

VIEWPOINT: The Role of the Center for Medicine after the Holocaust In Medical Ethics Education

This year is the 70th anniversary of the Nuremberg Medical Trial at which 23 physicians, bioscientists, and public health officials were prosecuted for medical crimes against humanity. The trial highlighted the central role of the medical professions in the ideology, design, and implementation of the Holocaust, which can be thought of as a very bad public health policy.

The Nazi public policy of “Applied Biology” built upon the worldwide eugenics movement that had been popular for more than 30 years before Hitler became chancellor in 1933. Eugenics—*rassenhygiene* or race hygiene in Germany—may be defined as the science that aims at improving a race by controlling reproduction. Positive eugenics encourages reproduction of, and provision of medical care to, the superior races while negative eugenics discourages reproduction of and provision of medical care to the inferior races.

Physicians were pioneers not pawns in Nazi medicine. Nearly 3,000 physicians joined the National Socialist Physician’s League before Hitler became chancellor; 38,000 physicians, slightly less than half of all doctors in Germany, joined the Nazi party by the end of WWII; and 7 percent of physicians were members of the dreaded SS as compared to less than 0.5 percent of the general population.

Nazi physicians claimed the moral high ground by transforming the Hippocratic Oath from a doctor-patient relationship to a state—*Völkskörper* (nation’s body) relationship. They justified the sterilization or elimination of “lives not worth living” as a merciful preventive measure, simultaneously ending the suffering of the genetically inferior and preventing transmission of their presumably hereditary harmful traits. These measures also saved money.

Between 1933 and 1939 approximately 400,000 German citizens were involuntarily sterilized. The Nuremberg Laws of 1935—The Reich Citizenship Law, The Law for the Protection of German Blood and German Honor, and The Law for the Protection of the Hereditary Health of the German People—and its many subsequent decrees defined people of “German or kindred blood” who could marry each other as well as Jews and others who could not be certified by physicians as fit to marry Germans because they were suffering from “hereditary illnesses” and contagious diseases.

Beginning in 1938 German physicians performed involuntary “mercy killings” or euthanasia of 5,000 German children often identified by nurses and midwives who were required to report “hereditary diseases” and malformed newborns they delivered at home. The child euthanasia program was extended in 1939 to German adults who were gassed in six locations, including hospitals at Hadamar and Bernburg. The gas chambers were designed and operated by willing physicians who believed, “The needle belongs in the hands of the physicians.” After 70,000 adults were gassed, another 130,000 were “euthanized” in multiple facilities by starvation, exposure, and lethal injections.

The euthanasia program was so successful at mass murder that the gas chambers and crematoria multiplied, enlarged, and were deployed at multiple death camps as part of

the “Final Solution”. Physicians used the expertise gained in the euthanasia program to make “selections” on the ramps of Auschwitz and other death camps and to supervise the mass gassings. They believed that artificial selection was much quicker and more efficient than Darwin’s natural selection.

Given that physicians were willing to euthanize German children and adults, it is not surprising that they were willing to experiment on those they considered subhuman. Medical experiments with decompression chambers, iatrogenic wounds and infections to test antibiotics, hypothermia, seawater infusions, and starvation were cruel and often fatal.

Sixteen of the defendants at the Nuremberg Trial were found guilty and seven were executed. Unfortunately, the Nuremberg Medical Trial focused primarily on the medical experiments and not the other egregious and more numerous violations of medical ethics. In addition to these verdicts the court elaborated ten basic principles of human subjects research that were subsequently labeled the “Nuremberg Code”. Unfortunately the trial focused primarily on the medical experiments rather than the other egregious and more numerous violations of medical ethics in the spheres of clinical medicine and health care policy.

Be that as it may, the Nuremberg Code was ignored for almost three decades until Henry Beecher published his 1966 article in the New England Journal of Medicine detailing multiple unethical medical experiments on humans and Jean Heller of the Associated Press broke the story given to her by whistleblower Peter Buxton in 1972 in the Washington Star and the New York Times. Congressional investigations ultimately led to Institutional Review Boards or IRBs that supervise human subjects research today. The bioethical principles, originating in the “Nuremberg Code”, evolved over time and are included in Bioethics curricula taught in medical schools. These principles were also adopted by the World Medical Association (WMA) and recognized as the “WMA Declaration of Helsinki”

One possible reason that Americans ignored the Nuremberg Code is that it was disinterested in highlighting either America’s leading role in the worldwide eugenics movement or the moral, legal, and philanthropic support they provided to German racial hygienists. Another reason is that American bioscientists were no more interested in securing the voluntary informed consent of their human subjects than other bioscientists. A final reason may be denial of the role of physicians in the design and implementation of the Holocaust.

This denial led to myths that prevented a serious examination of the role of medical professionals in the Holocaust, particularly in clinical medicine and health care policy. These comforting but false myths postulated that the involved German physicians were few in number, mad, coerced, incompetent, or sadistic; that their ideas were out of the mainstream; that there was no scientific rationale for their experiments; and that their policies were legally, morally, and ethically indefensible. The biggest myth of all, the one that continues to handicap contemporary medical bioethics, is that neither liberal democracies nor American physicians are capable of committing such evil acts.

Indeed, involuntary sterilization began in the state of Indiana in 1907 and was declared constitutional by an 8-1 vote in the 1927 *Buck v. Bell* decision of Supreme Court of the United States, which ended with the infamous statement that “Three generations of imbeciles are enough.” Dr. Haiselden of Chicago publicly euthanized a baby born with multiple correctible congenital anomalies in 1915 and made a movie about his experience, *The Black Stork*, which played in theaters for a dozen years. In *Mein Kampf* Hitler praised America’s eugenically driven immigration laws. The Rockefeller foundation built the Kaiser Wilhelm Institute of Anthropology, Human Heredity, and Eugenics in Berlin in 1927, an institute that trained Josef Mengele and that received specimens from experiments performed by this “Angel of Death” in Auschwitz. Finally, Hitler and his propagandists countered criticisms of his anti-Semitic policies by noting America’s long history of slavery in general and of American medicine’s racism in particular.

Continuous awareness and vigilance of the entire medical community is essential if we are to avoid serious medical ethical lapses particularly in clinical medicine and health care policy. For example two groups have called for a moratorium on using genome-editing technology CRISPR-CAS9, which could alter the genes of human embryos to attain “better” babies. What will happen to the other babies, babies that are not genetically enhanced?

The Center for Medicine after the Holocaust (CMATH), a member of AAMC/CFAS, is dedicated to challenging doctors, nurses, and bioscientists to personally confront the medical ethics of the Holocaust and to apply that knowledge to contemporary practice and research. We note with concern Mark Twain’s dictum that “History does not necessarily repeat itself, but it often rhymes.” CMATH’s mission is to bring the history of medicine and the Holocaust to the attention of medical professionals and public health policy makers so that the biomedical ethics that guide their decisions will prevent egregious violations of human dignity.

We recommend that teaching about the medical practices, human subjects research, and public health care policies during the Third Reich be part of the biomedical ethics curriculum of all medical schools. According to a recent survey by the Liaison Committee for Medical Education (LCME), 22 U.S. medical schools and many more universities and international medical schools include these teachings in their curricula (Center for Medicine After the Holocaust educational resources are available at www.medicinaftertheholocaust.org)

These teachings are essential in shaping the development of the ethical and moral standards of contemporary health professionals.

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