

SPECIAL ARTICLE

A Beacon of Hope in the West Bank: An-Najah National University Family Medicine Clinic

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Family medicine was introduced as a specialty by An-Najah University in Nablus, a city in the West Bank, in 2011. However, no clinical training opportunities were available for either medical students or residents in the West Bank. The university offered only other specialty clinics, and due to politics, the Ministry of Health primary clinics refused to allow physicians to practice family medicine. After 12 years of making the case to An-Najah University, family medicine faculty embarked on a bold initiative, establishing the first Family Medicine Teaching Clinic in the West Bank in late 2022. This effort would serve the health needs of the local community while providing valuable training for medical students and family medicine residents. The comprehensive facilities included a lab test room, radiology, and physiotherapy services, and served as the clinical site of family medicine faculty. As the only family medicine teaching clinic, our clinic was a cornerstone for primary health care clinical education.

The first challenge was attracting patients because family medicine was a new concept in Palestine. Initially, we saw one patient a day. We had fought for years to open the clinic; our leadership was not daunted. We used social media strategies, such as disseminating patient education via Facebook pages. We broadcasted about important health topics on the university's radio station and organized many free medical care days. As patients experienced the high quality and patient-centeredness of family medicine, where they could see the same physician again and again, they told others. Within a few months, daily numbers swelled to 10 to 15 patients a day per

physician, a respectable number for a teaching health center.

Our team embraced a holistic approach to medicine, prioritizing preventive care and chronic disease management. The clinic became a hub for family-oriented health care, offering services that addressed the multifaceted health challenges faced by the population living under occupation for decades. Students and residents finally gained experience in family medicine, and faculty had a convenient location to practice.

However, as the clinic began to flourish, the specter of war cast a shadow over the region. While bombs were dropped in Gaza, Israel suspended Palestinian tax income transfers in the West Bank, drastically cutting the budgets of all the ministries, including health. Land and sea blockades decreased food and supplies across the West Bank. Prices skyrocketed. Palestinians who typically worked in Israel lost their jobs. Increased Israeli military presence in the West Bank meant more roadblocks, more searches, and more attacks. Cities and villages were paralyzed for days at a time, and schools often switched to online classes. Travel times tripled and quadrupled. Many patients were unable to access their usual medical services and secure medications.

The family medicine clinic struggled to maintain operations amidst the chaos. Costs escalated and supplies dwindled. Patients' inability to pay for services exacerbated the clinic's resources and hindered the provision of key treatments. Physicians purchased glucose strips with their own money to check patients' blood sugars. The inconsistent electricity forced us to depend on generators to preserve vaccine integrity, which

meant money for fuel that was not budgeted. Our dedicated staff remained resolute, determined to serve our patients despite the increasingly difficult circumstances.

As the Gaza war continued, the Ministry of Health could not pay staff or purchase pharmaceuticals and cut patient care to 2 days a week. Approximately 5,000 people evacuated their homes in our city due to repeated attacks by the Israeli military on their homes in the refugee camps. Additionally, the United Nations Relief and Works Agency (UNRWA) for Palestine refugees in the Near East, which provides health care to the camps, ceased services due in part to appropriation cuts by the US Congress's and the Israeli Parliament's votes to ban UNRWA from operating in Israel and Palestine.

Our community's needs continued to grow. We became not just a health care facility but a lifeline for those in need. Patients with hypertension needed their medications. Diabetics required monitoring, medications adjustments, and supplies. The stress of life skyrocketed the requests for mental health services. Our staff remained focused on our mission and adapted to the evolving needs of the community. For example, the principal clinic physician drove 1 to 2 hours one way to reach the clinic. Physicians purchased their own glucometers. We worked more closely with Najah specialty clinics to use telemedicine to reach individuals who lacked access to care and could not afford their health care. We managed their health concerns and referred those with red-flag symptoms to a secondary care facility.

Students engaged with patients, honing their clinical skills while providing care to those who might otherwise go without. The experience has been invaluable, instilling a sense of resilience and adaptability in the students, traits that will serve them well in their future careers. One student stated, "This is the only location where we have both theoretical and practical knowledge of family medicine. Our teacher oversees every consultation."

The protracted conflict has resulted in a decrease in enrollment in the university's medical programs as safety apprehensions eclipsed scholastic ambitions. Simultaneously, the university could not offer sufficient assistance to clinics, hence intensifying the challenge. To guarantee that our community provided continued access to medical care and to meet the growing demand for comprehensive primary care services, our family medicine clinic needed funding. We worked with family physicians in the United Kingdom and the United States, who had supported faculty development, to set up a crowdsource funding site.

In this tumultuous environment, our clinic stands as a beacon of hope. It represents not only the fight for better health but also the enduring belief in the possibility of a brighter future. The clinic has become a symbol of strength, a place where healing extends beyond physical ailments to touch the very heart of a community longing for peace and stability. We continue to train the next generation of physicians, ensuring a strong primary care workforce for the future to care for our traumatized population. Despite the odds, we are thriving—proof that even in the darkest of times, the human spirit can illuminate the path forward.