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Jewish Doctors' Challenges in the Death Camps: Ethical Dilemmas? Choiceless Choices? The Human Condition?

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Abstract

Most commentators have focused on ethical dilemmas and the idea that they were core to the actions of and decisions by Jewish doctors in SS concentration camps and ghettos during the Holocaust. While I recognize Jewish doctors did face ethical dilemmas, in this article, I shift my attention to include two other significant factors: choiceless choices, defined by the eminent Holocaust historian Lawrence Langer as “crucial decisions [that] did not reflect options between life and death, but between one form of abnormal response and another, both imposed by a situation that was in no way of the victim’s own choosing,” and the human condition, whereby decisions and actions were triggered by personal traits and past experiences in response to particular situations and circumstances. Inherent in all three factors is the tenaciousness of reality and how the abhorrent conditions, immorality, inhumanity and evilness cast a shadow over every moment of the Jewish doctor’s life. My thesis is that decision-making was not one-dimensional but multi-dimensional. For the Jewish doctor every incident became a source of dread and tragedy. They were often not trained to treat some diseases or perform surgery and lacked experience to work in such conditions and cope emotionally and psychologically. I will attempt to show that how a person responds to an ethical dilemma is based on his or her own experiences and reasoning, and how they reacted to sudden and inexplicable incidents that threatened life or impacted survival induced abnormal actions and decisions. As Jewish doctors they were driven to be healers, to be normal, but they were forced by circumstances to kill or become perpetrators, acting abnormally. Tragically the abnormal became the norm. The Jewish doctors were professionally trained and culturally socialized to continue their roles as doctors. Nevertheless, they were human and were driven by the innate will to live.

Key-words: *ethical dilemmas; choiceless choices; human condition; Jewish doctors; survive; Hippocratic oath; life; death*

“How did I keep alive in Auschwitz? My principle is: myself first, second and third. Then nothing. Then myself again – and then all the others. This formula expressed the only principle which was possible for Jews who intended – almost insanely intended – to survive Auschwitz.”¹

Dr. Ena Weiss

I. Introduction

In traditional Judaism, a cardinal law “requires the physician to do everything in his power to prolong life, but prohibits the use of methods that prolong the act of dying.”² This law remains a fundamental truth that dictates the reality of medicine as well as Jewish medical ethics. However, in the dark murderous days in the SS death camps in which every Jewish person was sentenced to death,³ almost every moral code and set of values, personal and professional, was ignored or abandoned by a certain number of Jewish prisoners including doctors. A void existed between theoretical law and reality as Jewish doctors were forced to abandon their core personal and professional ethical values in order to survive. The shame and disgust they felt in view of this aberrant behavior is expressed in the surviving doctor’s memoirs and diaries, such as in those of Gisella Perl, Louis Micheels, Miklos Nyszli, and Elie Cohen.

Why a doctor made decisions or acted in a particular way under such excruciating conditions is known only to him or her. While their memoirs provide some answers, nonetheless questions remain regarding their actions or motivations. We should take a more balanced view of the doctor as a healer and as a normal human being. So, we need to continually ask questions. How should the Jewish doctor be viewed in the death camps in her role when treating patients and what should our expectations be regarding what decisions were made? Must we view the Jewish doctor purely as a physician weighing which decision entailed the lesser evil, or should we view the Jewish doctor as a person, a human being with an innate drive to survive? As a Jewish prisoner with common human strengths and weaknesses such as resilience, compassion and empathy in the former and a person of fallibility, weakness, frailty, imperfection and vulnerability in the case of the latter? Was an ethical dilemma present when there was no doubt of the outcome? Although we acknowledge most Jewish doctors attempted to honor the Hippocratic oath,

¹ Lawrence Langer, *Versions of Survival: The Holocaust and the Human Spirit* (Albany, NY: State University of New York Press, 1982), 72 (the quote in the abstract is also from the same page); also Ella Lingens-Reiner, *Prisoners of Fear*, trans. Ilsa Barea (London: Victor Gollancz Ltd, 1948), 118.

² Fred Rosner, “The Jewish Patient in a Non-Jewish Hospital,” *Journal of Religion and Health* 25, no. 4 (1986): 31.

³ At the Wannsee Conference on January 22, 1942 the date on which the Final Solution was resolved and all Jews were sentenced to death and all SS camps became death camps.

what was the power of other forces such as the natural instinct to stay alive? The answers to these questions are important because it allows us to debate upon what grounds and for what reason decisions were made and actions taken.

My contention is that the human condition and the drive to survive were innate and powerful forces that drove Jewish doctors to make the abnormal decisions they needed to make in order to live. Under the terminal circumstances it is understandable that on occasion prisoner doctors would do anything, even kill another human, to preserve their own life. I propose that the decisions made by doctors were not one-dimensional or merely the response to a difficult question of ethics; rather, they were made in response to a combination of factors: *ethical dilemmas*, *choiceless choices* and the *human condition*.

To compare any facet of life in the SS extermination camps during the Holocaust with so called “ordinary life” in the Western world is impossible. According to Fred Rosner, Professor of Medicine at Mount Sinai School of Medicine and an expert on Jewish medical ethics, “right and wrong, good and evil are absolute values that transcend the capricious variations of time, place and environment as well as human intuition or expediency.”⁴ Their situation was unique because the whole apparatus of Auschwitz was industrial murder on a grand scale without morality, ethics and, in particular, without conscience. To survive, the abnormal became the normal and humans became animal-like. By way of a well-planned and efficient operation the SS either murdered the Jews upon arrival at the camps or commenced a program of genocide that first stripped each Jewish prisoner of their identity and humanness and finally of their mind and life.

Before expanding on my thesis, the following are brief examples of types of challenges faced by three Jewish doctors:

a. During roll call, when every tenth prisoner was executed and Dr. Albert Haas realized he was that next tenth prisoner, he switched places with a *Muselmänn* which in Auschwitz jargon was the name for a prisoner who had lost all hope and literally committed suicide by starving to death. He refused to work or obey orders such that he was beaten to death by SS guards and even at times by fellow prisoners. The prisoners had no regard or respect for the *Muselmänn* and despised them for their refusal to follow orders often meant all prisoners were punished. Haas acted to save his own life at the expense of his fellow prisoner. He was forced to act abnormally. He killed the *Muselmänn*. If he wanted to live, he had no choice but to take that action.

⁴ Rosner, 318.

b. Dr. Lucie Adelsberger, who worked in Birkenau, was forced to choose which patient was to receive medication and who would go without. Her decision was not made under threat to her own life, but medication was extremely scarce and her options were few. Her choices had consequences. Giving medication to one patient to save his or her life or to another to reduce his or her suffering caused the death or continued suffering of others. Her options were negligible since she could not rely on the benefits of triage due to the sheer number of patients and the grim shortages in medical supplies. Although her life was not threatened at the time, she was certain of her fate, sentenced to Block 11, the dreaded prison block where few came out alive, or execution if she refused to carry out orders.

c. Dr. Alina Brewda was allegedly observed having dinner, including wine, with some colleagues in her block. Patients under her care were sick and dying and all were malnourished. It is here Brewda had a choice. Either to share the food and beverage with the prisoners – particularly those in most need – or to feast on the food and wine with her colleagues. The importance of this decision is addressed further in the paper.

These same doctors were extraordinary by virtue of their acts of care and courage. Their position was enigmatic, since, on the one hand they were healers, yet on the other, according to Langer they were forced to make abnormal decisions to save the lives of others or to save their own life. The dilemma that confronted Adelsberger was different from that faced by Haas, yet both point to a common seed from which grew similar as humans. Regardless of any personal or professional ethics, human beings are driven by the human condition. This certainly was the case with Brewda, whose behavior appears selfish and abnormal, yet in Auschwitz it was normal. Thus, we have three cases, each of which represents a different scenario and separate responses according to the circumstances and conditions but which are each linked to a single factor: the intrinsic humanness of each person. Haas thought his life was threatened on a number of occasions and acted accordingly and, at times, not in the best interests of the prisoner. Despite his respect and commitment to the Hippocratic oath and his awareness of his obligations to patients, his actions on some occasions reveal he was driven by the will to live.

This brings up a range of perplexing feelings and thoughts about ethics, morality and the meaning of life. In the death camps every Jewish doctor was followed by the shadow of death and, paradoxically, frequently became the shadow of death that followed the Jewish prisoner. For example, sick prisoners were reluctant to report to the infirmaries and hospitals for fear of

being considered by both the Jewish and SS doctors as too weak to return to work and thus *selected*⁵ for execution. The uniqueness of the situation in the case of the doctor was the torment of the decisions that had to be made between the lives of patients on the one hand and the survival of the doctor on the other. Decisions were made on the conditions and circumstances at any one time and according to the natural instincts and past experiences of the doctors. Conjecture and opinion by historians and survivors can distort reality. Primo Levi, a survivor of Auschwitz and highly respected scholar and philosopher specializing in matters of the Holocaust, particularly Auschwitz, states that only the worst of the prisoners survived.

The ‘saved’ of the Lager were not the best, these predestined to do good; the bearers of a message... Preferably the worst survived, the selfish, the violent, the insensitive, the collaborators of the ‘grey zones,’ the spies. It was not a certain rule (there was none, nor are there certain rules in human matters), but it was, nevertheless, a rule... The worst survived – that is, the fittest; the best all died.⁶

Levi doesn’t distinguish between the different types of survivors. Does he include the Hungarian Jews who arrived in the six months before Auschwitz was liberated? Or prisoners who worked as clerks in the Schreibstube (the administration office), gardeners or Jewish doctors? Labelling all survivors as the “worst” is arguably misleading.⁷ According to the memoirs of survivors, the worst of the prisoners who survived were the Kapos (prominent prisoners who oversaw the blocks and work gangs) and Blockälteste (the block elders who were Kapos and in charge of prisoner blocks). I could find no evidence to suggest that Jewish doctors were violent or cruel, although some of their actions were inarguably not exemplary.

Literature addressing Jewish doctors and the Holocaust, particularly that written since the beginning of the 21st century, has emphasized ethical dilemmas as the main source of discord when making clinical decisions. It is paradoxical that in an effort to save a patients’ life, suffering a high fever

⁵ Selections occurred mainly in the hospitals and infirmaries. The Jewish doctors were ordered to select a certain number of Jewish prisoners too sick to return to work to be executed. The executions were carried out by Phenol injections, firing squad, or through the gas chambers. The Jewish doctors would be given a number – 20 prisoners – and they selected the number required who were presented to a SS doctor who authorised the execution. This was one of the most onerous tasks of the Jewish doctor.

⁶ Primo Levi, *The Drowned and the Saved*, trans. Raymond Rosenthal (London: Abacus, 1989), 62.

⁷ I have no evidence who or what groups survived and Levi doesn’t provide details or evidence of his accusations.

indicating typhoid, a doctor in the name of medical ethics would falsify medical records with the likely consequences of exposing hundreds of prisoners to the deadly disease. On one occasion Elie Cohen, the doctor of a block, suspected a prisoner with a high fever may have had typhus or malaria. Cohen decided to take a swab to the pathologist. The prisoners disagreed with his decision, aware they were potentially indirectly exposed to the virus. Upon returning Cohen discovered the sick prisoner had been murdered. Thus, Cohen faced his ethical dilemma by taking steps to save the patient, yet put at risk the lives of hundreds of prisoners. If a prisoner was found to have a fever, the policy of the SS was to murder the suspect prisoner and all block prisoners. The block was usually burnt to the ground. Did Cohen have the right to put the lives of hundreds of prisoners at risk to save one prisoner?

II. Moral Requirements

From a philosophical perspective, it is difficult to argue Jewish doctors were expected to act in accordance with a normal theory of ethics or standard of morality – be it utilitarianism/consequentialism, deontological or another framework. I would argue the label the theory of ethics befitting the abnormal actions of and decisions by the doctors as that of utilitarianism with the consequences of caring for the fate of the many as opposed to the few. This was not always the case for many decisions were made to benefit the self.

Collective consequentialism is a theory of pattern-based reasons and, according to Derek Parfit, the distinguished late 20th and early 21st century British philosopher, “it claims that you should play your part in the best pattern of action performable by your group, because it is your part in this best pattern.”⁸ This was the case when Cohen murdered and continued to kill individual prisoners to save members of his block. A doctor treating patients attempting to distribute scarce drugs would be considered virtuous; however, the decisions made could be colored by influencing factors such as nationality, or in such cases whether or not the patient could pay for medication or bring their own medical supplies and medication. A doctor could be considered virtuous when dispensing drugs; however, in reality the drug was chosen not for the specific illness or injury but according to availability and access. Still, whatever the decision the doctor would have been aware that a life saved meant a life lost. The ethical theory of deontology based on the premise that the morality of an action is based on the action itself being right or wrong rather than consequences being good or bad. Good and evil, right and wrong, are definitive values that go beyond the unpredictable variations in time, circumstances and conditions as well as human belief or anticipation.

⁸ Derek Parfit, *Reasons and Persons* (Oxford: Clarendon Press, 1987), 31.

Under every measure, and endorsed by two survivors of Auschwitz, imminent philosophers Primo Levi and Jean Améry, the circumstances facing the Jewish doctors and the prisoners were unique and beyond judgement. Another Auschwitz survivor testified:

The camp had its own ethics, its own idea of right and wrong. It was the ethics of misery, boundless poverty and total humiliation of a human being. Thoughts seized, bodies suffered, souls died or fell into nothingness.⁹

Based on the above comments, the SS camp had abandoned ethics, goodness and decency, replacing them with their own standards, those of immorality, destructiveness and genocide. The Jewish doctors attempted to adhere to their own values that could normally be measured by reference to ethical theories and of course a code of medical ethics. Deontology suggests actions are good or bad according to a clear set of rules. Utilitarianism is a normative ethical theory that places the locus of right and wrong solely on the outcomes (consequences) of choosing one action over other actions. As such, it moves beyond the scope of one's own interests and moves beyond the self to the interests of others. The dominating factor when facing ethical dilemmas in the extermination camps was the perseverance of reality. Two cases can be compared which may appear the same at first, yet due to circumstances are different.

An actual case is that of Elie Cohen who was forced to make the decision between the life of one prisoner and four hundred prisoners including his own life and a hypothetical case¹⁰, introduced by the British philosopher Dr. Bernard Williams, of Jim and Pedro, in which Jim is confronted with the ethical dilemma of killing one person or causing the death of twenty people.

In both cases it is a question of the execution of one prisoner to save the lives of many prisoners. In Cohen's case his life would have been lost along with the four hundred prisoners, however Jim's life is not in danger if he fails to carry out Pedro's orders. Although Cohen was aware that as a doctor he was crossing the line by taking a life, his actions were to save the lives of four hundred prisoners by killing one prisoner. Or to save the life of one prisoner and cause the death of four hundred prisoners. Saving four hundred prisoners, including the self, was a normative ethical action with the consequences of saving the life of the majority. Cohen knew the reality of his situation. He was certain one or four hundred prisoners were going to die. Jim, on the other hand,

⁹ Paul Rosenzweig, "Written Testimony of Document 0-3/437," *Yad Vashem Archives* (1948): 59.

¹⁰ Christopher Woodward, "Pedro's Significance," *Southern Journal of Philosophy* 47, no. 3 (2009): 301-319.

is in a different position because his life is not threatened, he doesn't know any of the prisoners and has no attachment to them culturally or socially; he also doesn't know Pedro. In addition, he is not a doctor and has no allegiance to a sacred code of ethics. In reality, he doesn't know if Pedro will kill the rebels if he refuses to kill the prisoner. He also doesn't know if Pedro will kill the remaining prisoners even if Jim does kill the prisoner. Cohen's goal was to survive and to save the life of four hundred other prisoners. Jim could walk away because his own life was not threatened and he had no allegiance to the twenty native Indians. Nevertheless, according to Williams if Jim does nothing and Pedro kills the American Indians, Jim is responsible for killing the Indians. Jim is committed to a doctrine of negative responsibility. In this case Williams loosely equates consequentialism with *negative utilitarianism* saying "[...] if I am ever responsible for anything, then I must be just as much responsible for things that I allow or fail to prevent, as I am for things that I myself, in the more everyday restricted sense, bring about."¹¹

The two cases demonstrate the complexity and intricacy of inconceivable ethical dilemmas. Both are ethical dilemmas with terrible consequences as a result of abnormal decisions and reliant on the human condition.

III. Ethical Dilemmas

The doctors' situation during the Holocaust was unique. The structure of the medical system in the camps was organized to ensure the Jewish doctors participated in every program and policy involving the treatment and the eventual death of Jewish prisoners. This involvement gave legitimacy to the actions and policies of the SS doctors. The master/servant relationship between the Jewish doctor and the SS doctor solidified and crystalized that association evidenced by the absence of freedom of choice or rights and living under the fear of death or torture for the slightest infringement. Associate Professor Karen Allen of Oakland University's Social Work program states there are three conditions that must be present for a situation to be considered an ethical dilemma:

The first condition occurs in situations when an individual must make decisions about which course of action is best. Situations that are uncomfortable but that don't require a choice, are not ethical dilemmas [...] The second condition for an ethical dilemma is that there must be different courses of action to choose from.

¹¹ Steven Cahn, and Peter Markie, *Ethics: History, Theory and Contemporary Issues* (Oxford: Oxford University Press, 2016), 612.

Third, in an ethical dilemma, no matter what course of action is taken, some ethical principle is compromised. In other words, there is no perfect solution.¹²

Allen's definition is acknowledged and applicable to most situations in which a decision must be made between two options, each of which entails an ethical compromise. It is, however, not a very useful way of understanding the decisions Jewish doctors were forced to make when decisions lay outside any usual considerations of an ethical dilemma. Their position was incongruous and absurd, yet it was reality. Factors, such as, death, torture, imprisonment, and loss of privileges that influenced and determined doctor's decisions and actions, were basically set in stone.

According to Dr Lings-Reiner, a survivor of Auschwitz and author of *Prisoners of Fear*, as a result of her successful efforts to save a prisoner's life another prisoner was condemned to death:

[...] by facing a great risk, I had achieved nothing. If I rescued one woman, I pushed another to her doom, another who also wanted to live and had an equal right to live. "We'll have to take another in her place." And for this I risked never seeing my child again! Was there any sense in trying to behave decently? It was difficult not to despair.¹³

The doctors were confronted with many tasks that compelled them at times to abandon beliefs, ethics, laws, customs, conduct and conventions. A doctor might participate in a selection, distribute scarce medications or carry out an abortion, all in the one day, tragically much of which led to the death of or increased suffering by patients. The most sacred tenet of the Hippocratic oath was to do no harm, yet a patient or prisoner died or suffered because of the decisions of a doctor.

Dr. Adina Blady Szwajger, a survivor of the Warsaw ghetto, recalls her dilemma when she learned that the children in her hospital were to be sent to Auschwitz. She was aware of the terrible suffering they would inevitably endure and made the decision to kill the infants and children before the Nazis could take them:

I took the morphine upstairs. Dr Margolis was there and I told her what I wanted to do. So, we took a spoon and went to the

¹² Karen Allen, "What is an Ethical Dilemma?" *The New Social Worker*, https://www.socialworker.com/feature-articles/ethics-articles/What_Is_an_Ethical_Dilemma%3F/.

¹³ Lings-Reiner, 92.

infants' room [...] so now I poured this last medicine into those tiny mouths... So, they lay down and after a few minutes – I don't know how many – but the next time I went into the room they were asleep.¹⁴

In her memoirs, Blady Szwajger infers that she had “no choice.” Morally she thought it was the right thing to do. Philosophically, the theory of utilitarianism – of deciding what action will achieve the greatest good for the greatest number – would explain Blady Szwajger's decision. While we would not normally term choosing to kill children ‘achieving the greatest amount of good,’ Blady Szwajger was striving to create the least amount of harm by preventing a greater amount of suffering she felt certain the children would otherwise have to endure. Arguably, it is a complex case of facing not only an ethical dilemma but also the forces of the human condition of empathy, fear, anxiety, foreboding and other emotions. The fate and suffering of the children were uppermost in her mind. The case of Blady Szwajger is indicative of the complexity encountered when examining ethical dilemmas faced under extreme adversity and when the victims are facing a death sentence. Lingens-Reiner, recalls:

In fact, in our situation normal principles of human and professional ethics broke down, because the problems we had to face were previously non-existent, and in dealing with them we did not know what to do.¹⁵

Albert Haas' response to a situation that falls into the category of an ethical dilemma occurred while he was operating on a fellow prisoner:

I had a split-second decision to make [it]. Should I use some priceless Evipan on an apparently unconscious and dying man, or save it to barter for life sustaining favours? I decided to save it, and prayed that the man on the table would die before I began to cut. As a doctor in Gusen II, I had to make such terrible choices almost daily.¹⁶

Haas faced the dilemma of choosing between the self and the patient. He chose himself over the patient by withholding valuable Evipan that could relieve the pain and suffering of a patient during his last moments before death. He was

¹⁴ Adina Blady Szwajger, *I Remember Nothing More: The Warsaw Children's Hospital and the Jewish Resistance*, trans. Tasja Darowska, and Danusia Stok (London: Collins Harvill, 1990), 57.

¹⁵ Lingens-Reiner, 12.

¹⁶ Albert Haas, *The Doctor and the Damned* (New York: St Martin's Press 1984), 5.

well aware of what he was doing and why. Haas was anticipating his future, thinking of his survival. Although his life was not in immediate danger, under the horrendous conditions and circumstances, Haas, like most prisoners, had developed what Simon Baron-Cohen describes as a deep-seated self-centeredness.¹⁷

There were doctors who committed suicide rather than behave according to Hobbes' Law of Nature as did Haas and Blady Szwajger, or question their obedience to the Hippocratic Oath as did Lingens-Reine.

IV. Choiceless Choices

Dr Elie Cohen was the doctor in the "lunatics room" of his block and was ordered to keep the patients quiet. It was made plain to him by the *Blockarzt* (prisoner block doctor) on instruction from the *SS Schutzstaffel* (SS) that he and all the prisoners in his block would be executed if there were any further disturbances, particularly if prisoners attempted to escape. After consulting with Valentin, a fellow prisoner, Cohen saw no other option than to kill the next prisoner who, by creating a disturbance attracting the ire of the SS, posed a threat to Cohen's life and that of the other prisoners. Aware of the murderous intentions and history of the SS, Cohen sought the help of a fellow prisoner, Valentin, to kill the next offending prisoner:

And [...] it's always the first step that counts. For a few weeks later, it happened again. But by that time, I had far fewer scruples about going upstairs again and saying to Valentin, 'Same old thing. We'll have to do it again.' And we did too, and that man died as well. It was quite simple, of course, for you just filled something on the deceased's cards. Pneumonia [...] anything you liked. For it was all a farce in that room. I kept a very neat chart for each patient, showing his temperature and even the medicines we were giving him. Or were not giving him, even though they were entered on his chart.¹⁸

The language Cohen uses, particularly "Same old thing [...] I kept a very neat chart for each prisoner,"¹⁹ suggests his actions were mechanical and he had

¹⁷ Simon Baron-Cohen, *Zero Degrees of Empathy: A New Theory of Human Cruelty* (London: Allen Lane, 2011), 29.

¹⁸ Elie Cohen, *The Abyss: A Confession*, trans. James Brockway (New York: WW Norton & Co., 1973), 88-89.

¹⁹ *Ibid.*, 89.

become emotionally disconnected. Cohen's position and circumstances were unlike Jim's in the Jim and Pedro case. Jim's life was not under threat. Jim had a choice to kill or not to kill the prisoner. Cohen was certain the SS would murder all of the prisoners including Cohen if he did not stop the prisoner from attracting unfavorable attention or attempting to escape. Pedro's response to Jim's decision was unknown. To ensure he lived, Cohen thought he had one choice- murder the disruptive prisoner- while Jim had two choices, both of which it was highly likely he would survive. The policy and history of the SS and the experience of Cohen as a witness to murderous events in the camp convinced him that to escape death abnormal action was needed. He was faced with no other choice but to kill and keep killing disruptive patients or any who attempted to escape. At the same time his decision had the consequences of saving hundreds of fellow prisoners. He was forced to act in a manner that was completely foreign and abnormal to his normal professional and personal standards. In terms of the moral philosophical theory of consequentialism, Cohen's actions focused on maximizing the overall good; the good of others as well as the good of himself.

It wasn't until after liberation that Cohen revealed the depth of his guilt and shame and the heavy burden he carried for his actions. Despite these misgivings he admitted, "That will to live, that forcing yourself to carry on, that survives. It just happens to be like that."²⁰

Gisella Perl found herself in a similar position in which it became necessary for her to kill a baby to save her own life, the life of the mother and of many other pregnant women:

The third day Yolanda's little boy was born. I put her into the hospital, saying that she had pneumonia – an illness not punishable by death – and hid her child for two days, unable to destroy him. Then I could not hide him no longer. I knew if he were discovered, it would mean death to Yolanda, to myself and to all these pregnant women whom my skill could still save. I took the warm little body in my hands, kissed the smooth face, caressed the long hair – then strangled him and buried his body under a mountain of corpses waiting to be cremated.²¹

Perl clearly felt devotion to the child but knew the eventual fate of herself and the mother depended on the fate of the child. Perl decided to save pregnant women. As a victim of betrayal by Mengele which resulted in the

²⁰ Ibid., 84.

²¹ Giselle Perl, *I Was a Prisoner in Auschwitz* (North Stratford, NH: Ayer Company Publishers, 1984), 82.

death of many pregnant women, Perl swore to save as many such women as humanly possible. According to her memoirs Perl's actions were founded on decisions that went beyond an ethical dilemma. Her decisions and actions to save her own life and that of the mother would be considered choiceless, albeit intertwined with reactions of revenge, resistance, survival and empathy and sympathy related to the human condition. Of course, Perl was confronted with ethical dilemmas in performing abortions and killing newborns; nevertheless, it was the act of betrayal by Mengele that resulted in the death of many pregnant women that drove her to obsessively seek out and abort the fetuses:

I stood rooted to the ground, unable to move, to scream, to run away. But gradually the horror turned into revolt and this revolt shook me out of my lethargy and gave me a new incentive to live. I had to remain alive. It was up to me to save all the pregnant women in camp C from this infernal fate. It was up to me to save the life of the mothers, if there was no other way than by destroying the life of their unborn children.²²

At the beginning of her memoir Lucie Adelsberger recounts her agony when faced with the dilemma of whether she should euthanize her invalid mother and save her from the clutches of the SS. Many children killed their elderly and sick parents to save them from the Nazis. Adelsberger felt unable to kill her mother because of who she was and because of her commitment as a doctor to do no harm. She arrived in Auschwitz in May 1943 and worked in the hospitals and infirmaries in Birkenau including the gypsy camp. Tragically, time, circumstances and experiences in the camp dramatically changed her philosophy on life. During the infamous Death March, Adelsberger was giving support to a young girl. They were both tiring, and she realized that she would not survive if she continued to allow the girl to hold onto her shoulder. Despite knowing that the young girl would be shot or beaten to death if she fell, Adelsberger released the girl's arm. Adelsberger survived the March. Did Adelsberger have another option that would save both her and the girl? This was not a case of an ethical dilemma but one of survival. Based on her strong will to live and her rationale at the time, Adelsberger believed she had no choice but to let the girl fend for herself.

²² *Ibid.*, 154.

V. The Human Condition

According to Hannah Arendt, the German-American philosopher and political theorist, the human condition²³ is an inherent part of humanity not dependent on race, color, gender, religion or social class but relating to an individual's search for pleasure, indulgence, security, safety, personal relationships and survival and an understanding and acceptance of hardship, suffering and the inevitability of death. To continue a more thorough examination of the human condition is far beyond the scope of this article. Suffice to say Arendt's theory emphasizes *vita activa* (the active life) and *vita contemplative* (the contemplative life) both of which are part of the human condition. In this article, focus is placed on the *vita activa*.

Olga Lengyel, a nurse who was considered a medical doctor in Auschwitz, revealed an occasion when she and her friend were faced with a decision between their own well-being, the wishes of a *Blocova*, the barrack or block chief in the women's camp, the *Califactorka*, the *Blocova*'s personal maid, and the suffering and dying Jewish prisoners.

The *Califactorka* signalled to us. 'I will make a deal with you,' she said in a low tone. 'Bring me a few aspirin tablets and I will give you a bit of *plazki* [potato pancake]. I have a bad pain in my ear, and I don't want to wait in line outside the infirmary.'²⁴

Lengyel knew they faced a dilemma as aspirin was scarce in the camp. Irrespective of this, she acknowledged the issue for her and the friend was about personal gain. Both prisoners were aware they had other options, such as encouraging the *Califactorka* to stand in line with other privileged prisoners and obtain the pills. Alternatively, they could report the prisoner to the SS. Lengyel and her friend were hungry and the aroma of the *plazki* (potatoes) tormented their nostrils. They agreed to hand over the aspirin for the *plazki*, rationalizing that their actions saved the *Califactorka*'s valuable time by her not having to stand in line. Lengyel expressed shame and felt the need to justify her actions saying, "But we were at Birkenau-Auschwitz, and we were starved."²⁵

Dr Miklos Nyiszli worked for Josef Mengele as a pathologist and, unlike the majority of Jewish doctors, experienced far better living and working conditions. He had access to both modern medical equipment and unlimited

²³ Hannah Arendt, *The Human Condition* (Chicago: The University of Chicago Press, 1958), 7-21.

²⁴ Olga Lengyel, *Five Chimneys: A Woman Survivor's True Story of Auschwitz* (Chicago: First Academy Chicago Publishers, 1995), 111.

²⁵ *Ibid.*, 111.

drugs and had a working relationship with Mengele and other SS doctors. Mengele on one occasion even called him “Mein Freund!”²⁶ His approach to his work was ‘business as usual’ and he took pride in doing excellent work for Mengele. He welcomed SS doctors who wanted to learn his techniques and skills. He also enjoyed the fruits of his labor:

I drank some tea spiked with rum. After a few glasses I managed to relax. My mind cleared and freed itself of the unpleasant thoughts that had been plaguing it. A pleasant warmth penetrated me: the voluptuous effects of the alcohol, comforting as the caress of a mother’s hand [...] The cigarettes we were smoking had also been ‘Imported from Hungary.’ In the camp proper a single cigarette was worth a ration of bread: here on the table lay hundreds of packages.²⁷

Nyiszli took advantage of his position by sharing in the luxuries enjoyed by his colleagues, the SS doctors; he did not attempt to share his good fortune with his fellow prisoners. He appeared not to be shamed by his actions but reveled in his good fortune. Nyiszli had the opportunity to share his good fortune of food with his prisoner friends but it appears he didn’t. He was roundly criticized by survivors. He so relished his access to rum and its comforts like ‘the caress of a mother’s hand’ that the human condition appears to have played no small part in affecting his actions. He appears to have adopted the approach of *business as usual*.

VI. Conclusion

The issue addressed in this article is that the actions of and decisions by Jewish doctors in the SS camps cannot solely be considered ethical dilemmas. The doctors were well intentioned to do no harm and provide support to every prisoner, but the culture of abject evil, the purpose and structure of the camp system based on industrial murder, the shocking inhumane conditions of the camp and the master/servant relationship between the SS doctor and the Jewish doctor destroyed any hope of a Jewish doctor upholding or demonstrating strong ethical standards. The ideology of the camps from the beginning to the end was wholesale murder by unconscionable means which brought millions of Jewish people to the precipice of inhumanity. Degradation and humiliation stripped them of any chance of normalcy, of morality and ethics and, for most, any hope of

²⁶ Miklos Nyiszli, *Auschwitz: A Doctor’s Eyewitness Account*, trans. Tibère Kremer and Richard Seaver (New York: Arcade Publishing 1993), 172.

²⁷ *Ibid.*, 45.

survival. It is impossible to compare the standard of morality and ethics of Jewish doctors in the camps with that of contemporary medical practice. Although the responsibilities of physicians and their commitment to the sacred tenets of a code of ethics, such as the Hippocratic oath, may be similar, the circumstances of the Holocaust, compared to normal times are indescribably different. Thus, each action taken during the Holocaust must be examined individually within its context. Most decisions made and actions taken by the doctors were made under duress and were sudden and inexplicable. The circumstances were unique, the selections were endless and the consequences tragic and traumatic. At the epicenter of the Jewish doctor's life was suffering and death.

The indescribable inhumanity and evil of the camps underpin an enormous shift in the role of ethics, which were often replaced by the drive to survive under all circumstances and influenced by personal traits. For the Jewish doctor, as for the ordinary prisoner, it became a matter of the self. The memoirs repeatedly tell us that at times ethics became ancillary and the will to survive became the primary force that drove the prisoner – including the Jewish doctor.

While it perhaps bestows a sense of dignity and nobleness to regard the Jewish doctors as acting solely on the basis of ethical dilemmas, prepared to sacrifice their time, energy and lives for the sick and injured, they were human – ordinary people who wanted to survive and live and who possessed the same vulnerabilities, frailties, strengths and weaknesses as any normal person. This humanness is evident in the memoirs, diaries and testimonies of the doctors. Perl, Brewda, Vaisman, Adelsberger and many other Jewish doctors were extraordinary doctors aware of their professional responsibilities, but they were also capable of doing what it took to survive. Tragically, it could be argued that their behavior was at times unethical, immoral and in some cases unwillingly in co-operation with the Nazis. But judgement is impossible and should not be attempted.

Camps such as Birkenau-Auschwitz have become a microcosm of behavior when humans are subject to conditions of extreme adversity in which death is imminent. In truth, most Jewish doctors attempted to follow their sacred oath to do no harm, but in reality, to survive they were forced by misfortune, conditions and circumstances to at times abandon ethics, morality and values and make abnormal or choiceless choices and decisions founded on the human condition.

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References

- Allen, Karen. "What is an Ethical Dilemma?" *The New Social Worker*. https://www.socialworker.com/feature-articles/ethics-articles/What_Is_an_Ethical_Dilemma%3F/.
- Arendt, Hannah. *The Human Condition*. Chicago: The University of Chicago Press, 1958.
- Baron-Cohen, Simon. *Zero Degrees of Empathy: A New Theory of Human Cruelty*. London: Allen Lane, 2011.
- Blady Szwajger, Adina. *I Remember Nothing More: The Warsaw Children's Hospital and the Jewish Resistance*. Translated by Tasja Darowska, and Danusia Stok. London: Collins Harvill, 1990.
- Cahn, Steven and Peter Markie. *Ethics: History, Theory and Contemporary Issues*. Oxford: Oxford University Press, 2016.
- Cohen, Elie. *The Abyss: A Confession*. Translated by James Brockway. New York: W. W. Norton & Co., 1973.
- Haas, Albert. *The Doctor and the Damned*. New York: St Martin's Press, 1984.
- Langer, Lawrence. *Versions of Survival: The Holocaust and the Human Spirit*. Albany, NY: State University of New York Press, 1982.
- Lengyel, Olga. *Five Chimneys: A Woman Survivor's True Story of Auschwitz*. Chicago: First Academy Chicago Publishers, 1995.
- Levi, Primo. *The Drowned and the Saved*. Translated by Raymond Rosenthal. London: Abacus, 1989.
- Lingens-Reiner, Ella. *Prisoners of Fear*. Translated by Ilsa Barea. London: Victor Gollancz Ltd, 1948.
- Nyiszli, Miklos. *Auschwitz: A Doctor's Eyewitness Account*. Translated by Tibère Kremer and Richard Seaver. New York: Arcade Publishing, 1993.
- Parfit, Derek. *Reasons and Person*. Oxford: Clarendon Press, 1987.
- Perl, Giselle. *I Was a Prisoner in Auschwitz*. North Stratford, NH: Ayer Company Publishers, 1984.
- Rosenzweig, Paul. "Written Testimony of Document 0-3/437." *Yad Vashem Archives*, 1948.

Rosner, Fred. "The Jewish Patient in a Non-Jewish Hospital." *Journal of Religion and Health* 25, no. 4 (1986): 31.

Woodward, Christopher. "Pedro's Significance." *Southern Journal of Philosophy* 47, no. 3 (2009): 301-319.