

**Barondess, J. A. (1996). "Medicine against society - Lessons from the Third Reich." *Jama-Journal of the American Medical Association* 276(20): 1657-1661.**

"The engagement of German biomedicine in the design and execution of Nazi programs of "racial cleansing" was extensive and was organized by physicians and other professional leaders. In its active involvement and acquiescence, the German medical profession, one of the most sophisticated and respected medical enterprises in the world, dishonored itself and raised profound and persisting questions about the nature, strength, and relevance of the medical ethos and the relationship between medicine and the policies and programs of the state. Efforts to examine the history of German medicine under National Socialism are increasing in scale and number and involve German scholars to an important and expanding extent. Today, many bioethical issues, based on an increasingly sophisticated science and technology, confront medicine. A major lesson from the Nazi era is the fundamental ethical basis of medicine and the importance of an informed, concerned, and engaged profession."

**Barondess, J. A. (1996). *Medicine Against Society: Lessons from the Third Reich. Hippocrates Betrayed: Medicine in the Third Reich.* Washington, D.C., U.S. Holocaust Memorial Museum.**

After providing a general overview of the history of eugenic tendencies, this lecture addresses the question of why physicians became Nazis in such large quantities. Outlining the main pillars of Nazi biomedical politics (sterilization, Nuremberg Laws & euthanasia), it follows the motivations and shocking complicity of German doctors. The last portion describes the role of the doctors in highly unethical research, going into detail regarding the process of involvement of most serious race hygienists (i.e. Mengele), concluding with what lessons can be learned by modern physicians from this historical knowledge.

**Barondess, J. A. (1998). "Care of the Medical Ethos: Reflections on Social Darwinism, Racial Hygiene, and the Holocaust." *Annals of Internal Medicine* 129: 891-898.**

This article explores the "core values of medicine," and how they the Holocaust eugenics movement distorted what is referred to as the medical ethos. Explaining the origins of the distortion--oversimplistic, bad science--it discusses the role of Social Darwinism in shaping a distorted ethos that guided the eugenics movement of the Holocaust. It then looks at the role of German racial hygiene in further distorting this ethos, concluding with lessons that can be learned from the history of eugenics in order to preserve a healthy and moral medical ethos.

**Barondess, J. A. (2000). "Care of the medical ethos, with some comments on research: Reflections after the Holocaust." *Perspectives in Biology and Medicine* 43(3): 308-324.**

This article briefly highlights the historical role of the physician and medical professional. It illustrates the role of care-giver and comments on the besmirching of the name of doctor by the acts of those who participated in the Holocaust. It questions what we have learned from our experiences where medical professionals acted outside of the

Hippocratic common laws of medicine and what those steps outside mean for current professionals.

**Burleigh, M. (1997). *The Nazi Analogy and Contemporary Debates on Euthanasia. Ethics and Extermination: Reflections on Nazi Genocide. Cambridge, United Kingdom, Cambridge University Press: 142 - 152.***

While most agree that lessons from the Nazi era exist, namely in sensitising people towards intolerance and racism, yet there are sceptics of this view, arguing that the meanings are elusive for the euthanasia and systematic killings implemented by the Nazis were illogical and incomprehensible. The author, however, relates the Nazi era as a point of reference for contemporary medical advances involving ethical debates, namely in the fields of abortion, in vitro fertilisation, eugenics, euthanasia, transplants, and psychiatry.

**Caplan, A. L. "Horror Beyond Compare: Analogies to the Holocaust in Bioethics Today."**

**Caplan, A. L. (1989). "The Meaning of the Holocaust for Bioethics" *Hastings Center Report* 19(4): 2-3.**

This article discusses the contemporary perspectives on the roots and significance of medical practice and experimentation with regards to bioethics. Discussions from May 1989 conference at U of Minnesota from Jay Katz, Arthur Caplan, Ruth Macklin, Robert Pozos are included.

**Caplan, A. L. (2005). "Misusing the Nazi analogy." *Science* 309(5734): 535-535.**

Caplan argues that the analogy of what happened to those deemed economic drains and genetically inferior in Nazi Germany has been abused in recent bioethical debates. He cites the example of Terry Shiavo and embryonic stem cell research to affirm his claim that those invoking the Nazi analogy must do so with extreme care.

**Chelouche, T. (2007). "The Holocaust, Medicine and Medical Ethics: Lessons for Future Professionals." *International Conference on the Holocaust, Medicine, and Medical Ethics: 1-8.***

This article, directed mostly at contemporary Jewish physicians, discusses the lessons to be learned from the abuse of power of the Nazi regime and the role of pseudoscience in promoting Social Darwinism, eugenics and racial hygiene, among other things. Other phenomena discussed include collusion in the exclusion of Jewish physicians from medical practice, the relationship of the physician to the state, implementation of the Nuremberg Laws, economic pressure affecting medical practice, euthanasia, "holistic" medicine and exclusive German public health programs, physician participation in genocide, total disregard for informed consent, sadistic medical experiments, the physician's choice in sacrificing a few to save many, the role of the physician in times of war, and professional functioning in extreme situations.

**Childress, J. F. (1998). *Nuremberg's legacy: Some ethical reflections. Conference on Medical Research Ethics at the End of the 20th-Century - What Have We Learned, Bethesda, Maryland, Johns Hopkins Univ Press.***

This article highlights the principals of the Nuremberg code, the reasons why it was established, its role since its institution and further treaties, statutes and declarations that have dealt with biomedical ethics and in particular those that address ethical obligations in experimentation with human subjects.

**Cohen, B. C. (2003). "The Ethics of Using Medical Data from Nazi Experiments." Jewish Law Articles: Examining Halacha, Jewish Issues and Secular Law: 1-34.**

This article addresses the various ethical aspects concerning the use of data obtained by Nazi doctors. The first part of the article provides a summary of a number of notable unethical experiments resulting in valuable scientific data which could have potentially useful applications. The next part of the article gives an overview of current dilemmas faced by researchers who could benefit from the use and/or publication of such data. This is followed by an in-depth analysis of the social and ethical costs and benefit of using such data. At the end, Cohen presents a compromise solution outlining the terms upon which the use of such data ought to be permitted.

**Davis, J. W. (2006). "Abusing the Holocaust Analogy?" Security Studies 15(4): 706-712.**

**Geiderman, J. M. (2002). "Ethics seminars: Physician Complicity in the Holocaust: Historical review and reflections on emergency medicine in the 21st century, part I." Academic Emergency Medicine 9(3): 223-231.**

Individual physicians as well as the medical establishment were complicit in a wide range of activities carried out by the Nazis during the period that encompassed the Holocaust. This article examines these activities and lists eight moral failures attributable to physicians of this era. The accompanying article reviews the ethical pitfalls encountered by German physicians during the Nazi era and examines them in relationship to current issues. It also explores the role of professionalism then and now. In particular, ethical issues presently confronting emergency physicians are examined through this prism.

**Geiderman, J. M. (2002). "Ethics Seminars: Physician Complicity in the Holocaust: Historical Review and Reflections on Emergency Medicine in the 21st Century, Part II." Academic Emergency Medicine 9(3): 232-240.**

Part I of this seminar in ethics reviewed the participation of German physicians and the German medical establishment in carrying out Nazi policies and listed eight moral failures that could be attributed to doctors during the dark period of history known as the Holocaust. The collective acts that occurred during this period have, arguably, become a benchmark for abject ethical collapse on the part of mankind. Part II contemplates a variety of contemporary issues through the prism of the Holocaust. This article reviews and categorizes ethical pitfalls encountered by physicians during the Nazi era and examines them in relationship to several current issues. It also focuses on ethical concerns and challenges that confront contemporary emergency practitioners, some of which have parallels, though certainly not direct comparators, in the Nazi era.

**Hare, P. H. (1988). The Abuse of Holocaust Studies: Mercy Killing and the Slippery Slope. Echoes from the Holocaust: Philosophical Reflections on a Dark Time. A. Rosenberg and G. E. Myers. Philadelphia, Temple University Press: 412 - 420.**

**Heberer, P. (2007). "The Nazis and medical ethics: The context." Israel Medical Association Journal 9(3): 192-193.**

**Hentoff, N., D. Callahan, et al. (1988). "Contested Terrain: The Nazi Analogy in Bioethics." Hastings Center Report August/September: 29 - 33.**

"In 1976, The Hastings Center convened a conference to examine the validity of proposed parallels between Nazi and contemporary biomedical practices in moral argument. Charges that current medical and social practices and policies are analogous to or are the moral equivalent of Nazi programs are again in the air, and in this new feature of the Report, four commentators display and critique the use of this analogy."

**Holubar (2000). "The Pernkopf Story: the Austrian Perspective of 1998, 60 Years After it All Began." Perspectives in Biology and Medicine 43(3): 7.**

This article presents the preliminary findings of the Pernkopf Commission of the University of Vienna on any existing data or specimens of questionable origins from the period of 1938-1945.

**Institute of Society, E., and the Life Sciences (1976). Biomedical Ethics and the Shadow of Nazism. A Conference on the Proper Use of the Nazi Analogy in Ethical Debate, Hastings-on-Hudson, NY, Institute of Society, Ethics, and the Life Sciences.**

This conference covered a number of issues relevant to the lessons that can be learned from the Holocaust, as well as the continuing legacy of the Holocaust and certain unethical research practices. The first section, "The Nazi Experience: Origins and Aftermath," goes into detail about the developments prior to and resulting from the Nuremberg Trial. The second section, "Euthanasia," discusses the relevance of Nazi medicine to the contemporary problem of euthanasia. The third section, "Experimentation in American Prisons," similarly discusses the legacy of Nazi research practices as relevant to modern American prison research. The next two sections, "Responsibility, Resistance, and the Scientific Community" and "Applying History's Lessons" looks at the role of scientists in the context of the Holocaust's atrocities. "Research on Racial and National Characteristics" explores the challenges of modern research which might have eugenic undertones. "The Slippery Slope" and "Social Utility" discuss the need to balance harms and benefits in taking caution in contemporary biomedical research. Finally, the last section, "The Fatal Symptoms?" goes into the kinds of institutional practices that might cause or prevent a repetition of shameful history.

**Jotkowitz, A. (2008). "The Holocaust and Medical Ethics: The Voices of the Victims." Journal of Medical Ethics 34(12): 869-870.**

"Fifty-nine years ago, Dr Leo Alexander published his now famous report on medicine under the Nazis. In his report he describes the two major crimes of German physicians. The participation of physicians in euthanasia and genocide and the horrible experiments performed on concentration camp prisoners in the name of science. In

response to this gross violation of human rights by physicians, the Nuremberg military tribunal, which investigated and prosecuted the perpetrators of the Nazi war crimes, established ten principles of ethical conduct in medical research in 1949. Foremost among them was the need for voluntary consent of the human subject and that the experiment be conducted to avoid all unnecessary physical and mental suffering. Notwithstanding all these important efforts and impressive achievements in understanding the ethical failings of Nazi physicians, the bioethical community has almost completely ignored the moral challenges facing the victims of the atrocities. These dilemmas and their responses have continued relevance for modern medicine."

**Lerner, B. H., and David J. Rothman (1995). "Medicine and the Holocaust: Learning More of the Lessons." *Annals of Internal Medicine* 122(10): 793-794.**

This is a discussion of another article in the journal, written by E. Ernst, which explores the experience of one particular medical school in Vienna during the Holocaust. According to the authors, the article is particularly useful because it shows that the experience of the Nazi doctors was not unique to Germany. The article is also said to be noteworthy in that it highlights the role of self-interest that drove the doctors to commit the atrocities they did.

**Levine, R. J. (2005). "Reflections on "Rethinking Research Ethics"." *The American Journal of Bioethics* 5(1): 1-3.**

This review of Rosamond Rhodes's article raises an ambiguity in the purpose of "Rethinking Research Ethics." Levine explains that if Rhodes's position is meant to "replace current policies and practices for the recruitment of research subjects, she will surely be disappointed," based on his belief that beneficence has not, in fact, been substituted for research's social purpose, or that the distinction between innovation and research is untenable (which are two conceptual foundations of Rhodes's article). On the other hand, if the goal is "to provoke reflection on her concerns, she has already begun to succeed," as the article has, obviously, solicited critical responses.

**Lopez-Munoz, F., C. Alamo, et al. (2007). "Psychiatry and Political-Institutional Abuse from the Historical Perspective: The ethical lessons of the Nuremberg Trial on their 60th anniversary." *Progress in Neuro-Psychopharmacology & Biological Psychiatry* 31(4): 791-806.**

"Sixty years ago at the Nuremberg Trials, 23 Nazi leaders were tried as war criminals, in what was known as "The Doctors' Trial". This trial exposed a perverse system of the criminal use of medicine in the fields of public health and human research. These practices, in which racial hygiene constituted one of the fundamental principles and euthanasia programmes were the most obvious consequence, violated the majority of known bioethical principles. Psychiatry played a central role in these programmes, and the mentally ill were the principal victims. The aim of the present work is to review, from the historical perspective, the antecedents of the shameful euthanasia programmes for the mentally ill, the procedures involved in their implementation and the use of mentally ill people as research material. The Nuremberg Code, a direct consequence of the Doctors' Trial, is considered to be the first international code of ethics for research with human

beings, and represented an attempt to prevent any repeat of the tragedy that occurred under Nazism. Nevertheless, the last 60 years have seen continued government-endorsed psychiatric abuse and illegitimate use of psychoactive drugs in countries such as the Soviet Union or China, and even in some with a long democratic tradition, such as the United States. Even today, the improper use of psychiatry on behalf of governments is seen to be occurring in numerous parts of the globe: religious repression in China, enforced hospitalization in Russia, administration of psychoactive drugs in immigrant detention centres in Australia, and the application of the death penalty by lethal injection and psychiatric participation in coercive interrogation at military prisons, in relation to the USA. The Declaration of Madrid in 1996 constituted the most recent attempt to eradicate, from the ethical point of view, these horrendous practices. Various strategies can be used to combat such abuses, though it is uncertain how effective they are in preventing them." (c) 2006 Elsevier Inc.

**Nisker, J. A. (1997). "In quest of the perfect analogy for using in vitro fertilization patients as oocyte donors." *Womens Health Issues* 7(4): 241-247.**

**O'Mathuna, D. P. (2006). "Human dignity in the Nazi era: Implications for contemporary bioethics." *BMC Medical Ethics* 7(2): 12.**

This article examines five beliefs central to social Darwinism in light of their influence on current discussions in medical ethics and bioethics. These beliefs accounted for significant changes in views about human dignity during the first half of the twentieth century, and acceptance of the relative nature of human dignity during the Nazi era proved destructive to many humans. Their widespread acceptance today would similarly lead to much human death and suffering, and this possibility appears strikingly viable. The author argues that a different ethic is needed which views human dignity as inherent to all human individuals, rather than relative to economic and social conditions.

**Pellegrino, E. D. (1997). "The Nazi Doctors and Nuremberg: Some Moral Lessons Revisited." *Annals of Internal Medicine* 127(4): 307-8.**

This editorial reiterates the importance of not allowing the obvious moral lessons of the Holocaust to cloud the less obvious lessons which deserve constant revisiting. The most important of these is that regardless of the claims of law or ethics, there are some things that one should simply never do.

**Proctor, R. N. (1996). "Nazi Medicine and Public Health Policy." 10(2).**

"It is poor scholarship and perhaps even dangerous to caricature the Nazis as irrational or anti-science. What we have to look at more carefully is the relationship between science and ideology at this time."

**Proctor, R. N. (2000). "Nazi Science and Nazi Medical Ethics: Some Myths and Misconceptions" *Perspectives in Biology and Medicine* 43(3): 335-3465.**

This article uses the example of tobacco research in the Nazi period to examine the prevalence of certain myths and misconceptions often used to excuse "bad" science of the Nazi period. Proctor explains how the Nazis actually promoted certain areas of

inquiry, which makes subsequent questions of interpretation very complicated, particularly, when the affiliations of participating doctors is not entirely clear. The final portion of the article asserts that Nazi medicine was not entirely free from ethical considerations, as many believe. In fact, the Nazi doctors appear to have followed very clear ethical guidelines, albeit ethically dubious ones.

**Reis, S., and Tomi Spenser (2003). "Medicine and the Holocaust - lessons for present and future psychiatrists." *The British Journal of General Practice* 53(486): 78-79.**

This article discusses five medical lessons to be learned from the Holocaust. First, it briefly describes the medical ethics lessons to be learned from the experience of eugenics, and then goes on to describe the more concrete lessons to be learned about "surviving and functioning when faced with extreme situations and impossible choices." The third group of lessons has to do with care of survivors and their families. The fourth addresses the issue of recognizing "the potential murdered in each and every one of us," and the fifth discusses the intricacies of resilience.

**Rhodes, R. (2005). "Rethinking Research Ethics." *The American Journal of Bioethics* 5(1): 7-28.**

This article argues how the choice of context for policy design, the initial prioritization of informed consent, and several associated conceptual missteps, have set research ethics off in the wrong direction. Following a clarification of different senses of autonomy that have been presented, an alternative framework for considering the ethical conduct of human subject research is presented. This alternative framework rests on the decomposition of certain dogmas, including the primacy of informed consent, the protection of the vulnerable, the substitution of beneficence for research's social purpose, and the introduction of an untenable distinction between innovation and research.

**Rosenbloom, M. (1995). "Implications of the Holocaust for Social Work." *Families in Society: The Journal of Contemporary Human Services(Revisiting Our Heritage)*: 567-576.**

This article provides a very general overview of the Holocaust, Holocaust survivors, literature on survivors and Nazi death camps to give an overview of the moral and behavioral lessons that can be learned from this episode in history. It goes into more detail regarding the long-term effects of the Holocaust and the phenomenon of children of survivors in order to identify the special needs of Holocaust survivors and their children. Finally, by exploring the practical implications of the Holocaust lessons and issue relevance to social work curriculum, it stresses the importance of learning these lessons in order to work with victims of contemporary human catastrophes.

**Rubinfeld, S. "Even the Best of Doctors is Destined for Hell: Medical Ethics After the Holocaust."**

This is a summary of an anthology of the same title made up of articles written by participants in the Holocaust Museum Houston's Medical Ethics and the Holocaust program, which concluded in February 2008. The book seeks to address the general

question of: "Exactly how did physicians, sworn to protect and care for their patients, wind up as Hitler's henchman?"

**Schnaper, N. (1995). "Letter to the Editor, "Medicine and the Holocaust"." *Annals of Internal Medicine* 123(12).**

This is a response to an editorial on medicine and the Holocaust written by Lerner and Rothman. Schnaper responds to the question of the applicability of the "do no harm" principle to physician-assisted suicide by making a perceptual distinction between passive and active euthanasia.

**Schutz, W. (1998). *The Medical Faculty of the University of Vienna 60 years Following Austria's Annexation. Conference on Medical Research Ethics at the End of the 20th-Century - What Have We Learned, Bethesda, Maryland, Johns Hopkins Univ Press.***

This article recounts a brief history of the medical faculty of the University of Vienna and some of its prominent faculty, both those involved in the Nazi annexation and control of Austria and those victimized by it. It continues on to detail the reasons for a less-than-palatable response by the University of Vienna to the end of the war and the Nazi party. It then details all measures taken by the University of Vienna since the war to attempt to atone or rectify for the expulsion of Jewish and politically-opposing faculty members from the university.

**Sidel, V. W. (1996). "The Social Responsibilities of Health Professionals: Lessons from their Role in Nazi Germany." *Journal of the American Medical Association* 276(2020): 1679-1681.**

"The fiftieth anniversary of the Doctors' Trial at Nuremberg has led to renewed discussion of the social responsibilities of health professionals. Not only did individual physicians and nurses perform or passively accept acts that violated fundamental ethical principle but their professional organizations and their disciplines were mobilized to justify and to promote these acts. Lessons from this experience must be built into the education and practice of health professionals in order to emphasize their responsibility not to participate themselves in such acts and to seek out and condemn these acts when committed by others. Beyond these responsibilities to prevent egregious violations of human rights, health professionals and their organizations have a social responsibility to act, within their own nations and internationally, to promote the human rights of all people and to work for justice, health and peace."

**Sofair, A. N., and Lauris C. Kaldjian (2000). "Eugenic Sterilization and a Qualified Nazi Analogy: The United States and Germany, 1930-1945." *Annals of Internal Medicine* 133(2): 312-319.**

The authors compare U.S. and German history to demonstrate that the Nazi eugenics analogy cannot be easily dismissed. Their study of the *New England Journal of Medicine* and *Journal of the American Medical Association* for the period in question suggests that the alliance between the medical profession and the eugenics movement in the U.S. was not, in fact, short-lived, but rather, very similar in motivation, intent and strategy to that which took place in Germany. While the extreme economic, political and



social pressures on German doctors during the Nazi period made for a long-lasting eugenics movement in Germany, "a combination of public unease, Roman Catholic opposition, federal democracy, judicial review, and critical scrutiny by the medical profession reversed the momentum of the eugenics movement and led to the conclusion that eugenic sterilization should be voluntary" in the U.S., but only after a significant appeal to the movement.

**Steinweis, A. E. (2005). "The Auschwitz analogy: Holocaust memory and American debates over intervention in Bosnia and Kosovo in the 1990s." *Holocaust and Genocide Studies* 19(2): 276-289.**

This article examines the use of analogies to the Holocaust in debates over the propriety and morality of American intervention in the Balkan crises of the 1990s. Both the proponents and the opponents of intervention invoked the Holocaust precedent, drawing very different conclusions about its applicability to Bosnia and Kosovo. The debates demonstrate how ostensible lessons from the Holocaust experience were deployed to mobilize public opinion behind a humanitarian intervention. On the other hand, they also show how the application of Holocaust analogies to a controversial public policy often resulted in gross simplification of a complex past.

**Strous, R. D. (2006). "Hitler's Psychiatrists: Healers and Researchers Turned Executioners and Its Relevance Today." *Harvard Review of Psychiatry* 14: 30-37.**

This article examines the role of psychiatrists in the Nazi genocide, particularly with regard to their role in sterilization and euthanasia. Strous discusses the implications of this history with regards to the "pillars" of the profession, giving a brief overview of the involvement of (as well as the reasons for the involvement of) the psychiatric profession in the history of eugenics. The article concludes with a reiteration of the importance of remembering these atrocities for the sake of the profession's future.

**Strous, R. D. (2007). "Review of "Psychiatry during the Nazi era: ethical lessons for the modern professional"." *Annals of General Psychiatry* 6.**

This article address common ethical misconceptions that allowed the atrocities committed by German psychiatrists to take place. Strous explains that these misconceptions allowed philosophical constructs to define clinical practice in a way that allowed political pressures to influence practice, blurring the roles of clinicians and researchs and creating the false belief that good science and good ethics always co-exist. Eight ethical misconceptions are explained in depth, and the importance of recognizing their role in the genocide in the ethical training of future psychiatrists is emphasized.

**Toellner, R. (1981). "The Historical Preconditions for the Origin of Medical Ethics Committees In West Germany." *Metamedicine* 2: 7.**

This article briefly outlines the history of medical ethics committees in Germany. In doing so, it discusses what a recent institution they are, their predecessors in the United States, and how medical ethics has changed since the proposal for such committees and how that changing situation has created a need for them in particular. It outlines the ethical questions in human experimentation and what qualifies one to answer those questions or not.

**Toellner, R. (1996). *The Impenitent Silence - Medical Ethics in Post War Germany. Hippocrates Betrayed - Medicine in the Third Reich*. Washington, D.C., Holocaust Memorial Museum: 13.**

This two-part speech explores the impact of Auschwitz on the field of medicine. The first part, in search of a partial answer to the question of what caused the Holocaust, details the role of a number of Nazi doctors, offering a sort of characterization of a typical perpetrator and his stubborn, impenetrable silence. The second part seeks to explore the silence of the German medical profession amidst the atrocities committed, for which significant statistics are provided. This portion of the speech attempts to answer the question of what should never arise again, concluding with some remarks about the dangerous influence of the development of "biologism."

**Wikler, D. and J. Barondess (1993). "Bioethics and anti-bioethics in light of Nazi medicine: what must we remember?" *Kennedy Inst Ethics J* 3(1): 39-55.**

Only recently have historians explored in depth the role of the medical profession in Nazi Germany. Several recent works reveal that physicians joined the Nazi party in disproportionate numbers and lent both their efforts and their authority to Nazi eugenic and racist programs. While the crimes of the physician Mengele and a few others are well known, recent research points to a much broader involvement by the profession, even in its everyday clinical work. Analogous activities existed in the German legal and industrial communities; disruption of the medical ethic thus sprang from the broader social contexts of Nazi Germany. The new United States Holocaust Memorial Museum, now opening on the Mall in Washington, D.C., will have an opportunity to educate the public about both the great crimes at Auschwitz and other camps, and the gradual but thorough degradation of ethics in the German medical profession. From this presentation, contemporary bioethics can ponder the proper use of the Nazi analogy in bioethical debate.

**Zukowski, E. (1994). "The "good conscience" of Nazi doctors." *Annu Soc Christ Ethics*: 53-82.**

This article uses conscientious Nazi doctors as heuristic devices with which to argue on the modern understanding of invincible ignorance and why it is problematic, then proposes an alternative understanding of its ultimate foundations and field of application. "Part I profiles several conscientious Nazi doctors and includes the moral justifications they offered for their deeds. Part II describes difficulties in any a priori dismissal of their sincerity. Part III highlights certain developments in the evolution of the principle of invincible ignorance that cause difficulties for assessing the subjective status of the doctors. Parts IV and V suggest an alternative approach to the ultimate foundations and field of application of this principle. The paper concludes with some theoretical and pastoral implications for Christian Ethics."