

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 issues on their work.

We provide a portrait of student opinions on some bioethical issues before and after the 2014, 2015, and 2016 classes of the elective class *The Holocaust: Lessons for Medicine*.

A questionnaire (responses graded on a 5-point Likert-type scale) was administered to the students (69 in 2014, 57 in 2015, and 65 in 2016) at the beginning and at the end of each course as a compulsory assignment. The questionnaire focused on some bioethical issues such as opinions on research limitations, the misuse of doctors' power, maintenance of ethical behavior in difficult situations, medical decision making related to the beginning and/or end of a human life, 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].

Esteban González-López MD PhD and Rosa Ríos-Cortés MA

School of Medicine, Autónoma University of Madrid, Madrid, Spain
email: esteban.gonzalez@uam.es

References

1. Rubinfeld S. ed. *Medicine after the Holocaust*. From the Master Race to the Human Genome and Beyond. New York: Palgrave Macmillan, 2010.
2. González-López E, Ríos-Cortés R. *The Holocaust: lessons for medicine*. [Available from <http://www.medicinaftertheholocaust.org/curriculum-for-the-holocaust-lessons-for-medicine>]. [Accessed 16 January 2019].
3. Reis S. Holocaust and medicine – a medical education agenda. *IMAJ* 2007; 9: 189–191.
4. The Second International Conference on Medicine in the Holocaust and Beyond 7–11.5.2017. Galilee Declaration. [Available from <http://english.wgalil.ac.il/category/Declaration>]. [Accessed 16 January 2019].

“The person who can bring the spirit of laughter into a room is indeed blessed”

Bennett Cerf (1898–1971), American publisher, and one of the founders of Random House Publishers

“Men often hate each other because they fear each other; they fear each other because they don't know each other; they don't know each other because they cannot communicate; they cannot communicate because they are separated”

Martin Luther King, Jr. (1929–1968) African-American civil rights leader best known for advancing civil rights through nonviolence and civil disobedience