Whereas, physicians played leading roles in the Holocaust and were a driving force behind some of the worst atrocities perpetrated on Jewish and other marginalized communities, demonstrating the negative impact physicians can have during political turmoil\textsuperscript{1,2,3}; and

Whereas, heinous medical experimentation took place during the Holocaust despite Germany’s pre-existing Guidelines for Human Experimentation, which at the time was one of the only codes for ethical human experimentation in the world and which called for unambiguous informed consent, demonstrating the potential for codes of ethics to be ignored or subverted if they are not protected and supported\textsuperscript{4}; and

Whereas, even with a code of ethics, Nazi physicians believed they were operating under scientifically and ethically sound beliefs due to their prioritization of the national effort and government agenda\textsuperscript{2,3}; and

Whereas, medical involvement in the Holocaust has profoundly influenced contemporary medical ethics, and current thinking on medical ethical issues can be understood better by learning about and reflecting on the legacy of medical involvement in the Holocaust\textsuperscript{2,3}; and

Whereas, in addition to the well-known Nazi medical experiments, German physicians created and led Nazi programs such as forced sterilizations, child “euthanasia,” and the T4 program to murder institutionalized adults, which are critical aspects of medical history (and some of which were directly influenced by American medical and racial policies), but these are much less widely studied by students in medical school\textsuperscript{3,4}; and

Whereas, learning about and reflecting on the implications of physician involvement in the Holocaust can not only help students understand contemporary medical ethics, but can also help protect against future human rights abuses by physicians\textsuperscript{2,3,5}; and

Whereas, per the Liaison Committee for Medical Education (LCME) annual survey, only 16% of US and Canadian medical schools devote any required curricular time to learning about the roles of physicians in the Holocaust and contemporary implications\textsuperscript{5,6}; and

Whereas, abundant curricular resources on Holocaust education are available, relieving the burden of medical schools having to create novel educational materials to support medical student learning and reflection on this history and its contemporary relevance\textsuperscript{5,7}; and

Whereas, the AMA Code of Medical Ethics only mentions physicians’ role in the Holocaust once as an example of information obtained from unethical experiments (E-7.2.2); and
Whereas, the legacy of medical involvement in the Holocaust is increasingly recognized as critical to understanding contemporary concerns around health equity and justice and the roles of health professionals in either perpetuating or alleviating injustice\textsuperscript{5,6}; and

Whereas, experts in medical ethics education and professional identity formation are increasingly calling for inclusion of these issues as part of the medical curriculum, including in the Lancet, the AMA Journal of Ethics, and in a presentation held by the AAMC\textsuperscript{3,5,9}; and

Whereas, a single event on an annual basis, held on an internationally-recognized day of remembrance, could present a valuable opportunity for student and faculty learning and reflection about the legacy of health professional involvement in the Holocaust\textsuperscript{10}, therefore be it

RESOLVED, that our American Medical Association host an annual event in support of International Holocaust Remembrance Day (January 27) to provide education to medical trainees about the role of physicians in the Holocaust. (Directive to Take Action)

Fiscal Note: Moderate - between $5,000 - $10,000

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REFERENCES

RELEVANT AMA Policy

H-295.961 Medicolegal, Political, Ethical and Economic Medical School Course
1. The AMA urge every medical school and residency program to teach the legal, political, ethical and economic issues which will affect physicians.
2. The AMA will work with state and county medical societies to identify and provide speakers, information sources, etc., to assist with the courses.
3. An assessment of professional and ethical behavior, such as exemplified in the AMA Principles of Medical Ethics, should be included in internal evaluations during medical school and residency training, and also in evaluations utilized for licensure and certification.
4. The Speaker of the HOD shall determine the most appropriate way for assembled physicians at the opening sessions of the AMA House of Delegates Annual and Interim Meetings to renew their commitment to the standards of conduct which define the essentials of honorable behavior for the physician, by reaffirming or reciting the seven Principles of Medical Ethics which constitute current AMA policy.
5. There should be attention to subject matter related to ethics and to the doctor-patient relationship at all levels of medical education: undergraduate, graduate, and continuing. Role modeling should be a key
element in helping medical students and resident physicians to develop and maintain professionalism and
devices that help medical students and resident physicians to develop and maintain professionalism and
high ethical standards.
6. There should be exploration of the feasibility of improving an assessment of ethical qualities in the
admissions process to medical school.
7. Our AMA pledges support to the concept that professional attitudes, values, and behaviors should form
an integral part of medical education across the continuum of undergraduate, graduate, and continuing
medical education. [Res. 189, A-90; Modified by CME Rep. 1, I-95; Appended: Res. 318, I-98;

E-7.2.2 Release of Data from Unethical Experiments
Research that violates the fundamental principle of respect for persons and basic standards of human
dignity, such as Nazi experiments during World War II or from the US Public Health Service Tuskegee
Syphilis Study, is unethical and of questionable scientific value. Data obtained from such cruel and
inhumane experiments should virtually never be published. If data from unethical experiments can be
replaced by data from ethically sound research and achieve the same ends, then such must be done. In
the rare instances when ethically tainted data have been validated by rigorous scientific analysis, are the
only data of such nature available, and human lives would certainly be lost without the knowledge
obtained from the data, it may be permissible to use or publish findings from unethical experiments.
Physicians who engage with data from unethical experiments as authors, peer reviewers, or editors of
medical publications should:
(a) Disclose that the data derive from studies that do not meet contemporary standards for the ethical
cconduct of research.
(b) Clearly describe and acknowledge the unethical nature of the experiment(s) from which the data are
derived.
(c) Provide ethically compelling reasons for which the data are being released or cited, such as the need
to save human lives when no other relevant data are available.
(d) Pay respect to those who were the victims of the unethical experimentation. [Issued: 2016]