

Holocaust and Medicine – A Medical Education Agenda* **

Shmuel Reis MD MHPE

The program for the Study of the Holocaust and Medicine, Department of Medical Education, Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel

Key words: Holocaust, medical education, empathy

IMAJ 2007;9:189–191

While the medical profession of the Third Reich, including medical faculties and research institutes, played a critical role in the evolution of the Holocaust and the implementation of the “Final Solution,” documentation of the extent of the involvement of medicine has been sporadic. The first significant event was the Nuremberg “Doctors’ Trial,” the decision of which formed the basis of the Nuremberg Code on human experimentation [1]. The Nuremberg Medical Trial involved the prosecution of a small number of accused and did not consider the full extent of the involvement of the German and Austrian medical communities and institutions. Serious documentation of the role of medicine during the Holocaust began in the 1980s. The ensuing years have seen increasing numbers of scholarly publications in Germany and Austria, as well as other countries, documenting the pervasive role played by the medical and scientific communities of the Third Reich [2]. In addition, several universities have undertaken investigations into their exploitation of victims of Nazi terror during the Hitler period [2].

Validation of contemporary international as well as local relevance of Medicine during the Nazi period to mainstream medicine can be found in the following examples:

- The publication of articles and commentaries on the Holocaust & Medicine and related issues in recent issues of the *New England Journal of Medicine*, *The Lancet* and *Nature* [3-7].
- In 2004–2006, The United States Holocaust Memorial Museum in Washington DC held the first-ever exhibition by a major Holocaust Museum on the subject, under the title “Deadly Medicine” [3]. This museum subsequently held, in conjunction with the American Medical Association, meetings in several medical schools across the U.S. that were devoted to the lessons of the Holocaust for healthcare [8].
- In Israel, in 2006–2007, the number of conferences and publications dedicated to the subject has increased remarkably. We are able to identify at least six conferences in this period dedicated to the subject (between one and two a year before). Three book-size publications are expected to be published in Israel this year (2006–07): these include a collection of all the 50 papers published in *Harefuah*, the

Hebrew-language journal published by the Israeli Medical Association from 1946 to 2005 (by the late Dr. T. Spenser) [9]; a compendium of lectures on Nazism and medicine (by Dr. Daniel Nadav) [10]; and a Hebrew translation and adaptation of the Baycrest Manual for Survivors Care [11].

Why is a preoccupation with events long gone relevant?

In the past two decades there has also been a growing emphasis on the importance of teaching and of assessing professional behavior. The humanistic attributes of students are generally receiving greater recognition [12]. This in turn has led to worldwide curricular reforms addressing patient-physician communication, ethics and humanities [13,14]. Paradoxically, medical education has been shown to have a reverse effect on the professional attitudes and behavior of medical students. Students have been known to experience a corruption of values and humanism during medical school [14]. It is within this perspective that we feel that a course on the Holocaust and Medicine has its place. Given the fact that atrocities of the Holocaust had their genesis in the birthplace of modern scientific medicine under the aegis of some of the foremost institutions and professors in the world, we believe that a scholarly study of the Holocaust and Medicine within the curriculum of a medical school is important for the professional development of physicians [15]. Such an initiative complements and reinforces the increasing emphasis on bioethics and professionalism within medical curricula, by elucidating and explicitly capturing the very event that has shaped bioethics and medical ethics as well as human morality over the past six decades. We therefore feel that a paper describing our present view on the medical educational agenda of the subject is timely and may support and enhance its future development.

The Subject

Medical ethics and moral reasoning

The Nuremberg Code has had widespread and continuing influence on the conduct of human experimentation. The Code has been modified and supplanted by the declarations of the World Medical Association, an organization established in the wake of the atrocities of the Third Reich [16]. The six decades since the Nuremberg Doctors’ Trial have seen recurring contraventions of the principles of the Nuremberg code, including the

* Presented at the 18th Israeli Medical Association World Fellowship International Conference

** This article is dedicated to Dr. Tomi Spenser, founder of the program for the Study of the Holocaust and Medicine at the Technion, who passed away on 2 July 2006.

exploitation of vulnerable subjects for medical experimentation. The Trial seems relevant to modern medical concerns, such as developments in biotechnology that encompass genetic screening, gender selection of a fetus, and pre-implantation diagnosis and selection. This domain informs other contemporary concerns such as human experimentation, transplantation, genetic engineering, euthanasia and assisted suicide, resource allocation and access, and the potentially conflicting interests of the individual versus those of the state and public health, multiple accountabilities, equity, discrimination, minorities care, and forced hospitalization [17].

Professional power and its abuse

The modern state invests physicians with considerable power and authority – to diagnose, to prescribe, to declare disability, to pronounce death, and to determine admission to and discharge from a healthcare institution (voluntary and involuntary). The experience of the Third Reich exemplifies how those powers can be abused and how “ordinary” good people can become engaged in evil experiments, mass murder and genocide for a perceived greater good [3,5]. Contemporary challenges include continuing examples of genocide, “racial cleansing,” torture, and state-ordered executions involving physicians. In a less extreme way, individual health professionals confront potential and actual daily situations involving the abuse of power, situations for which there is little guidance to work them through and prevent further difficulties [17].

Resistance and heroism

Amid the horror and the despair of the Holocaust there were quite a few examples of heroes, who despite impossible conditions remained professional and compassionate [9,10,18]. Some continued with forbidden education and research as well as patient care while facing hunger, disease and impending annihilation for themselves and their loved ones. Examples include the astonishing feats of the faculty of the clandestine medical school in the Warsaw Ghetto [18]; Dr. Weinreb's hidden typhus ward in the Vilnius Ghetto hospital [9]; and Dr. Janusz Korczak, a pediatrician turned director of a Warsaw orphanage who spurned an opportunity to save his life and chose to accompany the 200 Jewish orphans in his care to their deaths in Treblinka [9]. Contemplation of “How would I have behaved in such circumstances” may seem too foreboding, yet can be applied to present-day dilemmas mentioned earlier [15].

Care of survivors and their offspring

When a survivor of medical experimentation in Auschwitz says: “I hate doctors” at the end of the video of her personal account, housed in the Holocaust Memorial Museum in Washington DC, one cannot but think on how she responds to medical care today. Though the number of survivors is gradually diminishing, hundreds of thousands around the world are still living and many may benefit from their providers being better acquainted with an understanding of their experience [9,11]. Often, special

skills and compassion are required in the care of survivors [15].

Empathy, compassion and professionalism

We were recently impressed by the director of the School for Holocaust Studies at Yad Vashem in Jerusalem, whose answer to our question about the aim of its educational activities was “to foster human empathy.” It helped us realize that one cannot but feel the deepest compassion for the victims of the Holocaust and carry it forward by a deepened emphatic competence for all humans.

It is within the framework of professional development and fostering of professionalism that the need for Teaching on Medicine, Nazism, and Holocaust arises. As we have elaborated, multiple competencies are engaged (empathy, compassion, cultural sensitivity, heroism, ethical and moral reasoning, conscience development, and finally professionalism) and may be supported by this study.

The Present

While the scholarly study of the subject is perceived as essential for professional development [15], there is a dearth of programs that are actually implementing this conclusion in most, if not all countries. At the Rappaport Faculty of Medicine of the Technion in Haifa [15,19], a program for the study of the Holocaust and Medicine is run by the Department of Medical Education. Learning activities at the Technion include: an elective preclinical course comprising 24 academic hours; a full-day session for all third year medical students consisting of a visit to the Ghetto Fighters Museum (*Lochamei Hagetaot*); a faculty-wide Holocaust Memorial Day (on the national day of mourning, *Yom HaShoah*), including a noon-hour lecture organized by the medical students; and an annual full-day scientific conference on the subject of the Holocaust and Medicine held in the Western Galilee Hospital In Nahariya (chaired by Prof. S. Shasha). The program is instrumental in organizing new conferences such as the one on survivors care that took place in October 2006 and the first national Holocaust and Medicine national conference in January 2007 (sponsored by the four medical schools, Yad Vashem, and the Claims Conference).

There are three “teaching moments” that we would like to share. The first: a student who attended the first educational event we organized in 1999 formulated the rationale for these activities as follows [15]: “it is all about our conscience.” The second: a student was shocked to find a copy of the Pernkopf atlas in our library a day after hearing about its terrible origins, and initiated a school-wide search for additional copies, disseminating information and organizing a discussion on its appropriate handling, which culminated in a permanent annotated display in the library. He also published the story [19], concluding: “Involvement of medical students in such decisions and activities is of great importance. As future physicians or scientists, we should think of ways to learn from the terrible past.” The third: three graduates of the elective course who became anatomy instructors to their younger colleagues added components on anatomy in the Third

Reich, which included behaving with respect for those people who donated their cadavers.

The above-mentioned elective course at the Technion has received the highest ranking by its participants. Some of the open statements (routinely part of our evaluation) are: "this has been the most important class for me until now," and "I was amazed to learn the extent of medicine's involvement in the Holocaust." Uniformly, students find the issue of prevention of abuse of power the most compelling and relevant for them.

The Future

It is time to internationally promote teaching of the subject for health professionals. The above discussion summons the education organizations of all the health professions to assess whether they have given the subject the appropriate place in their educational program.

Teaching methods and curricular time allocation should be tailored to the institutional needs (from an hour to a semester or more) and goals. Lectures, seminars, web-based modules, visits to museums and memorials, small group discussions, films, witness accounts and survivor interviews are some options.

Conclusions

Multiple are the lessons for present and future health professionals that the teaching, learning and research of Medicine and the Holocaust offer. It behooves us all – learners, teachers, managers – to reflect, design, implement and evaluate programs that will integrate these lessons in the personal and professional development of practitioners and researchers. In the third millennium, contemplation of this topic is essential for the moral development, compassion-enabling and professionalism of competent health professionals.

Acknowledgment. The author expresses his appreciation to Prof. W. Seidelman of Toronto, Canada and Prof. V. Rolcke of Giessen, Germany for their review of and input to the manuscript.

References

1. Weindling P. Nazi Medicine and the Nuremberg Medical Trials.

From Medical War Crimes to Informed Consent. Basingstoke: Palgrave-Macmillan, 2004.

2. Roelcke V. Nazi medicine and research on human beings. *Lancet* 2004;364:6–7.
3. Bachrach S. In the name of public health – the Nazi racial hygiene. *N Engl J Med* 2004;351:417–20.
4. Verhagen E, Sauer PJJ. The Groningen Protocol – euthanasia in severely ill newborns. *N Engl J Med* 2005;352:959–62.
5. Cassell EJ. Medical ethics: consent or obedience? Power and authority in medicine. *N Engl J Med* 2005;352:328–30.
6. No author listed. Uncomfortable truths. *Nature* 2005;434(7034):681.
7. Wiesel E. Without conscience. *N Engl J Med* 2005;352:1511–13.
8. <http://www.ama-assn.org/ama/pub/category/12870.html> accessed Oct 28 2006
9. Spenser T, ed. *Medicine and the Holocaust. Articles from Harefuah 1946-2005* (Hebrew). .Ramat Gan: Israel Medical Association, 2007.
10. Nadav D. *Medicine and Nazism* (Hebrew). Tel Aviv: Ministry of Defense Press, 2006.
11. David P, Pelly S. *Caring for Aging Holocaust Survivors: A Practice Manual*. Toronto: Baycrest Centre for Geriatric Care, 2003.
12. Jotowitz AB, Glick S, Porath A. A physician charter on medical professionalism: a challenge for medical education. *Eur J Intern Med* 2004;15:5–9.
13. Learning objectives for medical school education. Guidelines for medical schools: Report I of the Medical Schools Objectives Project. *Acad Med* 1999;74(1):13–18.
14. Borkan JM, Weingarten MA, Schlanck E, et al. A model for educating humanistic physicians in the 21st century: the new Medicine, Patient, and Society Course at Tel Aviv University. *Educ Health* 2000;13:346–55.
15. Reis S, Spenser T. Holocaust and Medicine – lessons for today's and future physicians. *Br J Gen Pract* 2003;53:78–9.
16. <http://www.wma.net/e/policy/b3.htm> accessed Dec 21 2006
17. Seidelman WE. Nuremberg lamentation: for the forgotten victims of medical science. *Br Med J* 1996;313:1463–7.
18. Roland C. An underground medical school in Warsaw ghetto, 1941-1942. *Med History* 1989;33:399–419.
19. Weinberg U, Reis S. The Holocaust and medicine – a learning moment. *Br Med J* 2005;331:668.

Correspondence: Dr. S. Reis, Dept. of Medical Education, Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, P.O. Box 9649, Haifa 31096, Israel.

Phone: (972-4) 829-5402

Fax: (972-4) 829-5249

email: reis@netvision.net.il

Capsule

The pacemaker in the pituitary

Endogenous annual rhythms drive many long-term cycles in physiology and behavior in long-lived vertebrates, but the anatomic and cellular basis of such rhythm generation remains a mystery. Lincoln and collaborators analyzed prolactin secretion and its associated biological changes in sheep whose pituitary gland had been surgically disconnected from the central nervous system. Melatonin secretion by the pineal

gland regulated the hormonal effect. Timer cells in the pituitary possess melatonin receptors that permit their regulation by the duration of the melatonin signal. These timer cells, in turn, drive the prolactin synthesizing and secreting cells, which themselves lack melatonin receptors.

Science 2006;314:1941

Eitan Israeli

