

Genocide as a bioethical crisis: Healthcare, reproduction and the findings of the UN commission of inquiry

On 16 September 2025, Israel started its long-threatened major ground invasion of Gaza City, with Defence Minister Israel Katz declaring on X: 'Gaza is burning ... we will not relent and we will not go back – until the completion of the mission.' That same day, the United Nations Independent International Commission of Inquiry on the Occupied Palestinian Territory released its most consequential report yet, concluding that Israel has committed genocide against Palestinians in the Gaza Strip.^[1] The report's conclusions also corroborate the findings of several independent human rights organisations, which have documented similar patterns of indiscriminate attacks, starvation and the collapse of healthcare in Gaza. The simultaneity of military escalation and international legal findings underscores the urgency of this moment. While bombs fall on Gaza City, the international legal system confronts the charge that genocide is unfolding in real time. For scholars of international law and bioethics, the commission's findings demand careful consideration. They implicate the legal obligations of all states, the role of international institutions such as the International Court of Justice (ICJ) and International Criminal Court (ICC), and the ethical foundations of healthcare, reproduction and human dignity in contexts of mass atrocity.

The legal framework: Genocide and the obligations of states

Genocide is defined in Article II of the Convention on the Prevention and Punishment of the Crime of Genocide (1948) as acts committed with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group.^[2] The five prohibited acts are: (i) killing members of the group; (ii) causing serious bodily or mental harm; (iii) inflicting conditions of life calculated to bring about physical destruction; (iv) preventing births; and (v) forcibly transferring children.

The commission's report concluded that Israel has committed four of these acts. Crucially, genocide requires specific intent (*dolus specialis*) to destroy the group, which makes it distinguishable from war crimes or crimes against humanity. The commission found that such intent could be distinguished in Israel's patterns of conduct and the public statements of its leadership. Under Article I of the Genocide Convention, states undertake not only to punish genocide but also to prevent its occurrence. The ICJ, in its provisional measures order of 24 January 2024 in *South Africa v Israel*, recognised a plausible risk of genocide in Gaza.^[3] From that date, all states were legally obliged to act, using all means reasonably available to them, to prevent genocide. The commission's recommendations sharpen these duties. Firstly, it recommends that states cease arms transfers and military support to Israel. Secondly, that corporate actors be regulated to prevent complicity in genocide. Third, that individuals or entities involved in aiding genocidal acts be investigated and prosecuted where appropriate. Finally, it recommends that international accountability mechanisms, including the ICC, be supported by states.^[4] Failure to fulfil these obligations may engage not only political culpability but also legal responsibility for complicity in genocide.

Findings of the commission

The commission identified four categories of genocidal acts committed by Israel since October 2023:

1. Killing members of the group

The commission documented the large-scale killing of Palestinians, including the destruction of entire families and disproportionate civilian casualties. By July 2025, >60 000 Palestinians had been killed, of whom women and children comprised the majority.^[5] Hospitals, schools and residential areas were repeatedly targeted. These were not incidental or collateral killings, but reflected a consistent military strategy of maximum destruction. Strikes also occurred along evacuation routes and in areas that were designated as 'safe zones', where civilians had been instructed to move for their protection. Evidence gathered by the commission and corroborated by humanitarian organisations showed that these locations, too, became sites of mass death, underscoring the absence of refuge and the deliberate targeting of civilians.

2. Causing serious bodily or mental harm

Beyond fatalities, Palestinians have suffered widespread physical injury, including thousands of amputations, with an excessively high incidence among children, long-term disability, and psychological trauma. The commission detailed systematic sexual and gender-based violence, including against men and women in detention, aimed at inflicting humiliation and fear. Forced displacement, environmental destruction and bombardment of civilian infrastructure compounded the harm.

3. Inflicting conditions of life calculated to bring about destruction

The commission indicated that starvation has been used as a method of warfare: the blocking of humanitarian aid, water, fuel and electricity has been deliberate, sustained and devastating. The collapse of healthcare has been central to military strategy: hospitals destroyed, medical personnel killed and essential medicines barred.^[6] The destruction of education and healthcare, which are the pillars of collective survival and cultural identity, was intended to cripple the capacity of Palestinians to continue as a people.

4. Preventing births within the group

The commission highlighted incidents of reproductive violence, including denial of maternal healthcare, deaths from preventable complications and deliberate conditions that increased maternal and neonatal mortality. These measures, it concluded, were intended to prevent births and undermine the biological continuity of Palestinians in Gaza.

Genocidal intent: Patterns of conduct

The commission also found that genocidal intent could be deduced from patterns of conduct and official statements. These included

the mass killings of civilians, with knowledge of disproportionate civilian casualties; the erasure of culture and identity through destruction of religious and educational institutions; starvation as a weapon, turning food and aid distribution into sites of death; the systematic destruction of healthcare, ensuring long-term incapacity of the population; widespread sexual and gender-based violence, employed to terrorise and degrade; and the targeting of children, undermining generational survival. The commission stressed that these patterns were not militarily necessary but strategically chosen, evidencing an overarching intent to destroy Palestinians in Gaza as a group.

International law and bioethics

The report is not only a reflection of the legal status quo, but also an ethical reckoning. Three dimensions are especially significant for a bioethics audience:

1. Healthcare as a site of genocide

The reported targeting of hospitals, clinics and medical personnel may be seen as more than violations of international humanitarian law. It arguably reflects the destruction of infrastructure essential for survival. From a bioethical standpoint, this could be understood as an inversion of medicine: transforming spaces of healing into spaces of death, in ways that challenge the principles of beneficence, non-maleficence and justice.

2. Starvation and human dignity

Starvation appears to have been systematically weaponised. Beyond its physical toll, the humiliation of queuing for aid under fire can be read as degrading to dignity. Bioethics highlights the wrong of denying basic sustenance, situating this not only as a humanitarian failure but also, arguably, as an assault on human dignity and flourishing.

3. Reproductive violence and prevention of births

Obstruction of maternal healthcare, preventable deaths and denial of reproductive autonomy suggest a pattern that may strike at the continuity of the group. In bioethical terms, reproductive rights are central to autonomy and identity, and their systematic erosion could highlight the genocidal dimension of reproductive violence.

Conclusion

The commission concluded that acts that could constitute genocide are being perpetrated against Palestinians in Gaza. For international law, this finding appears to activate obligations on all states to prevent, cease complicity and punish. From a bioethics perspective, the reported assaults on hospitals, the use of hunger as a weapon and the denial of reproductive rights can reasonably be interpreted as deliberate attacks on the foundations of life and community. Condemnation alone seems insufficient without corresponding concrete action. States might therefore be required to operationalise their duties by halting arms transfers, prosecuting complicity and supporting accountability before the ICC and other fora. The survival of a people, and the credibility of international law, are likely to depend on such measures. For the bioethics scholarly community, the implications are profound. Bioethics is not confined to questions of clinical research or individual autonomy, but extends to the structural conditions of life and death. In contexts of alleged genocide, the assault on healthcare systems, reproductive autonomy and intergenerational survival arguably falls squarely within our domain of concern. Scholars, practitioners and journals in bioethics should therefore engage with these findings not only analytically but also normatively, recognising the ethical commitments at the heart of the discipline.

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2. United Nations. Convention on the Prevention and Punishment of the Crime of Genocide, 1948.
3. International Court of Justice. Application of the Genocide Convention (South Africa v Israel), Order on Provisional Measures, 26 Jan 2024.
4. International Criminal Court. Rome Statute, 1998.
5. Amnesty International. Nowhere safe: Unlawful Israeli strikes in Gaza. London: Amnesty International, November 2023.
6. Office of the United Nations High Commissioner for Human Rights. Press briefings and situation updates on Gaza, 2023 - 2025.

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