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Issues on ethical, moral and
legal dilemmas engendered by
20th century scientific and
medical advances

National Institute of Judaism and Medicine

Spring 1998

50th Anniversary of Nuremberg

Role of the Medical Profession

Spring, 1998

Dear Friend:

Since 1988, the National Institute of Judaism and Medicine (NIJM) has organized and sponsored conferences designed to study and discuss the ethical, moral and legal dilemmas engendered by 20th century scientific and medical advances. Each conference addresses new topics and ideas. At the same time we revisit issues that are of continuing interest to the medical community. Our next conference — our 10th Anniversary conference — is scheduled to be held Sunday, November 1, 1998.

1997 marked the 50th anniversary of the Nuremberg Trials — a seminal event in developing an understanding of what occurs when ethical concerns fail to inform medical and scientific activities. In this context, we have included in this newsletter excerpts from the November 1997 conference's plenary session - *50th Anniversary of Nuremberg: Role of the Medical Profession*. Presentations were delivered by Dr. Michael Berenbaum, President of the Shoah Foundation and by Rabbi J.I. Schochet, Professor of Philosophy at Toronto's Humber College. The session, moderated by Dr. J.J. Steinberg, closed the conference, leaving attendees with much food for thought.

At present, we, at the NIJM, are venturing into new areas. This is our first of what we hope will be a quarterly-published newsletter. We are also exploring the feasibility of creating a full-time policy center in the area of medical ethics research and Jewish thought. The proposed **Jewish Policy Center on Health and Society** will be a resource center for information on Judaism and today's medical ethical dilemmas. It may also undertake valuable new research. By bringing some of the leading medical, scientific and rabbinical minds to work together, we will attempt to address the complex ethical and moral questions posed by medical and scientific researchers.

We hope you agree that today's technological advances call for a center that will address the ethical and moral implications of progress. But, before we move ahead, we would like to hear your thoughts, comments and suggestions — they are necessary in ensuring that this center addresses the issues closest to you through methodology most helpful to you.

Please be in touch with me at makerman@msn.com or visit or send your comments to us at www.nijm.org.

Best wishes for good health and success,

Michael Akerman, MD
Executive Director
National Institute of Judaism and Medicine

RABBI J.I. SCHOCHET:

The Talmud says “the best of the doctors should be shipped off to hell.” It's a strange statement in view of the fact that many of the Rabbis in the era of the Talmud and, even more so in medieval times, earned their livelihood as physicians. And yet we have this statement. The simple explanation of it is that the emphasis in the statement is on “the best” of the doctors — specialists. And why such a critical comment about them? Because such people have a tendency for self sufficiency, on self reliance, on thinking they know it all and therefore appear to live in a world apart with their own criteria, with their own standards. And that is basically the problem — Now 50 years after Nuremberg, how does it relate to us today? In the kit that was given to you today, there is an article that appeared 50 years ago, in 1949, in the New

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DR. MICHAEL BERENBAUM:

Let me begin by saying if you want me to speak on Nuremberg and Judaism I can be silent. And that is because I think the vast implications of Nuremberg do not come out of its implications for Judaism but come out of something very radically different and major. I'd like to speak about Nuremberg and only tangentially, occasionally tying it to Judaism.

I want to divide Nuremberg between Nuremberg — the occasion and Nuremberg — the medical trials. I'm neither a lawyer nor a physician but I have developed two very peculiar areas of expertise, one is in documenting genocide and the

other is in being able to document the collection of documents. Lawyers and historians have different

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**Save the Date: The 10th
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Judaism and Contemporary
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Understanding what occurs when ethical concerns fail to inform medical and scientific activities.

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Schochet

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England Journal of Medicine written by Dr. Leo Alexander.* I discovered that article quite a few years ago and was astounded when I read it and I'm still astounded when I keep rereading it. It is as relevant today as when he wrote it some 50 years ago. I say it's really a must for everybody to read. *(Alexander, L. "Medical Science Under Dictatorship," The New England Journal of Medicine, July 14, 1949)

Dr. Alexander attributes the medical involvement in the atrocities of the Holocaust, not as something which happened suddenly, as Dr. Berenbaum also mentioned, but as part of a gradual process. In fact, a gradual process which did not really have to do with Nazi ideology. It was not a question of following orders, it was not a question even of loyalty to the state or to the dominant party or ideology. For example, sterilization and euthanasia of persons with chronic mental illnesses was discussed at a psychiatric convention in Bavaria in

1931 and published the same year in leading journals. Extermination of the physically or socially unfit was so accepted that it was openly discussed in 1936 in official German medical journals. The shift in opinion and attitudes started with a general German philosophical trend in the 19th Century where the emphasis was placed on

rational utility versus moral, ethical and religious values. We find these rational utility values even being taught to school children. High school students were posed with the following mathematical problem. "How many new housing units could be built and how many marriage allowance loans could be issued to newly married couples for the amount it costs the state to care for the crippled, the criminal and the insane?" This particular textbook was republished three or four times in 1934 and 1935. In context of the recent Goldhagen book, a member of the Court of Appeals wrote in December 1939 how people were fully aware of patients in mental institutions being taken to liquidation institutions, to the point of children seeing those buses that they would call out "oh, they are taking some more to be gassed." It was not something that was secret; it was not something that was hidden. It was common knowledge even to children, specifically in those areas where they had mental institutions and where they used to ship them off to extermination centers and then the crematoria with the black smoke belching, visible to the population at large.

The doctors involved in the extermination programs were not only numerous members of the medical profession, but also some of its most prominent members and professors in the universities. From 1942 on these experiments were openly presented at medical meetings. Very often participation was to prove loyalty to the state or to assure funds of facilities for their work. Dr. Alexander writes the following. "Whatever proportions these crimes finally assumed, it became evident to all who investigated them that they had started from small beginnings. The beginnings at first were merely subtle shift in emphasis, in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement that there is a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged and encompassed the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans. But it is important to realize that the infinitely small wedged in lever from which this entire trend of mind received its impetus was the attitude towards the non-rehabilitable sick. It is therefore this subtle shift in emphasis of the physician's attitude that one must thoroughly investigate. It is a recent significant trend in medicine, including psychiatry, to regard prevention as more important than cure. Observation and recognition of early signs and symptoms have become the basis for prevention of further advance of disease. In looking for these early signs, one may well retrace the early steps of propaganda on the part of Nazis in Germany in which they attempted to gain supporters by means of indoctrination, seduction and propaganda."

The question that Alexander has in relating it to the situation of the United States in this talk in 1949 is whether "there are any danger signs that American physicians have also been infected with Hegelian, cold blooded utilitarian philosophy and whether early traces of it can be detected in their medical thinking that may make them vulnerable to departures of the type that occurred in Germany. Basic attitudes must be examined dispassionately. The original concept of medicine and nursing was not based on any rational or feasible likelihood that it could actually cure and restore, but rather on an essentially maternal or religious idea." Prior to the advent of scientific medicine, the physician's main function was to give hope to the patient and to relieve his relatives of responsibility. "Gradually in all civilized countries medicine has moved away from this position, in direct proportion to man's actual ability to perform feats that would have played miracles in days of old. However, with this increased efficiency based on scientific development has come a subtle change in attitude. Physicians have come dangerously close to being mere



Rabbi J. Immanuel Schochet presents lessons to be applied to modern-day medicine on the 50th Anniversary of the Nuremberg Code

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“We as Jews have to look for guidance within our own tradition.”

technicians of rehabilitation. This essentially Regalian rational attitude has led them to make certain distinctions in the handling of acute and chronic diseases. The patient with the latter carries an obvious stigma as the one less likely to be fully rehabilitable for social usefulness. And in an increasingly utilitarian society these patients are being looked down upon with increasing definiteness of being unwanted. A certain amount of open contempt for the people who cannot be rehabilitated with present knowledge has developed. Hospitals like to limit themselves to the care of patients who can be fully rehabilitated. The patient whose full rehabilitation is unlikely finds himself in the most advanced centers of healing as a second class patient. He faces a reluctance on the part of both the visiting and the house staff to suggest and apply therapeutic procedures that are not likely to bring about immediately striking results in terms of recovery. I wish to emphasize that this point of view did not arise primarily within the medical profession, which has always been outstanding and, in a highly competitive economic society, known for giving freely of its time and efforts, but was imposed by the shortage of funds available, both private and public. From the attitude of easing patients with chronic diseases away from the doors of the best types of treatment facilities available to the actual dispatching of such patients to killing centers is a long but nevertheless logical step. Resources for the so called incurable patient have recently become practically unavailable.”

“To be sure American physicians are still far from the point of thinking of killing centers. But they have arrived at a dangerous point in thinking about the likelihood of full rehabilitation as the factor that should determine the amount of time, effort and cost to be given to a particular type of patient on the part of the social body upon which this decision rests. At this point Americans should remember that the enormity of the euthanasia movement is present in their own midst.” These quotes from this 1949 article sound like they could have been written as an op-ed piece in 1997.

This leads us to the basis of the problem. The question is actually 2 1/2 thousand years old. We have heard in a number of sessions today how doctors are sworn in. The Hippocratic Oath is for the benefit of the patient to protect the patient from the doctrine of rational utility. We run into the old problem of relative versus absolute ethics, relative situational ethics and especially in context of the problems alluded to already in 1949 which we are so much more aware of in our present society, about the shortage of funds, and resources. And then certain dilemmas confront us, certain decisions have to be made. Where do you go from here?

In a multi-cultural, diverse society obviously it's very difficult to find the criterion of a standard that would

make everybody happy. Also by the same token, in a society that is geared so much to utilitarianism, pragmatism, etc., there lurks this danger that was at the foundation of this shift in attitude in German medicine before Hitler. This was then so much more aggravated in the 30's and then continued on with all the horrible consequences that we are aware of and that have been discussed by Dr. Berenbaum.

Ethics is a serious problem. How do you get people to agree on things. There are no two civilizations that agree on ethical norms. There is no one single society that can point that it still follows guidelines and criteria that they accepted that were sacred to them. What is allowed today may be again forbidden tomorrow and vice versa. There is a continuous shifting and this of course leads then to the slippery slope of where do you draw the line.

It is here that certainly in the context of this particular conference of talking about Judaism and medical ethics that we, as Jews, have to look for guidance within our own tradition. Our own tradition looks up to the doctor. It's one of the most noble professions. It's a divine profession. By the same token, however, also with the caution, with the warning which I started with, we need to be aware not to rely too much on your own self sufficiency and certainly not to think “I know it all,” that “I have it all,” and that “I am the master of decisions who can determine what is in the best interest of the patient, what is in the best interest of the population at large.”

Judaism has a law against self mutilation. It's not allowed. You can all understand that you cannot go and harm another individual, never mind killing him. You're not allowed to wound him or harm him in other ways either. Judaism also teaches us that you are not allowed to do any of these things even to yourself. Judaism has a fundamental principal — the absolute value of human life. Your life is not your own. For that matter, your body is not your own. Your body is the possession of G-d himself. And just as you have no right to mutilate or harm somebody else, you likewise have no right to do that to yourself. And it is this perception of the absolute value of human life, even of the human body, that is missing in many of the discussions about medical ethics and moral behavior.

An example is in what we see at today's conference when we have to have a session about the Kevorkian dilemma and other such topics. This is not to say that people who get involved in such things are brutal and cruel individuals. Anybody who visits a nursing home, an old age home, a hospital, a hospital specifically geared for the chronically ill, can very easily and readily understand the motivation that goes behind it. It is disturbing. Very often you wonder what is the purpose,

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Dr. Michael Berenbaum

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views of how you handle documents. Lawyers take documents out of their locus, historians want to see documents within their situation. Lawyers use documents to prove particular liability, historians want to see them within a total context.

Nuremberg, the occasion, was intriguing in a variety of ways. Primarily in the limited number of people who were tried. And, in the perception that proximity to the crime correlated with responsibility. I want to challenge the idea of proximity to crime equaling responsibility. Accepting that is to misunderstand the nature of the Nazi enterprise for the destruction of Jews. *Anatomy of the Auschwitz Death Camp*, provides a concrete example of the proximity/responsibility dilemma. The book shows the blueprints for crematoria and gas chambers. The question is whether an architect who designs such things has a measure of responsibility. One could argue that the measure of responsibility for the architect may be even greater than the measure of responsibility of the individual who drops the pellets. We certainly do not want to walk away from the responsibility of the

architect. In fact, we must take a look at the particular perniciousness of the responsibility in the design.

A second example, documented in the same publication is the nature of space. One of the most important articulations of life inside the camp is by the late literary scholar, Terence Des Pres, who spoke about excremental assault. Des Pres

asserts that essentially the Nazis dehumanized the Jews before they destroyed them. Why did they dehumanize the Jews? Because the more they dehumanized them the easier it was to kill them. They faced less guilt. They shared less of a common universe. Des Pres illustrates the degree to which that was done with the bathroom situation. Robert Jan Van Pelt, an architectural historian, looked at the architectural designs and discovered that there were 70 latrines for a population of 35,000. Now almost everyone here grows up in a home where there are two and sometimes four and sometimes six bathrooms. As before, when you talk about design you also talk about responsibility. He then did something very remarkable. He calculated the amount of private space in Birkenau and came up with a square footage that equaled the amount of private space available in a small coffin. And had Des Pres said that metaphorically

it would be one thing. But, when Van Pelt sees that in the physicalness of the drawings, we once again see the nature of responsibility.

The first trials of Nuremberg are most famous for the use of the defense of just following orders and the defense of responsibility. The question becomes: Was this a bureaucracy that was just following orders? The bulk of my own research indicates that that was precisely **not** the way to view the enterprise of the killings. One has to look not at the degree to which the Nazis followed orders but to the degree to which they innovated, created and brought the bureaucracy to bear on hitherto unsolvable problems and unprecedented tasks. One also has to consider the measure of ideological commitment to the totality of the task that allows the deed to get done. Perhaps three examples would suffice.

Some of you know Claude Lanzman's very famous and very wonderful film "Shoah" and some of you also know about the Jews from the Island of Corfu. Lanzman interviewed a number of these individuals. Corfu is an island off the coast of Greece with a Jewish population of 1,500. It was an isolated, small community. The first time they sent over the soldiers to carry out the deportation of the Jews from Corfu, the boat and train transport connections failed. Train transport was a very involved process. Essentially they needed to establish foreign currency for nine different foreign currencies; to clear track passage through nine different countries; to connect to a boat; to connect to a railroad; to connect everything to police operations. This is not just following orders. This is an enormously complicated bureaucratic process. They failed the first time. And, rather than letting it go, they came back weeks later having done all of it right, having done all of it correctly. The ideological motivation which allowed for that to take place was an articulation of a very deep, very detailed and very great commitment that was widely shared. It also illustrated the people's involvement in an enterprise that for them provided meaning.

You know that there are two generalized schools of how the Holocaust came to be — the functionalists and the intentionalists. The intentionalists believed that the Holocaust was a pre-existent plot that was borne full force and Hitler bided his time until he could implement it. The functionalists see each stage of the game requiring enormous creativity and if you look at the evolution of the Holocaust, you have to understand that each stage of the game necessitated greater creativity. This is clear when viewing the evolution of the killing process. They went from mobile killing units to essentially the conceptually opposite. The mobile killing units, the Einsatzgruppen, came to towns, villages, hamlets, communities and slaughtered the Jews one by one. The Holocaust then underwent a paradigm shift: you no



Dr. Richard Grazi discusses the ethical problems of infertility treatment and cloning in his session *Reinventing Reproduction*

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longer have killers that you send to the victims, you bring the victims to the killers. The instrumentality of that was the railroad and the function was to create killing centers. This shows you a little bit of the perverse genius. At Treblinka, 850,000 people were killed in 18 months by a staff of 120, of whom only 30 were Germans. At Belzek 600,000 people were killed in 10 months by a staff of 104 of whom only 14 were Germans. And Auschwitz had 44 parallel railroad tracks. I called up Amtrak

and asked how many parallel railroad tracks does New York's Penn Station have. They said 21. It then dawned on me that Auschwitz was chosen precisely because it was at the intersection of all the rail lines. The architectural history of the area showed that if you were looking for a site in Poland in which to situate a gas chamber, Auschwitz was the site that had the requisite infrastructure in place. Again, it's not just following orders, it is the creativity of people solving hitherto unsolvable and unknown problems. This was not understood at Nuremberg because Nuremberg was a premature and an immature articulation of the crime.

I now see Nuremberg as a public event and as a ceremony. I understand the rhetorical value of Nuremberg — it articulates that something overwhelmingly evil had taken place, which required the breaking of the traditional rules of how one dealt with this, the creation of a new vocabulary, the staging of a massive ceremony. Nuremberg succeeded as a rhetorical occasion. It also succeeded in gathering the documents. The American prosecution deliberately decided to prosecute by documentation. It articulated the crime, it preserved the documentation. In reality, in the first Nuremberg trials, Jews were peripheral, though they cast a very great shadow.

Chaim Weitzman does not articulate in his biography one word about Nuremberg. There was no representative Jew at Nuremberg and Weitzman himself had declined to serve as the representative who would articulate this in the name of the Jewish people. Therefore the words that were used were “crimes against humanity.”

The major trial of the doctors at Nuremberg was held during the second stage of the trial. It essentially dealt with medical experimentation. Ironically, that was the least problematic of the crimes that the physicians had committed. In certain respects, it was also the least creative, with the least implications to contemporary medical ethics. The greatness of the medical trial comes

forth in the 10 criteria for permissible medical experimentation:

COMMANDMENT #1: The voluntary consent of the human subject is absolutely essential.

This is where we get informed consent from. Now those of you who are physicians work with informed consent all the time. I don't know how many of you knew its origins were Nuremberg.

Commandment #1 continued: It should be so situated to be able to exercise free power of choice without the intervention of any element of force, fraud, deceit, duress, overreaching or ulterior forms of constraint or coercion. Should have sufficient knowledge and comprehension of the elements of the subject matter involved to enable him to make an understanding and an enlightened decision. This latter element requires that before the acceptance of affirmative decision by the experimental subject it should be made known to him the nature, duration, and purpose of the experiment, the method, the means by which it is to be consented, all inconveniences and hazards reasonably to be expected, the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility to ascertain the quality of consent rests upon each individual who initiates, directs or engages in the experiment, it is the personal duty and responsibility which may not be delegated to another with impunity. That's the first commandment.

COMMANDMENT #2: The experiment should be such as to yield fruitful results for the good of society unprocurable by other methods and means of study not randomly unnecessary in nature.

COMMANDMENT #3: The experiment should be so designed and based on the results of animal experimentation and knowledge of the natural history of the disease and other problems under study that the anticipated result will justify performance of the experiment.

COMMANDMENT #4: The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

COMMANDMENT #5: No experiment should be conducted where there is not priority reason to believe that death or disabling injury will occur except perhaps to those experiments where the experimental physicians also serve as subjects.

COMMANDMENT #6: The degree of risk should never exceed the determined by humanitarian importance of the problem to be solved by the experiment.

COMMANDMENT #7: Proper preparation should be made,



The Hon. Sheldon Silver, New York State Assembly Speaker of the House presents the conference key note address, Government Regulation of Health Care

“I now see Nuremberg as a public event and as a ceremony.”

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adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.

COMMANDMENT #8: The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required that through all stages of experiments of those who conduct and engage in the experiment.

COMMANDMENT #9: During the course of the experiment the human subject should be at liberty to bring the experimentation to an end if he reached the physical or mental state where continuation of the experiment seems to him to be impossible.

And, finally COMMANDMENT #10: During the course of the experiment the scientist in charge must be prepared

to terminate the experiment at any stage if he has probable cause to believe in the exercise of good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability or death to the experimental subject.

try to do is to compose a guess as to what time it was done and how it was disseminated since there is no directive. But, there was a directive. “.. leader Bouhler Brandt charged with the responsibility for expanding the authority of physicians to be designated by name to the end that patients considered incurable according to the best available human judgement of the state of health can be granted a mercy killing. Signed A. Hitler.” What followed was the so called Euthanasia program in which men, woman and children who were physically handicapped, mentally retarded or emotionally disturbed were systematically killed. An important thing to understand is mass murder began with the murder of the Germans, not the Jews. It began with the murder of those who were an embarrassment to the myth of Aryan supremacy. How do you have a master race and a retarded child?

Within a few months the T4 program, named after the Berlin Chancellery at Tiergarten4, which directed it, involved virtually the entire German psychiatric community. A new bureaucracy headed by physicians was established with the mandate, “to take executive measures against those defined as life unworthy of living.” A statistical survey of all the psychiatric institutions, hospitals and homes for chronically ill patients was ordered. At Tiergarten4, three medical experts reviewed the forms returned by institutions from throughout Germany but did not examine any patient or read their medical records. Nevertheless they had the power to decide life or death. Notice how distance from the crime did not diminish responsibility but intensified it. Patients whom it decided to kill were transported to six killing centers - Hartheim, Sonnenstein, Gerajaneck, Bennburg, Hadaman, and Brandenburg. The members of the SS in charge of transport donned white coats to keep up the charade of medical procedure.

The first killings underwent the same type of development as those which later impacted the killing of Jews. At first killings were done by starvation. Starvation is passive, simple and natural. Then injection of lethal doses of sedatives were used. Children were easily put to sleep. But gassing soon became the preferred method of killing. 15 to 20 people were killed in a chamber disguised as a shower. If that echoes something, it's not by accident. The lethal gas was provided by chemists, the process was supervised by physicians. Afterwards black smoke billowed from chimneys as the bodies were burned in adjacent crematoria.

Families of those killed were informed of the transfer and they were assured that their loved ones were being moved in order to receive the best and most modern treatment available. Visits, however, were not possible. The relatives then received condolence letters, falsified death certificates signed by physicians and urns contain-



Dr. Michael Akerman, Executive Director of the National Institute of Judaism and Medicine, welcomes conference attendees to the Eighth International Conference on Judaism and Medicine

This was the judgement rendered by the judges at Nuremberg which is a breathtakingly important foundation for medical ethics.

The more interesting thing is what they left out at Nuremberg. There is a very important book by Henry Friedlander titled, “The Origins of Nazi Genocide: From Euthanasia to the Final Solution,” which describes the origins of the final solution. The book deals with the events that began in 1939, the T4 program — the Euthanasia program. Mass murder began with the death of a few individuals in October of 1939. Hitler back-dated an order empowering his personal physician and chief of the Fuhrer Chancellery to put to death those considered unsuited to live. The words used were “life unworthy of living.” He back-dated it to September 1, 1939, the day World War II began to give it the appearance of a war-time measure. This is what we call in history the smoking gun order of Hitler on the Euthanasia program. We have no similar document with regard to the final solution. And what historians

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ing ashes. There were occasional lapses in bureaucratic efficiency as some families received more than one urn. They soon realized that something was amiss.



Dr. Michael Berenbaum of the Shoah Foundation discusses the role of the medical profession in the Holocaust

“Perhaps I would feel much more comfortable if I really believed that that world was not our world.”

A few doctors protested. Karl Bonhöffer, a leading psychiatrist, worked with his son Diedrich, who actively opposed the regime, and contacted church groups urging them not to turn overpatients

who were in church run institutions to the SS. Diedrich Bonhöffer, was executed by the SS just before the end of the war. A few physicians refused to fill out the requisite form. Only one psychiatrist, Professor Godfried E. Wald of the University of Gottengen, openly opposed the killings. What’s remarkable in the opposition is that again anybody who opposed the killing walked away scot free. The killers themselves had the option of not participating with some consequences to their career but no consequences to their particular freedom.

Doctors did not become killers overnight. The transformation took time, which required a veneer of scientific judgement. As early as 1895 a widely used German medical textbook made a claim for the right to death. In 1920, a prominent physician jurist argued that destroying life unworthy of life is a therapeutic treatment and a compassionate act completely consistent with medical ethics.

Soon after the Nazis came to power, the Bavarian Minister of Health proposed that psychopaths, the mentally retarded and other inferior people be isolated and killed. “This policy has already been initiated in our concentration camps,” he noted. A year later, mental institutions throughout the Reich were instructed to neglect their patients by withholding food and medical treatment.

Pseudo scientific rationalizations for the killing of the unworthy were bolstered by economic considerations. According to bureaucratic calculations, state funds that went to the care of criminals and the insane could be put to better use. These monies could be applied towards loans to newly married couples. Incurably sick children were seen as a burden for the healthy body and for the German people. In a time of war it was not difficult to lose sight of the absolute value of human life.

Hitler understood this. War time, he said, was the best time for the elimination of the incurably ill.

The murder of the handicapped was a pre-figuration of the Holocaust. The killing centers to which the handicapped were transported were the antecedents of the death camps. The organized transportation of the handicapped foreshadowed mass deportations. Some of the physicians who became specialists in the technology of cold blooded murder in the late 1930’s later staffed the death camps. All their moral, professional, ethical inhibitions had long been lost. And the personnel who became hardened in the killing centers were later transferred to the death camps. Thus, for example, the Commandant of Treblinka and the Commandant of Sobibor had a direct movement from the killing centers of euthanasia which were the training ground to the killing centers of the death camps where 850,000 and approximately 600,000 Jews were killed respectively.

During the German euthanasia program, psychiatrists were able to save some patients, at least temporarily, but only if they were cooperative in sending others to their death. In the Jewish communities of the territories later conquered by the Nazis, Jews appointed by the Germans to take charge of the ghetto had to make similar choices.

In the death camps, technology was taken to a new level. Thousands could be killed at one time and their bodies burned within hours. When Church leaders protested the murder of the handicapped, the killing was driven underground. When Jews were killed wholesale, the church was silent.

Let me conclude with a couple of other elements. One of them is about an intriguing moment at the Eichman trial. The Eichman trial again holds two-fold importance. In Israel, it was the turning point of the consciousness of the Holocaust in Israel. And, it was the moment where the Jewish people finally brought to trial an enemy who was bent on annihilation. During the trial, Eichman’s lawyer essentially said “your Honor, we are speaking of killing, murder and other medical practices.” And Judge Benjamin Halavey interrupted him and said, “let me understand something. What do you mean killing, murder and other medical issues.” The lawyer responded, without thinking, “well these were conducted by physicians, therefore they were medical.” And here we see that the use of the medical professional as the instrumentality of killing gave it scientific legitimation. It was science that is unconnected to human values. It goes back to the idea of the scientist playing God and perfecting the human species.

On January 18, 1945, when Joseph Mengela was leaving Auschwitz he took his notes with him. He thought that his notes would be his key to fame and fortune,

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stature and status in the post-Holocaust world and he never understood that there was an infamy to what he had done. He thought it was good science. There is the famous debate between Robert J. Lifton and Elie Wiesel. When questioned whether the physicians involved in the final solution could possibly be considered 'human,' Lifton answers, "yes. They were not only human but they were physicians and they were

operating about out of the 'universe' of the physicians and the world view of the physicians." Wiesel, who situates the Holocaust as a world apart and feels that that world is not our world, commented, "you know it's demonic that they are human." And the demon is found, to my mind, in the fact that what resulted in the Holocaust was an expression in the extreme of elements that are present in the mainstream. I don't only mean the role of physicians but of the role of lawyers, the role of all the other elements that contributed to the perpetuation of the crime. This has vast implications to our world, between the allegiance we have to patients and the allegiance we have to state; the allegiance we have to companies that employ us and to the economics of it. Perhaps, I would feel much more comfortable if I really believed that that world was not our world. But, my own view has been that the Holocaust is the extreme expression of what is common to the mainstream and the major deterrent to it are the values that allow us to draw boundaries.

Save the Date: The 10th Anniversary Conference on Judaism and Contemporary Medicine will be held on Sunday, November 1, 1998 in New York City.

CALL FOR ABSTRACTS:

Call for abstracts for special session on Judaism and contemporary medicine for the November 1, 1998 conference. Abstracts should be no longer than 250 typed words. Selected authors will be asked to deliver a 10 minute presentation of their papers at the conference. Presenters will be notified by August 1, 1998. Submissions must reach this office prior to June 30, to be eligible for consideration.

Please note: All presenters are responsible for their own arrangements and expenses.

Schochet

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what is this all for. We pray especially on the high holidays, "please G-d do not forsake us in our old age, do not forsake us when you see that our strength wanes." Sometimes death indeed becomes preferable. So much so that we find even in the Talmud that sometimes to pray for death is accepted and it is even commended. Nonetheless, it is to pray to G-d and not to play G-d. Because once we start making these judgements, once we start crossing this line, we forget about the total absolute value of human life.

It is really a very small, logical step to move all this way to extermination. Logically, I can defend Nazism. Philosophically, I can present you with the defense of Nazi ideology. The argument is that the Jews have been "a problem" in Europe for 2000 years. That this may be because of religious reasons, conflict with the church, etc., is irrelevant. The point is there is a conflict. And if there is a conflict, if there is a problem, there should be a solution to the problem. Solutions to problems may sometimes be painful. Amputations of limbs are terrible. But sometimes it is necessary. And so you can go on and on and you can see before you know it, suddenly it becomes rational —Hegelian logic.

That is the danger. We tend to rely on our own judgements and 50 years after the Holocaust, we see the same trends with Bosnia, with Rwanda. The world hasn't learned a thing. Because the so called human logic, the so called Hegelian logic, the so called Rationale of Utilitarianism, pragmatism and self justification in the pursuit of that which to me is a higher ideal and a higher goal, these things are still part of human nature. These things are still part of the human mind, of the human self. That is the dilemma of ethics and morality, specifically nowadays with all the problems that we confront.

They are very serious problems and there are no easy solutions. Nonetheless the most important thing that we have to consider is that certain lines are unpassable; certain lines cannot be crossed. That is at the foundation of it all. How we are going to determine that? With consensus? Without consensus? Regardless, but it has to be imposed like other legal matters. That is where the discussions come in. That, I think is, the most important lesson of 50 years after Nuremberg. Technically, nothing has really changed. The mentality of then still exists today. It may not be as socially acceptable nor so easy to have a Holocaust, but the mentality is still there. This is what we have to consider and this is the lesson that we have to learn. If society were to adopt a fundamental axiom - the absolute value of human life - then we will be well on the road to a solution that would avoid another Holocaust.