

# Medicine and the Holocaust

## Light from the Flames of Hell: Remembrance and Lessons of the Holocaust for Today's Medical Profession\* \*\*

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Especially since the numbers of direct survivors of the Holocaust are declining, the obligations of remembrance and vigilance will properly fall upon a broad array of institutions that must never forget the lessons of that most terrible event. The American Medical Association believes that Holocaust remembrance is an obligation for the entire profession of medicine [1]. In recent collaborative work with the United States Holocaust Memorial Museum in Washington DC, the AMA's Institute for Ethics has explored the lessons of the Holocaust for the profession and especially its impact on contemporary medical ethics.

The Holocaust arose, in part, because of a profound and pervasive breakdown of medical professional ethics. As a result, for medicine, the Holocaust is the seminal event of the 20th century in the historiography of its ethics. This history is complex and powerfully instructive, but because it is also an icon for evil – for science gone horribly wrong and ethics perverted and betrayed – the medical history of the Holocaust is prone to dramatic over-simplifications which can divert us from its lessons and, ironically, subvert our vigilance.

In this brief report we address three common fallacies that have sometimes deflected necessary ethical reflections on the Holocaust among physicians, and which therefore might preclude understanding of its contemporary lessons. The first is that German medicine and science during the Nazi era was categorically evil and backwards; the second, that modern ethical codes concerning doctors' conduct and medical research originate in the Nuremberg Code; and the third, that because of our contemporary ethical codes and standards, derived from Nuremberg, medicine today could not succumb to fascist ideology. These beliefs hold powerful emotional sway. In particular, to claim that German medical science of the 1930s was neither categorically evil nor backwards is perhaps the most controversial, but also the most important, assertion we will make. It is comforting for physicians today to believe that evil ends necessarily create

'bad' science. But the uncomfortable truth is that some Nazi medical science and public health programs were advanced and sophisticated, even as they were prone to subversion to evil ends. Moreover, internationally prominent ethical codes – far ahead of anything then in place in the United States – had been adopted in Germany prior to National Socialism's power and these ethical codes remained in place throughout the Nazi era.

If our assertions are correct and these three beliefs are fallacious, then the question for the medical profession is not: How did a few rogue doctors, monsters in our professional midst, succumb to bad science and unsophisticated medical ethics to participate in the Holocaust? Rather, it must be: How did a professional group that was internationally respected, scientifically innovative and ethically advanced, evolve an understanding of their ethical, social and scientific obligations which led them, with only rare exceptions, to use their advanced scientific knowledge and professional ethics to justify committing murder and the most heinous crimes against humanity? How could a professional group, entrusted with protecting human health, use this very social mandate as a reason to torture, maim and kill? In this paper, we will provide a very brief refutation of each fallacy and some alternative and, we hope, more useful contemporary lessons to be derived from the Holocaust.

### **Fallacy #1: German medicine of the Nazi era was evil and (therefore) backward**

Given the horror of what it became, it is tempting to believe that German medicine before the Third Reich was in the dark ages, easily susceptible to subversion. But in truth, pre-Nazi Germany was advanced in the basic sciences, clinical and preventive medicine, and in public health. By the 1930s, Germany held half the Nobel Prizes ever awarded in science [2]. Germans had invented the electron microscope and used it to document the asbestos-lung cancer link [3]. They also documented the carcinogenic effects of tobacco, carrying out the first large epidemiologic case series on cancer and smoking [3]. And the German system of medical education had, through the influential Flexner report in the United States, become a model for the world [4]. Equally important, Germans led the world in linking medical science and public policy. Research

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findings led to sweeping new occupational health laws, including compensating workers for asbestos-related disease. The Nazi Party was the first political entity to ban smoking in public places, and they developed screening programs for breast cancer many decades before such efforts were seen in North America [5].

Rather than seeing German medicine as backward, a more appropriate lesson is that Germany's scientific and public health prowess actually contributed to the hubris of the international eugenics movement, which found especially fertile ground in German medicine. Then, with its strong links between medicine and public policy, Germany could use eugenics and "scientific racism" to create a radical dichotomy of lives to be protected and lives that were seen as mere parasites, or "worthless eaters." Finally, even as German doctors continued to slate some people for health promotion, they came to label the "racially impure" not merely as sub-human animals or even as parasites on society, but as pathogens to be tracked down and destroyed, like cancerous cells within the body politic. Indeed, Nazi Germany has been described as a "biocracy" with Adolf Hitler, as he was pictured in state propaganda, as "the Doctor of the German People" [3].

### **Fallacy #2: Modern ethical codes concerning doctor's conduct and medical research originate in the Nuremberg Code**

This statement is false in two ways. First, at the time of the trial of the Nazi doctors at Nuremberg (1946), the prosecuting attorneys found two existing ethical guides in the western world that dealt specifically with human subject research; ironically, both were German. The world's first legislated code of conduct for medical research came about in Prussia in the 1890s, as a result of public revulsion with an experiment in which prostitutes and orphans were intentionally infected with syphilis to test new treatments [6]. Then, in 1931 the Germans adopted national regulations for physicians that called for "unambiguous" consent from patient-subjects, and these rules remained in place (but apparently ignored, at least for certain subjects) throughout the Nazi era [7]. In fact, German concerns with the ethics of research even extended to animals; in 1933, Herman Goring banned vivisection of laboratory animals on the grounds that it was unethical [3].

Secondly, most doctors worldwide felt the Nuremberg code, having been developed for Nazi monsters, did not apply to them [2]. As a U.S. researcher of the time has said, the rules were seen as "necessary for barbarians" but not for "fine upstanding people" [8]. True, the AMA developed its own ethical standards for research in 1946, but only to help support the Nuremberg prosecutions, not because a need was seen for such guidance in the United States [9]. This sense of "Nazi exceptionalism" led to a tremendous delay in U.S. physicians taking seriously the notion of informed consent [8]. The influential Belmont Report, which actually regulated research in the U.S., was not written until 1979, after the public exposure of the U.S. Public Health Service study of untreated syphilis at Tuskegee – nearly 100 years after the Germans had developed their regulations in response to their own scandalous syphilis study.

One lesson to be drawn from the presence of German codes

that were ignored is the necessity to maintain professional codes of ethics as living documents. Codes should be consistently taught and discussed, and they require policies and social structures to buttress the standards they set. Another lesson is to recognize the third fallacy listed above.

### **Fallacy #3: Because of our contemporary ethical codes and standards, medicine today could not succumb to fascist ideology**

This fallacy is derived from the first two, in that it says the lessons of the Nazi doctors have been learned and, having been enshrined in a new set of standards, their mistakes cannot possibly be repeated. In essence, to the extent this third fallacy is believed it suggests that the problem of "Nazi exceptionalism" remains today. Yet, as the historian Robert Procter put it, "The Nazi phenomenon cannot simply be dismissed by saying the science was 'flawed' or doctors were 'politicized'; nor can it even be said that the Nazis simply abandoned ethics. There is an ethic of Nazi medical practice – often explicit, sometimes not; often cruel, but sometimes not. This is important to understand. If the Nazi phenomenon is demonized as absolutely alien and otherworldly, with no connection to the present, our ability to understand the origins of these medical crimes is forfeited" [2].

While the ethics of medicine are not today under threat as they were in the Nazi era, still there are threats. Questions of dual loyalty persist for physicians, who can be pressured to serve state or corporate rather than individual patient interests. To the extent that the perversion of medical science under the Nazis reflected the hubris of doctors who believed they were using their advanced science to improve population health in the German state, one must be concerned with the hubris of medicine today, as we enter the era of genomics. The perversion of medical ethics under the Nazis was certainly a result of racism cloaked in eugenic pseudo-science; so one must be concerned that racism and even attempts at genocide persist. And, of course, racism is not the only way to demonize and label groups of fellow humans as parasites or pathogens of society.

### **Conclusions**

Finally, our point in calling attention to these fallacies is not to say that German medicine was highly sophisticated, nor to claim that linking medical science and public policy is wrong, nor even merely to note what seems obvious: having an ethical code on paper does not guarantee ethical behavior. Rather, our task in remembrance, as a profession, is to encourage eternal humility and vigilance. Medicine is powerful – perhaps more so today than ever – and doctors hold a powerful position in society. So the spectrum of professional conduct has doctors as saints, or virtual demi-gods, at one extreme. But at the other end of this spectrum, where doctors use their power to harm or even to kill, lie the flames of hell [10]. These flames burned brightly in the ovens of Auschwitz – and they were, we must acknowledge, lit and tended by doctors. We can neither ignore this historical fact, nor can we afford to believe that it has no relevance today, merely because we are not today living in the flames. The flames

of hell cast a light. As a lighthouse can mark a reef, medicine can and must use the light from the flames of hell, the lessons learned from the Nazi doctors, as a warning beacon.

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## Call on South African doctors to return home

In a move to further boost health care capacity in South Africa, the Health Professions Council of South Africa (HPCSA) has agreed to a once-off waiver of penalties for those practitioners, both local and abroad, who failed to pay their annual registration fees on time, or who allowed their registration to lapse without informing Council.

The amnesty period will start on 1 February 2007 and expire on 30 April 2007. It applies to those practitioners – living locally and abroad – whose registrations have lapsed and who have not practised for up to two years, as well as those practitioners who have been resident and practising in other countries irrespective of time period.

“We are offering this blanket waiver of penalties to encourage health professionals to be restored back onto the register, particularly those working abroad who have expressed a desire to come back to South Africa, but who have found the restoration penalties very high,” said Adv. Mkhize. He added that some professionals who left South Africa during the apartheid era had been unable to regularize their registration issues before leaving.

“This is a further effort by the HPCSA to boost human resource capacity and so broaden access to health care for our country’s population,” said Mkhize.

“We do, however, expect all health care practitioners who take advantage of this amnesty period to render professional services to any public sector institution of their choice. We expect them to work for 100 hours in service to public health within six months of their restoration. This may include working in the public service or with health non-governmental organizations. They will be required to submit evidence of their public health service within six months, failing which they will need to pay full restoration fees applicable at that time,” said the Registrar.

More information about the procedures to follow in order to be granted amnesty is on our website: [www.hpcs.co.za](http://www.hpcs.co.za)

## Errata

In the article, “Age-related leukocyte and cytokine patterns in community-acquired bronchopneumonia,” that appeared in the June 2006 issue (volume 8, pp 388–91), the second author’s name was incorrectly spelled. The correct name is Osadchy and not Osdachi, as printed.

In the article, “Antibiotic consumption successfully reduced by a community intervention program, by Chazan et al., which appeared in the 2007/January issue (volume 9, pp 16–20), in the authors’ affiliations, the Department of Family Medicine at HaEmek Medical Center is associated with the Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer Sheva. Also, the sixth author, A. Stainberg, is affiliated to Clalit Health Services, Northern Region, and not to the Department of Pediatrics B, HaEmek Medical Center, Afula, as printed.