

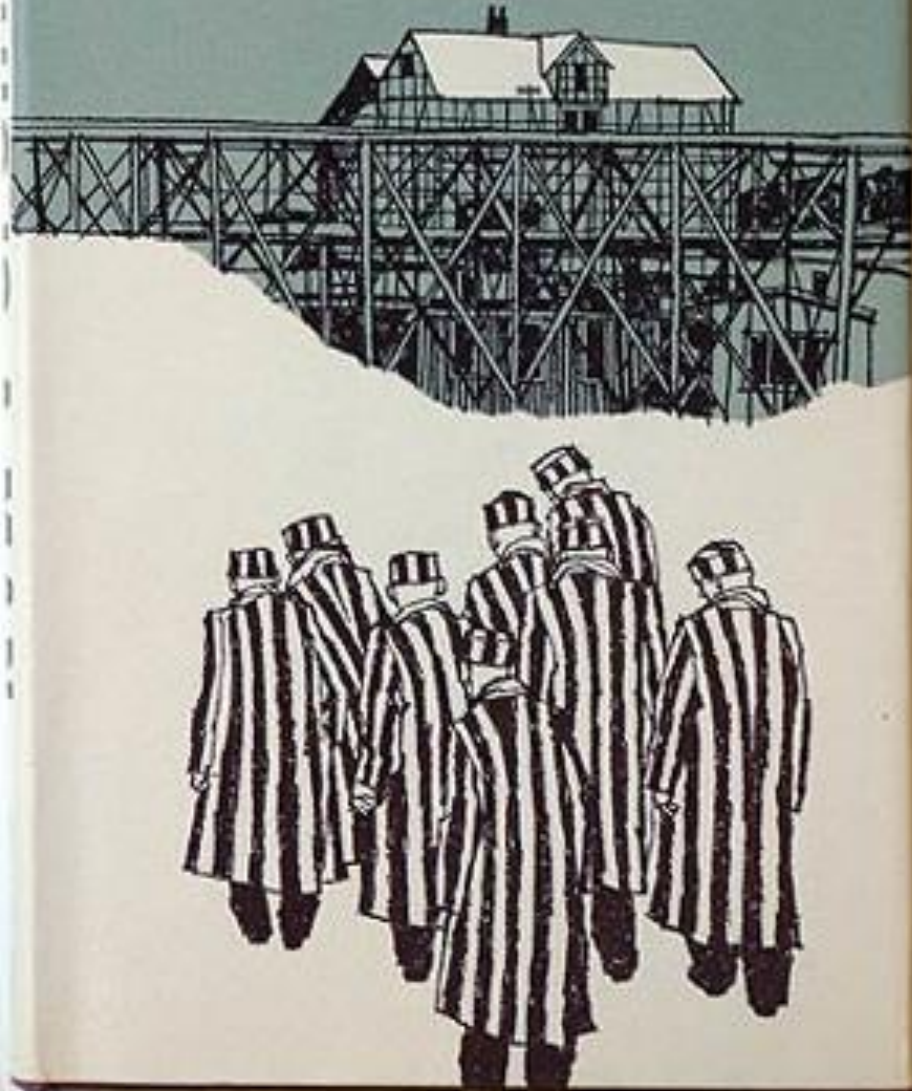


# THE PHILOSOPHY OF MEDICINE IN HITLER'S REICH

Michael Biddiss

# If this is a man

PRIMO LEVI



## Primo Levi *If This Is A Man*

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Consider if this is a man  
Who works in the mud  
Who does not know peace  
Who fights for a scrap of bread  
Who dies because of a yes or a no.

Consider if this is a woman,  
Without hair and without name  
With no more strength to remember,  
Her eyes empty and her womb cold  
Like a frog in winter.

- Levi calling on us to define what is human – and to clarify standards of conduct that should prevail between those with claims to this status.
- Context of a Nazi regime challenging “liberal” definitions not just of **Rights** but of **Humanity** too.
- Based on a deterministic ideology – favouring “biocracy” grounded upon **Race**.
- Progression from **Difference** to **Inequality**
- From **Individualism** to **Depersonalization**
- From **Depersonalization** to **Dehumanization**



- Claims for civilizational pre-eminence of one's own group are familiar in European history.
- But from c.1850 onward they became more often asserted in terms of an inherent bio-scientific superiority.
- Seeing history and politics in essentially biological terms - thus forging deterministic links between physical being and a wholeness of cultural, intellectual, and even moral capacity on the part of individuals and collectivities alike.
- Many doctors became supportive of this trend, which was so dependent on arguments about issues of physical constitution where medics might be in a position to offer some particular expertise.

- By early 20<sup>th</sup> C Social Darwinism much in vogue across Europe – with many countries wrangling about physical degeneration/regeneration, in eugenic debates about quantity/quality of national stock to which doctors contributed prominently by virtue of their special expertise.
- Against that background, what can be said about **scale** of medical support for Nazism and about the **reasoning** of the doctors involved?





**Medizin ohne  
Menschlichkeit**  
Dokumente des  
Nürnberger  
Ärzteprozesses  
Herausgegeben und  
kommentiert von  
Alexander Mitscherlich  
und Fred Mielke  
Fischer

- Raises issues of historiographical as well as medical ethics.
- Within Germany much concealment of evidence post-1945.
- E.g. Suppression of Mitscherlich & Mielke's *Wissenschaft ohne Menschlichkeit* [Science without Humanity], arising from Nuremberg proceedings.
- Situation changing from 1980s onward, when more open debate developed about the Nazi past – shaking “the German doctors’ self-image of infallibility, of a profession that stands above political and social forces, and that presumably has always acted out of noble, altruistic motives” (Christian Pross c.1990).



**Reichsbürgergesetz.**

Vom 15. September 1935.

Der Reichstag hat einstimmig das folgende Gesetz beschlossen, das hiermit verkündet wird:

## § 1

(1) Staatsangehöriger ist, wer dem Schutzverband des Deutschen Reiches angehört und ihm dafür besonders verpflichtet ist.

(2) Die Staatsangehörigkeit wird nach den Vorschriften des Reichs- und Staatsangehörigkeitsgesetzes erworben.

## § 2

(1) Reichsbürger ist nur der Staatsangehörige deutschen oder artverwandten Blutes, der durch sein Verhalten beweist, daß er gewillt und geeignet ist, in Treue dem Deutschen Volk und Reich zu dienen.

(2) Das Reichsbürgerrecht wird durch Verleihung des Reichsbürgerbriefes erworben.

(3) Der Reichsbürger ist der alleinige Träger der vollen politischen Rechte nach Maßgabe der Gesetze.

## § 3

Der Reichsminister des Innern erläßt im Einvernehmen mit dem Stellvertreter des Führers die zur Durchführung und Ergänzung des Gesetzes erforderlichen Rechts- und Verwaltungsvorschriften.

Nürnberg, den 15. September 1935,  
am Reichsparteitag der Freiheit.

Der Führer und Reichskanzler

Adolf Hitler

Der Reichsminister des Innern

Frick

**Gesetz zum Schutze des deutschen Blutes und der deutschen Ehre.**

Vom 15. September 1935.

Durchdrungen von der Erkenntnis, daß die Reinheit des deutschen Blutes die Voraussetzung für den Fortbestand des Deutschen Volkes ist, und beseelt von dem unbegrenzten Willen, die Deutsche Nation für alle Zukunft zu sichern, hat der Reichstag einstimmig das folgende Gesetz beschlossen, das hiermit verkündet wird:

## § 1

(1) Eheschließungen zwischen Juden und Staatsangehörigen deutschen oder artverwandten Blutes sind verboten. Trotzdem geschlossene Ehen sind nichtig, auch wenn sie zur Umgehung dieses Gesetzes im Ausland geschlossen sind.

(2) Die Nichtigkeitsklage kann nur der Staatsanwalt erheben.

- **Scale of Involvement:** physicians being Nazified more thoroughly and much sooner than any other profession.
- Partly explicable through sheer **opportunism** – supply of doctors c.1930 significantly exceeding the depressed economy's capacity to absorb them.
- Between 1933 and 1938 the Nazi regime's anti-semitic legislation effectively de-registered most Jewish medics – thus removing some 15% of practitioners.
- A process that served like a scheme of job-creation or job-preservation for 'Aryan' competitors.
- Pross notes "small-minded greed for money and privileges, careerism, and a mixture of envy, inflated self-esteem, and contempt for the so-called inferior".

- But what of a **deeper intellectual, and even philosophical, complicity** – one that involved elements of willing conviction and not merely of greed or state coercion?
- About the Nazi cult of “racial hygiene”, Proctor observes: “One could well argue that the Nazis were not abusing the results of science, but rather were merely putting into practice what doctors and scientists had initiated.”
- Note also the constructive side to medical practice under the Hitler regime: e.g. cancer care, X-ray screening for TB, better dentistry, concern about alcohol and tobacco abuse, improved midwifery, control of environmental toxins, healthier factory and housing conditions.
- In essence, better Community Medicine.







- But now applicable only to a Community conceived in terms of **Volksgemeinschaft**.
  - Dismissal of Weimar Republic's universalist concerns – deemed to be obstructions to Aryanism's processes of healthy natural selection.
  - Involving a continuous striving/struggle, based on belief that German racial supremacy was as yet a matter more of potentiality than full actuality – with Hitler echoing Nietzsche's imperative "Werde was du bist!" (Become What You Are!).
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- A campaign in which this task of "Volkwerdung" (racial becoming) and the programme of improved public health were dovetailed into an integrated philosophy of medicine – one that might be thought to have dignified the profession by placing medics at the centre of a seemingly scientific campaign for the collective salvation of the Aryan nation.

- Even within the charmed racial circle the ethics of individual patient confidentiality were now rapidly eroded. Illness became an essentially public matter – something depriving the community of labour and imposing other forms of cost.
- In sum, the regime was aiming to obtain total control over the bodies, as well as the minds, of its citizens. How they should fulfil their “Pflicht zur Gesundheit” (duty to be healthy) was a matter to be determined only by the State – albeit with assistance from a bevy of eager medical collaborators.

- So, what of **the conversion of Ideas into Action?**
- Concentrate here on the main negative features of Nazi racist eugenics – which, as complements to the positive campaign for Aryan fulfilment, best illuminate the distinctiveness of the Reich's approach towards medical issues.



- (A) leads on to (B), and thus helps to set the scene for (C) and (D) alike.

# Compulsory Sterilization

- **(A) Compulsory Sterilization** comes early in the history of the Reich, and carries no secrecy.
- Promoted via Law for the Prevention of Hereditarily Diseased Progeny (July 1933).
- Administered through “Erbgesundheitsgerichte” (Genetic Health Courts) having rights of access to all patient records.
- Progressive extension of ambit to cover “criminal” behaviour.
- Some 400,000 victims, mainly Germans already housed in asylums.
- Action increasingly justified by economic as well as eugenic considerations.



# Involuntary Euthanasia

- (B) Involuntary Euthanasia develops as a logical extension from (A).





- Pressure to eliminate the congenitally damaged rather than merely allowing them to survive as neutered beings at an ongoing cost to the community.
- Partly inspired by 1920 treatise of Binding & Hoche, *Die Freigabe der Vernichtung Lebensunwertens Lebens* [*The Gift of the Annihilation of Life Unworthy of Living*].
- Relevance of issues later raised by e.g. Peter Singer's "preference utilitarianism".



- Nazi euthanasia programme conducted secretly, in two phases.
- First, the centralized “T-4” action, involving some 70,000 murders concentrated on six major asylums within Germany from October 1939 to August 1941.
- Second, moving on to a more decentralized campaign, permeating much of the German hospital system and killing around 140,000 further victims up to 1945.
- Note how this second phase required an even more generalized medical collusion. In such a system “No one was safe in the presence of the carers” (Michael Burleigh).

# Genocide

- (C) **Genocide** follows on from first phase of Euthanasia via:

<i>Chronology</i>	<i>Personnel</i>	<i>Technique</i>
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- September 1941: many doctors previously involved in “T-4” now transferred to “Aktion 14 f 13” – and soon becoming implicated in technical preparations for Jewish racial extermination at Belzec, Sobibor, and Treblinka – and then at Maidanek, Chelmno, and Auschwitz-Birkenau.
- Their experience of asphyxiation methods previously employed in euthanasia now being transferred to this new context.

- How far did the Nazi ideology allow all of this to be seen essentially as an issue of “racial hygiene”, and thus as a matter not of murder but of social healing?
- Importance of the fact that at every turn the processes of extermination were supervised (and, in a perverse sense, dignified) by teams in which medics were prominent?

# Experimentation on non-consenting human subjects

- **(D) Experimentation on non-consenting human subjects** becomes widespread across the system of concentration and extermination camps.
- Most notorious example being that of Josef Mengele at Auschwitz – most particularly with reference to his investigations into “Zwillinge” (twins).







Archiv zur Geschichte der Max-Planck-Gesellschaft, Berlin-Dahlem. Noncommercial, educational use only.

- But note also the casual way in which, far from the camps themselves, the pathological specimens extracted from the victims came to be used (even well beyond the 1940s) for routine purposes of academic research and medical-school training.
- See doi: <https://doi.org/10.1136/bmj.313.7070.1422> (anatomy textbooks) and <https://jme.bmj.com/content/medethics/17/1/42.full.pdf> regarding data from experiments





# The Nuremberg Doctors' Trial





A wide range of Nazi medical experiments constituting the principal feature of proceedings conducted against 23 defendants by the US occupying authorities from December 1946 to August 1947.





- Ethical implications of the largely unsuccessful strategies of defence offered by those accused.
- Role of the trial in generating **The Nuremberg Code**, centred on voluntary consent of the human subject. In many ways a major landmark in the history of medical and experimental ethics.

# Conclusion

- The testimony of Eva Mozes-Kor concerning her childhood experience as one of Mengele's experimental objects at Auschwitz:

*Nothing that is close to human existence survived in that place. I hope that what was done to me will never happen again to any human being...Scientists should continue to do research. But the scientists of the world must remember that the research is being done for the sake of mankind and not for the sake of science: scientists must never detach themselves from the humans they serve.*

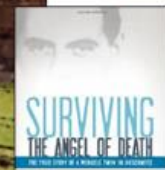
The Department of Modern and Classical Languages and  
The Department of Religious Studies  
Present a Free Public Lecture by

**Eva Mozes Kor:**  
**Forgiving Dr. Mengele**



Tuesday,  
February 26  
at 7:00 p.m.  
in Carrington 208

Missouri State University



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