

Editorial

“Never Again?”

Despite our best efforts, human nature hasn't changed much in the past two thousand years. Human beings are still capable of acts of incomprehensible cruelty and—within identical cultures, times, and places—selfless heroism. In the news reports of the elections in Iraq, we had a perfect example of the evil and the good of which people seem to be simultaneously capable: three Americans (all under the age of 30) were murdered by a rocket attack on the US Embassy on the same day that coalition troops tried to protect the brave Iraqis who risked their very lives to appear at the polls. Many brought their children to witness what no Iraqi citizen had been able to do in more than 50 years: vote to decide the country's government.

In past months, two other events that mirrored this human paradox had particular implications for physicians: the scandals of prisoner mishandling at Abu Ghraib and Guantanamo Bay, and the 60th anniversary of the liberation of Auschwitz. Why should the confluence of these events be disturbing? Because doctors played a vitally important role at all three places.

I can fairly easily distance myself from Dr. Mengele, but I felt much more uncomfortable reading about the responsibilities of American physicians involved in the questioning and oversight of detainees taken into custody since September 11th. I live in New York and have ineradicable memories of that day as do all of us who were there. You don't have to convince me that what happened to our fellow citizens was unspeakably horrific. I remember still the sickening feeling of being told not to go to Ground Zero because there weren't enough of the living to treat.

Some argue that a physician is justified in implementing the torture of those who may have vital information that could help us defend ourselves and others against attacks in the future. They hold that the physician not only has a responsibility to the individual, but is equally responsible to defend the public health. Other opinion holds that terrorists are not genuine soldiers, but “unlawful combatants,” and therefore are not subject to the principles that guard the rights of the captured outlined in the Geneva Convention¹ or the United Nations' Standard Minimum Rules for the Treatment of Prisoners.² There are important implications to this view of al Qaeda detainees: a January 2002 US Department of Justice memorandum to the Department of Defense advised the latter that al Qaeda was not a signatory to international treaties, and thus the Geneva Convention regarding prisoners did not apply.³

In a thoughtful discussion of the morality of what happened at Abu Ghraib, Steven Miles, in an article in *The Lancet*, outlines the Justice Department's efforts to define the rights (or lack of them, more accurately) of detainees for the Department of Defense.⁴ He noted that these official bodies distinguished “cruel, inhumane, or degrading treatment, which could be permitted in US military detention centers, from torture, which was ordinarily banned except when the President set aside the US commitment to the Convention in exercising his discretionary war-making powers.” Miles further observes that the memos didn't distinguish between what “interrogating soldiers” might do or not do to prisoners and the rules governing the behavior of medical personnel toward prisoners. In his list of the offenses committed, he states that military officials contend that a physician and a psychiatrist helped “design, approve, and monitor interrogations at Abu Ghraib.”

Steven Miles' article spurred me to read some literature from the medical trials at Nuremberg, from which an important principle emerged that bears thinking about. An effective way to mollify the consciences of those who mistreat a segment of society is *to define that segment as “not like us” in some way—a group fundamentally flawed, defective, or qualitatively different from ourselves.* Whether one defines

that flaw as genetic or political (the prisoners at Abu Ghraib or Guantanamo Bay are not, according to military reasoning, lawful combatants or soldiers but “terrorists”) is not of consequence. The German Reich considered Jews, alcoholics, and homosexuals, among others, as intrinsically defective persons who did not merit the same treatment as other Germans.

In a provocative well-documented paper published in *BMJ* in 1996, Hartmut M. Hanauske-Abel cites a second important principle in a moral catastrophe: *the belief that something cannot happen again*.⁵ He quotes Ludwig Wittgenstein, “The apocalyptic view of the world quintessentially is one in which events do not reoccur,” and further writes, “The notion that something will not happen again prepares the ground for cataclysmic reenactments.”

Hanauske-Abel refutes the relatively comfortable idea that German physicians’ abuse of prisoners and non-Aryans began in small ways and involved a “slippery slope” on which German physicians gradually slid until they were capable of the gruesome atrocities reviewed at the Nuremberg Doctors’ Trial.⁵ He also rejects the notion that the medical profession was coerced by a totalitarian government in an act of what he calls “sudden subversion.” He notes that the leaders of the German medical establishment—names like Max Planck, president of the Kaiser-Wilhelm Society; Ernst Rudin, director of the Kaiser-Wilhelm Institute of Psychiatry in Munich; and Hans Eppinger, director of the I Medical Clinic of the University of Vienna—were actively involved in acts that rapidly and efficiently implemented Hitler’s policies. These men were eminent scientists whose contributions we still venerate. According to Hanauske-Abel, “Changes which today are interpreted as causing the downfall of the German medical community were at that time warmly welcomed by the widest segments of that highly educated biomedical and scientific elite. They derived from the active and deliberate contributions of its nationally and internationally renowned representatives.” He points out, as did other authors who wrote about this period, that the economics of the medical profession were great-

ly improved by barring Jewish physicians from their vocations. Within 12 months of this prohibition, doctors’ incomes increased by 11.3%; 2 years later, their average taxable income increased by 25%. World War I and the Great Depression had produced rising unemployment in Germany, and physicians’ incomes had fallen 41% over the 4-year period preceding the Nazis coming to power in 1933.⁶

As a professor in an academic institution, to read the list of luminaries who actively contributed to the abrogation of medical ethics by German physicians was terrifying. If economic and political forces could propel men like Planck and Rudin to enthusiastically embrace the principles of the Third Reich, are any of us exempt from the pressures they found themselves under?

I am expressly concerned about Abu Ghraib and Guantanamo Bay because I believe that each of us, given the proper circumstances, is capable of evil as great as any described there. Doctors are present in both facilities. Miles reports that the military medical personnel in charge of prisoners in Iraq and Afghanistan say they were not trained in Army human rights policies, and that commanding officers maintain they were not familiar with the Geneva Convention regarding abuses of prisoners.⁴ But, as he further remarks, the Department of Defense asserted in a 2003 memo that “certification of detainees as ‘medically and operationally evaluated as suitable’ was important for interrogation plans.” Who but a physician can evaluate a prisoner as “medically suitable,” and for what kind of an “interrogation plan”? The use of drugs to obtain information, which is apparently a cornerstone of wartime interrogation at both facilities, requires medical skill, advice, and monitoring to be effective. Miles chronicles abuses at Abu Ghraib in specific detail, including doctors’ falsification of death certificates to conceal that prisoners died during the course of interrogation.

No one knows how he or she will respond to different pressures—the 3000 lives of noncombatants decimated with a single blow; government assurances that detainees have informa-

tion vital to our preventing another such attack; the command of superiors in time of war (“this time is different from any other time”); the experience of seeing our friends maimed or killed by the enemy; or the psychology of being part of a group empowered to denigrate a powerless prisoner. Someone once said that the sick patient feels diminished because he is not in his own clothes or his own environment, and certainly, he is not in full command of his powers. Instead, he is put into hospital garb, taken out of the familiar settings that reflect his taste and persona, and rendered weakened, regressed, and vulnerable by his illness. No wonder that I, his physician, believe that the relationship isn’t one of equals—by the very nature of the roles we play, it isn’t. How much more unequal is the situation between the victor and the captured? And, as a consequence, how much more likely are we to believe that he or she is qualitatively different from us?

To be a moral person and to act in accordance with immutably high standards of conduct is a very difficult task, at which each one of us sometimes fails. We must not become complacent, believing the atrocities brought to light by the Nuremberg trials to be unique, or the work of a uniquely corrupt cadre of madmen. It is dangerous to believe that it cannot happen again. Given identical circumstances, any one of us might have committed the same acts. Our responsibility today is to ensure that the depravities of Auschwitz are not repeated in our own time—by Americans. At least we seem to be holding our own Nuremberg trial, examining the causes of what we did wrong and deciding how to repair the damage of our own frighten-

ing misdeeds. But that does not relieve us of a duty to monitor our conduct carefully, and to speak out against abuse of any prisoner by physicians.

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