Thoughts on the ethical dilemmas of Jewish physicians in the ghettos in Poland during the Holocaust and their relevance for today

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INTRODUCTION: ETHICAL DILEMMAS THAT FACED THE JEWISH MEDICAL STAFF IN THE GHETTOS: SOME REMARKS ON THE STATE OF THE RESEARCH

The cruel reality in the ghettos presented the medical staff with unprecedented professional and ethical challenges. In the dehumanizing conditions imposed on

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the Jews by the Germans in the ghettos that were established during the Nazi occupation of Poland, serious infectious diseases were rampant, and thousands of Jews died. The Jewish medical staff were challenged with providing medical services under genocide conditions—a challenge that confronted physicians and nurses with inconceivable professional ethical tests. The problematic ethical nature of the situations that we are about to discuss is not retrospective but was recognized as such at the time. The medical staff, like others in the ghetto administration, were sometimes torn between their moral conscience and the professional and humane obligations imposed on them by their role.

In the third millennium, we are seeing genuine expansion in the field of bioethics and medical law, on ethical and legal aspects of varied scientific and medical innovations that are developing at a rapid rate. Ethical debates and decisions arise surrounding the feasibility of applying medical technologies. What can be applied properly and appropriately from an ethical viewpoint? Should application of knowledge that may violate ethical codes be permitted or forbidden? Health service workers are increasingly engaged in ethical aspects of medical activity, alongside growing sensitivity to the issue among the patient population at large.[1] The outbreak of the COVID-19 pandemic placed medical ethical issues in more intensive focus. The need and interest among the public and health professionals to revisit medical ethics principles became more pressing, with constant examination of the current, individual, and public implications. Many countries implemented triage for the treatment of COVID patients.[2]

The discussion on ethical issues from the Holocaust period is attracting great attention because of the desire to understand the roots of the ethical crisis that occurred under Nazi occupation, in general and particularly in the medical world. Learning in this area is essential for examining medical ethical challenges today, and all of us—physicians and patients—are responsible for preventing a repeat of the medical experiments and for constructing a cautious, protected process of humane and beneficial medicine for all people. Attempts have been made to analyze

1 Siegal, 2015: 9–12.

2 See, for example, the Israel Medical Association position paper: https://www.ima.org.il/userfiles/image/prioritySickPeopleDocument.pdf [Accessed August 8, 2022]. See also an article on the Jewish *halakhic* aspects of triage regarding treatment with a limited number of ventilators. Irit Offer-Stark, 2022.

the dynamics of the decline and development of the Nazi medical crimes among physicians and medical institutions. Studies have examined the relationship between scientific perceptions that developed at that time. Examples include the science of heredity, eugenic ideas, and their implications for the development of the criminal enforced sterilizations of people with serious illnesses and "euthanasia" (the murder of patients "unworthy of life") that were perpetrated to extremes in Germany under the Nazi regime. An attempt has been made also to examine these developments and their influence on the formation and acceleration of the Final Solution to the Jewish Question and the Holocaust.[3]

THE CHALLENGE OF STUDYING ETHICAL DILEMMAS IN THE GHETTOS

In contrast to the study of criminal medicine during the Third Reich, the discussion of the ethical problems that faced the Jewish medical staff in the ghettos has generally not been studied from the developmental aspect but has revolved around climactic moments in which a specific ethical dilemma was identified. In lectures and learning material, a collection of such dilemmas is often used outside of the general context, as these dilemmas apparently exist in and of themselves. This stand-alone perception of dilemmas leads to a distorted understanding of the decisions and actions taken—in addition to hindering the development of complex and significant insights and to the occasional injustice toward the medical staff who were forced to deal with these painful dilemmas. For example, when discussing ethical dilemmas of physicians in the Lithuanian ghettos regarding the German anti-childbirth decree, the testimony of Dr Aharon Pik from the Šiauliai Ghetto is used in which he describes, at first hand, his participation in the homicide of babies born despite the decree, thus endangering the lives of the mother and of all the ghetto inhabitants. However, an accurate, in-depth study reveals the rarity of

3 For an example of the public and medical interest and of the professional ethical discussion and its implications for today, see Roelcke, Hildebrandt, Reis. Much has been written on the topic, e.g., Friedlander, 1995; and Rotzoll, Richter, Fuchs, et al., 2006: 17–29.

these cases (apparently three in Šiauliai) and they occurred very late in the course of the ghetto after the Lithuanian ghettos had become camps under Gestapo control. At this stage, Jewish women who had managed to conceal their pregnancies turned to the physicians for aid in aborting and killing the newborns, having lost any chance of either hiding or saving them. Any discussion of a dilemma that faced the Jewish physicians must include the historical context and details, its scope, and stages of occurrence. Needless to say, exposing the whole picture places insights in a different light. When researching the development of the dilemmas and examining the elements that influenced them, it is important also to study the Jewish physicians' activities. A description of an isolated climactic event is insufficient.[4]

To discuss the ethical dilemmas, we must understand the Jewish physicians' perceptions and the experience and education that they acquired before the Holocaust, and how all of this influenced their coping with the ethical dilemmas, as individuals and as a professional group. First, it is noteworthy that many Jewish physicians who operated in the ghettos in Poland had taken part during the interwar period in the establishment of a medical system to serve the 3.5 million Jewish citizens of Poland that included a Jewish medical association called Towarzystwo Ochrony Zdrowia Ludności Żydowskiej (TOZ). This organization embraced public health principles, aspiring to provide an accessible, professional medical service to all Jewish residents of Poland, especially weak populations, the poor, women, and children, with emphasis on preventive medicine. Drawing on these principles and on those of Jewish tradition, which holds the saving of life as a supreme and sacred value, greatly influenced their ability to cope with the dilemmas imposed on them in the ghettos.[5]

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4 On coping with the dilemma surrounding the anti-childbirth decrees, see, for example, Offer, 1993; and Prais, 2001: 23–38.

5 On Jewish medical activity and the roots of its growth and development, see Offer, 2020: 51–102; Offer, 2019; Ohry and Ohry-Kossoy, 2013: 445–462. On the influence of *halakhic* principles on medical dilemmas in the ghettos, see Kelly, Miller, Polak et al. (Eds.), 2001, "Rabbinic Responsa During the Holocaust: The Life-for-Life Problem," in Hildebrandt, Offer, and Grodin (Eds.), *Recognizing the Past in the Present: New Studies on Medicine Before, During, and After the Holocaust*, 82–103.

SHOULD A MEDICAL SERVICE BE CREATED UNDER CONDITIONS OF GRADUAL DESTRUCTION?

A META-DILEMMA

The broad historical context leads us to examine the initial, central medical dilemma that faced the physicians: in the difficult ghetto conditions, when every family was affected by morbidity and mortality, was there any point in creating a medical service for the public? Furthermore, from an ethical perspective, was this not unavoidable in view of the numerous challenges that far outweighed the chances of success due to a shortage of all the basic necessities for a medical service to exist? I call this a "meta-dilemma" in the sense that it transcends the dilemmas that arose during the medical activity. It is a fundamental ethical question, and its answer was at the basis of all the medical activity in the ghettos and the dilemmas described below.[6]

The word "ethics" is derived from the Greek "ethos," meaning "custom." Ethics, as a perception, attempts to answer the question as to the moral principles that guide our behavior, pertaining to all our actions, but especially to those affecting someone else. In his book *Studies in Ethics*, Professor Asa Kasher defines professional ethics as a perception of the appropriate behavior in that field, a perception that can be a value system or a system of principles that expresses values. Both values and principles provide a basis for distinguishing between appropriate and inappropriate behavior, with explanations and justifications.[7] Examining the ethical aspect in the field of medicine in the ghettos requires a macro–perception alongside the isolated dilemmas of individual physicians. The apparent resolve of the physicians and nurses, as a collective, to form a professional medical response for the ghetto residents stemmed from their professional ethical perception. The physicians in the ghettos recognized the critical need to assist the establishment

6 Metaethics deals with the question of the ethical field and not with attempts to formulate a general ethical theory. For example, are "good and bad," "permitted and forbidden" issues of objective facts or of personal taste? Is there such a thing as moral knowledge and, if so, what makes it distinctive? What, if any, is the relationship between moral stances and our motivations to act? I have chosen this definition because it relates to moral questions beyond pragmatic ethics. See, for example, Wilson, 2006.

7 Verbin, February 2021. See also Kasher, 2009.

of medical systems in the situation created in the ghettos. Many of the modern medical institutions established by the Jewish communities during the interwar period had been left outside the ghetto boundaries delimited by the Germans. The Jewish physicians in the ghettos—victims themselves—chose to mobilize to establish alternative medical systems to those that had been forcibly taken from them. The medical staff suffered from the ghetto decrees like the rest of the Jewish population. Their choice to create medical systems as a part of the "enforced community" that had been robbed of all sources of livelihood and was suffering from gradual destruction, indicates a reaction pattern drawing on principles of professional responsibility to preserve health under all circumstances, including extreme conditions such as these. Dr Chaim Einhorn expresses this in his memoirs:

> [W]e often asked ourselves whether it was worth continuing to give medical care under such conditions. Despite it all, however, the doctors stayed at their posts until the last moment of the ghetto. And many of them continued their medical work, of this I am sure, to the last moment of their lives, some in the bunkers, some in concentration camps, and some in the ghetto uprising.[8]

This phenomenon is unique compared to other cases of genocide where the victims' medical systems usually collapse, *inter alia*, because of the speed of the massacre. The Jewish physicians made a moral, professional, humane, and ethical choice to establish medical services in conditions seen only in cases of mass atrocities. Even in impossible conditions, the medical staff worked and succeeded in setting up a medical system based on modern professional conceptions that included preventive medicine and hospitalization services, medical research, training, and medical studies.[9] Some of the services were legal and others were underground and involved risk to life.[10]

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8 Einhorn, 1958: 13.

9 Almost every large Jewish center had a healthcare system. The existence of a Health Department in many *Judenräte* attests to this. See Trunk, 1972, Chapters. 4 and 7. See also studies on the Jewish medical systems under Nazi occupation, e.g., Elkin, 1993: 53–91; Schwoch, 2009; van den Ende, 2015; Korek Amorosa et al., 1996: 503–508; Weiskopf, 81–84; Hájková, 2018; and Nadav, 2010: 53–64.

10 Many illegal activities took place in numerous ghettos. On clandestine activities in the Warsaw Ghetto, such as establishing the underground medical school and the underground hunger study, see Offer, 2020: 347–371.

CHARACTERISTICS OF THE DILEMMAS: MORAL DILEMMAS AND TRAGIC DILEMMAS

The medical work in the ghettos naturally presented physicians with the most difficult dilemmas. Medical staff in normal times encounter dilemmas daily, and certainly in emergency medicine or in mass-casualty incidents. However, the dilemmas facing the doctors in the ghetto were incomparably more serious. Among other things, they were required to perform selections from among their friends and patients, and to draw up lists of hundreds of people for extermination in Treblinka or for work in the ghetto. Physicians in normal life circumstances do not face such dilemmas.

One can distinguish between several types of dilemmas, even though the differences between them are not always absolutely clear. In this article, we will look at three groups of dilemmas: involving personal risk, conflicting obligations, and tragic ethical dilemmas. The first group includes dilemmas in which the medical staff were required or expected to help patients in distress while risking their own lives, to some degree. The overarching question here is the extent to which medical personnel should endanger themselves either to save or to provide help to the needy. The second group of dilemmas does not include risk to medical staff but involves a conflict of values or moral norms. These are moral dilemmas, in the accepted sense, in contemporary philosophical discourse. In this sense, dilemmas are situations presenting two conflicting obligations, which cannot both be fulfilled. The philosophical literature has fiercely debated the question of whether these dilemmas exist; that is to say, is it possible to have two conflicting obligations, from which the person has no way out, because either option will leave them morally deficient? A study of the difficult dilemmas facing the Warsaw medical staff casts a doubt on the validity of the philosophical stance that denies the tangibility of these dilemmas. The third group of dilemmas is tragic dilemmas, when the physician is faced with two very bad alternatives. In his book, *Moral Dilemmas*, Daniel Statman attempts to understand the concept of tragic dilemmas as referring to a moral choice between two bad options that may come at the cost of either destroying the decision-maker or strongly undermining their life. Such choices were not unusual for physicians in the ghettos, especially during the selections. In the tragic situations described, even though some of the medical staff

worked according to the "lesser of two evils" principle, it is clear from the sources that, after the event, they were troubled about whether they had acted appropriately. Some expressed guilt and remorse for their decisions, despite having acted involuntarily in enforced situations and having made the best possible decision for the specific dilemma.[11]

In essence, some of these ethical problems during the Holocaust affected many officeholders in the ghettos, especially *Judenrat* members, as well as rabbis. They included medical ethical dilemmas that raised issues surrounding medical treatment, while others did not involve medical considerations but confronted physicians in their roles in the *Judenrat* or Jewish Self-Help services in the ghetto. Both these types of dilemmas were part of the fate of the physicians and their challenges in the ghetto. These dilemmas were more central and pressing to the medical staff, who encountered them daily. Their lot included dilemmas that were unique to their position, e.g., the dilemma of active homicide, as they were sometimes forced to make decisions that would directly cause the death of Jews. I will present examples of these types of dilemmas from the Warsaw Ghetto, even though they arose in one way or another in nearly all the ghettos.[12]

DILEMMAS INVOLVING PERSONAL RISK AND DILEMMAS INVOLVING CONFLICTING OBLIGATIONS.

ABANDONING PATIENTS TO SAVE ONESELF

The closer the Germans advanced toward Warsaw in September 1939, the greater was the fear of occupation and of how they would treat the Jews. From then on, the medical personnel faced the dilemma of whether to continue to care for patients—and thus put their own survival at risk—or to think of themselves and abandon their patients. This was relevant to the physicians and nurses through

11 See, for example, Statman, 1995, Chapter 1.

12 For details of these examples of dilemmas, see Offer, 2020: 577–626.

different phases of ghetto life. With the outbreak of war, on the eve of the German occupation, many respected professionals tried to save themselves. On September 27, when the Germans invaded Warsaw, the hospital workers were afraid and anxious. At that time, Dr Amsterdamski and Nurse Sabina were working in the Czyste Hospital: "Now hell will gape before us," said Nurse Sabina, to which he replied: "Do not despair—Not all the Jews will be destroyed. . . but the Jewish people will not be destroyed. . . and therefore we must be strong and save whoever we can. . . ." Amsterdamski worked incessantly throughout that period. "It was a question of honor for us to help the doctors and together save those that could still be saved," wrote Sabina.[13]

These dilemmas were especially prominent immediately before and during the *Aktion*, when, like everyone else, the medical personnel wanted to save themselves. Nurse Sabina, in the Czyste Hospital, described her own dilemma of conflicting obligations: "In my heart, two great forces waged war: the duty of a nurse, who has sworn to live and die together with her patients and the hospital workers, and the mothering instinct that demanded that I preserve my life at all costs in order to save my daughter." After the January *Aktion*, she sent her daughter to the "Aryan" side, while she remained in the ghetto with her patients.[14]

Nurse Ala Gołąb-Grynberg showed exceptional dedication during deportations from the ghetto and rejected opportunities to save herself. She contacted Christian acquaintances outside the ghetto, to find refuge for Jewish children in Polish orphanages and churches. During the Uprising, Gołąb-Grynberg was sent to the Poniatów labor camp near Lublin, where she worked in the hospital, organized a children's corner, and took the children under her protection. "I am not entitled to leave the poor and helpless lambs," she said. She remained faithfully at her post until the end, together with the children and the 15 thousand remaining Jews from the Poniatów camp, and perished on November 8, 1943.[15]

Dr Anna Braude-Heller, the director of the children's hospital, relinquished the chance to save herself over her patients and her medical tasks in the ghetto.

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13 Gürfinkel-Glocer, 588.

14 Gürfinkel-Glocer, 587–590.

15 Turkow, 123–124, 291, 304.

In the end, she perished, together with her patients, during the ghetto Uprising.[16] During the deportations to the extermination camps, some of the medical staff risked their lives to rescue as many Jews as possible.

Dilemmas in which medical personnel are required to treat patients while risking their own lives are discussed also today. The Ethics Board of the Israel Medical Association has formulated its stance on endangering the medical staff. It is written that in an emergency, when physicians are forced into life-threatening situations by caring for patients, then the physician, together with other safety authorities, will evaluate the risk of entering the scene of the incident versus the obligatory need to save lives.[17] In other words, the Medical Association does not take an unequivocal stance regarding the most appropriate response in such a case. The historian Emanuel Ringelblum expressed his appreciation of medical staff who chose not to abandon their patients in their final moments:

> Earlier we mentioned the passive and quiet heroic stand of the educators and primarily that of Dr Korczak. We recounted how they went willingly to their deaths, accompanying the children. . . . The conduct of the doctors and nurses at the Jewish hospital was similar. . . . Everyone knew that the hospital would not be excluded from the deportation. Therefore, a number of the doctors and nurses left. However, a group of a few dozen doctors and nurses stood guard and did not abandon the patients until the very last moment. When this tragic moment arrived, and more than a thousand patients were loaded onto the train cars, a small number of doctors and nurses went with them. Such was the behavior of the people who were viewed as subhuman by the Nazis.[18]

RISK BEING INFECTED BY PATIENTS OR STOP WORKING WITH THEM?

The work of physicians and nurses in the ghetto carried the risk of contracting very serious illnesses to which they would not normally be exposed. Therefore,

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16 Waller; Gürfinkel-Glocer, 595.

17 "ההיבטים האתיים באירוע רב-נפגעים" [Ethical Aspects of a Mass-Casualty Event].

18 Ringelblum, 1994/1988: 37.

the medical staff were faced with the dilemma of whether to continue their medical duties. Between 30 and 40 percent of the physicians contracted typhus, and many of them died. The living quarters of the thousands of refugees who streamed to the Warsaw Ghetto were a hotbed of disease and mortality. Dr Lensky's descriptions provide a glimpse of the dilemmas. After the health department proposed that he work in the refugee center, he described his deliberations:

> Typhus was still rampant. It seemed foolish to put my head in the noose to engage in medical work at a facility where poor hygiene made infection a near certainty, of my own free will, especially when I was under no financial or moral pressure and certainly was not lacking work.[19]

When he returned home from visiting the refugee center, his wife tried to convince him not to take the post and succeeded. The decision pricked his conscience, however:

> Mixed feelings raged in me, my love for my family was at odds with my conscience . . . still I was obliged to be with the refugees, to offer them comfort, encourage them. . . . I couldn't fall asleep that night . . . tossed and turned, but to no avail.[20]

The Israeli Medical Association's paper on the physicians' risk of exposure while treating infectious patients, reads as follows: "Should the system be unable or unwilling to provide the means . . . the doctor is not obliged to endanger themself beyond the limits they shall voluntarily set upon themself along with their colleagues and other experts." Limits are not defined, and the dilemma remains.[21]

REFUSING TO REPORT CASES OF TYPHUS TO THE AUTHORITIES

As the Germans were afraid of infection with typhus if it were to spread outside the ghetto, they demanded that the physicians report all typhus cases, under threat of deportation if they failed to do so. Reporting would lead to isolation of

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19 Lensky, 2009: 80.

20 Lensky, 2009: 86.

21 See the section on ethical principles for a biological event in "ההיבטים האתיים באירוע רב-נפגעים".

the patient, the entire family, and all the building's inhabitants, including cruel and ineffective disinfection processes, which led to more disease and even increased mortality. Therefore, after diagnosing typhus cases, physicians were faced with the moral dilemma of whether to report them. Testimonies show that many doctors in the ghetto violated the Germans' orders and treated typhus patients in their homes. This issue involved indecision, danger, and many difficulties, and some physicians cooperated with patients in exchange for bribes.[22]

TRAGIC ETHICAL DILEMMAS

When the Germans began deporting the Jewish ghetto population to the extermination camps, the physicians' tragic dilemmas became more intense in deciding between two bad alternatives. One of the most difficult tragic dilemmas facing officeholders in the ghettos related to selections—whether to cooperate with the Germans' demands to draw up deportation lists and, if so, how to organize these lists; in other words, how to determine who would live and who would die.

PHYSICIANS FORCED TO MAKE SELECTIONS: WHO WILL LIVE AND WHO WILL DIE?

In the ghetto, directors of Jewish hospitals, senior physicians, and other medical staff sometimes had to perform selections from the hundreds of medical personnel and their families employed in the various medical institutions, as well as from among the hospitalized patients. This meant implementing the Nazi decrees, and physicians' direct and personal involvement in sealing the fate of their colleagues.

Every department had to report the number of its patients and staff. Dr Marek Balin wrote:

> The Jews themselves had to surrender their brethren to death, and turn over people who were unfit, fragile, unable to walk. . . . They struggled to keep the secret from the pa-

22 Lensky, 2009: 12, 103–104.

tients, who nevertheless instinctively sensed the encroaching danger. That day, the patients were despondent and there was fear in their eyes. Muffled sobbing was heard from the women's cells. . . .

The department directors had to decide which patients would be included in the list of deportees: "They had to place one of two marks next to each name: (+) meant death, and minus (–) indicated remaining in the hospital. . . ."[23]

In the final stages of the *Grossaktion* for deporting the Warsaw Ghetto's Jews to Treblinka, every *Judenrat* department received a quota of people exempted from deportation, who were recognized as workers needed by the Germans. Under these circumstances, senior physicians had to decide which of the workers would be included among those who received a "life number," and those who would be deported. The exemption selection criteria were different in each department. For instance, it was decided that senior physicians should be left to serve as department heads; another criterion was professional seniority, and another was to save entire families rather than individuals. When it was decided to spare the department heads, their wives and children were given life numbers as well. This made sense, but the maintenance workers and some of the ordinary doctors paid the price. Some felt that as many workers as possible should be spared, and specifically individuals without children, but it seems that no principle was adhered to absolutely, with deviations that benefited some and not others. Dr Polisiuk was a gynecologist in the Czyste Hospital, who perished following the ghetto Uprising. In his notebooks, he addressed the ethical considerations that accompanied the decision-making in this tragic situation. He writes that, on the eve of the *Grossaktion*, the Germans allowed 35 thousand out of the 350 thousand Jews to remain in the ghetto. According to this, the *Judenrat* established a quota for each department, and the department directors had to supply a list of names. The quota for the hospital wards, which held some 800 people, was a mere 220. In this situation, people frantically sought connections and favoritism. According to Dr Polisiuk, the view of the general public was that the council and the department heads should not have undertaken this task. They should have left it to the Germans, even though this would have cost them a larger number of victims. It is clear from his words that when permitted to

23 Balin.

leave such a limited number of people in the ghetto, with the best will in the world, there was no just solution to such a tragic problem.

Dr Polisiuk was on the list to remain in the hospital. Since none of the members of the *Judenrat* wished to read it out, and as many of the workers had requested his assistance with the task, he agreed with a heavy heart:

> It was the most tragic moment in my life. As I read out the list, I announced the death sentence of six hundred innocent people, close friends, comrades and workmates, and even my former boss. . . . I consoled them with the hope that there would be another list, although I myself did not believe it.[24]

WHOM TO SAVE FIRST

Many of the medical personnel included in the list of workers, and who had not been deported to Treblinka in the initial stages, risked their lives to try and save as many Jews from the Umschlagplatz as possible, taking advantage of their medical role. The survivors' testimonies suggest that the medical staff in the ghetto had to decide who should be saved. The testimonies indicate preference for work colleagues, family members, and members of the underground over any random person who requested assistance. In addition, preference was given to members of the intelligentsia, who the medical staff thought should be saved at all costs.

Compared to medical dilemmas today, it is interesting to note that Dolev and Priel examine the ethical considerations guiding activity during mass-casualty incidents, which raise dilemmas with a certain similarity to the situation in the ghetto regarding the question of priorities in medical treatment. They claim that this has scarcely been addressed in medical ethical literature and suggest that it may simply be to avoid a painful subject that has no easy solution.[25]

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24 Polisiuk.

25 Priel and Dolev, 2001: 574–577.

EUTHANASIA BY PHYSICIANS AND NURSES DURING THE *AKTIONEN*

When the Germans broke into the hospital and cruelly evicted the patients, when all hope of saving them was lost, some physicians and nurses performed "euthanasia" on their family members, as well as on old people and children who lay in the hospital. Adina Blady-Szwajger, a pediatrician in the hospital, wrote as follows in her memoirs:

> I got two large containers of morphine. . . we took a spoon. . . . And just as, during those two years of real work . . . I bent down over the little beds, so now I poured this last medicine into those tiny mouths. . . . I told them that this medicine was going to make their pain disappear. They believed us and drank the required amount from the glass. And then I told them to undress, get into bed and sleep . . . the next time I went into that room, they were asleep. . . .[26]

"This is very problematic behavior," argues Prof. Steinberg, and goes on to say that

> Any act of homicide, even if committed with humane intentions, is murder, nevertheless. The morphine that was injected caused certain death, and had it not been injected, who knows? Maybe the patients would have managed to go into hiding, maybe the Germans would not have arrived, maybe something would have happened at the last moment.[27]

The American physician Ralph Yodaiken disagrees:

> I believe that Dr Szwajger, staring into the well of life and death and knowing what was expected, chose the only option for the patients whom she loved and allowed them to die in dignity. Her actions should be seen as a full-fledged act of rebellion. She denied the murderers the pleasure of slaughtering those under her care.[28]

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26 Blady Szwajger, 1990: 53–58.

27 Negev and Koren, 2003: 53–56.

28 Negev and Koren, 2003: 53–56.

KILLING INDIVIDUALS TO SAVE THE GROUP

During the *Grossaktion*, many people tried to hide. Some diaries and memoirs describe a difficult ethical problem regarding the decision to kill individuals who endangered others in the hideout. Although these dilemmas were not directly related to the medical staff and occurred outside the hospital, physicians and nurses were sometimes asked to assist in carrying out these procedures by virtue of their professional backgrounds. The physician Adina Szwajger testified to assisting in the homicide of a woman with mental illness whose behavior endangered the lives of those hiding with her.

> I don't know, perhaps I should have refused. After all, it wasn't a job for a doctor. Except that no one understood this. There was no other doctor among us at that time. And so I didn't have anyone to talk to, to tell that I would rather die than . . . carry out euthanasia on someone who was mentally ill. . . . She posed a mortal threat for the landlords and for the half a dozen or so young people hiding in the house, among them her own daughter. . . . But I did it. At the request of her daughter.[29]

CONCLUSION

In this article, I have addressed research on ethical dilemmas that faced the medical staff in the ghettos. I have drawn attention to the great interest evoked by the topic today, expressed also in the Medical Association's contemporary position papers as an increasingly emerging issue, especially in light of the prominent medical ethical dilemmas that arose during the COVID-19 pandemic. I have pointed to the need to examine the dilemmas in broad historical contexts rather than discussing isolated climactic events while disregarding the events in the ghetto and of the historical period, which were an important factor in coping with the dilemmas. The influence of the pre-Holocaust Jewish society's medical activity on the Jewish medical activity in the ghettos must be included and examined. I have pinpointed

29 Blady-Szwajger, 1990: 150.

the relationship between the prevailing medical perceptions in the Jewish interwar medical services and the medical staff's coping patterns with dilemmas they confronted in the ghettos. The ghetto physicians drew inspiration from the developed professional and social values that characterized the TOZ organization in Poland between the world wars. Many of its member physicians operated later in the ghettos within the spirit of these values.

I have reviewed a small sample of ethical dilemmas that were recognized as such by medical workers in the ghettos, from the outbreak of the war until the liquidation of the ghetto. Some dilemmas involved the threat of death hovering over the heads of the medical staff, some entailed a clash of obligations, and others were tragic dilemmas that demanded a decision between two bad options. Dr Lensky wrote in his memoirs:

> It must be noted that of the 830 doctors present in the ghetto, very few did not measure up morally. Some doctors abused their patients' trust, out of greed . . . but such cases were rare, and the number of doctors whose deeds would have been condemned by any society was negligible.

According to the philosopher Nagel, people sometimes find themselves in situations of bad circumstantial luck.[30] Some withstand these moral tests and others fail. Among the Jewish physicians and nurses in Warsaw and in other ghettos, some endured the difficult tests admirably, working incessantly while risking their lives to offer help to their suffering brethren. At the other extreme were the few who acted out of corruption and neglected their professional obligations, and there were many others in between.

According to the diaries and testimonies, the ethical question seems to have been high on the agenda of officeholders in the health field. The medical staff worked relentlessly until the final stages of the ghettos. On the upcoming 80th anniversary of the Warsaw Ghetto Uprising in 2023, we must remember the Jewish physicians who chose to stay with their patients and offered medical assistance to the thousands of Jewish civilians fighting in the bunkers and to the rebel groups fighting in the ghetto. Despite these efforts, hundreds of thousands of Jews lost their lives due to starvation and to other appalling ghetto conditions that had been

30 Nagel, 1993: 57–71.

created by the Germans. Nonetheless, until the start of the deportation to the extermination camps, most of the ghetto inhabitants survived, thanks to the medical services, and they had hoped to survive the war. The fate of most of the Jewish medical staff was the same as that of the Jews in the ghetto. After their prolonged, exhausting, and dangerous work in serving the community, most of them were deported for extermination.

From the ethical perspective, the picture emerges of the medical staff as a collective which chose to make a valiant effort to provide a professional, ethical, and humane medical service in impossible conditions. In many ways, this medical system indicates the possibility of remaining physicians who are loyal to the noble medical mission, even under extreme circumstances. This possibility is an important legacy that the Jewish doctors have left to the world in general, and to the history of medicine in particular.

REFERENCES

Balin, Marek. *Testimon*y, Yad Vashem Archives, 0.3/441.

Bialik: https://www.ima.org.il/userfiles/image/prioritySickPeopleDocument.pdf. Israel Medical Association position paper, 9–12. [Accessed August 8, 2022].

Blady Szwajger, Adina. 1990. *I Remember Nothing More: The Warsaw Children's Hospital and the Jewish Resistance*. Translated from the Polish by Tasja Darowska and Danusia Stok. New York: Pantheon.

Einhorn, Chaim. 1958. "הרופא בגטו ורשה" [The Doctor in the Warsaw Ghetto], in Mark Dworzecki (Ed.), המאבק לקיום ולבריאות בימי השואה [The Struggle for Survival and Health in the Holocaust] (Hebrew). Jerusalem: Israel Administration of the World Jewish Congress and Association of Holocaust Survivor Physicians—Ghettos, Camps, Forests, 13.

Elkin, Rivka. 1993. "בית החולים היהודי בברלין שריד אחרון ליהדות גרמניה בתקופת הרייך השלישי" [The Jewish Hospital in Berlin: a last vestige of German Jewry in the Third Reich Era), *Yalkut Moreshet* (Hebrew), 53: 53–91.

Friedlander, Henry. 1995. *The Origins of Nazi Genocide: From Euthanasia to the Final Solution*. Chapel Hill and London: The University of North Carolina Press.

Gürfinkiel-Glocer, Sabina (aka Sara Glocer). 1959. "גורלו של בית החולים צהיסטה" [The Fate of Czyste Hospital], in Y. Gruenbaum, et al. (Eds.), אנציקלופדיה של גליות. ורשה.Vol. 6, Part 2. Jerusalem: xx.

"ההיבטים האתיים באירוע רב-נפגעים" [Ethical Aspects of a Mass-Casualty Event]. May 2008. Israel Medical Association position paper. (Hebrew) https://www.ima.org.il/MainSiteNew/EditClinicalInstruction.aspx?ClinicalInstructionId=158 [Accessed August 8, 2022].

Hájková, Anna. 2018. "Medicine in Theresienstadt," *Social History of Medicine*, hky066. https://doi.org/10.1093/shm/hky066. [Accessed August 8, 2022].

Kasher, Asa. 2009. עיונים באתיקה [Studies in Ethics], Vol 1., (Hebrew). Jerusalem: Magnes. https://www.nli.org.il/he/books/NNL_ALEPH002646031/NLI. [Accessed August 8, 2022].

Kelly, Jonathan I., Erin L. Miller, Rabbi Joseph Polak, et al. (Eds.), 2021. "Rabbinic Responsa During the Holocaust: The Life-for-Life Problem," in Sabine Hildebrandt, Miriam Offer, and Michael A. Grodin (Eds.), *Recognizing the Past in the Present: New Studies on Medicine Before, During, and After the Holocaust*. New York and Oxford: Berghahn, 82–103.

Korek Amorosa, Judith, et al. 1996. "Tragedy in the Radiology Department of the Jewish Hospital, Budapest, Hungary," *Radiographics* 16: 503–508.

Lensky, Mordechai. 2009. *A Physician inside the Warsaw Ghetto*. New York and Jerusalem: Yad Vashem and The Holocaust Survivors Memoirs Project.

Nadav, Daniel. 2010. *Medicine and Nazism*. The Hebrew University Magnes Press.

Nagel, Thomas. 1993. "Moral Luck." In: Daniel Statman (Ed.), *Moral Luck*. Albany: State University of New York Press, 57–71.

Negev, Ayelet, and Yehuda Koren. 2003. "ניסויים בבני אדם." [Experiments on Humans], יְדִיעוֹת אַחֲרוֹנוֹת (Hebrew), *Weekend Supplement*, April 25, 2003: 53–56.

Offer, Miriam. 1993. רפואה ורפים בגטו שבלי בעקביות הַחֲשִׁיפָת יוֹמָנו סל רופא אהרון פיק: רשימות מהגיא ההריגה. זכרונות כתבים בגטו שבלי ליטא 1942, 1943, 1944
[Medicine in the Shavli Ghetto Following the Discovery of the Diary of Dr Aaron Pik: Notes from the Valley of Death—Written Notes from the Shavli Ghetto in Lithuania from the Years 1942, 1943, 1944] (Hebrew). Master's thesis, University of Haifa.

Offer, Miriam. 2019. "Coping with the Impossible: The Developmental Roots of the Jewish Medical System in the Ghettos." In: Moskalewicz, Marcin, Ute Caumanns, and Fritz Dross, (Eds.), *Jewish Medicine Health Care in Central Eastern Europe: Shared Identities, Entangled Histories*, Vol. 3, 261–277. Cham: Springer International Publishing.

Offer, Miriam. 2020. *White Coats in the Ghetto: Jewish Medicine in Poland During the Holocaust*. Jerusalem: Yad Vashem.

Ohry, Avraham, and Karin Ohry-Kossoy. 2013. "Dedicated physicians in the face of adversity: The Association of Jewish Physicians (ZLRP) and the Jewish Health Organization (TOZ) in Poland 1921–1942," *Polin: Studies in Polish Jewry*, 25: 445–462.

Offer-Stark, Irit. June 2022. "ימי קורונה: מי קודם למי במכונת ההנשמה. דיון הלכתי" [COVID days: who takes precedence over whom on the ventilator? A halakhic discussion] (Hebrew).

Polisiuk, Adolf. *Diary*. Adolf Abraham Berman Collection, Ghetto Fighters' House, Ref. No. 3182.

Prais, Lea. 2001. "סוגיות של רפואה, אתיקה ומוסר בגטאות וילנה, קובנה ושבלי" [Issues of Medicine, Ethics, and Morals in the Ghettos of Vilna, Kovno, and Shavli], *Yalkut Moreshet* (Hebrew), 71: 23–38.

Priel, Yisrael, and Eran Dolev. 2001. "שיקולים אתיים בעת אירוע רב-נפגעים" [Ethical Considerations in Mass Casualty Situations], *Harefu'a* (Hebrew), 140: 574–577.

Ringelblum, Emanuel. 1994. כתבים אחרונים: יחסי פולין-יהודים. ינואר 1943 - אפריל 1944 (Hebrew). Jerusalem: Yad Vashem. Earlier Polish edition: *Stosunki polsko-żydowskie w czasie drugiej wojny światowej. Uwagi i spostrzeżenia*. Warsaw: Spółdzielnia Wydawnicza Czytelnik, 1988.

Roelcke, Volker, Sabine Hildebrandt, and Shmuel Reis. January 2021. "Announcing the Lancet Commission on Medicine and the Holocaust: Historical Evidence, Implications for Today, Teaching for Tomorrow." https://www.thelancet.com/article/S0140-6736(21)00157-4/fulltext. [Accessed August 8, 2022].

Rotzoll, Maike, Paul Richter, Petra Fuchs, et al. 2006. "The First National Socialist Extermination Crime: The T4 Program and Its Victims." *International Journal of Mental Health*. 35(3): 17–29.

Schwoch, Rebecca (Ed.). 2009. *Berliner Jüdische Kassenärzte und ihr Schicksal im Nationalsozialismus*. Berlin: Hentrich & Hentrich Teetz.

Siegal, Gil (Ed.). 2015. ביואתיקה כחול לבן [Israeli Bioethics] (Hebrew). Jerusalem:

https://heb.hartman.org.il/whos-first-on-the-ventilator/ [Accessed August 8, 2022].

Statman, Daniel. 1995. *Moral Dilemmas*. Amsterdam: Rodopi.

Trunk, Isaiah. 1972. *Judenrat: The Jewish Councils in Eastern Europe Under Nazi Occupation*. New York: Macmillan.

Turkow, Jonas. 1969. היו היתה ורשה יהודית [Warsaw Jewry that was] (Hebrew). Tel Aviv: Tarbut V'chinuch.

Van den Ende, Hannah. 2015. *Vergeet niet dat je arts bent, Joodse artsen in Nederland, 1940–194*. Amsterdam: Boom.

Verbin, Ivri. February 2021. "מהי אתיקה?" [What is Ethics?] (Hebrew), https://www.goodvision.co.il/%D7%9E%D7%90%D7%9E%D7%A8%D7%99%D7%9D/what-is-ethics. [Accessed August 8, 2022].

Waller, Shmuel Stanisław. *Testimon*y, Yad Vashen Archives, Ref. No. 0.3/2358.

Weiskopf, Varda. "(1944-1945) בית החולים היהודי בבודפשט תחת הכיבוש הנאצי" [The Jewish Hospital in Budapest under the Nazi Occupation], *Harefu'a* (Hebrew), 148(1): 81–84.

Wilson, Catherine. February 2006. "What is Metaethics?" https://blogs.openbookpublishers.com/what-is-metaethics. [Accessed August 8, 2022].