Medical Student’s Opinions on Some Bioethical Issues Before and After a Holocaust and Medicine Course

To the Editor:

Since 2011, the medical school at the Autónoma University of Madrid, Spain, has been teaching a formal elective course, “The Holocaust: Lessons for Medicine.” The objectives of the course we designed, after training at Yad Vashem (Jerusalem) and the House of the Wannsee Conference (Berlin), were to compare the characteristics of current practice with the actions of doctors during the Nazi period (1933–1945) and to develop respectful attitudes toward gender, cultural, and health differences.

During the Nazi period, doctors played a principal role in the execution of many criminal actions including forced sterilization, extermination of people with mental and physical disabilities, medical experiments, and mass extermination of Jews, Gypsies, and homosexuals [1]. The Doctor’s Case, one of the Nuremberg Trials, led to the creation of bioethical regulations of human research. Analyzing the actions carried out by Nazi physicians could be a valuable tool for reflecting on the ethical dilemmas that modern-day doctors and nurses encounter in their daily practice. These issues may include research limitations, beginning or end of life decisions, and the influence of economic and political factors on medical practice.

All data were confidential and analyzed anonymously with informed consent. Statistical analyses were performed using Statistical Package for the Social Sciences software version 17 (SPSS Inc., Chicago, IL, USA). The Wilcoxon test was used to compare the answers before and after the courses. \( P < 0.05 \) was considered significant. Most participants (79.6% in 2014, 94.7% in 2015, and 73.8% in 2016) were in the pre-clinical stage of their degree when they registered for the course (first or second year of their medical degree).

Every year the percentage of students who agreed with the need to establish research limitations increased after the courses (\( P < 0.05 \)). In addition, the increased awareness of the strength of a doctor’s power within a relationship with the patient showed statistical significance (\( P < 0.05 \)) in two of the three years (2014 and 2016). We did not find differences before and after either of the courses with regard to the other questions. The change in these opinions may have reflected the students’ exposure to ethical issues they had not considered until this point.

Over 80% of students said that the course influenced their thoughts on the doctor–patient relationship.

As there were no significant changes before and after the courses in some of the responses we measured, we can assume that our students were still idealistic and altruistic. We do not know what the outcomes would be if the course was taught after the students had exposure to patients and had to cope with ethical dilemmas.

CONCLUSIONS

Our Holocaust and Medicine course has been shown to be a contributor to upholding and developing some professional values. Holocaust and Medicine can be a new paradigm to teach professionalism to healthcare professionals [3] and should be incorporated into their curricula according to the Galilee Declaration launched at the Galilee Second International Workshop on Medicine after the Holocaust [4].

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References