

'Witness in White' medical ethics learning tours on medicine during the Nazi era

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ABSTRACT

During the Nazi era, physicians provided expertise and a veneer of legitimacy enabling crimes against humanity. In a creative educational initiative to address current ethical dilemmas in clinical medicine, we conduct ethics learning missions bringing senior physicians to relevant Nazi era sites in either Germany or Poland. The tours share a core curriculum contextualising history and medical ethics, with variations in emphasis. Tours to Germany provide an understanding of the theoretical origins of the ethical violations and crimes of Nazi physicians. Tours to Poland address the magnitude of the Nazi physician's atrocities as well as displays of heroism by Jewish and righteous among the nations' physicians. Exemplary as well as shameful physician behaviour is analysed from an ethical perspective. A combination of unique educational methodologies maximises learning and personal growth, enabling participants to examine ethically complex clinical situations with extrapolation to modern-day medical practice. Learning is designed with relevance to contemporary medical ethics dilemmas such as beginning and end-of-life issues, providing tenets from which participants can develop as more ethical and informed physicians. Participant feedback confirms efficacy and worth of these growth-promoting ethics learning tours which should be expanded to other international groups and settings (see online film *Witness in White Berlin 2019* available at <https://www.youtube.com/watch?v=75VUZvo3Bec>).

BACKGROUND

The Nazi regime committed unprecedented crimes against humanity as well as the most egregious violations of medical ethics in history. During the Nazi era, doctors sterilised and killed thousands of patients, following an ideological agenda supported by the political regime. The doctors were not passive participants in the process that led to the Holocaust. Rather, they provided expertise and a veneer of legitimacy in a symbiotic relationship with the political establishment.¹ For decades after World War II, aside from declarations referring to optimal clinical and research practice, medical participation in murder was not discussed by physicians worldwide. The extent to which physicians committed gross crimes against humanity was embarrassing and a disgrace to the field.

The 1931 German code of medical ethics² was considered progressive and protective of patients' rights. However, learning ethical principles and making ethical declarations do not appear to have long-lasting effects on ethical medical practice. Research has shown that education in ethics may not predict improvement in ethical conduct.³ Teaching clinical ethics remains a challenge.

Innovative approaches are required to optimise the learning experience during limited time in a busy clinical medical career.

It is hoped that learning about the gravest errors of medical practitioners will develop ethical sensitivity critical to conducting research under optimal moral conditions and improve ethical decision-making by physicians. Most unethical behaviour emanates from 'ordinary people under ordinary circumstances who make uninformed or poor ethical decisions'.⁴ Therefore, when teaching ethics, sharing historical examples of unethical practice is critical in ensuring that concepts learnt are formulated and ingrained.^{5–8}

The Israel Medical Association (IMA) is committed to advancing medicine and professionalisation of its physician members through continued medical educational initiatives. As an optimal means of inculcating ethical principles in physicians, the IMA organises and subsidises an annual physician study tour to sites related to medicine during the Holocaust. The core learning experience is to recognise, understand and compare the history of doctors during the Nazi regime, both the egregious actions of Nazi physicians and the unflinching commitment of Jewish physicians in ghettos and concentration camps.

The unique programme is aptly named 'Witnesses in White'. The first five ethics study tours went to Poland. In 2019, the group toured Germany. Visits focus on three areas: sites related to the Nazi regime; the Jewish community and its medical institutions; and Nazi medical facilities where crimes against humanity were committed in the name of science and racial improvement.

PARTICIPANT DATA

Witnesses in White has run six times with a total of 159 participants, including 98 doctors and 61 partners (mean age=67, range 32–80). Twelve participants returned for a second tour (Poland+Germany). Participants include a range of specialties and workplaces (health funds, hospitals and private practice). The tours are co-led by two senior physicians knowledgeable in medicine during the Holocaust and a renowned Holocaust historian. At the end of each tour, participant evaluation forms were submitted and a group verbal debriefing session held. A post-tour summary gathering a few months after each tour included an additional group verbal debriefing. The scope of this paper and the data obtained allow for anecdotal reporting of participant feedback which reflects satisfaction, especially regarding educational content and modern-day relevance.



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GUIDING PRINCIPLES OF THE ETHICS LEARNING TOURS

The educational purpose of the tours is to bring physicians together around a pivotal event in medical history. Thus, relevant lessons from the Nazi era are applied to current medical dilemmas and practice.^{5 6 9}

Trips to Poland and Germany have a shared core curriculum contextualising history and medical ethics. A timeline of the deteriorating behaviour and malevolent practice of Nazi era physicians uses a 5E mnemonic⁹: *eugenics, exclusion, euthanasia, experimentation* and *extermination*. It is presented in both tours with variation in emphasis.

The trip to Germany traces the scientific and medical practice of *eugenics* that underpinned the Nazi regime's medical crimes. The inextricable leading role of German physicians and psychiatrists in particular in promoting eugenics and the development of a national compulsory sterilisation programme leading to *euthanasia* is presented. In Germany, we review the medical establishment's willing participation in the spoliation and *exclusion* of Jewish colleagues from academic and clinical practice. The case histories of the few brave German physicians who resisted the Nazi regime highlight the physicians' primary allegiance to the patients' rather than the State.

Trips to Poland stress the later stages of Nazi medical depravity in the death camps including medical *experimentation* and physician-assisted medicalised mass *extermination*. These are contrasted with heroic efforts to maintain medical education, research and healthcare infrastructure in the ghettos under a regime of death and terror, an unprecedented form of professional resistance.¹⁰ During visits to Holocaust sites and presentation of case histories of outstanding physicians including 'righteous among the nations', emphasis is on physicians' duty to provide medical care and preserve human dignity.^{11 12}

Thus, the tour to Germany illuminates the initial physician role, lending legitimacy and know-how to the process and its deliberate spiral into the depths of possibly the darkest period of medicine. The tour to Poland shows the later stages of medical crimes contrasted to the ethical practice of medicine under abysmal conditions. By alternating study tours to either Germany or Poland, we hope to encourage expanded knowledge in both contexts.

ETHICAL REASONING

The principals of eugenics and utilitarianism guided Nazi medicine doctrine on key issues of medical ethics^{13–15} from conception (fertility, compulsory sterilisation, abortion) through human subject research and triage of care (resource allocation, chronic disease and disability discrimination), to end of life (palliative care and euthanasia as 'mercy killing').^{6 9 16} These are contrasted with current guiding ethical principles which include respect for persons, life, autonomy, beneficence, non-maleficence and justice.^{17 18} Studying the rationale of Nazi medicine challenges participants' approach to modern-day dilemmas. We hope to develop ethical sensitivity and awareness while maintaining openness to ethical diversification with moral justification.

TEACHING METHODS

A combination of educational methodologies maximises learning and personal growth. A pretour preparatory meeting includes introductory lectures, a gallery exhibition, and distribution of a self-study kit with background articles and the definitive book on Jewish physicians in the ghettos.¹⁰ During the tour, medical learning points at each site combine emotional experience,

expansion of historical knowledge, deepening professional identity and clarifying ethical values. There are daily lectures on case studies followed by small group discussions applying concepts emanating from 'good' and 'bad' medical practice during the Nazi era. Group discussions, some led by participants, debate physicians' following unjust or unethical orders and protocol and encourage emphasising patients' best interest while ignoring administrative restrictions. A classic 'Oxford rules' debate is held on a value issue in medical ethics. Presenting two reasoned and opposing positions while refuting the opposing arguments encourages critical thinking based on ethical principles. Case-based learning, with examples from the Holocaust era, enables participants to examine complex clinical situations with extrapolation to modern-day medical practice. Scripted re-enactments of ethical dilemmas from diaries and plays help participants envisage the challenges faced by physicians during the Holocaust. During long stretches of travel time, participants view documentaries and films. On-site participant-led memorial ceremonies with poetry, song and prayer provide for catharsis. Evening sessions are devoted to reflection on the learning experiences and dialogue around the development of values.

DISCUSSION

Due to workload and inevitable stress, modern medicine is beset by professional burnout, decrease in physician empathy, and a sense of alienation and dehumanisation.¹⁹ The long-term goal of these tours is to encourage participants to be more attentive, empathic and sensitive to their patients as well as to themselves and others. While no empirical evidence for the usefulness of the tours is available by means of formally validated measures, participants and staff attest to the efficacy of these growth-promoting medical ethics tours. The utility and effectiveness of the tours is clear, based on the thoughtful verbal and written responses of the participants during and after the tour. We recommend offering empirical surveys to participants on future tours to provide a quantitative basis to assess the tour in influencing a sincere and knowledge-based change in the short-term and long-term outlook of participants. Response to the initiative attests to the value of the programme which should be expanded to other international groups and settings. (see online supplemental film "Witness in White Berlin 2019" <https://youtu.be/75VUZvo3Bec>)

Participants experience unique learning processes. Leaving the familiar spaces of the home and clinic, thrust into an intense emotional and scholarly experience, surrounded by a relatively diverse group, participants are exposed to and challenged by varied viewpoints. Dialogue between participants around value-based, controversial medical issues is encouraged and supported with frankness and mutual respect. Focus group discussions encourage emotional and cognitive expression while reflecting on the significance and relevance of historical physician profiles. This multifaceted process allows participants to develop greater sensitivity and awareness of the issues in a wider contemporary context. Participants gain an understanding of the origin of the ethical violations and the magnitude of the atrocities that resulted from the Nazi physicians' opprobrious conduct. Examples relevant to modern-day medicine are emphasised, thus helping participants grow as more ethical, principled and informed physicians and individuals in their current practice.

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