



# **When silence is wrong:**

**Reflections on the Reiter  
eponym, Nazi doctors,  
physician responsibilities,  
and justice**

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“Justice, Justice Shall You Pursue...”

—Deuteronomy 16:20<sup>1</sup>

I am proud to have played a role in the retraction and expungement of the Reiter eponym from the medical lexicon.<sup>2,3</sup> It was Dan Wallace and Mike Weisman who brought Dr. Hans Reiter’s venal Nazi past to public attention,<sup>4,5</sup> Rabbi Elliot Dorff who helped me think through the ethical implications of this revelation,<sup>6</sup> and Eph Engelman who originally suggested the eponym and who concurred that 64 years later it must be rescinded.<sup>7</sup>

Reiter was President of the Reich Health Office. He was the highest Nazi authority on all matters pertaining to medicine and health, responsible for all medical experimentation in concentration camps, and directly complicit with criminally infecting victims with typhus at Buchenwald concentration camp.<sup>3,4</sup>

Medicine is fundamentally a moral enterprise. Reiter, a Nazi war criminal, violated precepts of humanity, professionalism, and ethics. He did not merit eponymic honor but rather should be remembered only symbolically, in obloquy. His legacy should be to remind us of our responsibilities to prevent the kinds of atrocities he conceived, instigated, directed, and perpetrated. His obscenities are the consequence of what happens when we stray from our core human, societal, and professional principles. Perhaps a measure of justice for his victims is achieved by recasting Reiter from an honorific eponym to the epitome of disgrace and infamy.<sup>3,6</sup> He and others like him are enabled by silence in the face of injustice.

Several other Nazi and Nazi-sympathizing physicians have been appropriately discredited:

- Julius Hallervorden, Hallervorden-Spatz disease, neurodegeneration;
- Hans Eppinger, Cauchois-Eppinger-Frugoni syndrome, portal vein thrombosis;
- Hans-Joachim Scherer, van Bogaert-Scherer-Epstein disease;
- Hans Seitelberger, Seitelberger disease, infantile neuroaxonal dystrophy;
- Hans Scherer, van Bogaert-Scherer-Epstein syndrome, cerebrotendinous xanthomatosis;

- Hans Asperger, Asperger syndrome, autism spectrum disorder;
- Eduard Pernkopf, seven-volume anatomical atlas; and
- Friedrich Wegener, Wegener syndrome.<sup>8</sup>

## Raising awareness

We began our efforts to bring attention to the perversion of Hans Reiter and to renounce him about 20 years ago. It is important that Reiter’s story not be forgotten, that current students, physicians, indeed all, be familiar with these events. It is only by remembering our essential moral values that we may preserve our cherished profession and prevent future depravities.<sup>2</sup>

Reiter’s story, and that of other Nazi physicians, is about an egregious, extraordinary, unparalleled, injustice and moral degeneracy,<sup>1,9-15</sup> which was met largely by silence. Among the paramount lessons from this are that professional silence in the face of social injustice is not only wrong but pernicious. It is possible to bring about change. And that is a shared personal and professional responsibility.<sup>1,3,16</sup>

My limited awareness of some of the activities of Nazi doctors in the Third Reich and during the Holocaust<sup>14</sup> was profoundly altered when I read about Pernkopf, a Hitler acolyte, who was installed as Dean of the Medical University of Vienna after the Anschluss, and then promptly dismissed his Jewish faculty. He was known to have used holocaust victims as subjects of his well-known anatomy atlas.<sup>9</sup> Upon learning about this, we symbolically set aside the atlas at my medical center’s library,<sup>17,18</sup> and I advocated against its continued publication.<sup>18,19</sup> I resigned from editorial responsibilities with, and cancelled subscriptions to, journals associated with the atlas’ publisher.<sup>18</sup>

Perhaps because of this, and/or perhaps because I was then chair of the ethics committee of the American College of Rheumatology (ACR), I was asked to review the manuscript by Dan Wallace and Mike Weisman about Hans Reiter’s Nazi past.<sup>4</sup> Reading that paper, trying to understand how Nazi physicians could behave as they did, and exploring the implications of this was transformative.<sup>1,9</sup>

## A fortuitous accident

This is an emotionally difficult topic for me. I am a vicarious Holocaust survivor. But for the fortuitous accident of my birth in Detroit, MI, during World War II rather than in one of my parents’ *shtetls* (villages) in



Panush and his father in Szczuczyn, Poland, September, 1988, at the monument created in memorial of the 1941 massacre. While there, they recited the traditional memorial prayer for those who perished in these, and related, events.

Poland, I too would have been a victim, like those in my family who were unable to flee eastern Europe before the war. I identify strongly with them. I am not dispassionate.

It was not only Jews who suffered at the hands of the Nazis—as Simon Wiesenthal, Holocaust survivor, Nazi hunter, and writer, stated, “The Holocaust was not only a Jewish tragedy; it was a human tragedy.”<sup>1</sup>

The Holocaust affected my own family. A letter from a survivor recounts the destruction of the 3,000 Jews of Szczuczyn, Poland, the village of my father’s family, in a series of massacres during June and July 1941. Women were raped, robbed, and then murdered. The men were “called out individually, commanded to take off...clothes and shoes, then most brutally murdered. Among them were... Panush (my grandfather’s brother) with his son.”<sup>1</sup> Survivors of these pogroms were ultimately transported to the death camp at Auschwitz. All that remains of that community is a memorial on the site of the desecrated Jewish cemetery, the gravestones having been used to pave streets.

Some years ago, I was an invited guest speaker at the Polish Rheumatology Congress, held in the nearby city of Bialystok. I took my father with me, and we returned to Szczuczyn, where my father was born and lived until he was 17-years-old. We recited the traditional memorial

prayer for those who perished in these and related events.<sup>1</sup>

I then had an opportunity to no longer be silent, something denied my slain family members and other victims. Perhaps by speaking up I could attain something akin to justice. Perhaps I could bring about change.

### Rescinding an eponym

How does one change the name of a medical entity? Rescind an eponym?

There were no rules, guidelines, or pathways. I wrote. I editorialized.<sup>6,17-19</sup> I engaged the publisher of Pernkopf’s atlas in dialogue. I lectured. I presented. Then, as ethics committee chair, I brought to the ACR board of directors my proposal to change the Reiter eponym. To my surprise and dismay, they simply declined to consider the proposal. This perplexed me, and I was unsure how to proceed.

This was on my mind while attending an annual lunch meeting at the ACR scientific sessions for rheumatology editors. This was a unofficial, informal, international group that held regular social meetings with agendas that mostly addressed items like standardizing abbreviations. I was there as editor of the *Year Book of Rheumatology, Arthritis, and Musculoskeletal Disease*. It occurred to me

to seek the consensus of this group to change “Reiter’s syndrome” to “reactive arthritis.”

I spontaneously, and somewhat hesitantly, offered my proposal. It was rejected.

The following year I was more prepared, and, following an impassioned, insistent presentation, my proposal was adopted.

Slowly—facilitated by the formal retraction of the Reiter eponym by the individual who originally suggested the name<sup>3</sup>—the new standard for nomenclature and practice came about in the literature, textbooks, and diagnostic coding throughout medicine.<sup>2,3</sup>

Those efforts made it easier for subsequent actions of professional societies when Friedrich Wegener’s Nazi past was identified by Eric Matteson, and others.<sup>20,21</sup> In 2007, the American College of Chest Physicians rescinded a Master Clinician Award previously conferred on Wegener, and Wegener’s syndrome was renamed granulomatosis with polyangiitis, GPA.<sup>22</sup> This was also done by the American College of Rheumatology, the European League Against Rheumatism, and the American Society of Nephrology in 2011.<sup>23</sup>

### A moral profession

While the Holocaust does not exist to teach us lessons, there are messages for physicians today, as we reflect on societal injustices. Edmund Burke told us that, “the only thing necessary for the triumph of evil is for good men to do nothing.”<sup>1</sup> Edmund Pellegrino (AQA, NYU Grossman School of Medicine, 1944), a noted medical ethicist, reminded us that medicine is fundamentally a moral profession.<sup>1</sup> Nuremberg trial jurists opined that “acquiescence in or even silence before the violation of sacred professional ethics, the service by medical men of any goal but the truth for the good of humanity, can lead to dishonor and crime ...”<sup>1</sup> And, an editorial in the *Annals of Internal Medicine* noted that these events remind us that, “the medical profession must be ever alert to challenges to the integrity of its ethics.”<sup>10</sup> It’s appropriate that the penultimate words about the Holocaust here be from Elie Wiesel, “If we forget, we are accomplices.”<sup>1,3,6,9</sup>

There is much in medicine that is unjust,<sup>1,24,25</sup> including

inequities in cost, quality, timeliness, quantity, quality, effectiveness, access to patient care, and other inequities within the profession pertaining to gender, race, ethnicity, and diversity. And, there is much in life and in our world that surely could be better and which we should not accept.<sup>25</sup> We have a responsibility if not imperative to not be silent when we perceive injustice. This is a message that is timeless and timely.

Don Berwick (AQA, Harvard Medical School, 1972), penned a powerful piece that echoes, encapsulates, and summarizes some of these themes. He explicated that our work as physicians isn’t

limited to our offices, clinics, or hospitals. He argued that we are obligated to participate in the rescue and restoration—the healing—of society, as well as that of our patients. We, and our institutions, cannot be silent bystanders. Silence is now impossible. Unacceptable. Political. Harmful. We must engage constructively.<sup>16</sup>

Professional—or personal—silence in the face of social injustice is wrong.

“There is a time for silence and a time to speak out.”

—Ecclesiastes 3:7<sup>1</sup>

*We have a responsibility if not imperative to not be silent when we perceive injustice.*

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...As long as one's eyes remain open,  
one must live and fight for one's existence.  
There's still a big and beautiful world.

—Chaya Golding Sojka  
August 30-31, 1941

Excerpted from letter translated by Louis Panush