

## SHORT COMMUNICATIONS

**To Cite or Not to Cite: Approaching Unethical Historical Literature in Dermatology**

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**DISCUSSION**

The history of medical research is fraught with behavior that is now generally considered unethical, and dermatology is no exception. 18th and 19th century dermatologists tested theories of inoculation on nonconsenting orphans, sex-workers, and patients with intellectual disabilities. Prominent dermatologists performed medical experiments at Nazi concentration camps. The infamous Tuskegee Syphilis Study was an exercise in dermatovenereology and continued until 1972.<sup>1</sup>

Some may find it unnecessary to hold historical dermatologists to ethical standards that they predate, such as the Declaration of Helsinki of 1964 and Common Rule of 1991. However, many unethical experiments were rejected as unethical by their contemporaries, and some investigators even faced legal consequences for their studies.<sup>1</sup> While the Nuremberg Code of 1947 was one of the first texts to codify international standards for human subject research, regional research ethics protocols existed centuries prior to the development of modern bioethics.

Ethics codes have not historically prevented unethical behaviors. Germany established one of the first mandated ethics courses for medical trainees (1939). Nazi physicians, including dermatologists, adhered to a strict ethical standard—but one that applied only to certain peoples.<sup>2</sup> Ignoring historical ethical violations may create complacency toward future medical atrocities. Normalization of unethical research practices, such as the American government's offer of immunity for Japanese Unit 731 researchers in exchange for access to unethical data, sets a standard that atrocities can be ignored if results are clinically useful.<sup>3</sup>

Further questions arise concerning the results of these experiments, especially those that represent foundational dermatological treatments. Retracting these papers could be beneficial to discourage replication, enhance trust in dermatology, and avoid complicity in or perceived approval of medical atrocities. However, some may argue that it is better to use the research to benefit humanity, lest the victims' suffering be in vain.<sup>4</sup> It is difficult to understand what retractions of such historical texts would mean practically. Dapsone, for example, was tested on Buchenwald concentration camp prisoners.<sup>1</sup> Retraction could create a dilemma concerning subsequent papers that

reference historical studies, leading to confusion, harm, and censorship.

These unethical studies warrant scrutiny to ascertain their degree of legitimate scientific value. To navigate potential disagreements, dermatology societies might consider ethics boards to evaluate current and past research. Dermatology training programs can educate trainees in evaluating and navigating ethical uncertainties in research. Moe recommends that Nazi research be cited when 1) there is clear scientific validity and 2) there is no alternative source of this information, a recommendation that could be expanded to information gleaned from other unethical studies.<sup>5</sup> When researchers find it necessary to reference unethical studies, the published text could include disclaimers that outline ethical violations of the study and the reasons for inclusion. Continuous identification and acknowledgement of where dermatology research violates ethical standards is critical in ensuring professional self-regulation, dermatology's reputation, nonmaleficence, and justice.

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