

***Medicine, Ethics, and the Third Reich: Historical and Contemporary Issues***

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*Medicine, Ethics, and the Third Reich: Historical and Contemporary Issues* is a collection of essays that examines the moral and ethical questions associated with the Nazi racial hygiene movement from 1933 – 1945. After decades of indifference and the blatant refusal of the German medical community to acknowledge their complicity in promoting Nazi ideology via the human experiments they conducted in the name of the Volk and Reich, this volume raises several bioethical questions. It examines both what happened and what the future implications are and continue to be.

During the reign of the Third Reich, the health of the state took precedence over the health of the individual. The medical professions supported the effort to cleanse, make healthy, and create the new world dominated by the master Aryan race. What happened had small and almost unnoticeable beginnings. Basic attitudes of physicians shifted significantly with the acceptance of the belief that there could be lives not worthy of living. Since the initial focus was on the severely and chronically ill, followers easily fell into this way of thinking as the after-shocks of WW I, the 1923 hyperinflation, and the Great Depression, resulted in economic hardship and deprivation. The realm of the unworthy expanded to include the socially unproductive, the ideologically unwanted, the racially unwanted, and eventually all non-Germans.

The groundwork was laid according to Athur Caplan (*The Relevance of the Holocaust to Bioethics Today*) by the fields of medicine and science, which played major roles in the Nazi racial hygiene movement and the Holocaust. Racism was at the heart of what happened but in this case, the racism was verified and legitimized by biomedicine. Doctors and healers ignored their moral obligations to support a state that promised them a better life and world. When one looks at the shadow of Nazism upon biomedical ethics, Peter Steinfels (*Biomedical Ethics and the Shadow of Nazism*) points out that several other major European cultures, including that of the United States, were involved in this historical nightmare. Not only are we faced with the question of complicity, but we are also forced to address the fact that many of our modern day advances had some of their origins and scientific foundations laid by Nazi physicians who were deemed criminals at their Nuremberg Trial in 1946 – 47. As Nat Hentoff (*Contested Terrain: The Nazi Analogy in Bioethics*) points out, it all started out with the very best intentions. But once medical decisions began to be made based on state policy and economic imperatives, German physicians found themselves on a very slippery slope. Ironically, it is a similar slope that health care providers find themselves navigating today as they make decisions about when to treat or withhold treatment for patients, particularly the elderly or the chronically ill.

Peter J. Hass (*The Healing-Killing Paradox*) points out that for the Nazis the “Nazification” of the medical profession was accomplished very quickly after the National Socialists assumed power in 1933. After “cleansing” the profession, most German doctors rallied to the Nazi cause or they exploited the Nazi state for their own purposes. Careers were made at the expense of racial victims found within the laboratories of the concentration camp system. With the declaration of a racial war against the enemy races of the state, physicians offered the science that legitimized the life-saving actions taken in the name of “national health and salvation.” Since many believed traits were genetically transmitted, inter-racial breeding would weaken the race and its national ability. This Darwinian struggle between the races generated the “moral imperative” to “purify the race” by

preventing mixed breeding and to “cleanse the race” by eliminating the weak and sickly elements. With the Nazi occupation of the east, they had the perfect “laboratory” within which to conduct their grand social experiment without restrictions or inhibitions.

The second section of the book deals with the progression from theory (racial hygiene) to action (euthanasia and sterilization). Benno Müller-Hill (*Human Genetics in Nazi Germany*) offers a look at how German scientists in the 1920s took human genetics and developed it into the eugenics or racial hygiene movement. As a result of their efforts, racism and anti-Semitism exploded in a Germany beset with problems that an ineffective Weimar government was unable to address. While sitting in jail after the failed Beerhall Putsch, Hitler read a textbook on genetics sent to him by Julius Lehmann. Parts of this textbook can be found in Hitler’s book, *Mein Kampf*, and thus found their way into Nazi racial ideology. German human geneticists believed that the genetically inferior were breeding faster than the genetically superior, which was having a degenerative effect on German culture. To stem this cultural decline, sterilization was advocated and it continued to win a larger circle of supporter both within and outside of Germany. Once in power in 1933, the Nazis used this science to justify their effort to “redeem” or “save” Germany. They promoted what “needed to be done” with their aggressive propaganda programs, which appealed to the “gut feelings” of the people who either openly supported the movement or they became indifferent. The end result was the sterilization of nearly 400,000 Germans with little or no resistance being mounted. Reduced to its essence, the Nazis reduced human genetics to a blend of science and ideology. Fueled by their early successes and buoyed by state support, German scientists and physicians entered “uncharted” and “unrestricted” waters as they “boldly went where no man (or government) had gone before.”

As Robert N. Proctor (*Racial Hygiene: The Collaboration of Medicine and Nazism*) points out, the German medical field adopted policies and anti-Semitic ideals long before Hitler came into power. The NSDAP offered the medical profession a future filled with hope, progress, and profit: things that were sadly missing in the early 1900s. The internationally funded and backed Kaiser Wilhelm Institute spawned over 35 various “research institutes” within Germany. As a direct result of their research, the foundations for racial cleansing and the Holocaust were laid with the implementation of the Sterilization Law (1933), the Nuremberg Laws (1935) and the T-4 Campaign (1939). These “public health” measures had political, economic and social consequences. In all cases, people suffered at the hands of German medical personnel, either directly or indirectly. These scientists and physicians were not bystanders, nor even pawns (40). They actively and eagerly supported the Nazi state and its policies.

David Nadav (*Sterilization, “Euthanasia, and the Holocaust – The Brutal Chain*) discusses how a program for mass sterilization transitioned into a program for mass euthanasia. In July 1933, a law was passed authorizing the sterilization of the hereditarily ill. Under the guise of reducing the suffering of the incurably ill, a climate of acceptance for “mercy killings” was created. With the full force of the Nazi propaganda machinery behind it and camouflaged by WW II, the incurable, unproductive, “useless eaters” were “cut out” to reduce the collective risk to the “Volksgemeinde.” By this point in time, German scientists and physicians were ready and willing to do their part. In the course of conducting their “mercy killings”, they made the totally unethical decision to make full use of the situation and conduct research as well. Since the experimentation and killing processes were compartmentalized, individual moral inhibitions were weakened with the absence of any sense of responsibility other than the responsibility to the state, which superceded any responsibility to an individual. Navad sees the euthanasia program as “the last step in the dehumanization of medicine in the Third Reich.” It marked the time when doctors became “mass-murders” and totally “integrated in the genocide machinery (49).”

Resistance to the Nazi euthanasia program was not very visible or viable. Donald Dietrich (*Nazi Eugenics: Adaptation and Resistance Among German Catholic Intellectual Leaders*) analyzes how science replaced God's hand in nature thus creating the need for social engineers to address the needs and ills of society. Sterilization for eugenic purposes was addressed and forbidden by the 1930 Pius XI's encyclical *Casti Connubii* on marriage. Initially, going toe-to-toe with the Catholic Church caused many to pause and rethink. But over time, they managed to rationalize the Nazi position to not be in conflict with the teachings and historical positions taken by the Church in the past. As the Nazis sought to reduce the dignity of the human being, several key Catholics attempted to assume the position that people needed to function as part of a moral community. But, they were not more than "voices in the wilderness." With this hopelessness and ineffectiveness in mind, the author cautions against the application of "valueless science" to social problems, which has resounding implication for today.

John J. Michalczyk's (*Euthanasia in Nazi Propaganda Films: Selling Murder*) article discusses the Nazi coordination of the efforts to promote the euthanasia program. He looks at various Nazi films and explores how they were used to promote Nazi objectives. Films were developed for very specific, targeted audiences and they were required by law to be shown in theaters. Among the films discussed are:

- 1) What You Inherit.
- 2) The Hereditarily Ill.
- 3) Victims of the Past.
- 4) The Inheritance.
- 5) Existence Without Life.
- 6) Mentally Ill.
- 7) I Accused.

Much of what he discusses is excerpted from the book *Selling Murder: The Killing Films of the Reich*.

Human experimentation is the next theme explored. In his contribution to this collection of essays, Jay Katz (*The Concentration Camp Experiments: Their Relevance for Contemporary Research with Human Beings*) offers a warning addressing the moral imperative to not use human beings as a means to an end. In the case of the concentration camps, there were some "legitimate" efforts to conduct research. However, this research was also used to inflict pain, torture, and kill a group of people, mostly Jews, who were viewed as threats to the biological health and culture of the German people. In response to this, the Allied Military Tribunal's Nuremberg Code for human research was articulated and serves as a critical legacy.

Katz then briefly shows that the Nazis were not the only ones conducting "amoral" medical research. He raises questions about:

- 1) The U.S. Armed Forces Chemical Defense Research Program conducted during WW II.
- 2) The Tuskegee Syphilis Study conducted from 1932 – 1972.
- 3) Research with patients Suffering from Alzheimer's Disease in the 1990s.
- 4) The University of California, Los Angeles (UCLA) Schizophrenia Project of the 1980s and early 1990s.

What he is demonstrating, and alarmingly so, is that questionable medical research is still being conducted.

The Nazis justified their experiments by appealing to "national necessity" and the "advancement of science." What their experiments and the four experiments identified above had in common was the complete disregard of the human dignity of their subjects. The subjects included the

“socially and economically deprived as well as the racially and ethnically disfavored (79).” These subjects ability to exercise their rights to free choice were precluded. What made the concentration camp experiments unique was that

“they were embedded in a national policy of total extermination of despised and dangerous racial, ethnic, and political groups whose lives were not considered worth living and who were condemned to eventual death (79).”

Katz goes on to list the lessons that should be learned from these concentration camps experiments. They are:

- 1) Experimentation on a people considered expendable by the state should never be permitted.
- 2) People who are imprisoned or forced to live in degraded conditions should not be used for experimentation purposes.
- 3) Care needs to be taken so as not to manipulate consent from those whose status is subservient.
- 4) Those who are ill or degraded or terminal should not be used.

Often overlooked, the Nuremberg Code that came out of the 1946-47 Doctors’ Trial stressed the primary principle that “voluntary consent of human subjects of research is essential (82).” Inherent in this provision was the demand for researchers to make full disclosure as to what they were testing and the risks subjects faced. The research community found the Code “hostile” to research and replaced it with the World Medical Association’s Helsinki Code in 1964. This code was revised in 1975, 1983, and 1989. The informed consent provision was weakened and demoted to insure subjects would volunteer. Katz’s concern here is that objective, scientific research tends to dehumanize its subjects and constitutes an ever-present danger (85).

This blatant disregard for the subjects’ rights is explored by Robert L. Berger’s paper (*Nazi Science – The Dachau Hypothermia Experiments*). Nearly 400 experiments were conducted on approximately 300 victims incarcerated in Dachau. He goes into detail as to what the experiments entailed and their “conclusions.” However, the primary question raised here is given their nature, should we ethically build upon the Dachau hypothermia experiments? Two groups have emerged. One group states that the Dachau experiment conclusions should not be used and they have no medical value. Another more vocal group adheres to the belief that there should be free use of the Dachau findings since they did advance knowledge of immersion-hypothermia. In other words, even though the ethics were questionable, the data is still good. Much of what happened and was “discovered” in reality is not known since the Nazis destroyed most of the records of the atrocity fearing retribution if they were discovered.

Eva Kor, a twin survivor of Dr. Mengele’s experiments at Auschwitz, describes her life before and during her incarceration (*The Personal, Public, and Political Dimensions of Being a Mengele Guinea Pig*). She was one of the 3,000 twins Mengele experimented on. In 1984, she founded an organization called C.A.N.D.L.E.S. (Children of Auschwitz Nazi Deadly Lab Experiments Survivors). With this organization, she tried to piece together survivor testimony to set the record straight as to just what Mengele did in the name of research.

The need for rules to protect the rights and welfare of subjects of human experiments is the topic of George J. Annas’s paper (*The Changing Landscape of Human Experimentation: Nuremberg,*

*Helsinki, and Beyond*). He identifies several “vulnerable populations”, which include pregnant women, fetuses, children, prisoners, the mentally impaired, and the terminally ill. He is quick to point to the Nuremberg Code as the most authoritative, legal document on record regulating experimentation. He decries the Helsinki Code’s intention to provide a more “lenient” ethical code than Nuremberg’s and he is quick to point out that it is an ethical rather than a legal document like Nuremberg. He is fearful that Helsinki opens the door for abuse particularly since it is a document created by doctors for doctors. By classifying research into therapeutic and non-therapeutic, peer review replaces the “consent” factor. The application of his concerns is seen in research being done with patients suffering from cancer and AIDS today. He also offers proposed regulations to govern research on terminally ill patients.

A section dedicated to women experimentation subjects is opened with excerpts from Vera Laska’s, Dagmar Hájková’s and Hana Housková’s book *The Stations of the Cross*. These women were among the victims of the perverse experimentation conducted at Ravensbrück. Numerous sadistic doctors and nurses are identified and their “research” was detailed. Many of these doctors conducted experiments to “learn” new surgical techniques that they did not know or were not developed at this point in time. Many of these “doctors” were not even trained surgeons. These women were subjected to sterilization experiments, they had their limbs amputated and reattachments were attempted, and they were “injected” with gangrene, tetanus, and staphylococcal bacteria. In most cases, these procedures were conducted without the aid of anesthesia or pain killing drugs. Many died suffering from shock, bleeding, or poisoning of their systems. Those who did not die a “natural” death were later killed by way of lethal injections or they were left to die from neglect.

Issues related to nursing are discussed by Susanne Hahn (*Nursing Issues during the Third Reich*). The nursing profession found its role and responsibilities also altered with their absorption into the National Socialist fold. As Germany prepared for its march off to war, the nursing profession was looked to to assume its new place in the new society. To assure that they were capable of assuming their new role a four-step program was implemented that sought to:

- 1) Increase the number of nurses.
- 2) Bring nursing professional organizations in line with Nazi policy.
- 3) Develop special medical skills.
- 4) Oversee their ideological assimilation (145).

The Interior Ministry legally compelled hospitals to maintain nursing schools. Legislation was passed (1938 Law for the Regulation of Nursing) to enhance the rapid training of nurses so that by the start of WW II, over 300,000 nurses were ready to serve. Nursing was viewed and ideological presented as those offering selfless “service to the people.” As the war went from “going good to going bad,” nurses were expected to provide the “moral support” needed to maintain a positive outlook on the worsening situation. Nurses played their traditional key roles associated with ministering to the sick. However, they also found themselves actively and eagerly supporting programs that involved sterilization, euthanasia, and sadistic research. Their traditional role that required them to serve and obey resulted in very little resistance on their part. The fact that they became part of the system that victimized patients attests to their basic failure.

So, how did Jewish doctors deal with what happened to them? Charles G. Roland begins to look at this (*Creativity in the Face of Disaster: Medicine in the Warsaw Ghetto*). When the Jewish hospital was ordered to move inside of the Warsaw ghetto walls in January 1941, it was forced to leave behind its equipment and supplies for the Germans. Judenrat health officers and hospital officials regrouped in an effort to provide care for 500,000 people. The Germans authorized the opening of a

few trade schools within the ghetto in hopes that it would produce enough technicians to fight the growing epidemics found inside the ghetto. The Jews turned these into clandestine (Zweibaum) medical schools designed to produce physicians.

The most oppressive problem facing those living in the ghetto was hunger. Those confined to the ghetto received a mere 184 calories a day to survive on. It is estimated that over 60,000 people starved to death as a result. The situation was so oppressive that the Jewish doctors in the ghetto undertook their own five-month study of hunger commencing in February 1942. They studied both adults and children. The ghetto's autopsy room performed over 3,600 autopsies, with 15% of those being on people who died of starvation. The deportation to Treblinka that commenced on July 20, 1942 brought most of this experimental study to an end.

Michael H. Kater traces the historical views of Jewish doctors in Germany (*An Historical and Contemporary View of Jewish Doctors in Germany*). They were pushed out of the medical profession due to economic and social pressures enhanced by the political ideology advanced by the National Socialists. Their portrayal as sexual predators was a common theme found in the Nazi propaganda developed to support their exclusion from the profession to make way for young, ideologically correct German doctors. Even though many of these Jewish doctors worked at the front for Germany and they were technically equals according to the Weimar constitution, the economic chaos that followed the war opened the door to radical political parties that offered them up as scapegoats for most if not all of Germany's problems. With xenophobia on the rise in Germany today and given its growing population of "foreigners" and "guest workers", Kater is fearful for a profession that refuses to acknowledge its failings in the past.

Michael A. Grodin offers the *Historical Origins of the Nuremberg Code*. He starts by looking at the oaths, codes, and writings of Hippocrates, Percival, Beaumont, and Bernard. The Hippocratic Oath emphasizes a set of medical ethics that mandates working for the good of the patient. The concern with this as a foundation document for the Nuremberg Code is the fact that it does not address research subjects. Rather, its sole objective is to articulate the responsibility of the doctor to his patient.

The 1847 Percival Code is the first code established that addresses research medical ethics. Where he acknowledges the need to devise new remedies and therapies, his code stresses that the "research must be based on conscientious and scrupulous reasoning and careful investigation of facts, and actions should be taken only after consultation with one's fellow physicians (174)."

Thus, he stresses good methodology and competent researchers.

In 1833, William Beaumont took an opportunity to study the physiology of the stomach. In an attempt to justify his experimentation, he postulated the Beaumont Code, which included the following principles:

- 1) There must be an area recognized in man that needs study.
- 2) Human experimentation is justifiable when the information cannot be otherwise obtained.
- 3) The investigator must be conscientious and responsible.
- 4) Consent of the subject is necessary and must be voluntary.
- 5) Experiments that become distressful to the subjects must be discontinued.
- 6) When the subject become dissatisfied, the project must be stopped (175).

Claude Bernard developed guidelines governing human experimentation. In his 1865 text, *An Introduction to the Study of Experimental Medicine*, he cited ethical principles he felt should govern human experimentation. In their essence, his principles state that what can harm was forbidden; what does no harm is permissible; what does good is mandated to be done (176). Thus, while protecting the patient, he opens the door for experimentation.

Within Germany itself and prior to the Nazi assumption to power, there were two major directives governing experimentation, which should have “guided” Nazi experimentation as well. There was a 1900 Prussian Directive that prohibited human experimentation if the person was a minor or had not given his consent. An explanation of potential problems had to be given. If experimentation was done, it had to be done only by the director of the institute conducting the experiment and what was done had to be documented in detail. Despite the existence of this directive, the German medical profession in the 1920s was often criticized for its unethical behavior. People such as Alfons Stauder and Friedrich Müller criticized experimental medical practices at Reich Health Council meetings and even in the newspaper.

On February 28, 1931, the Reich Health Council issued the Reich Circular entitled “Regulations on New Therapy and Human Experimentation.” This 14-point guideline (see pages 182 – 183) identifies in no uncertain terms that it is the primary responsibility of the physician to guard and insure the welfare of his patient. Most of this circular found its way into the Nuremberg Code.

At the Nuremberg Trial for Doctors (December 9, 1946), 23 Nazi physicians were called before the tribunal. After offering what was viewed by many as completely unethical arguments in defense of their actions, 16 were convicted of war crimes and crimes against humanity. Of those convicted, 7 were condemned to death. The Tribunal, in the issuance of its final judgment, incorporated what became the Nuremberg Code to insure its place in common law.

“The Nuremberg Code articulates a set of principles that must be considered in any ethical use of humans as experimental subjects. .... They cover everything from the research setting, the integrity of the researcher, the specifics of informed, voluntary consent, balancing risks and benefits, and the unique problems of vulnerable populations (194).”

The Code has become the foundation upon which modern day human experimental ethical behavior is regulated.

Michael J. Franzblau opens the final section of the book with a look at the meaning of all of this for the future (*Relevance of Nazi Medical Behavior to the Health Professional Today*). He quickly points out that without blind obedience to the state, physicians could not practice in Nazi Germany. The Nazis also controlled all medical schools, within which they controlled the curriculum to embed their philosophy in the minds of aspiring doctors. The end result was a collection of medical professionals totally subservient to the goals of the state at the expense of their patients’ rights, health, and life. He fears that today as we move in the direction of “socialized medicine” and insurance companies playing larger and larger rolls in terms of what is done and not done, or which doctor you may see, doctors may lose their autonomy and their professionalism may suffer. In due course, patients’ right will follow and subside.

Due to the shrinking world we live in, Michael A. Grodin, George J. Annas, and Leonard H. Glantz cite the need for international action (*Medicine and Human Rights: A Proposal for*

*International Action*). They are of the opinion that the Helsinki Code undermined the heart of the Nuremberg Code. Since human rights violation continues to happen and often involve participation by the medical community, they call for a permanent international medical tribunal. Their goal is to oversee the profession to insure that it never again becomes an “agent of the state to destroy life and health (209).”

So, what are the lessons? Lisa Sowle Cahill offers a few points to ponder (*Lessons We Have Learned*).

- 1) We have a moral responsibility to listen, particularly to survivors. As Eva Kors so aptly points out, “only a survivors can truly understand the Holocaust.” We must refrain from trying to make those experiences fit our needs. “We have no right to draw a ‘moral’ from the story of survivors or draw analogies for our own lives (213).”
- 2) We must be careful when we make comparisons so as to insure that we talking about the same thing and that we select the appropriate policies to follow to remedy any situation (214).
- 3) There needs to be a broad, public forum within which active discussion of social morality takes place. Doctors need to be careful not to be co-opted into social practices, which have not been fully studied or lead them to places they really do not want to go. Care needs to be taken to insure no harm comes to the moral quality of the social fabric (214 – 215).
- 4) All educators have a mission to refrain from monopolizing the moral vocabulary or from espousing the ideals of the disciplines that claim to set moral standards (216).

The final lesson to be learned is this:

“To learn the lessons of the Holocaust is essentially to break the boundaries of our own worldview, and then to realize that our “own” world is not as we imagined it, but dangerously close to one that we deplore. The hope of our redemption is nourished by a true memory and an open-eyed recognition, not preeminently of evil, but of the humanity we share with the victims and with the oppressors alike (216).”

As medical knowledge continues to grow in leaps and bounds today, ethical questions continue to come to the forefront. The issues under discussion include issues related to birth defects, stem cell research, cancer and AIDS research, death with dignity, physician assisted suicide and even capital punishment. As the economics of health care seem to continue to spiral out of control, insurance companies have aggressively attempted to regulate the doctor you see, the amount and extent of care you receive, and how much will be paid out. An so, we find ourselves once against ascending a very ‘slippery slope.’ It is absolutely essential that the medical field and we as individuals attempt to understand the past in order to make the appropriate ethical choices in the future. At no time should the patient’s rights and care be compromised for some perceived “greater good”. There is no greater good than the “dignified and sanctified” life of each and every individual.

Casting unwilling victims (not consenting subjects), preserving their skeletons for study, cooking corpses to remove flesh, and documenting this with pictures and ‘catalogue’ entries...how was this legitimate science?