Q&A: Why future doctors must learn Holocaust’s awful lessons

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The Nazis’ efforts to eliminate anyone who didn’t fit into their vision of racial purity were enabled by medical professionals and medical programs in Germany—and, long before, in the U.S.

In an interview, AMA member Matthew K. Wynia, MD, MPH, professor of medicine and public health and director of the Center for Bioethics and Humanities at the University of Colorado in Aurora, explored why the medical profession’s role in the Holocaust is essential learning for medical students in 2021.

Dr. Wynia, who previously directed the AMA Institute for Ethics, serves on the Forum on Medical and Public Health Preparedness for Disasters and Emergencies of the National Academies of Sciences, Engineering and Medicine. He also co-edited the January 2021 issue of the *AMA Journal of Ethics* ( @JournalofEthics), “Legacies of the Holocaust in Health Care,” which explores why medical participation in the Holocaust still matters, how to respond to information gathered in Nazi experiments, and related ethical questions.

**AMA:** You’ve noted that Holocaust education often focuses exclusively on the war. What do today’s physicians and medical students need to know about how medical personnel—including American doctors—were involved in extermination programs before and during World War II?

**Dr. Wynia:** In our program at the University of Colorado, we focus less on what happened during the war and much more on the 50 years or so before the war broke out, during which time you saw Mendelian genetics being rediscovered and blended with the theory of evolution to create the notion that human populations can be molded and improved in the same ways that you can mold a population of dogs to be faster or a population of horses to pull more weight.

That notion played on deep-seated ideas about racial differences, which were perhaps more prevalent in U.S. policy than they were anywhere else in the world at the turn of the century. In fact, if you look at the early 1900s, you don’t have anti-miscegenation laws in a lot of other places. It was a

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very American phenomenon to see races so hierarchically and to use social policy to enforce those differences. That obviously came out of the Civil War and the Reconstruction and the backlash to the Reconstruction.

**AMA:** The public health angle, then, rounds out the history of Nazi Germany?

**Dr. Wynia:** It's not often in teaching World War II that we go back and say, “How did it come to be that they thought you could create a master race by literally murdering everyone who wasn't part of that race?”

That's the nubbin of World War II, yet we end up teaching about battles. We even teach about anti-Semitism, but we don't teach the roots of it, which, unfortunately for those of us in health and public health, are ours. We own those roots as a field. We have to take some level of responsibility for the fact that people took ideals that were rooted in public health and medicine and applied them this way.

**AMA:** So German physicians were actually supportive of the Nazi regime?

**Dr. Wynia:** They were. More than half of doctors in Germany voluntarily joined the Nazi party. They didn't have to. There was no requirement. They chose to join the Nazi party early and in larger numbers than any other professional group.

There are a lot of potential reasons for that, but almost certainly one of them is that the Nazis appealed to the idea of doing what they called “applied biology.” That is, they claimed to be taking biological science and using it to structure their society.

**AMA:** What are some examples of the Nazis' use of applied biology?

**Dr. Wynia:** The most obvious are the forcible sterilization program, the child euthanasia program and the T4 program, which involved the murder of mentally and physically disabled people. What many physicians don't know is that the Nazis essentially modeled their law for forcible sterilization on a California statute that was already in place.

Of course, the Nazis were much more aggressive with it. Between 1907 and the 1970s, the U.S. sterilized about 70,000 women against their will, whereas the Nazis, in about five years, sterilized around 400,000 people—in a much smaller country. And there were American doctors who thought, “Go Nazis!” They were taking our idea and implementing it to its fullest extent.

**AMA:** The COVID-19 pandemic has tested all of us, including physicians, in many ways. What analogues do you see from the history of the Holocaust to some of the questions facing doctors today?

**Dr. Wynia:** One of the challenges of trying to learn from this history is that any time you draw a
parallel between something that happened with the Nazis and something happening today, someone is going to say, “That's a stupid parallel. Obviously, what's happening today is not Nazism.” So you run the risk of people closing down and becoming defensive, rather than saying, “Oh, you're right. I see how you could draw that comparison, and it’s a valid one.”

There are fair comparisons, such as discussions about triage and allocation of scarce resources. We’ve run into people asking, “What about the quality of life of someone who has a severe brain injury? Are you really going to put them on a ventilator instead of my healthy 45-year-old wife?” Disability issues have come up repeatedly.

Plus, some have questioned the allocation of vaccines to people who are undocumented or to people who are in prison. But if we take into account things like one’s risk of being infected, one’s risk of transmitting it to other people if they get infected, or their risk of dying if they get infected, people in prison should be very high on the list. Yet in very few communities are people in prisons high on the list.

That’s because of social value. There’s an implicit judgment—and sometimes an explicit judgment—being made about whether those people are worthy of vaccination.

AMA: Your 2015 research found that just 16% of medical schools were teaching something about the Holocaust. Has that number grown much since then?

Dr. Wynia: My hunch is there are a few more programs now, but some of the programs that used to exist might not anymore. We’re trying to get ACGME [Accreditation Council on Graduate Medical Education] to rerun that question in the survey bank in the next year or two.

Most of the programs that I’m aware of are electives, which is one of the reasons why we want to call attention to this. There’s never an objection that this history doesn't matter. No one says, “We shouldn't teach this.” What they say is: It's hard. We don't have anyone who can do it. It's a very nuanced history. There are other pieces of history that we ought to be teaching also, and once we open the door to history, we ought to have a whole history class. And we just can't do that.

AMA: The University of Colorado Center for Bioethics and Humanities is hosting virtual events to commemorate the International Holocaust Remembrance Day Jan. 27. How can it create awareness of the role of medicine in the Holocaust?

Dr. Wynia: For starters, it’s open to the public. So if medical schools don't have a lecture this year and would like to assign one to their students, anyone who wants to can log in to Zoom and watch it. After the lecture, we’re going to have an international symposium about the challenges of teaching this history in health sciences training programs. ... We’ll also have a panel talking about how to get a
program started—what some of the challenges are, how you overcome them.

**AMA:** In an *AMA Journal of Ethics* article, you and a co-author call for all health science schools to commemorate Jan. 27. What is your advice to a medical school that wants to incorporate the history of the Holocaust into their curriculum?

**Dr. Wynia:** Start with something that’s relatively easy to fit in to the existing curriculum. That might be just one lecture a year—a guest lecture, even—maybe as an endowed lectureship. Have an event. You can have it on International Remembrance Day or on Yom HaShoah or on, say, Dec. 7, the first date of the Nuremberg trial.

You can pick your own date, but have a one-time event each year, which is a doable thing. There are people in every community who will help support that kind of event. Then, hopefully, you can move from that to something that’s a required element of the curriculum.

**AMA:** Assuming you can fit it into your curriculum, what are the biggest challenges to teaching the Holocaust in medical school? Is the topic inherently difficult for teachers and learners?

**Dr. Wynia:** The short answer is yes. Again, it’s hard to learn from this history, and it’s hard to talk about it in a way that doesn’t alienate someone.

The problem here is that if you’re really trying to teach this in a meaningful way, it can’t be Hollywoodized. It has to be real. You have to, in some way, help the learner see how someone becomes a Nazi. And if you do that, you run the risk of someone saying, “Wait, you’re trying to excuse Nazis,” because you just made it seem reasonable that someone could become a Nazi.

But if you want to understand the behavior of Nazis, you can’t just demonize them and say they’re monsters and they’re nothing like us. You have to explain how someone goes from being just like us to becoming a Nazi.

German doctors back then were on the top of the world in terms of medical science. In the 10 years before the outbreak of World War II, Germans and Austrians won five of the 10 Nobel Prizes in medicine. If you wanted to be at the top of the world in terms of medicine, you went to Germany for your training. And that medical community was the one that, somehow, step by step, became Nazis. And that’s the story you have to tell.

**AMA:** If the role of medical professionals in the Holocaust is so absent from curricula, how did you first learn about it?

**Dr. Wynia:** It was in public health school. I was done with my residency. I was in fellowship training for infectious diseases, and I was doing an MPH. In one of the classes, they talked about the public


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health programs of the Nazis. Everyone knows about Hitler and the Third Reich and the heinous experiments in the camps and the murder of 6 million Jews. But I had never put two and two together. ... The shocking part is the Nazi programs were a population health intervention—to create a master race.

**AMA:** How do you think learning this history could shape a medical student's development in medical school, in residency and then into practice?

**Dr. Wynia:** I can tell you there are medical students who are really strongly affected by learning this, especially if they're learning it for the first time in medical school. They think they know the history of the Holocaust, and then they learn the depth to which the medical profession was a leading force in the ideology of the Nazis, and it’s profoundly affecting.

I’ve had people walk out in tears during the lecture because it's really very emotionally challenging. I don’t aim for that, obviously. But I do want people to be affected by it. I want people to remember it, because there will be times in your career when you will be faced with moral challenges.

It’s important to really know this history and not just see it just as, “These are monsters. They did something that's inconceivable. No one I know could ever do that.” Seeing the path all the way from here to there is vital. Because it’s early on this path when you have the greatest opportunity to say, “As a community of professionals, we won’t do that.”

At the time, people said that had the German medical profession not gone along with the programs to kill disabled people and to forcibly sterilize patients in advance of the Holocaust, the whole idea of mass factories for genocide might never have arisen.

We will never know what would have happened if the German medical community had said, “No. We will not kill disabled people. That’s not what we do.”