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whose core duty should have been to protect the sick and the socially vulnerable. As Andrew Ivy, the US medical ethics expert sent by the American Medical Association to testify at the Nuremberg Doctors' Trial, wrote: "Had the profession taken a strong stand against the mass killing of sick Germans before the war, it is conceivable that the entire idea and technique of death factories for genocide would not have materialized."³

The history of the genocide in Germany provides lessons that are distressingly relevant today. Although the lessons are painful and challenging to learn, if we don't teach this history, we have no hope of learning from it. We invite readers to read the Galilee Declaration, sign it, and join our effort to ensure that no health professional student graduates without having been exposed to and reflected upon this crucial aspect in the history of medicine and its contemporary implications.



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We declare no competing interests.

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Richard Horton's Comment¹ was extremely heartfelt, and we felt as if it were phrased in our very own words. For more than 10 years, the Integrated Curriculum for Anthroposophic Medicine at Witten/Herdecke University has been teaching medical ethics through the example of medicine in national socialism.² In 2017, in light of increasing concerns about dehumanisation in medicine, we strengthened our efforts and developed a 3-year elective interprofessional curriculum entitled Cultivating Medical Awareness and Ethics through the Example of Medicine in National Socialism. This curriculum includes seminars, individual and small group reflection on documentaries of survivors, readings on the history of medicine during national socialism and the Holocaust (including stories of survival and resistance),^{3,4} and study excursions to memorial sites (eg, Auschwitz or the Hadamar euthanasia centre). The health humanities component includes reflective writing, arts, and meditation (guided by author HSW). At the end of each year, students organise a public symposium to present their experiences within self-selected topics related to course themes.

Nowadays, students must be equipped with a moral compass that should act as a foundation to developing a professional identity⁵ for the medical and societal challenges that Horton describes.¹ How can we help students build this compass, foster moral development inside each individual, and exhibit reflective, resilient, and, if necessary, resistant behaviour? In our experience, visiting so-called dark places is core because it touches individual participants deeply; it implements a thought process that might result in strengthened truth-seeking and striving to help overcome cultural, religious, gender, and other potential xenophobic issues that subconsciously influence attitudes and behaviour.

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In an article discussing the Holocaust and medicine, Shmuel Reis wrote "Medicine is a hierarchical profession...the combination of elements of hierarchy, obedience, and power constitutes a risk factor for abuse of power"¹. This suggests that members of the medical profession were at higher risk for Nazi ideology. The role of lawyers, priests, the media, and politicians appears to have been disregarded—and all have a certain influence over people who obey authorities.

Stanley Milgram investigated the psychology behind how people can have morally abhorrent intentions, with interesting insights clearly disregarded by those who can make a difference, such as governments that could implement measures to counterbalance morality and ethics.² The Holocaust is the paradigm of industrialised genocides, and further examples include those that occurred in Rwanda and Cambodia.