomfort and fear amongst Jewish physicians, trainees and medical students.

The scope of antisemitism in Faculties of Medicine: Immediately after October 7th, it was brought to the attention of physicians and residents that a Program Director for a Critical Care Subspecialty Program affiliated with McGill University had posted a series of images, statements and cartoons on his Instagram feed that were interpreted as supportive for, and justification for, the atrocities committed by Hamas terrorists towards Israelis. These images included depictions of a classic antisemitic trope of Jews controlling the media. Shortly after, a medical student at McGill University posted in support of the Hamas terrorist attacks on her Instagram feed, which was viewed by numerous medical students. In December 2023, this same medical student, acting as a representative of the McGill Medical School Student Society (MSS), put forth a motion to call for a permanent ceasefire (ie: a withdrawal and surrender of Israeli forces against Hamas) and for the MSS to stand in solidarity with the people of Gaza, without mention of Hamas as perpetrators and without mention of the Israeli hostages who were taken captive on October 7th by Hamas and other terrorist entities. This motion was voted down at the 11th hour by a coalition of Jewish medical students after they were brought to the attention of the Dean of the Faculty of Medicine and the Undergraduate Medical Dean of the Faculty of Medicine. Furthermore, it was noted that the MSS is an independent entity, not governed by the Faculty or the University, yet the dean did not issue a statement to the students or faculty about the motion. This left medical students in an uncomfortable position, knowing that they would have to interact in a collegial environment with the same colleagues who drafted these statements.

In the weeks after October 7th, a Jewish medical student was verbally accosted by another medical student while leaving class. The Jewish medical student used the platform provided by McGill University’s Office

for Respectful Environments (ORE) <https://www.mcgill.ca/medhealthsci-respectful-environments/> to report the incident. As part of this process, both students were informed that an investigation was underway. The medical student under investigation broke confidentiality and re-approached the Jewish medical student, verbally stating “I know it was you who reported me.” The Jewish medical student was intimidated and subsequently dropped the complaint without notifying the ORE that the other student broke the envelope of confidentiality during the investigation.

Jewish physicians, trainees and medical students seeking to report incidents of antisemitic harassment within the clinical environment, on campus, or on social media face a byzantine labyrinth of reporting mechanisms and offices, frequently with very narrow mandates. The relevant staff have an inadequate conception of what antisemitism ‘looks like’ as a form of racism, and limited understanding of whether there are pre-existing offices that are also working towards a similar outcome. As an example, a Jewish medical student attempted to report a medical student who posted on Instagram in support of Hamas’s terrorist attack on Oct 7th and was refused and redirected by several independent offices and reporting mechanisms within McGill University <https://www.mcgill.ca/medhealthsci-respectful-environments/>; <https://www.mcgill.ca/ombudsperson/>; <https://www.mcgill.ca/omr/>. These reporting mechanisms were not unified in their abilities to respond to reported cases of antisemitism in the workplace and on social media platforms and as such they failed on different grounds, including: lack of jurisdiction, not within office’s mandate, not within the office’s policy definition of ‘harassment’ (<https://www.mcgill.ca/omr/harassment-discrimination-0>), or the student’s conduct was objectionable but within the bounds of free speech.

After several months of searching, the Jewish medical student was eventually directed to the Office of the Undergraduate Dean of Medical Students (UGME). The UGME Dean declined to meet with the Jewish medical student for almost 4 months, citing scheduling issues and urgent commitments as the reasoning. **To date, the medical student expressing support for Hamas on Instagram has not faced any consequences from McGill for her posts, despite clearly identifying herself as a McGill student on social media platforms.**

The impact of this convoluted disclosure process rife with refusals is twofold: first, in each of the examples mentioned above, the perpetrators experienced no formal consequences and some individuals went on to continue harassing Jewish trainees and students or posting further antisemitic content on social media. Second, the convoluted process can be extremely exhausting and discouraging, particularly for trainees and medical students, who perceive that complaints of antisemitism are not treated with the same seriousness and severity as complaints of other forms of racism, prejudice or discrimination within the medical field.

This has contributed to an environment where many Jewish physicians, trainees and medical students simply do not report incidents of antisemitism or are afraid to report due to fear of retaliation. This, coupled with a high rate of refusal (refused complaints are often not recorded), permits university and hospital administrators to continue claiming that antisemitism is not a prevalent or serious issue at their institutions, which further discourages and dissuades Jewish physicians, trainees and medical students from reporting.

Further, many Jewish physicians, trainees and medical students feel a general sense of unease, triggered by inappropriate and uncomfortable, antisemitic comments, about their Jewish heritage by staff, other learners, and patients. Some of these incidents are not even reportable using the existing mechanisms set up by the university. However, when they have been brought to the attention of university and hospital administrators, very little is done to address them.

For example, student protestors disrupted a talk by a professor from the Weizmann Institute in Israel. The professor was invited to give the talk within the Faculty of Medicine at McGill University on a scientific topic completely unrelated to geopolitics. Although the organizers and the McGill Faculty of Medicine were warned ahead of time that protestors were likely, administrators declined to provide additional security and did not attempt to remove the protestors, who were eventually shamed into leaving. Ultimately, the professor was able to deliver the talk, but he reported feeling extremely uncomfortable and visibly shaken. In another instance, posters featuring images of weaponry and written messages containing threats towards Jews were posted in McGill's Faculty of Medicine teaching buildings. The McGill Faculty of Medicine declined to remove the posters, which were eventually removed by students.

An openly Jewish trainee at the University of Sherbrooke disclosed that they were asked to pay for food for a group of students as "You're Jewish. You can just pay for everyone's order." The trainee is no longer willing to portray themselves as openly Jewish. Another trainee with an Israeli-sounding name reported that "Since I've started in clinic after October 7th I've been asked probably 15-20 times by staff and patients the origin/nationality of my name. I always say Romanian because I'm not sure I should tell them Israeli due to the current situation. I know it's not direct antisemitism, but I've gotten faces after I've said Romanian like they don't believe me."

The outcome of these antisemitic incidents causes undue psychological stress as well as feelings of isolation for Jewish individuals. Furthermore, the presence of hostility and discomfort in the hospital environment can strain interpersonal relationships between colleagues within medical school communities, undermining trust and collaboration that are essential to work in the medical field. Fear of discrimination can deter Jewish physicians from disseminating medical knowledge, seeking mentorship or support from peers and faculty members and have an impact on the teaching and development of trainees.

Conclusion: Acknowledging and accepting the IHRA definition of antisemitism is the first step that the Faculties of Medicine need to undertake to combat antisemitism. However, prior to this, initiating a dialogue about the rise in antisemitism and unified reporting mechanisms with each Faculty of Medicine is imperative. Furthermore, dissemination of information about reporting mechanisms within different departments in the university (undergraduate, postgraduate, faculty development, research, surgery, medicine, as examples) is essential so that Jewish physicians, trainees and medical students will feel that their concerns are equally justified, despite not always fitting the traditional profile of visible minorities. This will instill confidence in Jewish physicians, trainees and medical students and allow them to express themselves without the need to feel defensive, afraid, or shameful about their Jewish identity. Furthermore, it will promote open and comfortable dialogue among colleagues and with patients. Finally, we call on the Faculties of Medicine across Quebec to unify a reporting mechanism for antisemitism that will serve as a repository for complaints which are managed in a confidential and transparent manner.

Submitted by Dr. Elise Levinoff on behalf of the Association des Medecins Juifs de Quebec (AMJQ), a member of the Alliance Combatting Campus Antisemitism (ALCCA).