



Announcing the *Lancet* Commission on Medicine and the Holocaust: Historical Evidence, Implications for Today, Teaching for Tomorrow

Medicine during the Nazi period and the Shoah (Holocaust) is not a matter of the distant past. Historical evidence documents that the reasoning, values, and activities of health-care professionals and biomedical researchers in this context represented extreme manifestations of potential problems inherent in medicine more generally.¹ Confronting what happened to medicine in this period is crucial to recognise and modify similar tendencies today and guide and inform the ethical practice of medicine. This history also illustrates the conditions for and scope of the resilience and resistance of medical professionals in challenging situations.

The *Lancet* Commission on Medicine and the Holocaust: Historical Evidence, Implications for Today, Teaching for Tomorrow is necessary because of both the decades-long post-war refusal of the medical community to engage with this history in Germany and worldwide and the long-standing myths about the relation between the Nazi regime and medicine.¹ Among these myths are that only a few fanatical physicians committed medical atrocities, that all other German and Austrian physicians and medical scientists were coerced by the Nazi regime, and that science in the Nazi context was pseudoscience and thus not only unethical but also invalid and therefore irrelevant for post-war medicine.

A first objective of this Commission is to identify, describe, and analyse the historical evidence that proves such myths wrong—ie, the extensive cooperation of many German and Austrian physicians and medical organisations with the health and population policies of the Nazi regime; the complicity of many physicians in the systematic exploitation and killing of Jews and other people deemed by the Nazis to be “biologically inferior”; and the broad participation of the medical community in programmes of forced sterilisation, systematic patient killing, and forced human subject research.²⁻⁵ These actions created some of the conditions for the Holocaust. In the post-war period, many physicians involved in these actions retained their positions and advanced their careers, enabled by contexts in Germany and beyond.

The Commission will explore the relationship between physicians, organised medicine, and the Nazi state; eugenics, Nazi racial hygiene, and Nazi racial anthropology and their implementation; forced human subject research in deregulated spaces, such as psychiatric institutions, concentration camps, and hospitals in the German-occupied territories that evaded pre-existing research regulations; the contrasting value hierarchies applied to those regarded as “proper citizens” under the Nazi regime as compared with stigmatised “others”; forced labour in medical institutions; and resistance in the face of coercion of physicians under severe conditions, such as in the case of Jewish prisoner physicians.^{6,7}

The Commission will examine the role of physicians as perpetrators in the Nazi context. One of the core questions relevant today is what the conditions are under which physicians and scientists, despite existing bioethical regulations, are prepared to harm patients or research participants or to use their professional authority to devalue social groups and populations. An equally important task within this objective is to meet the justified expectations of due attention to the Jewish

Published Online
January 26, 2021
[https://doi.org/10.1016/S0140-6736\(21\)00157-4](https://doi.org/10.1016/S0140-6736(21)00157-4)



Physicians who were accused of having committed atrocities in the Nazi context: Hertha Oberheuser (standing), with most of the defendants on the bench, including the main defendant Professor Dr Karl Brandt, at the Nuremberg Medical Trial, Germany, on Nov 25, 1946

victims of the Holocaust,⁸ and other groups persecuted by the Nazis, including Sinti and Roma peoples, gay people, psychiatric patients, and others.⁹

The Commission's second objective is to identify areas vulnerable to abuse of power and unethical actions in present medical practice, research, and health policies, and to make recommendations for moral and conscience development, policy, and education to prevent future abuse of power by health professionals and scientists. Under this objective we will examine: threats to the dignity of the individual and the shared fate of all human beings¹⁰ in judgments on the value and quality of human life, the supposed value of genetic endowment or of human populations; structural racism as a public health issue;¹¹ resource allocation and triage in public health crises; exclusionary ethics that do not respect all groups; the behaviour of physicians when tempted or pressured by those in power or providing financial resources; implicit value hierarchies involved in human subject research, including medical scientists' lobbying for deregulated spaces of research; and professional and personal traits such as resilience and the social accountability of doctors. We will also address the conditions, justifications, and implications of practising diverging ethical standards in different populations.

The third objective of the Commission will be to evaluate existing medical curricula and propose educational approaches that promote ethical conduct, compassionate identity formation, and moral development.¹² We aim to develop a road map for the potential policy implications of our analyses.

This Commission aims to provide evidence-based historical knowledge and insights for relevant self-reflection in medicine. The Commission will critically examine the values, value hierarchies, and anthropological and epistemological assumptions of medical thought and practice. We will also analyse the implicit limits, temptations, and fallacies in view of human nature and the fallibility of physicians and the social and political contexts in which health professionals act. Our work in the coming 2 years should complement knowledge aimed at practical application in clinical contexts, medical research, and health policies.

The range of expertise among the 20 Commissioners includes primary research on the historical evidence, scholarly involvement in present-day debates on medical ethics and professionalism, and the design and implementation of medical education. The Commissioners are diverse in terms of geography, gender, and disciplines.

The Commission pledges to remain aware of the various communities with different knowledge and expectations, and who may approach the subjects covered by this Commission from diverse points of view, such as those of the descendants of victims, perpetrators, bystanders, or those who actively resisted.

We are the Co-Chairs of the *Lancet* Commission on Medicine and the Holocaust and declare no other competing interests.

The Commissioners for the *Lancet* Commission on Medicine and the Holocaust are: Tessa Chelouche, Herwig Czech, Sabine Hildebrandt (Co-Chair), Astrid Ley, Etienne Lepicard, Esteban González-López, Miriam Offer, Avi Ohry, Shmuel Reis (Co-Chair), Volker Roelcke (Co-Chair), Maïke Rotzoll, Carola Sachse, Hans-Walter Schmuhl, Sari Siegel, Michal Simunek, Amir Teicher, Kamila Uzarczyk, Anna von Villiez, Hedy Wald, and Matthew Wynia.

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