Faculty Guide
Guided Critical Reflection Activities for the AAMC Seminar:
“Legacy of Medicine During the Holocaust and its Contemporary Relevance”
Jan. 27, 2022, International Holocaust Remembrance Day
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Slide 1:

Thank you for your interest in conducting a guided critical reflection session to follow the AAMC seminar “Legacy of Medicine During the Holocaust and its Contemporary Relevance.” According to reflection theorist John Dewey, “We do not learn from experience. We learn from reflecting on experience.”

Optional pre- or post-seminar readings:

The following slides provide options for facilitating a critical reflection session.
- Option 1: “Reflection Colloquium” session using health humanities (history, art interpretation, interactive (guided) reflective writing) for self- and collaborative group reflection.
- Option 2: Use of historical case study for collaborative group reflection
- Option 3: Reflection-inviting question for collaborative group reflection.

Options 1 and 2 are structured for a 1-hour reflection session, whereas Option 3 can be freely adapted to the time available for your reflection session. We hope you find these useful for your educational purposes.
Option 1: Close looking: reflection with visual art and writing (slide 2)

Slide 3:
1 minute
begin this guided reflection (“reflection colloquium”) session with a tranquil image to settle the emotions and thoughts that may be evoked/triggered by the seminar on legacy of medicine during the Holocaust. You may wish to set ground rules about how the discussion will proceed.

Slide 4:
5 minutes
Ask audience to interpret The Head of a medical student Picasso Orientation to the exercise (Picasso’s Head of the Medical Student):
There are different modalities to cultivate reflection…
Now sharing art for our interpretation, shared reflection, and meaning-making.

Given all we’ve seen and heard in today’s seminar:
- What strikes you in Picasso’s Head of the Medical Student? What is going on in this painting? What do you notice?
- What do you see that makes you say that?
- What more can we find?
- What do you feel? (as relevant)

After the discussion with students, you may wish to mention:
In reference to this painting, physician-anthropologist Arthur Kleinman wrote: *One of our eyes is open to the dangers of the world and the uncertainty of our human condition; the other is closed, so that we do not see or feel these things, so that we can get on with our lives. But perhaps one eye is closed so that we can see, feel and do something of value.*

Background for faculty ONLY, can mention after discussion with students.
Form of an African mask with one eye open, the other closed. Medical students learn to open their eye to the pain and suffering of pts and the world but also to close the other eye – to protect their own vulnerability to pain and suffering, to protect their belief that they can do good and change the world for the better, to protect their own self-interests such as career building and economic gain. Generalize the provocative poignancy of this picture to how we live our lives. One of our eyes is open to the dangers of the world and the uncertainty of our human condition, the other is closed so that we do not see or feel these things so that we can get on with our lives. Perhaps one eye is closed so that we can see feel and do something of value. One eye perhaps sees the possibilities and hopefulness of who we are and where we are headed while the other is shut tight with fear over the storms and precipices that lie ahead. Or perhaps something else mattered to Picasso – other Picassos with one eye closed – disturbing matter of style or disturbing matter of existential insight? We need to open our eyes to contemporary issues
Slide 5:
4 minutes
Introduce this work of art entitled: Hippocratic Oath #1, 2016 by Arie Galles
This charcoal drawing (created out of ash) depicts how the original Hippocratic Oath was trapped behind images of concentration camp uniform stripes or images of prison bars...
Invite the learners to reflect –
Reflect on how this image strikes you, any emotional experience, its meaning for you. If relevant, does this image resonate at all for you with contemporary medicine? If so, how?

Slide 6:
4 minutes
Ask learners to reflect on the subject’s pose in Nussbaum’s The Refugee …
Reflection inviting questions by faculty to learners:
- How do we sit with suffering, the suffering of others?
- Given the history of dehumanization and belief of “lives unworthy of living” among physicians and the medical establishment during the Holocaust, how do we cultivate empathy for the “other” then the “other” is dissimilar to us?
For faculty:
May wish to engage group reflection on challenges and gratification within our work with the vulnerable, the suffering. How do we engage with empathy and sustain that? How do we bring and maintain self-awareness and critical consciousness within person-centered care?

Slide 7:
1 minute
Faculty reads biographical background on the artist while displaying self portrait:
Felix Nussbaum was a German-Jewish surrealist painter who was working in Rome with a scholarship in 1933 when the Nazis gained control of Europe. A difficult saga ensued of fleeing to Belgium, exile and arrest, and hiding with his wife from 1940-44. He was sent on the last convoy to Auschwitz and murdered there, as was his entire family.
“An artist who in the prime of his creative life had to focus on his own survival. Caught in the relentless downward spiral of Nazi persecution and in the end murdered by people who saw him only as an object of hatred—a Jew—rather than as an extraordinarily talented human being with a gift to bring beauty to the world.”

Slide 8:
23 minutes total
Reflective Writing Exercise:
Option of two reflective writing prompts are offered.
One relates to how the seminar content impacts one’s professional identity formation, the other writing prompt is more open-ended…
Provide 8 minutes for writing. Participants are then invited to share their writings, either reading them or summarizing the content.
Collaborative group reflection on this sharing is then facilitated (15 minutes).

**Slide 9:**
7 minutes
Display this slide as a stimulus for group discussion:
Open group discussion to contemporary relevance of seminar content, guiding students to make it their own, make it personally and/or professionally relevant.

**Slide 10:**
7 minutes
Display this slide as a stimulus for group discussion:
Open group discussion to contemporary relevance of seminar content, guiding students to make it their own, make it personally and/or professionally relevant.

**Slide 11:**
8 minutes
for questions, comments, further reflections.
Option 2: Historical case-based written reflections (slide 12)

The text for the case slides (13-16) is fully scripted to read for faculty. Alternatively, Faculty can use the embedded narration by Sabine Hildebrandt (reading time for slides 13-16 is ~6 minutes).

This case is especially suitable for anatomy learning themes and faculty development. Recommended additional reading:

Slide 13:
1 minute
Begin this session with a tranquil image to settle the emotions and thoughts that may be evoked/triggered by the seminar on legacy of medicine during the Holocaust. You may wish to set ground rules about how the discussion will proceed.

Slide 14:
Read the description in the text below:
These are Libertas Haas-Heye and Harro Schulze-Boysen. You see them here in the year 1935, a year before they were married. Libertas was a publicist in the German movie industry and based in Berlin. Harro was an officer in the Aviation Ministry in the Reichs government of National Socialist Germany. They were opposed to Hitler and his party, and worked together with other dissidents in a group that later became known as the so-called “Red Orchestra”. In August 1942 the activities of this group was discovered and Harro and Libertas were sentenced to death for high treason on 19 December 1942.

Slide 15:
Read the description in the text below:
Like all prisoners on death row, Libertas was allowed to write a letter of farewell to her loved ones on the day of her execution. Libertas wrote to her mother and voiced very clear ideas of what should happen to her body after her death.
“As a last wish I have asked that my ‘material substance’ be left to you. If possible, bury me in a beautiful place amidst sunny nature.”
However, her wishes were not heeded.
Slide 16:
Read the description in the text below:
Instead, we have the following report from Charlotte Pommer, a young physician and aspiring anatomist, who worked as assistant to Herman Stieve, the chair of anatomy in Berlin. Charlotte Pommer tells us what actually happened after Libertas wrote her letter:
“On 22nd of December 1942 eleven men and five women were decapitated
. Fifteen minutes later they were
laid out on the dissection tables in the anatomical institute.
[She] lay on the first table, […]
on the third table the big lifeless body of her husband […]
I felt paralyzed and could hardly assist Professor Stieve,
who – as always- carried out his scientific exploration with great care and uncommon
diligence […]
After the impressions of that night, I resigned from my position.”

Slide 17:
Read the description in the text below:
And whereas the young assistant resigned from her position, Herrmann Stieve
remained at the Berlin institute in his position as director until his death in 1952. This
uninterrupted employment was possible because he had never joined the Nazi party,
the NSDAP. However, we do know from his publications that he dissected several
hundred bodies of persons executed by the Nazis after civilian and military trials. Before
1920 he started with animal experiments in which he studied the influence of the
nervous system and stress on the male and female reproductive system. In the 1920s
he then realized that the situation of death row candidates reflected his animal design,
in that imprisonment fear of execution could be seen as stressors. Thus, he investigated
the reproductive organs of executed men in the 1920s. Women were not executed
during this time. However, as soon as bodies of executed women became available due
to the new Nazi legislation, he used them for his studies on the influence of severe
psychological trauma on their menstruation patterns and the morphology of their
reproductive organs.

Slide 18:
10 minutes
Group discussion:
What role does each individual play in this narrative?
- What was the role of the body “donor” Libertas Schulze-Boysen? Libertas was a victim
of Nazi policy and had no agency.
- What was the role of the anatomist Hermann Stieve? Stieve objectified the body/victim
as “material” and used his agency for opportunistic collaboration with the Nazi regime
- What was the role of the trainee Charlotte Pommer? Charlotte Pommer had great
empathy with “the body”/Libertas and used her agency to end her career in anatomy,
becoming the only anatomist to do so and she joined the political resistance.
Slide 19:
15 minutes
Divide learners into small groups of 2-3 and ask them to write for 3-5 minutes and then discuss writing or themes with group partners.

Slide 20:
20 minutes
Bring the whole group back together to talk about:
What made you chose the person you wrote about?
What do you think motivated these three to their behavior?
What insights or themes came up?

Slide 21:
5 minutes
Read the slide text for the epilogue:
Charlotte Pommer remained the only anatomist who changed her career after encountering the bodies of Nazi victims and became a clinician. She joined the Nazi resistance fighters, was jailed but was able to escape. After the war she briefly tried once more academic medicine, but then worked for the rest of her life in global non-government medical relief organizations. Ask about questions, observations, comments.

Slide 22:
Invite questions, comments, further reflections.
Option 3: Collaborative group reflection (slide 23)
Timing is flexible here, adjust to your available time.

Slide 24:
1 minute
Begin this session with a tranquil image to settle the emotions and thoughts that may be evoked/triggered by the seminar on legacy of medicine during the Holocaust. You may wish to set ground rules about how the discussion will proceed.

Slide 25:
Read this quote aloud
We can best honor the victims of Nazi doctors by not only documenting the actions of those doctors, but by confronting the conditions of malignant normality that produced them.
- Robert Lifton, 2017

Slide 26:
Display this slide while reading text, then invite collaborative group reflection by open discussion:
Reflecting on the history of perpetrators as well as those who exhibited moral courage/resistors, how might you think about the moral courage you bring to inevitable moral challenges and complexities in the practice of medicine?
Within this, you may wish to consider clinical practice, research, public health policy, and healthcare leadership in general.
How might the history of medicine during the Holocaust inform your advocacy and activism as a healthcare practitioner and/or as a global citizen?

Slide 27:
Display this slide while reading text, then invite collaborative group reflection by open discussion:
“Formative learning is about socializing students around values; its purpose is to produce professionals. Transformative learning is about developing leadership attributes; its purpose is to produce enlightened change agents.”
(Frenk et al, 2010, Lancet, “Health professionals for a new century: transforming education to strengthen health systems in an interdependent world”)
Reflect on the quote above and how this may resonate with you as a healthcare trainee or professional.
Medical students McDermott et al (2019, JGIM) encourage increasing recognition of a professional role identity as a “change agent” early in medical school. How might we support such initiatives in health professions education and practice?
Slide 28:
Display this slide and invite collaborative group reflection by open discussion.
How does the history of medicine during the Holocaust inform the discourse, moral courage, and ethical actions regarding contemporary medicine in domains such as:
-- informed consent
-- beginning or end of life issues
--potential abuse of power in the name of science for the public good
--power hierarchies in medical teams
--dual loyalties
--conflicts of interest
--influence of economic or political issues in our work
--challenge of genomics and technology expansion
--balance between societal needs and the rights of the individual
--balance between scientific advancement (research) and human dignity
--health inequities
--societal anti-racism and anti anti-Semitism efforts
How does this history inform our social contract with society or what has been termed a “covenant” with society?

Slide 29:
Invite comments, further reflections

Slide 30:
References