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Resistance, Medicine, and Moral Courage: Lessons on Bioethics from Jewish Physicians during the Holocaust

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Abstract

There is a perpetrator historiography of the Holocaust and a Jewish historiography of the Holocaust. The former has received the lion's share of attention in bioethics, particularly in the form of warnings about medicine's potential for complicity in human atrocity. However, stories of Jewish physicians during the Holocaust are instructive for positive bioethics, one that moves beyond warnings about what not to do. In exercising both explicit and introspective forms of resistance, the heroic work of Jewish physicians in the ghettos and concentration camps tells us a great deal about the virtues and values of medicine. In this article, we frame the stories of four of these Jewish physicians in ways that are instructive for contemporary medicine. By far, the most widely recognized and discussed figure is Viktor Frankl, whose work on hope and the meaning of suffering remains essential insofar as medicine inherently confronts disease and death. Less discussed in bioethics and medical humanities are the cases of Mark Dworzecki, Karel Fleischmann, and Gisella Perl. Dworzecki's efforts to encourage others in the Vilna Ghetto to document their experiences illustrates the power of narrative for the human experience and the notion of ethics as narrative in the face of suffering. Fleischmann's art underscores not only the importance of reflective practices for professionals as a form of simultaneous introspection and testimonial, but illuminates hope amid sheer hopelessness. This hope, which was comparatively implicit in much of Fleischmann's art, is explicated as a method by Frankl, becoming a form of therapy for both physicians wrestling with their professional work, and patients wrestling with their illnesses and diseases. Finally, Perl's resistance to Mengele's orders highlights the importance of moral action, not just reflective reaction. The experiences of each of these figures, while certainly located in the unique horrors of Holocaust Germany, portends lessons for today's physicians faced with moral distress and ethical dilemma in the face of suffering, interpersonal relationships, and socio-political conflicts that increasingly test the professed ideals of medicine. In this article we briefly tell the story of each of these physicians and connect the lessons therein to contemporary medical practice.

Key-words: *bioethics; historiography; holocaust; Jewish physicians; logotherapy*

I. Introduction

As a discipline, bioethics was born in reaction to moral wrongs. While the Nuremberg Code had generated some new clarity about ethics in medicine, this had not been institutionalized. By the early 1970s, building off of the momentum of a rising tide of individualism captured in the countercultural and civil rights movements, medicine finally began confronting long-practiced forms of paternalism. Within the clinical context, the prolonged forced treatment of patients was challenged in cases like Karen Ann Quinlan¹ and Dax Cowart,² while in the research context, the abuses discovered in research such as the Tuskegee Syphilis Study³ and the hepatitis studies at the Willowbrook State School⁴ provoked horrified recollections of Nazi experiments. Sociologist Charles Bosk has called these and similar events, “essentially contested total social conflicts” not only because of how loud and pervasive the public outcry, but because the resulting discourse shook the foundations of social institutions.⁵ Bioethics emerged from these watershed moments as a field intently focused on what *not* to do, how not to repeat the mistakes and abuses of the past.

The origin story of bioethics also helps explain why its focus on the Holocaust period has centered nearly entirely on Nazi atrocities, with scant attention paid to Jewish physicians of the period who salvaged moral sensibility and professional virtue. Indeed, there is a perpetrator historiography of the Holocaust and a Jewish historiography of the Holocaust. The former is important in its warnings about medicine’s potential for complicity in human atrocity. The latter, however, is an important narrative in its own right, where stories of Jewish physicians in the ghettos and concentration camps are instructive for a positive bioethics – one that moves beyond warnings about what not to do. In exercising both introspective and implicit forms of resistance, the heroic work of these physicians tells us a great deal about how to carry out the virtues and values of medicine.

Any attempt to extrapolate insights that are relevant to contemporary life from the unprecedented horror of the Holocaust must take great care to

¹ Gregory E. Pence, *Medical Ethics: Accounts of Ground-Breaking Cases* (New York: McGraw-Hill, 2011), 9.

² *Ibid.*, 23.

³ Brian P. Hinote, and Jason Adam Wasserman, *Social and Behavioral Science for Health Professionals* (Lanham, MD: Rowman and Littlefield, 2017), 249.

⁴ *Ibid.*, 248.

⁵ Charles L. Bosk, “Bioethics, Raw and Cooked: Extraordinary Conflict and Everyday Practice,” *Journal of Health and Social Behavior* 51, Supplement (2010): S134.

offer sufficient respect for the incomprehensible magnitude of that horror. Analogies to the Holocaust evoke strong emotional reaction, but the features of Nazi Germany and its genocide rarely can be cleanly or uncontroversially mapped onto contemporary phenomena. Worse, such analogies can undermine the scale of the tragedy and cheapen the memory of the dead. As Arthur Caplan wrote, “to use the Nazi analogy with abandon is to abandon history.”⁶ At the same time, it also is dangerous to suggest that, in its incomparability, the Holocaust cannot teach us about our lives today. In this piece, the lessons we extrapolate from history are meant to inform our present context, not to compare it.

This article connects the work of historians on Jewish physicians during the Holocaust to bioethical concerns; specifically, it frames the stories of four Jewish physicians during the Holocaust in ways that are instructive for issues of both professional and clinical ethics: Mark Dworzecki, Karel Fleischmann, Viktor Frankl, Gisella Perl. While Frankl is widely known and read, the others have equally important stories to tell. The inherent disease, death, and suffering which confront medicine involve, nearly by definition, moral distress and ethical dilemmas that challenge its professed ideals. Thus, while the experiences of each of these figures are certainly located in the unique horrors of Holocaust Germany, they nonetheless portend lessons in professional and clinical ethics for physicians today.

II. Background: Finding our Way to a Positive Ethics

In *Ethics: An Essay on the Understanding of Evil*, Alain Badiou confronts the epistemic foundations of the modernist ethics project that underpin its ostensibly moral focus on human rights in the wake of twentieth century genocides. He writes, “[...] according to the modern usage of ethics, Evil – or the negative – is primary: we presume a consensus regarding what is barbarian [...]”⁷ Accounts of how the Holocaust informs ethics in medicine have had precisely this character; they have overwhelmingly focused on atrocity, of how Reich physicians could be complicit, etc. To be sure, these are important and productive questions. Franklin M. Littell asks, for example, “What kind of medical school trained Mengele and his associates? What departments of anthropology prepared the staff at Starsbourg University’s ‘Institute of Ancestral Heredity?’”⁸ In quoting Littell, Zygmunt Bauman draws our attention

⁶ Arthur Caplan, *Am I My Brother's Keeper: The Ethical Frontiers of Biomedicine* (Bloomington, IN: Indiana University Press, 1997), 78.

⁷ See Alain Badiou, *Ethics: An Essay on the Understanding of Evil*, trans. P. Hallward (New York: Verso Press, 2001), 8.

⁸ Quoted in Zygmunt Bauman, *Modernity and the Holocaust* (Ithaca, NY: Cornell University

not just to the complicity of physicians, and a woefully inadequate system of education that produced them, but to the broader complicity of a science that separates itself from humanism.

Today, nearly all medical schools include at least some formal training in bioethics and some boast quite robust programs in these areas. Yet the inclusion of ethics in curricula have largely netted rules about how *not* to tread on the rights and liberties of patients and research subjects. At best, this provides a baseline for avoiding transgression. The notions of moral obligation inherent in an ethics that is focused exclusively on why not to harm another is, ironically enough, founded on precisely the sort of tenuous “ethic of sameness” that served as an ontological foundation for the Holocaust and other genocides. If finding value in others requires identifying what is common between us, it yields an ethics that is paradoxically able to catalyze the most abject abuses.⁹ When ethics requires sameness, those who can be sufficiently defined as dissimilar easily come to warrant no moral consideration. Emmanuel Levinas (1975) worried precisely about this sort of negative ethics:

My responsibility for the other man, the paradoxical, contradictory responsibility for a foreign liberty – extending, according to the Talmud (Sotah 37b), even to responsibility for his responsibility – does not originate in a vow to respect the universality of a principle, nor in a moral imperative. It is the exceptional relation in which the Same can be concerned with the Other, without the Other’s being assimilated to the Same, the relation in which one can recognize the inspiration, in the strict sense of the term, to bestow spirit upon man.¹⁰

Bauman notes something similar in observing how modernist interpretations of the call to “love thy neighbor as thyself” are rather insidious: “He deserves love if he is so much like me in so many important ways that I can love myself in him. She deserves it yet more if she is so much more perfect than I am that I can love in her the *ideal* of my own self.”¹¹

Certainly, we have witnessed important attempts at authentic engagement with the narratives of Others in clinical medicine. While these also fre-

Press, 1989), 29.

⁹ Badiou; Bauman.

¹⁰ Emmanuel Levinas, “Ideology and Idealism,” in *Modern Jewish Ethics*, ed. Martin Fox, 121-138 (Athens, OH: Ohio State University Press, 1975), 245.

¹¹ Zygmunt Bauman, *Does Ethics have a Chance in a World of Consumers* (Cambridge, MA: Harvard University Press, 2008), 31.

quently are reduced to abstract sets of best practices for doctor-patient communication, they contain at least the seed-thought that ethical relationships require a positive engagement in ways that cannot be prescribed by trans-subjective rules and, in turn, that medical ethics does not reduce to proscriptions against harm. Similarly, contemporary discussions of professionalism in medicine often call back Greek notions of virtue that, again, often get reduced to sets of acceptable or unacceptable behaviors. Nonetheless at its core the idea of virtue points toward an ethics focused on what it means to be a human in relationships with others that cannot be reduced to warnings about how not to hurt them. The doctoring performed by the four figures profiled in this article show us this sort of deeply human ethics, one that does not just advocate refrain from harm, but that reaches out to the Other, to us all.

Though with notable exceptions on which we will draw in this article, historiography of Jewish resistance, or even agency, during the Holocaust is dwarfed by the focus on the exploits of Nazis. There has been some reporting of Jewish militancy in the 1943 Warsaw Ghetto Uprising. However, stories of resistance by Jewish physicians in the ghettos and concentration camps have received comparatively scant attention. It was made abundantly clear in the Doctors' trial (Nuremberg, 1946-1947) that Nazi physicians played a major role in perpetuating the Holocaust. Hitler made this explicit as early as 1933, speaking to a group of physicians: "I cannot do without you for a single day, a single hour. If not for you, if you fail me, then all is lost."¹² But while the history of Nazi medicine is full of important warnings about how physicians should not behave, we turn to a comparatively small but important Jewish historiography to provide a positive counterbalance that can fill in the negative space of proscriptive ethics.

Elie Wiesel refused to allow his experiences during the Holocaust to dehumanize or embitter him and he taught, "to invent hope when there is none, to call upon love and faith in the world which lacks both."¹³ Yet everywhere in medicine there is negativity, burnout, deprofessionalization, bureaucratization, and commodification that seem to draw physicians ever further from human connection to their patients. It is a profession poised for dehumanization and bitterness and, at the same time, one that cannot be itself without humanism and compassion. So many of the physicians working in the ghettos and camps maintained a deeply human connection to their work and to others, despite unimaginably inhuman conditions. Adina Szwajger who worked

¹² Quoted in Daniel Okrent, *The Guarded Gate: Bigotry, Eugenics, and the Law that Kept Two Generations of Jews, Italians, and other European Immigrants out of America* (New York: Scribner, 2019), 364.

¹³ Nadine Epstein, *Elie Wiesel: An Extraordinary Life and Legacy* (Simsbury, CT: Mandel Vilar Press, 2019), 114.

in the Warsaw Ghetto put this profound struggle succinctly, writing, “It may sound silly, but somewhere underneath, I still felt myself to be a doctor.”¹⁴

Each of the figures profiled below helps raise important questions: How can one maintain a sense of self or identity personally and professionally amidst circumstances constantly assaulting these? What helps to raise us out of despair? What is altruism and what is its role in ethics and medicine? How far must a physician be committed to altruism under personal threat? And how do we protect the unprotected? Dworzecki, Fleishmann, Perl, and Frankl explored these questions in a context of unprecedented horrors that cannot be compared to the challenges of contemporary medicine today. Yet the notions of ethics and humanism that found expression in these four figures under incomparable conditions nonetheless offers insights for professionals in medicine and health care encountering challenges to professional and personal commitments, disruptive forms of institutionalization and commodification, scarcity of resources, daunting social injustices and inequality that manifest through who falls victim to disease, and the grief associated with illness and death.

III. Humanism amidst Inhumanity

Ross Halpin suggests that there are two common threads which run through Jewish medicine in the ghettos and concentration camps.¹⁵ The first concerns the cornerstone of the Jewish attitude towards life best expressed in *Deuteronomy* 30:19, “I call Heaven and Earth to witness against you this day, I put before you life and death, blessing and curse. Choose life so that you and your offspring would live.” The second thread centers around the juxtaposition of the earlier successes of Jewish physicians to the horrors of Nazi Germany. The stories of Jewish physician resistance in this section reflect precisely this struggle against death and towards life, to recover and maintain their identities as physicians, and to find and express hope.

As with all historical narrative, the story of Jewish resisters remains incomplete. Hundreds who acted with great courage are known; yet there are likely thousands who resisted in unknown ways. Similarly, no account we could give of Dworzecki, Fleishmann, Frankl, and Perl could sufficiently catalogue their contributions, let alone fully tell their stories. We therefore select only aspects of their experiences that we believe contain insights for contemporary medicine.

¹⁴ Adina Blady Szwajger, *I Remember Nothing More: The Warsaw Children’s Hospital and the Jewish Resistance* (New York: Pantheon, 1991), 136.

¹⁵ Ross Halpin, “Jewish Doctors: A Place in Holocaust History,” in *Jewish Medicine and Healthcare in Central Eastern Europe*, eds. Marcin Moskalewicz, Ute Caumanns, and Fritz Dross 237-248 (Switzerland: Springer International, 2019), 240.

i. Dr. Mark (Meier) Dworzecki: Documentary as Resistance and Reflection

Dr. Mark Dworzecki (1908-1975) was instrumental in the emergence of a Jewish history of the Holocaust. He not only documented his own experiences in the Vilna Ghetto and slave labor camps, but also urged other prisoners to do the same.

In Vilna, where Dworzecki was responsible for children's health, he covertly documented the atrocities. In 1943, he was first imprisoned in Estonia, and thereafter was frequently relocated. Ultimately, he was incarcerated in seven different German concentration camps before he escaped from the Death March of 1945. In Paris, between 1945 and 1949, he wrote about the Holocaust for *The Survivors Press*, before going to Israel where he worked diligently to establish a Chair of Holocaust Studies at Bar Ilan University. This was the first of its kind and Dworzecki served as the inaugural faculty in that role, teaching Holocaust studies. Among his works, *Mahanot Hayehudim B'Estonia*, "is considered to be an authoritative source on the Nazi camps in Estonia and is used as a reference in current texts and encyclopedias of concentration camps."¹⁶

Dworzecki provided important witness, but his work also underscores the power of the documentary as an active form of resistance and reflection, beyond simply a passive cataloging of events. This is a methodology now deployed to physicians in training around the world, where medical schools and residency programs increasingly promote reflective writing about the profession as a means of making sense of one's experiences. Dworzecki saw his own work in precisely this light. Boaz Cohen writes, "As a physician, Dworzecki saw the Holocaust as a radical attack on the medical profession and its values. He juxtaposed the German medical profession and its complicity in The Final Solution with the heroic work of Jewish doctors in the ghettos and camps... [he] regarded his writings almost as an affirmation of humanity in the face of bestial inhumanity."¹⁷

Motivated by his need to document events as a way of capturing not only the essential humanism of medicine, but the ethical responsibility of physicians to maintain it even in the face of unprecedented tragedy, Dworzecki conducted extensive research and published widely on medical issues during the Holocaust. In 1948, he dedicated an original poem entitled *Help Me Tell what I Have Seen* to, "the chroniclers in the ghettos, concentration camps, cellars, and attics..., the remnants," an excerpt of which reads:

¹⁶ Boaz Cohen, "Dr. Meir (Mark) Dworzecki: The Historical Mission of a Survivor Historian," *Holocaust Studies: A Journal of Culture and History* 21, no. 1-2 (2015): 34.

¹⁷ *Ibid.*, 25.

And deep inside I cry a prayer
Do not silence the Survivors before they pass on their heritage
That heritage that is both a curse and a blessing
It is our sacred mission and our calling.¹⁸

Importantly, Dworzecki specifically documents resistance by doctors, describing how they risked their lives in the dual struggle against explicit Nazi violence and the epidemics of disease inherent to life in the ghettos and camps. In his memoirs from the Vilna Ghetto experience, Dworzecki commends the physicians who created a public health system, “designed to stymie the Nazi’s genocidal mission for as long as possible and vigilantly maintain this organization under increasingly dire circumstances.”¹⁹ In *Kampf Far Gesund In Ghetto Vilna*, Dworzecki points out that Jewish physicians in the ghetto, “started their struggle for the health of the ghetto population, every day waiting for death..., convinced that to protect the ghetto against epidemics meant to preserve it from early annihilation.”²⁰ In 1946, Dworzecki wrote that doctors during the Holocaust, “took up a special place, knowing how to preserve the human image amid the agonies of the ghetto and to instill hope and comfort in hearts until the last moment.”²¹

Vilna, as was the case with most other ghettos, was eventually liquidated and the inhabitants were deported to concentration camps. But in capturing how Jewish physicians were able to withstand the Nazis inhumane overcrowding, exposure, and starvation, Dworzecki’s work illuminates the commitment of physicians to public health. Dworzecki shows us medicine’s role in social justice, a medical ethics that looks beyond the interpersonal relationships of private clinical moments.

At the same time that he praised fellow prisoner-physicians, he reflected critically on the ethics of his own actions, some of which enabled him to survive while other physicians died. He wrote, “perhaps you were false to me – my Con-

¹⁸ *Ibid.*, 26.

¹⁹ McKenna Longacre, Solon Beinfeld, Sabine Hildebrandt, Leonard Glantz, and Michael A. Grodin, “Public Health in The Vilna Ghetto as a Form of Jewish Resistance,” *American Journal of Public Health* 105, no. 2 (2015), 294.

²⁰ Steven P. Sedlis, “The Establishment of a Public Health Service in The Vilna Ghetto,” in *Jewish Medical Resistance in the Holocaust*, ed. Michael A. Grodin, 148-154 (New York: Berghahn Books, 2014), 153.

²¹ Quoted in Miriam Offer, “Coping with the Impossible: The Developmental Roots of the Jewish Medical System in the Ghettos,” in *Jewish Medicine and Healthcare in Central Eastern Europe Shared Identities, Entangled Histories. Religion, Spirituality and Health: A Social Scientific Approach*, eds. Marcin Moskalewicz, Ute Caumanns, and Fritz Dross, 261-277 (Switzerland: Springer International, 2019), 264.

science – while being tortured... Perhaps you sold me for the price of staying alive.”²² He similarly reflected on how the Holocaust had forced confrontation with the “beast in man,” which referred not only to the Nazis, “but also to those of their victims who had failed the test.”²³ He ultimately reassured himself that he did not violate his ethical standards and explored moments when he risked his life to save other prisoners. But the unsettled character of this internal dialogue demonstrates the power of reflection for personal growth and its value for medicine as it confronts ethical ambivalence.

As a prisoner and later as a free man, Dworzecki’s writings posed questions not only about his own behavior under stress, but of what he called “the world of the apathetic – the world of our neighbors in Europe, the world of the Poles, Lithuanians, the Russians and the Ukrainians, the Estonians, the French, the Belgians”²⁴ He saw his historiography as calling out for “sociological and moral research” that would examine the attitude of those neighbors and explicitly called for investigating the both active and passive complicity of Christian churches.²⁵ In other written reflections, he focused on the behavior of Jews under Nazi occupation and in the free world. Dworzecki’s work was so respected that he was the only university faculty member to be included in the Yad V’Shem Circle.²⁶ But his work includes special lessons for medicine and medical ethics – about reflexive documentary as an act of professional virtue – to which we will return in the final section of this article.

In the first two decades after the war, the study of Jewish medicine during the Holocaust was led by the survivor physicians, with Dworzecki chief among them. After his death in 1974, as well as the passing of other physician-survivors, there was a noticeable decline in this important area, lessons from which remain significant for contemporary medicine.

ii. Dr. Karel Fleischmann: Art as Hope amidst Hopelessness

Like Dworzecki, Dr. Karel Fleischmann struggled both to document the horrors around him and to make sense of them. Rather than historical documentary, however, Fleischmann turned primarily to art.

²² Quoted in Daniel S. Nadav, *Medicine and Nazism* (Jerusalem: Hebrew University Magna Press, 2009), 101.

²³ Boaz Cohen, “Setting the Agenda of Holocaust Research: Discord at Yad Vashem in the 1950s,” in *Holocaust Historiography in Context: Emergence, Challenges, Polemics and Achievements*, eds. D. Bankier, and D. Michman, 255-292 (New York: Berghahn Books, 2008), 271.

²⁴ *Ibid.*, 275.

²⁵ *Ibid.*

²⁶ Dan Michman, “Is there an Israel School of Holocaust Research?” in *Holocaust Historiography in Context: Emergence, Challenges, Polemics and Achievements*, eds. D. Bankier, and D. Michman, 37-66 (New York: Berghahn Books, 2008), 43.

Fleischmann (1897-1944) was born in Klatovy, in the Austro-Hungarian Empire. He studied painting and drawing in Prague while in medical school and also wrote poetry and prose. In 1937, he published a series of lithographs and he was a founder of the “Linie” (The Line) Avant-Garde Artists Association. As a physician, he practiced dermatology in Ceske, Budejvice. Unlike Dworzecki, he did not survive the Holocaust, but was murdered in the crematoria of Auschwitz in 1944.

On April 18, 1942, Fleischmann was deported to what was known as Terezin (to the Czechs) and Theresienstadt (to the Nazis), which housed both a ghetto and concentration camp. As the Assistant Director of the Health Department, he had oversight for the welfare of elderly prisoners. Upon arrival in Terezin, Fleischmann found the medical conditions in the ghetto infirmary to be deplorable. He saw so much human suffering: “hunger, fear, overcrowding, sickness, deportation, brutality and murder.”²⁷ After long days looking after the health of the prisoners, “Fleischmann often worked at night to capture in his artwork the horrors of what he saw during the day: the constant struggle of Jewish children, adults, the invalid, and the elderly to survive.”²⁸ In his poem, *Transport*, he describes Jews leaving for the death camps and ends the poem in Hebrew, “Baruch Atah” adapted from the Book of Job 1:21. This verse, which reads in full, “The Lord has given, the Lord has taken, blessed be the name of the Lord,” has been recited by Jews for centuries at the approach of death and by relatives at their time of loss.

Fleischmann was among the most renowned of the many artists in Terezin. Nora Levin writes, “More than death, they feared that the world would never know what they were enduring, and worse, that they would not be believed.”²⁹ Though he perished, Fleischmann’s art survived to tell his story. Where Dworzecki wrested meaning largely from acts of writing, Fleischmann largely used art as a means of documenting his observations.

Beyond a methodological contribution, however, in Fleischmann, we can see how hope is inherent in art. Fleischmann’s clandestine creative endeavors were dangerous; had his work depicting the horrors of Terezin been discovered, he would have been tortured and likely murdered. Despite the circumstances, his early Terezin art and poetry reflects a measure of optimism. At the bottom of a painting of children walking, each with a backpack, he wrote a poem about survival:

²⁷ Leonard J. Hoenig, Tomas Spencer, and Anita Tarsi, “Dr. Karel Fleischmann: The Story of an Artist and Physician in Ghetto Terezin,” *International Journal of Dermatology* 43, no. 2 (2004): 131.

²⁸ *Ibid.*

²⁹ Quoted in Mary S. Costanza, *The Living Witness: Art in the Concentration Camps and Ghettos* (New York: The Free Press, 1982), xiii.

One of us
 Will teach the children to sing again
 To write on paper with a pencil
 To do sums and multiply,
 One of us
 Is sure to survive.³⁰

By 1944, however, there was no longer a shred of optimism in his writing: “[Terezin] is a splendid terror. It is a struggle of white corpuscles against fever. It is an enormous field hospital next to the front, disturbed by the din of battle taking place nearby... Whither does time gallop like a madman for those candidates for death.”³¹

And yet this represents a profound paradox. Art fundamentally reaches out with meaning and humanity, implicitly full of hope, even if it is ostensibly about despair. In medicine, a discipline essentially constructed to battle against death, yet faced daily with its inevitability, recovering hope from hopelessness is a significant act of medical humanism.

iii. Dr. Viktor Frankl: The Meaning of Suffering

Dr. Viktor Frankl (1905-1997) is the most recognized and widely read physician-survivor. Frankl was a neurologist and psychiatrist who founded logotherapy. He survived Terezin, Auschwitz, Kaufering, and Turkheim. In both Terezin and Auschwitz, he was revered as a healer and protector.

Soon after Frankl arrived in Terezin, Fleischmann appointed him head psychiatrist. Frankl established a multi-disciplinary group, deemed the “Assault Squad,” to engage despondent prisoners, particularly those expressing suicidal thoughts. Fighting despondency among prisoners possessing every reason to be wholly despondent is existentially charged work. While Fleischmann’s resistance to hopelessness was implicit in his art, Frankl spent his remaining years explicating it as a life-philosophy and a clinical therapy.

Inspired by the paradoxes he confronted, Frankl initially wrote, *Man’s Search for Meaning*, while in Terezin and protected the manuscript in his coat when he was transported to Auschwitz. When the coat, with the manuscript, was taken from him, he was despondent. However, he found in the inner pocket of his new coat the words of *Shema Yisroel*, the prayer of faith affirming the Jews faith in God. This galvanized his faith that the Holocaust would one day end and he would rewrite his book. After liberation, Frankl completed a re-write of his seminal book in just nine days. To date, *Man’s Search for*

³⁰ Ibid., xvi.

³¹ Nadav, 63.

Meaning has been translated into more than two dozen languages and has sold over ten million copies.

From these and other lessons in hope, Frankl's approach was to help prisoners find something to live for, something unique to that individual – whether it was to be a father to a hidden child or to complete some unfinished scientific research. The notion of purpose became central for him; to help his fellow prisoners save themselves from an existential void in which nothing else was possible became his primary act of medicine.

In *Man's Search for Meaning*, Frankl recounts several stories that demonstrate the importance of purpose and faith in the future. As one goes, his senior block warden, a well-known composer, confided in him about a dream he had in February of 1945:

I would like to tell you something, Doctor. I have had a strange dream. A voice told me that I could wish for something, that I should only say what I wanted to know, and all my questions would be answered. What do you think I asked? That I would like to know when the war would be over for me.³²

His dream, full of hope, forecasted that the camp would be liberated in forty days (at the end of March). On March 31, still imprisoned in Auschwitz, the composer died.

Shortly after the story above, Frankl describes another moment in Auschwitz when he practiced a kind of “group therapy.” A senior block warden asked him to speak to prisoners after someone had broken into a storage area and stolen some potatoes. It was clear that some of the other prisoners could identify the culprit. In turn, the camp commanders issued an ultimatum: turn in the guilty man or the whole camp would go hungry for one day. All 2,500 men chose to go without food. Frankl spoke to the men in his block on the evening of this unexpected “day of fasting.” He wrote, “God knows, I was not in the mood to give psychological explanations or to preach any sermons – to offer my comrades a kind of medical care of their souls. I was cold and hungry, irritable and tired, but I had to make the effort and use this unique opportunity. Encouragement was now more necessary than ever.”³³ At one point, perhaps as much to himself as to the men, Frankl quoted Nietzsche saying “that which does not kill me makes me stronger.”³⁴ The general themes of his remarks focused on ways to give their lives meaning, suggesting that each person 1) reflect on another person to whom he felt a close relationship,

³² Viktor E. Frankl, *Man's Search for Meaning* (New York: Washington Square Press, 1984), 98.

³³ *Ibid.*, 102.

³⁴ Anna S. Redsand, *Viktor Frankl: A Life Worth Living* (New York: Clarion Books, 2006), 76.

2) reflect on a goal that he could actualize if he survived, and 3) accept that there is meaning to one's suffering.

Throughout accounts of Frankl's experiences in the ghetto and death camps, two consistent messages emerge. The first is that one must believe in others. The second is "there must be a spark, a spark of search for meaning."³⁵ While this powerful message of the psychology of hope might promote romanticized ideas about Frankl's own psychological achievements, in his book, *Recollections*, written two years prior to his death, he revealed that even at age 90 he still suffered from nightmares.³⁶ Yet this underscores even further the value of his work: He affirmed life even as he was constantly reminded of the witness that he bore of man's inhumanity to man. The themes of his work certainly inform how a physician might make sense of their own work, even at times when it feels ineffectual in the face of countervailing powers, be they social or institutional constraints or the natural enemies of disease, suffering, and death.

iv. Dr. Gisella Perl: Resistance and Moral Courage

Dr. Gisella Perl (1907-1988) was a gynecologist and director of a small hospital in Sighet, Hungary (now Romania). Perl's sole literary contribution was a 1948 book titled, *I Was a Doctor in Auschwitz*,³⁷ which was the basis for the 1998 Showtime film, *Out of the Ashes*.

In the opening chapter of her memoir, Perl recounts a story that reflects the unpredictable terms of life. In December 1943, prior to being taken by the Nazis, she was visited by a medical representative of I. G. Farben, Dr. Kapezius. "Believe me," he said, "there are many people in Germany who, like me, live only for the day of liberation."³⁸ She invited him to her home to meet her husband and son, continuing, "As the evening wore on, our confidence in Dr. Kapezius' sincere love for freedom and his hatred for the Nazis grew until our dreams of post-war Europe became bolder and bolder." Upon leaving the Perl home, Kapezius shook her hand and admired her wristwatch. Five months later, in the second month of her internment in Auschwitz, Perl had just recovered from a suicide attempt, when she saw Kapezius again. She was shocked to learn that the same man who had disavowed Nazism was now serving as camp commander of the most infamous concentration camp. She took note

³⁵ Viktor Frankl, "Why Believe in Others?" filmed May 1972 at Toronto Youth Corps, York ON, Canada, video, 4:01.

³⁶ Viktor E. Frankl, *Recollections: An Autobiography* (New York: Basic Books, 1997), 97.

³⁷ Gisella Perl, *I Was a Doctor in Auschwitz* (New York: International Universities Press, 1948).

³⁸ *Ibid.*, 14.

of the stark contrast between this conversation and their last; her head was now shaven and dirty rags covered her body. In a harsh tone, he said “You are going to be the camp gynecologist. Don’t worry about instruments, you won’t have any. Your medical kit belongs to me now along with that unusual wristwatch I admired. You can go.”³⁹

Working with a medical team of other prisoners, consisting of five fellow physicians and four nurses, Perl supervised a hospital for 32,000 Roma and Jewish women in Auschwitz. It is hard to conceive of the reality of the hospital. There were no beds, no bandages, no medications and no anesthesia. The work was made all the more difficult by the direct supervision and control of a Nazi physician. And perhaps even more unnerving were the moral dilemmas inherent to those conditions.

Perl described how during her early tenure at Auschwitz, pregnancy was punishable by death, and at the same time, so was performing an abortion.⁴⁰ So, she utilized the infirmary, called *The Revier*, to hide pregnant women, disguising them as pneumonia cases, while performing abortions covertly in the barracks at night. In doing so, she risked her own life to save the lives of others.

As a woman raised in a traditional Jewish home, Perl knew that Jewish law (Halacha) permitted aborting a fetus in order to save the life of the mother. She wrote, “Every time when kneeling down in the mud to perform a delivery without instruments, without water, without the most elementary requirements of hygiene, I prayed to God to help me save the mother [...] Every one of these women recovered and was able to work.”⁴¹ In this work, Perl functioned not only as a technician, but a source of comfort, reassuring her patients that the day would come when this “hell on earth” would be over and they would be able to have a child in the free world.

Many of Perl’s other notable acts of resistance centered on the orders of the infamous Josef Mengele. On one occasion, she and her friends were eating illegally acquired food when he unexpectedly entered. For that violation alone, all of the women could have been murdered. Knowing of his interest in obtaining dead fetal tissue for studies, however, she called his attention to an unusual preserved fetus. Mengele’s rage diminished and he said, “‘Good... Beautiful...’ and spoke of sending it to Berlin.”⁴² In another instance, Mengele ordered blood tests of every feverish patient to identify typhoid, a diagnosis that would have seen them sent directly to the crematorium. Instead, Perl and her team took blood samples from each other. “The tests were negative

³⁹ Ibid., 16.

⁴⁰ Ibid., 72.

⁴¹ Ibid., 81.

⁴² Ibid., 122.

and the patients saved,” she wrote.⁴³ Other stories of resistance punctuate her account.

A physician of strong principles and great courage, Perl survived the Holocaust and eventually practiced as an OB/GYN at New York’s Mt. Sinai Hospital, where she delivered over 3,000 babies. Prior to each delivery, she would pray, “God, You owe me a life, a living baby.”⁴⁴ While Dworzecki and Fleischmann largely represent instructive forms of introspection, and Frankl explicates a pedagogy of hope amid horror, Perl illuminates the morality of active resistance to oppression. Here again, while the inhumanity of the contexts cannot be compared, in Perl’s biography, there are nonetheless insights for physicians struggling against an array of strictures that pull away from their moral commitments and even at times run counter to the best interests of their patients.

IV. Lessons for Ethics and Humanism in Medicine

The lessons about how *not* to be inhumane in the context of medicine are brought into focus by the inhumanity of the Holocaust. But so too are lessons for the medical profession as it struggles to know what to do, how to engage patients, colleagues, and the public, and how to care for oneself in the overwhelming landscape of health and healthcare. This is not to compare the tribulations of the Holocaust to the challenges faced today, but simply to say that we can learn from that incomparable history. The four figures we have discussed, albeit briefly and selectively, possess such insights, both in what they explicate in their work and narratives and in what they have signaled by example. The moral sensibilities and professional virtues they rescued from an overwhelming inhumanity can serve as a guide to practitioners addressing questions of contemporary medical practice.

Endemic to medicine is disease and death, and, in turn, despair and hopelessness beckon. Successes against disease and dysfunction are rightfully celebrated, and yet the inevitability of loss highlights that victory against death will never fully be possible. *What, then, helps to raise one out of despair?* Perhaps especially from Fleischmann and Frankl, we can see powerful lessons about hope even amidst hopelessness. They show us that there is meaning and purpose to be found even in the most apparently senseless of tragedies and that doing so is necessary for living well, perhaps even for living at all. For physicians struggling to maintain hope, these meaning-making exercises are essential, whether that meaning is cultivated through artistic expression

⁴³ *Ibid.*, 94.

⁴⁴ Quoted in Nadine Brozan, “Out of Death, a Zest for Life,” *The New York Times*, November 15, 1982.

or conscious reflection about self and vocation. And these insights are particularly valuable as medical curricula increasingly promote different forms of self-reflection and mindfulness.

Since antiquity, medicine has been understood as a calling. It confers a high degree of professional latitude in conjunction with entailing an intimate connection between one's self and one's work. Yet today, we witness various forces of deprofessionalization, including models of managed care, increasing automation and algorithmic decisional tools, and the strictures of EMRs and billing requirements that can make a game out of matching quality patient care to reimbursable procedure codes. In the contemporary health care landscape, these shifts can be especially troubling to physicians who maintain deep personal connection to their work and responsibility to their patients. *How then can one maintain a sense of self amidst social circumstances that constantly assault it?* Each of the four figures discussed in this essay seem to have connected their sense of professional identity to personal acts of resistance; that is, they have implicitly or explicitly conceived of medicine as an act of resistance against suffering and death, no matter their origins. This boils down to locating the essential in medicine, perhaps best captured in the variously attributed aphorism, "cure sometimes, relieve often, comfort always." In a situation where their technical expertise may have been the least important capacity they could leverage, often completely useless in the face of overwhelming violence and epidemic, they nonetheless sought to comfort and not in a way that mourned what they could not do as physicians, but because of a sense that comforting is the essential act of doctoring.

This intersection of the personal and professional, however, certainly creates ethical dilemmas and gives rise to challenging questions: *What is altruism and what is its role in ethics? How far must a physician be committed to it under personal threat?* These questions remain essential in medicine today in the face of a range of dilemmas from care of contagious patients during epidemics to questions about patient abandonment in natural disasters or active shooter situations in a hospital. Dworzecki himself explicitly wrestled with these questions in introspective analysis of his own ethical choices. And while the specific boundaries between professional commitment and risk are deeply personal, all of the physicians we have profiled have in common that they made significant personal sacrifices as they engaged in their professional work. Adina Szwajger, the Warsaw Ghetto doctor quoted above also wrote, "You are a doctor in order to help people and not in order to be sentimental about yourself. In any case, when there is so much pain around you, enough to fill the world, it is different from being alone with your private disasters."⁴⁵

⁴⁵ Szwajger, 136.

In the most unimaginable horrific circumstances, Dworzecki, Fleischmann, Frankl, and Perl repeatedly put their own lives at risk in efforts to save their patients, but also by exercising other forms of resistance such as the simple act of documenting the horrors. Beyond the sacrifice for their patients, there is in these acts a personal sacrifice for the profession of medicine, a commitment to engagement with its values, in spite of the personal costs. Where medicine, as all professions, constitutes a “community of profession,” these personal sacrifices are deeply professional acts.⁴⁶

Finally, everywhere we turn in health and medicine we see vulnerability. Human frailty in the face of disease and death is shared by all, while specific inequalities of risk cascade through some groups far more than others. There are inequalities in health based on race, gender, or place; overt or implicit discrimination in the health care setting; and whole populations precariously situated in hierarchies of power that have life or death consequences, such as the cognitively impaired, children, or the elderly. *How then do we protect the unprotected?* In each of the four physicians we have chronicled we find relevant insights. Perl is the most directly interventional on this account, and importantly, her work shows that physicians, even from positions of near total structural powerlessness, nonetheless have powerful choices to make in the clinical care of their patients. Hers was not a large-scale undermining of an inhuman system, but hundreds of micro acts of resistance carried out in the intimate moments between a doctor and her patients. Frankl shows us that even the most vulnerable can resist victimization by recovering purpose, while Dworzecki and Fleischmann show that the profession itself must collectively resist the inculcations of its science for inhumane purposes, that it is in large part, the responsibility of doctors to ensure that medicine serves the vulnerable rather than generating vulnerability.

The nature of virtue is that it has something to say about ethics for all situations. Virtue transcends a particular ethically charged moment. It is the embodiment of ethics, not fundamentally about this or that action or choice. And so Dworzecki, Fleischmann, Frankl, and Perl, in their writings, and all the more so in the lives they led, have something to say about any question we could raise concerning ethics in medicine. This paper has sampled only a small selection of their stories and cast them towards a small selection of possible issues. To be sure, there is more to

⁴⁶ Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Harper & Row Publishers, 1970); William J. Goode, “Community within a Community,” *American Sociological Review* 22, no. 2 (1957): 195.

do. In the end, each wrought deeply human experiences from the deeply inhumane Nazi atrocities of the Holocaust. As the profession of medicine seeks to remain humane in the face of new forms of technocratization and bureaucratization, not to mention the age-old challenges of curing disease, the insights of these and other Jewish physicians during the Holocaust are infinite.

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