

**BIOETHICS OF EVERYDAY LIFE AND THE PRACTICE OF OBSTETRICS  
BASED ON ETHICAL AND MORAL PRINCIPLES: A CASE STUDY OF THE  
MIDWIFE OF AUSCHWITZ**

**BIOÉTICA DO COTIDIANO E O EXERCÍCIO DA VOCAÇÃO OBSTETRÍCIA  
BASEADA EM PRINCÍPIOS ÉTICOS E MORAIS, ESTUDO DE CASO DA  
PARTEIRA DE AUSCHWITZ**

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BASADA EN PRINCIPIOS ÉTICOS Y MORALES: UN ESTUDIO DE CASO DE  
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**ABSTRACT**

Everyday bioethics, especially in the context of obstetrics, addresses the ethical and moral dilemmas that healthcare professionals face in the exercise of their duties. This area highlights the importance of fundamental ethical and moral principles, such as autonomy, beneficence, non-maleficence, and justice, which guide daily decisions in the care of pregnant women and newborns. In the exercise of their duties, they often encounter complex situations, such as managing risks during pregnancy and childbirth, making decisions about medical interventions, and providing emotional support to pregnant women. Patient autonomy is essential, as it involves respecting their choices and beliefs, even if they may diverge from medical recommendations. Finally, everyday bioethics in obstetrics is permeated by an unwavering commitment to the dignity and rights of women, challenging professionals to balance their vocation with ethical responsibilities in constantly changing environments. A prime example of an icon embodying the essence of bioethics in practice is Stanisława Leszczyńska, known as the Midwife of Auschwitz. She faced immense ethical and moral challenges while working as a midwife in inhumane conditions. As part of the Nazi concentration camp system, she was forced to deal with the reality of unwanted pregnancies and childbirths in an environment of horror. Her commitment to life and human dignity stood out amidst the genocide. Her main ethical challenges included the obligation to perform deliveries under extreme conditions, often without adequate resources. The women she attended were mostly prisoners, and many faced death after childbirth. She had to choose between saving the mother and the child, a choice that put her own safety at risk, since the Nazis showed no compassion for these women, and she became a symbol of humanism in the face of horror, leaving lessons about the importance of acting with integrity. Her testimony challenges us to reflect on how phenomena of pressure and oppression impact ethical issues in medicine and other professions.

**Keywords:** Bioethics. Obstetrics. Dignity. Ethics. Morality. Medicine.

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## RESUMO

A bioética do cotidiano, especialmente no contexto da obstetrícia, aborda os dilemas éticos e morais que profissionais da saúde enfrentam no exercício de suas funções. Esta área destaca a importância de princípios éticos e morais fundamentais, como a autonomia, beneficência, não maleficência e justiça, que guiam as decisões diárias no cuidado a gestantes e recém-nascidos. E no exercício de suas funções muitas vezes se deparam com situações complexas, como o manejo de riscos durante a gravidez e o parto, decisões sobre intervenções médicas e apoio emocional a gestantes. A autonomia da paciente é essencial, pois envolve respeitar suas escolhas e crenças, mesmo que possam divergir das recomendações médicas. Por fim, a bioética do cotidiano na obstetrícia é permeada por um compromisso inabalável com a dignidade e os direitos das mulheres, desafiando os profissionais a equilibrar sua vocação com responsabilidades éticas em ambientes de constante mudança. E um primoroso exemplo de um ícone da essência da bioética na prática é a “Stanisława Leszczyńska”, conhecida como a Parteira de Auschwitz, enfrentou desafios éticos e morais imensos durante sua atuação como parteira em condições desumanas. Como parte do sistema de campos de concentração nazistas, ela foi forçada a lidar com a realidade de gravidezes indesejadas e partos em um ambiente de horror. Seu compromisso com a vida e a dignidade humana destacou-se em meio ao genocídio. Seus principais desafios éticos como a obrigação de realizar partos sob condições extremas, muitas vezes sem os recursos adequados. As mulheres que ela atendia eram, na sua maioria, prisioneiras, e muitas vezes enfrentavam a morte após o parto. Ela tinha que decidir entre salvar a mãe e o filho, uma escolha que colocava sua própria segurança em risco, uma vez que os nazistas não demonstravam compaixão por essas mulheres, e se tornou um símbolo de humanismo em frente ao horror, deixando lições sobre a importância de agir com integridade, seu testemunho nos desafia a refletir sobre como fenômenos de pressão e opressão impactam questões éticas na medicina e em outras profissões.

**Palavras-chave:** Bioética. Obstetrícia. Dignidade. Ética. Moral. Medicina.

## RESUMEN

La bioética cotidiana, especialmente en el contexto de la obstetricia, aborda los dilemas éticos y morales que enfrentan los profesionales de la salud en el ejercicio de sus funciones. Esta área destaca la importancia de principios éticos y morales fundamentales, como la autonomía, la beneficencia, la no maleficencia y la justicia, que guían las decisiones diarias en el cuidado de las mujeres embarazadas y los recién nacidos. En el ejercicio de sus funciones, a menudo se enfrentan a situaciones complejas, como la gestión de riesgos durante el embarazo y el parto, la toma de decisiones sobre intervenciones médicas y el apoyo emocional a las mujeres embarazadas. La autonomía de las pacientes es esencial, ya que implica respetar sus decisiones y creencias, incluso si pueden discrepar de las recomendaciones médicas. Finalmente, la bioética cotidiana en obstetricia está impregnada de un compromiso inquebrantable con la dignidad y los derechos de las mujeres, lo que desafía a los profesionales a conciliar su vocación con las responsabilidades éticas en entornos en constante cambio. Un ejemplo destacado de un icono que encarna la esencia de la bioética en la práctica es Stanisława Leszczyńska, conocida como la Matrona de Auschwitz. Se enfrentó a inmensos desafíos éticos y morales mientras trabajaba como partera en condiciones inhumanas. Como parte del sistema de campos de concentración nazi, se vio obligada a lidiar con la realidad de embarazos y partos no deseados en un entorno de horror. Su compromiso con la vida y la dignidad humana se destacó en medio del genocidio. Sus principales desafíos éticos incluyeron la



obligación de realizar partos en condiciones extremas, a menudo sin los recursos adecuados. Las mujeres que atendió eran en su mayoría prisioneras, y muchas enfrentaban la muerte después del parto. Tuvo que elegir entre salvar a la madre y al niño, una decisión que puso en riesgo su propia seguridad, ya que los nazis no mostraron compasión por estas mujeres. Se convirtió en un símbolo del humanismo frente al horror, dejando lecciones sobre la importancia de actuar con integridad. Su testimonio nos reta a reflexionar sobre cómo los fenómenos de presión y opresión impactan en las cuestiones éticas de la medicina y otras profesiones.

**Palabras clave:** Bioética. Obstetricia. Dignidad. Ética. Moralidad. Medicina.



## 1 INTRODUCTION

### 1.1 BIOETHICS OF EVERYDAY LIFE IN OBSTETRICS: REFLECTIONS IN THE LIGHT OF MEDICAL PRACTICE

Bioethics, as a multidisciplinary field that deals with the ethical implications of medical practice, plays a fundamental role in obstetrics, where decisions have a direct impact on the lives of mothers and newborns. Obstetric practice is not restricted to delivering babies, but involves a complex set of decisions that require an improved understanding of bioethics in everyday life.

Within this context, it is essential to consider the work of Professor Nilo Agostini, who incisively addresses the ethical issues that permeate medical practice. In his book "Bioethics: Fundamentals and Applications", Agostini discusses the importance of autonomy, beneficence and non-maleficence – pillars that should guide the performance of health professionals, especially in obstetrics.

One of the main ethical principles in obstetrics is women's autonomy. The right to make decisions about your body and your birth is fundamental. However, this autonomy is often challenged by cultural issues and hospital practices that impose standards. Agostini (2020) argues that women's empowerment should be a priority in obstetric care. This implies not only respecting their choices, but also providing clear and safe information so that they can make informed decisions.

Health professionals, in turn, face the daily dilemma of balancing patient autonomy with the need for interventions that ensure safety. The concept of beneficence, which refers to the obligation to act for the good of the patient, can generate conflicts. For example, the recommendation of elective cesarean sections, in some cases, may be more of a physician's choice than a clinical necessity, leading to discussion about the real intention behind these interventions (Lima, 2022).

In situations where the health of the mother or fetus is at risk, bioethics becomes more complex. The principle of non-maleficence requires the doctor to act to avoid harm, but the consequences of decisions need to be weighed. Case studies in obstetrics often reveal the need to address issues such as fetal viability and the risks associated with procedures, respecting the mother's wishes, whenever possible (Andrade, 2021).

Communication is a fundamental aspect in obstetric practice and an ethical principle that must be emphasized. According to Agostini, open dialogue between doctor and patient



is essential for building a relationship of trust. The use of accessible language and active listening are essential for women to feel valued in their experiences and decisions.

Another crucial point of bioethics in obstetrics concerns issues involving the beginning of life. The ethical dilemmas that arise in cases of fetal anomalies or situations involving the possibility of suffering the newborn are complex and require careful and respectful discussion between doctors, patients, and family members (Cruz and Oliveira, 2023). The responsibility of providing guidance on the available options, always respecting the dignity of life, is a task that demands sensitivity and understanding.

In summary, bioethics in obstetrics should always be present in the reflections of daily medical practice. Professor Nilo Agostini's work offers a solid basis for the understanding and application of ethical principles in clinical practice, emphasizing the importance of autonomy, communication, and respect for patients' choices. Continuous training and openness to dialogue are fundamental to ensure obstetric care centered on life and human dignity, thus reflecting a truly ethical and responsible practice in contemporary medicine.

## **2 THE ETHICAL MANAGEMENT OF OBSTETRIC EMERGENCIES IN CONTEXTS: MODERN HOSPITAL VERSUS MIDWIVES IN EXTREME CONDITIONS**

Continuing the analysis of the bioethical principles presented above, emergency management is the field in which ethics assumes the most decisive role, as it involves quick actions, imminent risk of death, and the need to balance principles even under adverse conditions. Analyzing this management in contrasting contexts — the modern hospital environment and the performance of midwives in extreme conditions, allows us to understand how ethics manifests itself in different ways, but equally profound, depending on historical, social and structural circumstances.

In the modern hospital context, contemporary hospitals and obstetric emergencies are managed within a strongly structured environment, with technological resources, multidisciplinary teams, and well-established, evidence-based protocols. The physician performs critical functions, such as drug administration, emergency surgical interventions, and therapeutic decision-making, which are essential for maternal and fetal stabilization and safety (Brasil, 2014). Specialized training and continuous education are essential to ensure quick and effective responses in highly complex scenarios (Ferreira, 2019).

The presence of trained professionals in obstetric emergency units is associated with better maternal and neonatal outcomes, contributing to the reduction of mortality and morbidity related to obstetric complications (Brito & Fortes, 2021). In addition, evidence-based practice ensures the application of up-to-date protocols, while interdisciplinary collaboration between physicians, nurses, and other professionals promotes integrated and effective care (Sousa et al., 2021; WHO, 2020).

Among the main obstetric emergencies in a hospital context are: postpartum hemorrhage, preeclampsia/eclampsia, acute fetal distress, uterine rupture, umbilical cord prolapse and shoulder dystocia (WHO, 2017; FIGO, 2022). All require quick and reasoned decisions, combining technical knowledge and evidence, in addition to respect for the dignity of the pregnant woman.

Technology, such as fetal monitoring, portable ultrasound, electronic recording systems, and telemedicine, helps in the early identification of complications and in making more assertive decisions, although it does not replace the technical knowledge, experience, and communication skills of the health professional as described. Thus, the ethical management of obstetric emergencies in hospitals and modern health systems combines technical preparation, continuous updating, and interdisciplinary cooperation, ensuring safe and humanized care for mothers and newborns.

In contrast, the work of midwives in extreme conditions, environments of precariousness or violence, such as communities without resources, concentration camps or war regions, ethical management takes on another proportion.

Without resources, without staff or under surveillance, ethics is not based on protocols, but on humanity and internal moral duty. The midwife without adequate instruments resorts to practical experience and body knowledge. Each decision is driven by an attempt to preserve the minimum of dignity and life, even in the face of the impossibility of favorable results.

Obstetric practice becomes an act of moral resistance. Care in the midst of horror is, in itself, an "ethical protest". It seeks to evaluate suffering, avoid despair and protect those women as best you can, an ethics based on the human bond and their faith, often deeper than any protocol. Showing that the value of the profession is not only in technical knowledge, but in the ability to act with courage, empathy, and moral responsibility even in the face of severe limitations.

The recognition of midwives is essential, not only in terms of professional appreciation, but also because they offer emotional support, guidance and humanized care, establishing a deep bond with the pregnant woman, a fundamental role in maternal health, especially in contexts of vulnerability, resource constraints or extreme situations. The work of midwives and health professionals in extreme situations reveals the essence of obstetric care: protecting life and humanity even when everything around is inhumane.

Both professionals, doctors and obstetric nurses in adverse conditions, seek to preserve the life and dignity of women and newborns. The modern obstetrician deals with technical pressure; The midwife in extreme conditions deals with existential pressure and risk to personal life. In the hospital, technology is used to help guide ethics; In extreme adversity, ethics depends radically on the moral strength of the individual. In the safe and contemporary environment, autonomy is operationalized via informed consent; while in contexts, such as those discussed, autonomy is limited or unfeasible, prevailing the ethics of protection.

Therefore, understanding these differences broadens the reflection on professional performance in obstetrics and reinforces the need to recognize ethical limits, adapt decisions in adverse scenarios, and preserve human dignity as a central element of care, regardless of structural conditions. As Hippocrates said: "Where there is love for the art of medicine, there will also be love for humanity."

To replicate the practice reported above, it was opportune to expose a summarized approach to an iconic and rich example in the history of a woman who faced all the challenges in the midst of the Nazi regime, in the Auschwitz concentration camp, and exercised her profession with ethics and values above what was imposed on her, A great example for everyday bioethics of what a professional obstetrics really is exercising her principles and preserving the dignity of the human person in hostile and chaotic environments.

### **3 STANISŁAWA LESZCZYŃSKA: BIOGRAPHY, FAITH AND PROFESSIONAL TRAINING**

Stanisława Leszczyńska was born on May 8, 1896, in the city of Łódź, Poland, into a deeply Catholic working-class family, a context that shaped his social and ethical conscience from an early age. Daughter of a carpenter and a dedicated mother, her moral formation was marked by an environment of discipline, faith and solidarity. During his youth,

his family temporarily emigrated to Brazil, returning to Poland shortly before the outbreak of World War I. Back in Łódź, she married Bronisław Leszczyński, with whom she had four children, while also pursuing professional qualifications (Gabryel, 1989).

Her career as a midwife formally began in 1920, when she entered the obstetrics course at the University of Warsaw, completing her studies in 1922 with honors. According to *Midwifery in Poland* (Nagórska; Zych; Lesińska-Sawicka, 2024), the teaching of obstetrics in the interwar period was deeply influenced by humanist principles, being centered on the integral care of women and the appreciation of life. Leszczyńska adopted these principles with conviction and began to practice the profession in her community with enormous recognition. Their performance was based not only on technical competence, but on deep respect for pregnant women, regardless of their social status or religion (Dobrowolska et al., 2011).

Christian spirituality profoundly guided his professional conduct. She saw motherhood as a sacred expression of human dignity and interpreted childbirth as an act of grace, whose defense of life could not be relativized even in the face of war. As Olczyk and Król (2017) point out, Leszczyńska believed in the sanctity of life from conception, which was the basis for her unconditional refusal of any practice that threatened the unborn child. This Christian ethic was not restricted to the private sphere, but was lived daily in his profession, as a form of moral commitment to God and to the vulnerable.

Engagement with the weakest intensified during the Nazi occupation of Poland. As recorded by Klodziński (1975), Stanisława and his family participated in the resistance, sheltering Jews and collaborating with the Łódź ghetto support network, which led to his arrest by the Gestapo in 1943. Deported with her daughter to the Auschwitz-Birkenau concentration camp, she received the number 41335. There, she was assigned to the maternity ward, where she worked as a midwife under direct orders from the SS and doctor Josef Mengele. Even in absolutely inhumane conditions — without instruments, hygiene or medicines — she performed about three thousand births, without any woman dying under her care (Tierling-Śledź, 2021).

His performance at Auschwitz was marked by firm ethical resistance. She vehemently refused to obey orders of systematic infanticide, even when confronted directly by Mengele. In his testimony, Leszczyńska (1991) states: "No, never! Children should not be killed", a phrase that summarizes his posture of fidelity to the dignity of human life, even if this implied a direct risk to his own survival. The moral pedagogy contained in her attitude

was analyzed by Olearczyk (2023), who considers her an expression of practical virtue and an example of ethical training for future midwives and health professionals.

Stanisława Leszczyńska therefore represented the convergence of technique, faith and ethics. His pre-war training, already grounded in Christian and humanist principles, was put to the test in the extreme context of Auschwitz, where his obstetric practice became an act of resistance against the logic of death. As Gliński (2021) observes, her biography challenges the boundaries between the ordinary and the heroic, and is inscribed in the field of memory as a testimony of a professional who, in the face of barbarism, unconditionally chose life. The understanding of his trajectory requires, therefore, a reading that goes beyond the biographical: it is an incarnate ethic, lived on the border between care and horror.

#### **4 THE PRACTICE OF THE MIDWIFE AT AUSCHWITZ: ETHICAL RESISTANCE AND HUMANIZATION IN HELL**

Stanisława Leszczyńska's performance in the Auschwitz-Birkenau extermination camp constituted a singular mark of moral resistance in the midst of the collapse of ethical and sanitary structures promoted by the Nazi regime. In Block 24 of the BIIe sector, intended for pregnant women, there was a supposed "maternity hospital" without any adequate medical support, where births took place on improvised boards, in the midst of dirt, cold, hunger and total absence of asepsis or anesthesia. The scarcity of resources was extreme: there was a lack of gloves, instruments, medicines, clean clothes and drinking water. The parturients, in turn, were severely malnourished, sick, and physically and emotionally exhausted by forced labor and the daily brutality of the camp (Dobrowolska et al., 2011; Tierling-Śledź, 2021; Bitencourt, 2012).

Against this backdrop of absolute dehumanization, Leszczyńska's obstetric practice emerged as a space of radical ethical resistance. Alone, without formal medical help, she attended the birth of approximately 3,000 children, adamantly refusing to cooperate with the genocidal practices imposed by the Nazis, especially systematic infanticide. The order from the camp authorities—especially Dr. Josef Mengele—was clear: no Jewish child was to survive. Many of the collaborationist midwives, under the command of SS officers, followed the protocol of drowning newborns in buckets of water or injecting lethal substances immediately after delivery (Corkran, 2021; Galle, 2011; Posner; Ware, 2019).

Stanisława, however, held firm to his professional and spiritual conduct. When questioned by Mengele about the reason for her disobedience to orders, she replied with conviction: "No, never. You cannot kill children" (Leszczyńska, 1991). This intransigent stance in the face of the culture of death was not limited to a religious position – although his Catholic faith played a central role – but also reflected a deep commitment to the ethics of care and to the inalienable principle of human dignity (Olczyk; Król, 2017; Olearczyk, 2023). Her active refusal was not directly punished, perhaps because of the Nazis' belief that the resistance of a Catholic, Polish woman and prisoner was irrelevant in the face of the scale of the extermination, or, as speculated by Glinski (2021), because her discreet performance did not directly confront the camp's power structure.

Even though she could not prevent the murders committed by the SS and collaborators, Leszczyńska recorded each birth in small hidden notebooks, baptized the children — using water or saliva — and tried to preserve the bond between mother and baby as much as possible, even if only for a moment. It is estimated that about 2,500 children born in the camp were executed shortly after birth, while only about 30 survived, generally those who had physical traits considered "Aryan" and, therefore, were assigned to Germanization programs promoted by the regime (Gabryel, 1989; Rubenfeld, 2010; Mccrary, 2022).

The humanization of care practiced by Leszczyńska acquired, in that context, subversive contours. Every assisted birth, every gesture of comfort, every whispered prayer to the mother or the newborn, constituted a symbolic negation of the Nazi logic of annihilation. The space of "motherhood" was thus transformed into a place of silent moral resistance, where the preservation of life assumed the value of ethical denunciation (Wasserman; Yoskowitz, 2019; Santos, 2024).

Leszczyńska was released in 1945, returning to her practice as a midwife in Łódź, Poland. Even after the war, he kept silent for years, until he recounted his experience in the text "Nie, nigdy! Nie wolno zabijać dzieci" (Leszczyńska, 1991), in which he accurately documents the horrors witnessed, the omission of many, and the limits of possible resistance. Her work began to be studied not only as a biographical episode, but as a pedagogical and ethical reference for the training of midwives, nurses and health professionals in general (Klodziński, 1975; Nagórska; Zych; Lesińska-Sawicka, 2024).

Stanisława Leszczyńska's legacy lives on as an expression of the possibility of care even in the most extreme conditions of degradation. Her obstetric practice, grounded in

faith, compassion, and professional ethics, not only saved lives, but withstood barbarism with the silent force of humanity.

## **5 ETHICAL LEGACY, RECOGNITION AND IMPLICATIONS IN HEALTH EDUCATION**

Stanisława Leszczyńska's testimony does not end at Auschwitz-Birkenau. Her experience of ethical resistance, based on the dignity of life and the unwavering commitment to the principles of obstetric practice, reverberates to this day in the fields of bioethics, historical memory and professional training in health. The posthumous publication of the *Raport położnej z Oświęcimia* (Report of the Auschwitz Midwife), written by Leszczyńska herself in 1957, constitutes not only a memorial record, but a document of profound ethical and political relevance. In the text, she recounts in detail the conditions of births in the camp, her systematic refusal of infanticide ordered by SS authorities — including Josef Mengele — and the effort to maintain a minimum of humanity in the midst of institutionalized horror (Leszczyńska, 1991; Mccrary, 2022).

The report, widely disseminated and translated, is now the object of study in the fields of the history of medicine and applied bioethics. Her narrative strength and testimonial value were also recognized by the Catholic Church, which began the process of beatification of Leszczyńska as a servant of God, highlighting her life as an example of heroic virtues. The institutional recognition of his figure also occurs in secular contexts: several nursing schools and professional training centers in Poland adopt his biography as a transversal content, promoting the discussion on ethics, care, and resistance (Gliński, 2021; Tierling-Śledź, 2021; Dobrowolska et al., 2011).

The pedagogical character of Stanisława's trajectory is widely analyzed by Olearczyk (2023), who argues that the moral posture of the midwife configures a model of ethical training for future generations of health professionals. This perspective is shared by studies that deal with secular spirituality as a form of resistance and pedagogy of care, such as those by Olczyk and Król (2017), which place Leszczyńska in a lineage of figures who transformed the technical exercise into a moral mission. The presence of his history in disciplines such as History of Medicine, Professional Ethics and Collective Health highlights the transversality of his legacy, whose influence goes beyond obstetrics and reaches doctors, nurses, psychologists and professionals of contemporary bioethics (Rubenfeld, 2010; Wasserman; Yoskowitz, 2019).

Leszczyńska's contribution to vocational training does not lie only in her biographical example. Their work evidenced, in a concrete way, the possibility of building clinical practices based on humanization, even in scenarios of total dehumanization. As the studies by Corkran (2021) and Santos (2024) demonstrate, the obstetric care provided by her, in the midst of the absence of supplies, institutional violence, and constant threat of death, constitutes a radical form of resistance and reaffirmation of life. The impact of this testimony is visible in training projects that prioritize the centrality of the dignity of the person and the valorization of the professional-patient bond as the axis of clinical practice.

In addition, the recognition of the role of women in confronting Nazi barbarism, as highlighted by Bitencourt (2012), broadens the understanding of obstetric practice as a political gesture of confrontation and denunciation. Leszczyńska, by not submitting to Mengele's orders, not only survived the camp's perverse logic, but subverted its codes, transforming the delivery room at Auschwitz into one of humanity's last refuges. As Gabryel (1989) points out, his story is a continuous appeal to professional conscience, reminding us that technical knowledge should never be dissociated from ethics and compassion.

Finally, the insertion of her trajectory in the literature on bioethics and medicine after the Holocaust, as attested by Rubenfeld (2010) and Wasserman and Yoskowitz (2019), consolidates Leszczyńska as a paradigmatic figure in the critical training of health professionals. His legacy is not reduced to a heroic memory, but is projected as a formative requirement: to educate to resist, to care to transform, to bear witness so as not to repeat. In times of health and ethical crises, its history continues to challenge the present, calling on new generations to reaffirm the non-negotiable value of life, even – and above all – in the face of darkness.

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