

Reflections and Ethical Implications of Holocaust Medicine

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Introduction

Upon the completion of medical education, every physician takes the Hippocratic oath to “do no harm.” These three words that each doctor recites are meant to represent a life committed to healing, care, and compassion. If this is the foundation of the profession, then how does one describe the atrocities of medical experimentation that took place during the Third Reich? What led German physicians and nurses to perform cruel and murderous experiments on fellow humans, resulting in over six million Jewish deaths?

Before the Nazi era, Germany was a world leader in epidemiological research, preventive medicine, public health policy, occupational health laws, and even informed consent law.¹ This belief was altered when the concept of eugenics led many in the German medical profession to become engrained in unprecedented practices. At the turn of the century, demands to aid shaping the German population was fulfilled by doctors through voluntary sterilization and fertility control.² In Germany, the popularity of Social Darwinism led to the accepted belief that state intervention was required to maintain racial integrity threatened by societal outcasts.³ The methodology for doing so became troublesome in the 1930s when mandatory sterilization and medically-assisted murder of individuals deemed unworthy of living or genetically inferior to the Aryan race were initiated. These killings continued until genocide and criminal experiments on Jews, Roma, and other minority groups resulted in nearly 200,000 patient deaths.³

The causes of the brutalities committed by Nazi doctors have continued to elude many historians and psychologists, but learning and understanding the past is the only avenue for the next generation of medical providers to ensure such actions are never repeated.⁴ The Nazis sought to utilize physicians to design their own version of human evolution.⁵ By murdering Jews and fellow Germans who suffered from disabilities and illnesses, those in medicine have demonstrated that immoral acts can be performed regardless of our oath to humanity. Therefore, as medical students, there exists a moral obligation to study these actions and apply this knowledge to contemporary medical ethics and research.

A Medical Community in Fragments

The medical profession in Germany was no longer a collective and cohesive community of good as the Nazi party rose to power. Through victimization of their Jewish colleagues, anti-Semitic German physicians attempted to advance themselves and their practices, a prospect that carried significant financial incentives.^{1,6} Widespread denunciation of Jewish physicians led to the elimination of their standing as healers in society, as slogans such as, “a Jewish doctor is no doctor; he is an abortionist and a poisoner,” were broadcast across the country. Official measures arose in 1933, when Jewish doctors were eliminated from national health insurance panels, confined to the title “treaters of the sick,” and even were placed on separate academic reference list to keep the races separate.⁶ From the Nazi’s perspective, there were simply three medical principles: the Jew is a “disease,” the German people are “patients,” and National Socialism is the “physician.”³ It was believed that only through such purification could the medical profession carry out its biomedical vision.⁶

Role of Nazi Physicians in the Holocaust

The medical community has a responsibility to analyze the role of doctors in concentrations camps after evidence has proven that Nazi physicians presided over the murder of approximately one million victims in Auschwitz alone.⁶ German doctors took pride in a new kind of medicine, termed murderous epidemiology, by ordering groups of people with contagious diseases to the chambers for an imminent death. These doctors would order, supervise, and even perform the killing of debilitated patients on the medical blocks by injecting phenol into the bloodstream or heart. Fearful of criticism and attempting to maintain medical legitimacy to the outside world, the doctors signed false death certificates with phony illnesses. The role of these physicians, individuals who originally committed to doing no harm, can be encapsulated by one survivor who noted, “Auschwitz was like a medical operation. The killing program was led by doctors from beginning to end.”⁶

For further understanding of the lack of ethical oversight of Nazi medical practices, it is imperative to provide examples of the egregious experimentation that took place. A well-known group of studies examined the human physiological response to extreme conditions, subjecting captured patients to hypothermia, hypoxia, and even attempting to observe how long individuals could survive on seawater.⁷ Others tested survival after exposure to poisonous agents such as mustard gas, phosphorus, phenol, and other various poisons added to food, leading to the torturous death of countless research subjects. Vaccine efficacy was examined by exposing camp prisoners to infectious agents including typhus, cholera, malaria, hepatitis, and smallpox. In yet another study, over one hundred Jewish prisoners were executed solely for the purpose of using their skeletons to identify potentially distinct features that contributed to their inferiority. Throughout these medical experiments, the actions of the researcher seem to have eluded ethical considerations and subjects were typically executed after the trial for tissue specimen examination.⁷ Reflection on the nature of this experimentation based upon any contemporary research guideline alludes to its inhumanity.

Although it was assumed that most physicians have a motivation to use their knowledge to protect humanity, Hitler’s reign in Germany led to the involvement of 90 percent of the

medical profession in unethical experimentation within German hospitals, universities, and concentration camps that left subjects either permanently wounded or deceased.⁸ To explain this departure from the principles of the profession, one theory proposed that the culture of medicine is comprised of individuals tending to have authoritarian personalities that value adherence to rules, offering an explanation as to the Nazi doctors' obedience to Hitler's orders.⁸ Another explanation is based on practitioner narcissism, whereas a typical physician's inflated sense of self-importance leads the individual to exhaust all options to get to a result regardless of moral consequences.¹ Haque et al proceed to explain for the exceptionally high enrollment of physicians in the Nazi regime.³ With a desire for a stable future, physicians contained a professional vulnerability in valuing conformity and obedience, economic incentives of career advancement, and most significantly, the belief behind social Darwinism that was embraced by Nazi ideology.³ It is apparent that some of these basic sentiments still apply in the culture of medicine today – a desire for perfection, economic incentives, and self-importance. As reviewed, medicine has a history of letting these elements overtake our central purpose to provide healing to others. Every medical professional therefore must contain a conscious awareness to never allow aspects of these qualities that endanger the people that place their trust in us.

Scientific Data from Experimentation

With the volume of medical experimentation during this period performed under unethical circumstances, how should the resulting data be utilized? Attention has given to this question as scientists and philosophers continue to debate the morality of the use of Nazi data. Forty-five research articles published after World War II, mostly relating the effects of hypothermia, draw on such data. There is an argument that encourages the use of these statistics if it can increase living potential.⁹ Certain members of the medical establishment in the United Kingdom have even commended the scientific value of some of the experiments. Others have offered criticism of the data and claim that it has no scientific validity regardless of its ethics. For example, in the Dachau hypothermia experiments, the age and nutrition of subjects were never stated, there were no accurate temperature recordings, and no proper methodology was given for the rewarming technique.¹⁰

Quinn proposes three compelling reasons to be against the data.⁹ The first being the “tainted data” argument, which states that Nazi atrocities infused the data and therefore, it is morally tainted; the “legitimizing the evil” argument, which proposes that by using Nazi data, there is a confirmation of the legitimacy of the Nazi doctors; and the “deterrence” argument, which strongly states that refusing the data deters future researchers from partaking in such morally deprived practices.⁹ Quinn's arguments allow the villainous crimes that took place to be held higher than the usage of any data generated, a morally correct position. While using the data would undoubtedly further scientific knowledge, the ends do not justify the means. Unethical research cannot lead to publishable data nor can control mechanisms like institutional review boards justify such research.

Nuremberg Code and Ethical Implications of the Physician

The Nuremberg Medical Trial, beginning on December 9th, 1946, was a turning point in the evolution of medical ethics.¹¹ Twenty-three defendants were put to trial for the horrific

crimes they performed for what was self-described as medical gain.⁴ There were three objectives stated for the trial: to carry out the war aim of bringing war criminals to justice, to exemplify the possibilities of cooperation among nations, and to give the world a historical record of what happened in Germany fifteen years prior.¹² Defense attorneys repeatedly stated the experiments were necessary and that the “good of the State” should always take precedence to that of a single individual.¹¹ The argument for this principle in describing Holocaust medicine is weak. If the ethical commitment of physicians is to “do no harm,” harm to a single individual eliminates this consideration of “good of the State” as morally correct. To give a basic example, admissions committees to medical school do not know for certain which applicants will make the best doctors. By this principle, we could admit two hundred people and just allow the highest one hundred to graduate. There has rarely been justification for the “good of the State” to take precedence over individual liberty and this applies to medical ethics most significantly. This argument was ultimately unsuccessful as seven defendants, four of whom were physicians, were sentenced to death following the consideration of over 1,471 documents being examined and 85 witnesses called to testify.⁴

In August 1947, American judges who observed the trial of Nazi doctors accused of conducting the experiments in concentration camps joined together to create the Nuremberg Code. Over 50 years later, it is now considered one of the most important medical ethics documents in history and generally recognized as the first document to establish ethical regulations in human experimentation based on informed consent.^{11,13} The Nuremberg Code established ten prerequisites for the moral and legal use of human beings in experiments: the first two were designed to protect the rights of subjects of human experimentation, while the other eight were designed to protect their welfare.¹⁴ Building on the document, the 1964 Declaration of Helsinki was ratified by the World Medical Association to protect the rights of subjects in medical research, establishing voluntary consent and autonomy as the guiding principles of the medicine we know today.¹⁵

Implications and Lessons Learned

There are many broad questions that have risen from medicine during the Nazi period that warrant further consideration by current and future medical professionals, including the relationship of the physician to the State, the conflict of caring for the individual opposed to the health of the population, the role of physicians in determining human characteristics that are deemed desirable, euthanasia, the impact of political pressures on the moral conscience of the medical profession, and even the role of the physician as a vehicle of political and social change.¹⁶ The debate amongst physicians surrounding many of these questions has intensified as businesses and governments continue to shape health care. The emphasis of medical practice has begun to shift from individual health to population health, and the controversial topic known as “managed care.” When compared to the Holocaust, government controlled to many of the errors that contributed to the reprehensible practices that occurred then. While hopeful such circumstances will not repeat themselves, there must be continued caution and thorough vetting by the medical community of ideas that may threaten to compromise patient care. Due to lack of accounting in the medical crimes of the Hitler era, there has been no defined or developed ethical examination of professional power unrelated to experimentation, making this issue vital for future medical doctors.¹⁶

Although the Nuremberg Code addressed human experimentation, instances of medical science exploiting vulnerable populations for experimentation such as prisoners, minorities, children in institutions, women and, soldiers continue today.¹⁶ There have been noted deficiencies in the Nuremberg Code despite amendments in 1975 and 1983 that some believe has shifted its emphasis away from informed consent by subjects to just attaining the approval of the research by a panel of a scientist's peers.¹⁰ It must be noted that the desire to produce new knowledge through experimentation in the interest of society is a legitimate consideration, but it may never take priority over the research subject's free will and wellbeing.¹⁷

Fifty years after Nuremberg, official adoption of the entirety of the code as law by any nation or as ethical guidelines by any major medical association remains to be seen. Certain pieces, such as informed consent, have been accepted and articulated in international law as a result of the crimes of Third Reich, located in Article 7 of the United Nations International Covenant on Civil and Political Rights.¹¹ Regardless of its weaknesses, the Nuremberg Code has changed the way physicians and the public view the proper conduct of medical research on humans which aims to ensure that the foundation of human rights can never be questioned.¹¹

Annas and Grodin have identified three lessons to be learned from Nazi medicine and the Nuremberg trial that are worthy of review.¹⁵ The first is that statements of medical ethics are not enough in and of themselves but require active enforcement and dissemination. Next, human experimentation and torture are significant areas where violations of human rights and medical practice occur, but they are simply a small representation of the range of physician involvement in human rights abuses around the globe. Lastly, the world does not currently have an effective and efficient international mechanism for enforcing basic medical ethics and principles of human rights.¹⁵ Steps can be taken to alleviate these concerns beginning with a call for a central registry of physicians convicted of war crimes by an independent nongovernmental organization. With the establishment of an independent body to oversee the ethical guidelines of human experimentation, law and medicine can converge to promote human rights worldwide. The same call exists for exposing unethical practices as medical students and future physicians. Medical students are exposed to physicians in a way lay people are not. If students witness immorality, there must be guidance to report and discipline the doctor while keeping the student free from retribution.

Altruism and benevolence must manifest themselves again when training physicians to avoid a repeat of the unfathomable crimes in Germany's past. Medical education has continued to evolve with the elimination of suffering, the prioritizing the patient, and ultimately, the aligning with the goals of medicine. Incorporating some analyses of case studies from Nazi medical experimentation when discussing medical ethics can assist in understanding and teaching about the context and motives that led to physicians' abandonment of the Hippocratic Oath, educating students of the pressures that may threaten their principles in the future. Teaching bioethics is necessary and assists in identifying one's vulnerabilities in abandoning the oath and principles of the profession.

Although the Nazi medicalization of genocide seems unimaginable today, these ethical principles are just as applicable to the issues of economic insecurity, a need to belong, and the

search for a quick fix with which contemporary medicine is presented.¹ Stressors are the core of medical education – working long hours, lack of income during your education, and the pressure to succeed at all costs. While these are all acknowledged by students, it is rare to reflect on how these can alter perceptions and actions. “Do no harm,” – that is the commitment each student made to the profession and it is the commitment that we should value most greatly.

Conclusion

Contemporary German-Jewish relations have been shaped by the history of Nazi medicine. While history will never be forgotten, new generations will continue to come and mend the scars of the past. Jewish physicians again collaborate with German physicians all the same. The lessons learned from the evils of Nazi doctors have propelled medical ethics to the forefront of the health profession. The abuse of power is not limited to what is seen in the past and no group is immune.¹⁸ By valuing the perspective of victims, the world can engage in conversations regarding moral correctness in medicine to discover ways to restore a healthy and ethical community for centuries to come.

Over 50 years later, the themes and conflicts arising from Nazi medicine are more relevant than ever before.⁴ The role of physicians in euthanasia and abortion are just examples of topics that continue to be debated. Within the field of medicine, the protection of human rights must always receive our full and unwavering attention. Although there are differences in options, medical providers must maintain mutual respect of others and acknowledge the diversity that makes it strong. Educational programs for medical professionals can continue to improve through cross-curricular subjects that emphasize respect for diversity, cultural competence, and the value of ethical principles. As medical students enter the medical profession amidst a multitude of complex and multifaceted issues, the ability of students to value patient autonomy and morals can transition this dark chapter in medical history into an unparalleled learning experience.⁴ With continued studies of the past and continued applicability to the future, lessons learned in medical ethics from Nazi medicalization can be a driving force in contemporary practice as it remains focused on its core values – healing, relief of suffering, and compassion.

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