

view

from a

patient



Professor Eid with a young patient

RALPH DOBRIN

A young Arab woman wearing a hijab dashed to catch the elevator. She was too late – the doors closed. But an elderly, bearded charedi man in the elevator, quickly pressed the button to re-open the doors. She nodded her thanks with a modest smile. Under normal circumstances in Israel this would have been a rare occurrence. But this was Jerusalem's Hadassah Hospital.

I was recovering from an operation when I witnessed this scene. I was the donor in a kidney transplant for my daughter. Throughout my eight-day stay at Hadassah, I kept seeing such scenes of spontaneous, cordial interaction between the different groups of people who make up the patient population.

Race, religion and social status have less significance in the corridors and wards of a hospital. Patients, no matter who they are, have a common denominator: anxiety, pain, discomfort and the need for patience. Patients wear ill-fitting hospital gowns. They share the attentions of the staff. They hear each other's groans. It is all a great leveller. Jews and Arabs become fellow-patients; Jewish and Arab doctors and nurses become professional colleagues; racial differences, usually so loaded in this part of the world, are almost completely erased.

As a Jew in a Jewish hospital, I found myself being treated by many Arab nurses and doctors, in addition to the Jewish staff. The surgeon in charge of the transplant was Professor Ahmed Eid. His Jewish colleagues cooperated fully under his expert and amiable direction. A similar situation exists in many other Israeli hospitals.

Almost half of the patients in the ward seemed to be Arabs, coming from East Jerusalem as well as other Arab areas. In a neighbouring bed was an elderly Jew who, on entering the ward, informed me quietly that he did not like there being so many Arabs – staff and patients. "Surely they have their own hospitals," he grumbled. He later told me that his daughter had been seriously wounded in a suicide bombing a few years before.

A few minutes after he settled down in his bed, yet another patient was wheeled in –

a groaning, middle-aged Arab, followed by a retinue of sons and a wife. The elderly Jew leaned towards me and pulled a face conspiratorially. I found that some of the Arab's sons were sitting quite close to me. I began to chat with them, enjoying the opportunity to practise my shaky Arabic and soon we were chatting like old friends.

After a while I quietly tried to introduce the Arab patient to the elderly guy in the bed next to mine. The Arab man nodded politely, but the old man promptly shut his eyes. Later a young nurse came in to measure his blood pressure and take his temperature. From her accent it was clear that she was an Arab. Grumpily, he allowed her to put a thermometer in his mouth. She was an incredibly sweet-looking person. Diminutive, chirpy, with a hint of naughtiness in her smile, she softly hummed an Arab song, while tending to the patients. "I hope you are feeling a little better," she beamed at the old guy. He just stared at her.

Next morning, nurses came into the ward to measure blood pressure and temperature and hand out medicine. Doctors came in with syringes to take blood samples. Patients got up to go to the bathroom. The old man and the Arab happened to get out of their beds at the same time and almost bumped into each other. "Good morning," the Arab said in Hebrew with a deferential nod, "Boker Tov".

The old Jew looked at him coldly for a moment and then nodded and moved his hand to the Arab's shoulder, almost touching it. Slowly, as though he was trying to remember the words, he said: "Sabbah el Ghir," ('Good morning' in Arabic.) The two men would get onto more comradely terms during the next few days.

Later, a portly, elderly man entered the ward, came to my bed and asked how I was feeling. He examined me, asked a few more questions, said he was pleased with my progress, gave some instructions to a nurse, quipped an amusing observation and walked out of the ward.

After he left, I asked my Arab friend if he knew who the man was. He shook his

head. I said, "That's the doctor who did my transplant. That's Professor Eid. I added: "Professor Ahmed Eid".

The Arab got out of his bed and walked quickly to the exit of the ward to observe Professor Eid's departing figure. Then he returned and stood by my bed. His face glowed with pride. He put his hands on my shoulders. "May you be healthy," he repeated in Arabic a few times. "Thank you, Rafi. Thank you." He was actually trembling with excitement.

I realised that the mere presence of Professor Eid in a Jewish hospital had raised the Arab's spirits and made him feel less of an outsider. I had become his friend – his Jewish friend in this Jewish hospital where he would get the best treatment possible, and he wanted to give thanks for everything. And so did I.

While the central figures in contact with patients are doctors and nurses – a hospital can't exist without a huge army of other specialists, such as radiologists, lab workers, physiotherapists, pharmacists, dieticians, social workers, as well as kitchen, maintenance, laundry and cleaning staff. Those doing the menial jobs, as indeed in most Israeli hospitals, are mainly Arabs, or Russian or Ethiopian immigrants.

One of the women who made the beds was a roly-poly Jewish, Moroccan-born, amazon-type nursing assistant with a ready smile. She would often share a joke with our daughter and her room-mate, who would frequently be an Arab woman. There was no difference in the genial amazon's attitude.

It is natural that the generations-old conflict between Jews and Arabs in the Middle East generates deep suspicion and hostility throughout the land. Tragically, so many events keep stoking these sentiments but in Israeli hospitals it's as though there is an unwritten sign at the entrance: "Prejudice has no place in this hospital – here it's a defunct disease!"

Ralph Dobrin, writer, editor and publisher, originally from South Africa, has lived in Israel for over 50 years.