

IDEAS

Ousting doctors for bad opinions is bad medicine

I used to think patients needed to be protected from physicians with unsavory personal views. But do their politics necessarily affect the care they provide?

By Benjamin Mazer Updated February 2, 2024, 2 hours ago



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In 2019, a prominent doctor was publicly rebuked and [removed as editor](#) of a scientific journal after antigay comments he made came to light. Roberto Bolli, a cardiologist at the University of Louisville, had written a letter to his local ballet company accusing them of “promoting sodomy and homosexuality.” The doctor’s missive was, shall we say, strongly worded — it included the phrase “minions of Satan” — but Bolli insisted that he did “not hate queer people.” He could put aside his religious convictions, he said, to treat all patients “with the utmost compassion and respect.”

As a gay doctor, I found the claim hard to swallow. How could such contempt for homosexuality not seep into clinical practice? Yet I am reconsidering my understanding after seeing today’s doctors face sanctions

for weighing in on the Israel-Gaza conflict. Are belief and behavior always one and the same? Might we be punishing physicians too aggressively for their personal views?

A basic idea seems to have fallen out of fashion: Doctors should be judged by the way they doctor. Both employers and the public are now willing to insinuate that unsavory politics will inevitably lead to deficient or discriminatory medical care.

Numerous physicians have faced discipline in recent months. For example, a resident physician in Canada named Yipeng Ge was [suspended](#) from his training program last year after sharing pro-Palestinian — or, if you prefer, anti-Israel — content on social media. The university said the disciplinary action was taken over an “alleged breach of professional standards.” (Ge has since been [reinstated](#).) In the United States, New York University [fired](#) the director of its cancer center for anti-Palestinian social media posts around the same time it [terminated](#) a physician-in-training for pro-Palestinian posts. NYU [justified](#) its approach under the guise of “providing a safe and inclusive environment.” Activists were more explicit about the supposed relationship between politics and clinical practice: “Jewish patients, specifically Israeli ones, must be kept away from this man,” one group [wrote](#) about the NYU trainee.

Each of these incidents involved rhetoric that I would consider extreme and divisive — though I’m sure it was sincerely meant. But no public evidence has emerged that these doctors’ positions on the Israel-Gaza war influenced the care they provided to patients. NYU said that statements encouraging “Palestinian resistance” were punishable because they were “[condoning hatred or violence](#).” Yet I don’t believe that a doctor would be fired from a US medical center for supporting Ukrainian resistance against Russia’s invasion. Ukraine’s self-defense may be widely seen as just, but the means are certainly violent. We aren’t banishing every physician who adds a Ukrainian flag to his or her social media profile.

Administrators make the connection between taboo opinions and medical care by invoking the specter of “professionalism.” Doctors should always strive to be tactful. But professionalism is often another word for conformity. The American Medical Association’s code of ethics [warns doctors](#) that their online posts may “negatively affect their reputations among patients and colleagues” and “have consequences for their medical careers.” This is partly common sense. We are entitled to free speech, while others are entitled to think poorly of us based on what we say. It’s prudent to avoid politics at the workplace. Still, shouldn’t a code of ethics emphasize what is right over what is professionally expedient? Earlier in my career, I was advised to be less open about the fact that I was gay. Making patients and other doctors comfortable was a “matter of professionalism,” I was told. But pleasing everyone is a fool’s errand; profound disagreement is inherent to politics and religion.

When others’ views deeply offend us, it can seem like the line between permissible and impermissible speech is clear as day. I previously lived in the liberal enclave of New Haven. My colleagues and I were predictably dismayed when Donald Trump won the 2016 election. A few of my friends asserted that any doctor who had voted for Trump wasn’t fit to care for our patient population, which included many

immigrants and racial minorities. Some readers may be nodding their heads. But as far as I know, my friends didn't actually try to get any Republican physicians fired. It would set a dangerous precedent. Presumably doctors in conservative regions could have felt similarly offended by their colleagues who voted for Hillary Clinton. Attitudes about Israel and Gaza can be just as strong and equally divided.

Polarization aside, certain types of speech can't be tolerated. Racist, sexist, and other forms of bigoted language should be off limits within the practice of medicine. But applying this fundamental rule to wider discourse can become problematic. In 2020, a cardiologist named Norman Wang published an [article](#) in the Journal of the American Heart Association discussing the value of affirmative action in cardiology. Wang concluded that racial preferences in medical school admissions should be abandoned. "Long-term academic solutions and excellence should not be sacrificed for short-term demographic optics," he wrote. Wang's essay was perceived as racist by [some doctors](#). The journal quickly retracted the paper after a social media [outcry](#), and Wang was removed as director of a fellowship program. (He has been [pursuing litigation](#) over these events.)

Physicians must be sensitive to bias given the profession's historical and ongoing injustices. In this instance, though, a peer-reviewed article was basically treated as hate speech for advocating a position supported by a large [share of the population](#), including many people of color. The journal said that scientific errors and misleading quotations [caused the retraction](#). Yet it looks to me like a policy dispute played a role. The American Heart Association responded with an [editorial](#) declaring that it "explicitly opposes" Wang's views and [favors](#) the continuation of racial and ethnic admissions preferences.

Medicine brought this problem to its own door. The profession spent the Trump and pandemic years encouraging doctors to speak out under the auspices of patient advocacy. The [argument](#) went that medicine and public health are inherently political; therefore, openly engaging in political action is the honest approach. This mandate, however, was always contingent on having shared politics. Before Ge, the Canadian resident, was suspended for his pro-Palestinian posts, the university had [publicly praised](#) his outspoken ways. The school promoted the idea that a "physician can take on the role of both care provider and advocate for health equity and social justice." Ge had even been appointed to the [board of directors](#) of the Canadian Medical Association — a position from which he has resigned. Activism is good! No, wait, not like that!

Doctors are permitted to have their own political and religious views. But providing superb, non-discriminatory medical care comes first. Nevertheless, I am starting to believe that an antigay doctor should be allowed to treat me if he can manage to do so well. Physicians are trained to put aside their feelings and ethical judgments as much as possible. We love [hearing stories](#) about Jewish doctors who are willing to care for Nazi patients. A homophobic physician treating a homosexual patient appears less admirable, I admit, but it's the same general principle. There is no reason that bitter differences of opinion about the

Middle East also can't be overcome. Institutions should only intervene when personal beliefs have compromised patient safety. A regrettable social media post rarely meets that bar.

The war in Gaza is unequivocally tragic and morally ambiguous. It was predictable that problems would arise from physicians commenting on the conflict. Of course some doctors overstepped polite discourse. But striking the profession of everyone who publicly — or more often privately — spouts a controversial view would empty out our clinics and hospitals.

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