

World's "last trial" involving Nazi doctor ends in Austria after suspect declared demented

The world has likely seen the last trial involving a doctor accused of killing people in the name of medicine and Nazi Germany's euthanasia program and its perverse research involving human subjects.

Dr. Heinrich Gross, who is suspected of murdering mentally and physically handicapped children at the Am Spiegelgrund Clinic, the children's section of Vienna's Neurology Institute, went on trial Mar. 21. But barely an hour into the trial of the 84-year-old Austrian physician, the judge suspended proceedings after hearing evidence that the defendant was experiencing dementia.

Although Gross may no longer be competent to stand trial, it is difficult to ignore the evidence that derives in large part from the Nazi mania for collecting and storing scientific information. Gross took photographs of the children he treated. The records are precise: 772 children died in his clinic and the professor signed the death certificates of 238.

The preserved brains, kept in jars of formaldehyde in the basement, revealed traces of a powerful sleep-inducing drug, Luminal. The death certificates bearing Gross' signature give lung infection as the main cause of death.

Survivors like Alois Kaufmann, 67, make clear why: doctors were determined to do their bit for the Nazi war effort by researching the effects of cold and malnutrition on the human body. Drugged children were put out on the balconies in the middle of winter. It was common to dunk children in ice-cold water and then wrap them up like mummies, again to test their resistance to cold.

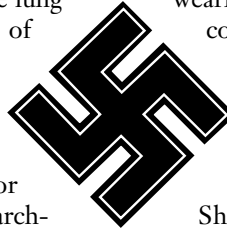
"They would take all the bedclothes away and put the children — even babies — naked on the balcony to check how long it would be before they got pneumonia and died," recalled Kaufmann, who was sent to the clinic as a 10-year-old in 1943 after a school psy-

chologist designated him "asocial."

Kaufmann identified Gross as the feared doctor known as The Scythe, who would stride into his Vienna clinic wearing polished boots and his crisp colonel's uniform, and point to the child patients marked down for euthanasia under Hitler's *Lebensunwertes Leben* (Life Unworthy of Life) program.

Gross joined the SA Brown Shirts in 1933, the Nazi party in 1938 and the Wehrmacht in 1943. After World War II he became a stalwart member of the ruling Austrian Socialist Party.

Almost 700 000 Austrians were members of the Nazi party, and the postwar Socialists quickly realized that they could not rule without the help of these ex-Nazis. With political protection, Gross rose to be one of the best paid forensic doctors and, helped by his clinic's unique collection of pickled brains, a respected neurologist. — *Gil Kezwer, Toronto*



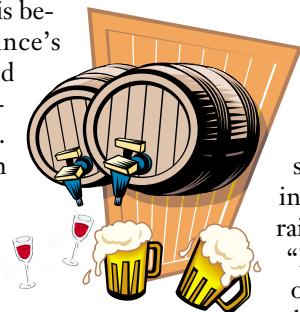
MDs' bid to raise drinking age meets opposition

A recommendation from the College of Physicians and Surgeons of Manitoba to raise the province's legal drinking age from 18 to 21 is being opposed by the province's hospitality industry and some young people employed in the industry. Meanwhile, a major youth group supports the move.

The proposal is one of 22 recommendations in the college's Pediatric Death Review Committee report, which was released in early April. It suggests that raising the drinking age could significantly reduce traffic

fatalities by keeping alcohol out of the hands of young drivers.

Dr. Robert Walker, deputy registrar of the Manitoba college, said the recommendation is based on American experience, which shows that every state that lowered its drinking age in the early 1980s raised it back to 21 by 1988. "Data accumulated by US officials suggested that the change helped to reduce the number of traffic deaths among teenagers and young adults," says Walker.



The college's proposed age change is tied to another recommendation calling for a graduated licensing system, in which new drivers would hone their skills under conditions that minimize injury risk. The restrictions include a prohibition against driving at night for young drivers, a copilot program and zero blood alcohol tolerance. This program is already in place next door in Ontario.

Ron Ledohowski of the Winnipeg-based Hospitality Corporation says the college recommendation would make it difficult for the hospitality industry to

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New rapid HIV test opens Pandora's box of ethical concerns

A new HIV test that provides results in just 15 minutes is undoubtedly more convenient and faster, but observers say it also raises concerns about appropriate counselling, administration of the test and ways to deal with false-positive results (see pages 1545, 1605).

The Canadian HIV-AIDS Legal Network has responded to the new product with a 145-page report that urges provincial and territorial governments and regulatory bodies to run pilot studies on the new tests before mass marketing takes place. The studies would assess the need for counselling, training and quality control.

The test, which was approved by Health Canada in mid-March, is the country's first rapid screening test and the only HIV test possible outside a laboratory. It is considered as accurate as the current standard, the ELISA laboratory test, but results from that take 2 weeks.

The report's coauthor, lawyer Richard Elliott, says the Legal Network's major concern is the quality of counselling, especially given the number of false-positive results. This figure varies according to the HIV seroprevalence within a population, but it can be quite high. For example, 300 000

ELISA tests were conducted in Ontario last year, and 3000 were positive. After a second confirmatory test, only 1000 of the people tested were found to be HIV positive. (Patients are not notified of their status until after the second test.)

With rapid testing, however, patients would be informed of their status on the spot, before any confirmatory test had taken place. "It's crucial in counselling that they understand they may or may not be positive," says Elliott, director of policy and research at the Legal Network, a nonprofit group that takes the lead in analysing legal and ethical issues raised by HIV testing. It is urging regulatory bodies, provinces and territories to establish practice guidelines regarding who can provide rapid testing and to ensure training and counselling specific to the new test.

Elliott says the ease of rapid testing will increase the likelihood of poor counselling and lack of proper consent. "We're concerned that people will feel pressure to have this test done without adequately considering the ramifications of a positive result," he says.

"Pre-test counselling is the standard of care that must be met in any HIV testing," concurs Dr. Phil Berger, the

chief of family and community medicine at Toronto's St. Michael's Hospital. "My worry is that [counselling] won't occur if testing is being done by a range of professionals who aren't necessarily trained in counselling."

The Health Canada licence stipulates that the test, which is marketed by BioChem ImmunoSystems Inc. of Montreal, can only be used by health care professionals at the point of care. However, each province and territory has its own definition of "health care professional," and in some cases it includes dentists and registered massage therapists. Many of these professionals are not currently trained to provide counselling, says Elliott.

There is also some concern that the test could make its way to the black market and be used for unscrupulous purposes by employers. Elliott argues that these people should be prosecuted. "I don't want to see circumstances where someone takes this kit and forces a spouse or child or employee to take it," he says. "It raises concerns about informed consent." US regulators have already approved home test kits for HIV that cost about US\$40. — *Barbara Sibbald, CMAJ*

Fewer traffic deaths?

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find enough restaurant workers.

"This age group [18 to 20] is very important to the industry. Restaurants and bars are already competing with each other for the same employees. If this group is prevented from working, it's going to really hurt us."

Allan Pond, a 19-year-old bartender at a Winnipeg restaurant, says that without the income from his job, he would be forced to withdraw from

a BSc degree program he hoped would lead to medical school. "If you're too young to serve liquor or work as a bartender, then who is going to hire you?" Pond asks.

Many young people called a local radio station to voice their disapproval of the proposed age change, saying that it is already easier to purchase illicit drugs than alcohol. However, the president of the Winnipeg Students Association came out in support of the change.

"If you ask me, it's too easy for kids age 15 and 16 to get their 18-

year-old friends to buy them alcohol," says Andrew Morrow. "At 21, a person is more responsible for his behaviour."

Diane McGifford, minister responsible for the Manitoba Liquor Control Commission, said the government has no immediate plans to raise the drinking age, but there will be public consultations on the Liquor Control Act this spring and the drinking age is likely to be discussed. "I expect the college and many others will attend the hearings," says McGifford.— *David Square, Winnipeg*