

we have been doing. We persisted even when we did not hear from the government for weeks and when people's movements were restricted in the COVID-19 response.

With vigorous social action, the Prime Minister's office finally passed the decree on the 63rd day of the sit-in. This decree stipulates that disability is an eligibility criterion to access health-care services and requires the government to provide a basket of services, including diagnostic, curative, preventive, and rehabilitation services, in an accessible and dignified way. The decree also includes monitoring and accountability articles. Our next steps entail continuous follow up with the government to guarantee effective implementation of the decree in participation with PWDs. We found that when a team works with values, willpower, and resolve to achieve public good, success will be the outcome, no matter how long it takes.

I participated in the People With Disability Sit-in at the Palestinian Legislative Council, Ramallah, oPt, and declare no other competing interests.

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Announcing the *Lancet* Commission on Medicine and the Holocaust: Historical Evidence, Implications for Today, Teaching for Tomorrow

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Medicine during the Nazi period and the Shoah (Holocaust) is not a matter of the distant past. Historical evidence documents that the reasoning, values, and activities of health-care professionals and biomedical researchers in this context represented extreme manifestations of potential problems inherent in medicine more generally.¹ Confronting what happened to medicine in this period is crucial to recognise and modify similar tendencies today and guide and inform the ethical practice of medicine. This history also illustrates the conditions for and scope of the resilience and resistance of medical professionals in challenging situations.

The *Lancet* Commission on Medicine and the Holocaust: Historical Evidence, Implications for Today, Teaching for Tomorrow is necessary because of both the decades-long post-war refusal of the medical community to engage with this history in Germany and worldwide and the long-standing myths about the relation between the Nazi regime and medicine.¹ Among these myths are that only a few fanatical physicians committed medical atrocities, that all other German and Austrian physicians and medical scientists were coerced by the Nazi regime,

and that science in the Nazi context was pseudoscience and thus not only unethical but also invalid and therefore irrelevant for post-war medicine.

A first objective of this Commission is to identify, describe, and analyse the historical evidence that proves such myths wrong—ie, the extensive cooperation of many German and Austrian physicians and medical organisations with the health and population policies of the Nazi regime; the complicity of many physicians in the systematic exploitation and killing of Jews and other people deemed by the Nazis to be “biologically inferior”; and the broad participation of the medical community in programmes of forced sterilisation, systematic patient killing, and forced human subject research.²⁻⁵ These actions created some of the conditions for the Holocaust. In the post-war period, many physicians involved in these actions retained their positions and advanced their careers, enabled by contexts in Germany and beyond.

The Commission will explore the relationship between physicians, organised medicine, and the Nazi state; eugenics, Nazi racial hygiene, and Nazi racial anthropology and their implementation; forced human subject research

in deregulated spaces, such as psychiatric institutions, concentration camps, and hospitals in the German-occupied territories that evaded pre-existing research regulations; the contrasting value hierarchies applied to those regarded as “proper citizens” under the Nazi regime as compared with stigmatised “others”; forced labour in medical institutions; and resistance in the face of coercion of physicians under severe conditions, such as in the case of Jewish prisoner physicians.^{6,7}

The Commission will examine the role of physicians as perpetrators in the Nazi context. One of the core questions relevant today is what the conditions are under which physicians and scientists, despite existing bioethical regulations, are prepared to harm patients or research participants or to use their professional authority to devalue social groups and populations. An equally important task within this objective is to meet the justified expectations of due attention to the Jewish victims of the Holocaust,⁸ and other groups persecuted by the Nazis, including Sinti and Roma peoples, gay people, psychiatric patients, and others.⁹

The Commission’s second objective is to identify areas vulnerable to abuse of power and unethical actions in present medical practice, research, and health policies, and to make recommendations for moral and conscience development, policy, and education to prevent future abuse of power by health professionals and scientists. Under this objective we will examine: threats to the dignity of the individual and the shared fate of all human beings¹⁰ in judgments on the value and quality of human life, the supposed value of genetic endowment or of human populations; structural racism as a public health issue;¹¹ resource allocation and triage in public health crises; exclusionary ethics that do not respect all groups; the behaviour of physicians when tempted or pressured by those in power or providing financial resources; implicit value hierarchies involved in human subject research, including medical scientists’ lobbying for deregulated spaces of research; and professional and personal traits such as resilience and the social accountability of doctors. We will also address the conditions, justifications, and implications of practising diverging ethical standards in different populations.

The third objective of the Commission will be to evaluate existing medical curricula and propose educational approaches that promote ethical conduct, compassionate identity formation, and moral development.¹² We aim to



Physicians who were accused of having committed atrocities in the Nazi context: Hertha Oberheuser (standing), with most of the defendants on the bench, including the main defendant Professor Dr Karl Brandt, at the Nuremberg Medical Trial, Germany, on Nov 25, 1946

develop a road map for the potential policy implications of our analyses.

This Commission aims to provide evidence-based historical knowledge and insights for relevant self-reflection in medicine. The Commission will critically examine the values, value hierarchies, and anthropological and epistemological assumptions of medical thought and practice. We will also analyse the implicit limits, temptations, and fallacies in view of human nature and the fallibility of physicians and the social and political contexts in which health professionals act. Our work in the coming 2 years should complement knowledge aimed at practical application in clinical contexts, medical research, and health policies.

The range of expertise among the 20 Commissioners includes primary research on the historical evidence, scholarly involvement in present-day debates on medical ethics and professionalism, and the design and implementation of medical education. The Commissioners are diverse in terms of geography, gender, and disciplines.

The Commission pledges to remain aware of the various communities with different knowledge and expectations, and who may approach the subjects covered by this Commission from diverse points of view, such as those of the descendants of victims, perpetrators, bystanders, or those who actively resisted.

We are the Co-Chairs of the *Lancet* Commission on Medicine and the Holocaust and declare no other competing interests.

The Commissioners for the *Lancet* Commission on Medicine and the Holocaust are: Tessa Chelouche, Herwig Czech, Sabine Hildebrandt (Co-Chair), Astrid Ley, Etienne Lepicard, Esteban González-López, Miriam Offer, Avi Ohry, Shmuel Reis

(Co-Chair), Volker Roelcke (Co-Chair), Maike Rotzoll, Carola Sachse, Hans-Walter Schmuhl, Sari Siegel, Michal Simunek, Amir Teicher, Kamila Uzarczyk, Anna von Villiez, Hedy Wald, and Matthew Wynia.

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Thank you to *The Lancet's* reviewers of 2020

In 2021, many of us are still looking back to 2020 and trying to make sense of the impacts of the COVID-19 pandemic. For those working in medicine and science, 2020 was unusual and difficult. The rapid research advances made to understand SARS-CoV-2, to describe the clinical course and long-term consequences of COVID-19, and to develop treatments and vaccines are incomparable. This incredible progress is a testament to the hard work and dedication of countless researchers and clinicians worldwide.

But the pace of scientific research has been driven not only by the researchers whose names appear on the papers, but also by the commitment and drive of the peer reviewers. In 2020, peer reviewers (appendix) at *The Lancet* reviewed more papers than ever before, many of these on rapid timelines. The expert input and incisive comments of reviewers who, despite time pressures and no doubt difficult personal and professional circumstances, are of the utmost value. Last year reviewers delivered thoughtful evaluations and constructive feedback for vital and time-sensitive papers that have helped shape the global public health response to COVID-19, which makes their contributions an essential part of advancing medical research. We are extremely grateful.

2020 was also a year that was marked by global condemnation and dismay to the police killings of George Floyd, Breonna Taylor, and other Black people

in the USA, and by increased visibility to unacceptable racial inequities around the world. Building on the *Lancet* Group's Diversity Pledge devoted to increasing representation in research and publishing, the *Lancet's* Group for Racial Equality (GRaCE) is working to review policies and processes of the *Lancet* journals for inviting peer reviewers to ensure that we improve inclusion of experts from racial and ethnic minorities.¹ This work builds on *The Lancet's* work to advance gender equity. In 2019, *The Lancet* committed to track and report the progress to diversifying our pool of peer reviewers. In 2020, 30% of our peer reviewers were women, which is an improvement from 22% in 2017, but not an increase from 30% in 2019. A disproportionate burden of caring responsibilities has fallen to female academics during the COVID-19 pandemic.² Enabling and campaigning for women's equal participation and recognition in research and publishing are vital to *The Lancet*. We aim for higher figures. *The Lancet* will redouble its efforts and editors are working to ensure a more diverse pool of reviewers. To all *The Lancet's* reviewers of 2020, thank you.

We declare no competing interests.

The Editors of The Lancet

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For more on *The Lancet's* commitments to gender equity and diversity see <https://www.thelancet.com/diversity>

For more on GRaCE see <https://www.thelancet.com/racial-equality>

For more on *The Lancet's* work on gender equity see <https://www.thelancet.com/lancet-women>

See Online for appendix