

The Nazis and Medical Ethics: The Context*

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We should all like to hope that the medical sciences are used as a force for healing. The central ethos of Western medicine casts the physician in the beneficent role of healer vis-à-vis his/her patients, with the medieval French injunction that he (or she) "cure sometimes, relieve often, [and] comfort always." In common conception this ethos seems immutable, and the values underpinning the medical profession stable and enduring. Yet, as we know, traditional concepts of medicine's core values were profoundly shaken in the 1930s and 1940s, when medical professionals lent their services to the priorities and policies of the National Socialist dictatorship. Physicians, psychiatrists, and caregivers participated in the most terrible crimes of the Nazi era. Because much of Nazi ideology rested on what National Socialist authorities construed to have a "biomedical" basis, the medical community was in a unique position to help policy makers pursue their racial goals, devising what I like to call radical public health strategies to help them achieve their objectives. This brief précis discusses two such state policies, compulsory sterilization and the so-called euthanasia (T4) program. Both policies targeted in particular Germany's mentally, physically, and socially disabled, and both involved the active and extensive participation of Germany's medical community.

From its earliest inceptions, National Socialist ideology was profoundly influenced by the international eugenics movement, which helped to shape Nazi concepts of racial and national identity. The Nazi regime implemented many eugenic conceptions in their most concrete and radical forms, and one of their initial efforts in this vein was compulsory sterilization. The Law for the Prevention of Progeny with Hereditary Diseases, promulgated by the Hitler cabinet on 14 July 1933, ordered the forcible sterilization of "hereditarily compromised" individuals. Five of the diseases specifically designated in the legislation represented psychiatric or neurological disorders, including schizophrenia, manic-depressive (or bipolar) disorder, hereditary epilepsy, Huntington's chorea, and hereditary feeble-mindedness. Physical conditions that warranted sterilization under the new law were hereditary deafness, hereditary blindness, serious physical deformity, and severe alcoholism. Medical professionals were now duty-bound to report patients with these disorders in the exercise of their office. Physicians and psychiatrists advanced the majority of suits for sterilization, although social workers,

educators, and wardens of prisons and workhouses also submitted candidates for the procedure. Once a proposal to sterilize an individual reached public health officials, the suit came before a special hereditary health court. Each tribunal of this court was comprised of two physicians and one jurist. By 1936 more than 225 hereditary health courts and appellate courts had been established throughout Germany. When proceedings commenced, the court could call any witness it wished, including the defendant's private physician or psychiatrist, thus striking down the privilege of doctor/patient confidentiality. If the decision of the court provided for sterilization, the implementing decree for the 1933 law demanded execution of the procedure within two weeks at a designated local hospital or clinic. Paragraph 12 of the law sanctioned the use of force on unwilling victims. The new law took effect in January 1934. The most careful study of available data suggests that from 1 January 1934 until war's end in May 1945, some 400,000 Germans were forcibly sterilized under the terms of the Nazi Sterilization Law. This figure does not include the thousands of Jews, Roma and Sinti (Gypsies), Poles, and other victims sterilized extra-legally in Nazi concentration camps during the war years.

Who were the victims of the National Socialist sterilization policy? Existing statistics indicate a preponderance of sterilization policy enforcement in instances of mental illness, retardation, or neurological disorder. Likewise, they demonstrate that those disorders whose definition implied a certain elasticity of application allowed inclusion of a broader range of victims. Nowhere was this more true than in the case of "hereditary feeble-mindedness," whose ambiguous definition permitted physicians and psychiatrists to include not only those diagnosed as mentally retarded or learning-impaired, but also the socially aberrant, or those whom National Socialist medical officials deemed aberrant: vagrants, prostitutes, sexually promiscuous women (especially if these were poor and had more than one illegitimate child), petty criminals, and juvenile delinquents who experienced trouble with school authorities or the police.

Legalized compulsory sterilization proved the opening salvo in the persecution of Germany's mentally and physically disabled that accelerated throughout the first decade of the National Socialist dictatorship. Indeed, as war neared, and racial and territorial policies began to radicalize, voices within the Nazi medical community began to call not only for the prevention and preclusion of the "unfit and disabled," but for the elimination of these elements from German society. Thus began the

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so-called euthanasia program; this systematic killing of Germany's institutionalized mentally and physically disabled was the Nazi regime's first campaign of mass murder, preceding the Holocaust by approximately two years. In the spring and summer months of 1939, a number of planners – led by Philipp Bouhler, the director of Hitler's private chancellery, and Karl Brandt, then Hitler's attending physician – began to organize a secret killing operation targeting disabled children. On 18 August 1939, the Reich Ministry of the Interior circulated a decree compelling all physicians, nurses and midwives to report newborn infants and children under the age of three who showed signs of severe mental or physical disability. At first only infants and toddlers were incorporated in the effort, but as the scope of the measure widened, juveniles up to 17 years of age were included in the killings. Conservative estimates suggest that at least 5000 physically and mentally disabled children were murdered at specially designated children's killing wards through starvation or lethal overdose of medication.

By 1940 an adult killing operation paralleled the murder of disabled German infants and children. Code-named Operation T4, the effort took its name from the street address of its central planning office at Berlin's Tiergartenstrasse 4. Utilizing a practice developed for the child "euthanasia" program, T4 planners began in the autumn of 1939 to distribute carefully formulated questionnaires to all public and private sanatoria and long-term care facilities. Medical directors and chief physicians of these facilities were asked to report those patients with serious mental or physical disability, the criminally insane, those not of "German" blood, and those who had been confined to the institution in question for more than five years. The so-called registration forms were reviewed by a rotating panel of specially appointed "medical experts," that is, physicians – many of significant reputation, who were recruited for the secret campaign; and beginning in January 1940, those persons whose selection for the "euthanasia" program was confirmed were transported from their home institutions to one of six killing centers throughout Germany and Austria. Within hours of their arrival at such a facility, these patients were gassed in specially designed gas chambers and cremated in specially designed crematory ovens.

Because the program was a secret one, elaborate efforts were taken to conceal its deadly designs. Even though in every case, official records were falsified to indicate that the victims had died of natural causes, the "euthanasia" program quickly became an open secret. Fearing public unrest at a critical point in the war effort, Adolf Hitler himself gave orders to halt the T4 operation on 24 August 1941.

Yet Hitler's order for the termination of the action did not mean an actual end to the killing. The children's "euthanasia"

program continued throughout the year-long pause in T4 operations. More significantly, a drive to reinstate the adult "euthanasia" program crystallized in the summer of 1942 into a second murder phase. More decentralized than the initial gassing phase, the renewed effort was still carefully choreographed in Berlin. There the T4 central office, in cooperation with regional officials, continued to select, transport, and process its victims, while physicians at the various participating facilities determined the pace of the killing. Employing lethal overdoses of medication and, in some facilities, the starvation of adult patients – modes of killing already successfully employed in child euthanasia – the "euthanasia" program resumed at an expanded range of custodial institutions throughout the Reich and continued to claim victims until the arrival of Allied troops in the spring of 1945. In all, some 200,000 individuals perished as a result of Operation T4 ("euthanasia") and its corollaries between 1939 and the end of World War II in Europe.

The Nazi persecution of persons with disabilities in Germany fit within an overarching framework of radical public health policies which aimed at excluding hereditarily "unfit" Germans from the national community. These eugenic strategies began with sterilization in the early years of the Nazi regime and escalated toward mass murder. The most extreme of these measures, the euthanasia program, was in itself a rehearsal for Nazi Germany's more far-reaching and systematic genocidal policies. The ideological justification conceived by medical perpetrators for the destruction of the hereditarily "unvaluable" members of the German community meshed with antisemitic and racial principles and helped to validate the mass murder of other categories of biological enemies, most notably European Jewry, and on a more limited scale, Europe's Roma and Sinti populations. One of the most enduring myths concerning physicians under Nazism is that the men (and women) who carried out medical crimes were marginalized quacks and charlatans. In reality, however, most of those who sat in judgment on sterilization tribunals, who planned the murder of the institutionalized disabled, and who participated in ghastly human medical experimentation in the Nazi concentration camp system, were integrated members of one of the world's preeminent professional communities in terms of the medical sciences, preventive medicine, and public health. They drew their learning and experience from an advanced empirical tradition, but in adopting racialist and antisemitic values, committed terrible crimes in the name of medicine.

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The Peter Principle: in a hierarchy, every employee tends to rise to his level of incompetence

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