

Why did Nazi doctors break their 'hippocratic' oaths?

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Introduction

Murder, aggression and violence have been a part of Man's character since his very beginnings. It has taken many forms. It has been planned 'with malice aforethought', 'in the first degree', to intimidate or terrify, or as a sequel of a drunken or drugged rage. These are all individual reasons for committing violence and murder. However, it is acts of war and genocide which have decimated virtually entire generations or racial groups. The experiments conducted by Nazi doctors and scientists have already been described in detail elsewhere and will not be repeated here¹⁻⁵. In a short article it would, of course, be quite impossible to explore all the anthropological, religious and sociological issues that may have influenced these men or caused them to commit crimes of such peculiar barbarity. Here, we shall limit ourselves to examining the state of mind and some of the reasons why physicians and scientists took part in experimentation and genocide.

Though doctors are motivated to some extent from a desire to improve the lot of humanity, or at least not to actually commit deliberate harm, during the period of Hitler's ascendancy,

over 90 per cent of the members of the medical profession at the highest level were involved in one way or another in work . . . [involving] . . . experiments . . . carried out on human beings in which . . . the subject was either sacrificed or permanently wounded . . . in German hospitals, universities and concentration camps⁶.

Interest has invariably concentrated on individuals such as Joseph Mengele, but clearly a significant proportion of the medical establishment was involved. German doctors were not victims of a perverse Nazification of biomedical science. On the contrary, they were an integral part of the process and helped to develop it¹⁻⁵. From the early 1900s, doctors developed the pseudoscience of racial hygienics which helped shape the doctrines of the State; these in turn attracted further medical support so that over 45% of the profession joined the Nazi Party^{4,7}. In

the SS doctors . . . the healer had become killer. The trained, professional saviour of life, dedicated to healing, had become the self-taught, enthusiastic taker of life, dedicated to killing⁵.

Our own responses to these experiments were, and are, curiously equivocal. On the one hand we are revolted, on the other we evaluate the scientific and medical potential of the experiments whilst maintaining our notion of ethics, guilt and punishment as the reply to the Phillimore telegram indicates:

This is a most unpleasant problem . . . on the one hand these experiments on human beings must have produced valuable scientific results which it would be folly not to discover . . . on the other hand the more we follow up these German experiments . . . the more we show the Germans that we . . . are inclined to condone their unethical practices⁸.

To set the Nazi experiments into their wider context we should remember that experiments, unethical by present standards, did occur elsewhere (eg in the United States)⁹. However, in the majority of cases young, fit, volunteers were employed in, for example, altitude and hypothermia experiments and there was certainly no question of deliberate maiming or execution. Even if we were to set aside the ethical issues, the validity of the data from these appalling experiments was in any case highly questionable. Rascher's work on hypothermia, for example, was rejected for its scientific inadequacy by three German universities and much of the data was faked^{10,11}.

Doctors, aggression and murder

Aggression, violence and murder may be considered together. Murder is the advanced expression of a violent act and multiple murder is the ultimate form of violence¹². Clearly we need to differentiate between violence in 'hot blood' where rational thinking may be suspended, and those acts committed over many years with detailed logistics, method and planning as occurred in the Nazi death camps.

In this case aggression led to violence and so the two events can be considered as one continuous process (as argued in detail elsewhere)^{13,14}. Murder can certainly be quantified but is it possible to do the same with aggression? If it can, is there a direct correlation between the tendency to commit murder and this quantifiable measure of aggression? Can we identify the behavioural characteristics of those physicians involved in experimentation and execution in the camps then, and identify those doctors likely to provide support for totalitarian regimes now?

Altenmeyer¹⁵ and others have associated aggression with an 'authoritarian personality' who was conventional, often adhering to a strict moral or religious code and with a strong belief that they were more 'virtuous' than others. Furthermore, they were intolerant of minorities, were submissive to higher authority and became more aggressive when they believed that this authority would concur with their actions. A sense of belonging to a special group with its associated *esprit de corps* was also a key feature. Psychiatrists have identified an 'authoritarian syndrome' in which many modern medical men had a capacity for rigid thinking, a rigid adherence to the conventional values of society, and an identification with the existing

social order¹⁶. Altenmeyer's ideas are exemplified in the denial of culpability and insensitive use of victims' body parts amongst German physicians which continued well into the post-war period. Anatomical specimens derived from concentration camp victims including the Hallervorden collection of the renowned Max-Planck Institute for Brain Research were finally buried in 1989/1990⁴.

Bandura¹⁷ and others have argued that we learn our aggressive and violent behaviour from our social group, together with the inhibitions that normally keep these in check (eg an observational learning or modelling concept in which the child learns aggressive or non-aggressive behaviour from watching others in its environment or through the media). These inhibitions must be removed in order to commit murder, and one must remove them to an extraordinary extent in genocide. From this perspective, the deep-seated cause of the aggression need not be understood if we can control or inhibit the triggering mechanism. If Bandura is correct, then what were the factors that helped remove these inhibitions during the Hitler regime, and do the same factors apply in other cases? Was the reasoning of SS Generals Himmler and Heydrich, the architects of the Final Solution, the same as that of sadistic functionaries such as 'Ivan the Terrible' at Treblinka? Were the doctors and scientists justifying their experimentation on children using the same psychological processes as the combat troops drafted into the special killing squads of the Einsatzgruppen? It seems unlikely. Clearly, however, there were broad features of life under the Nazis which influenced doctors as much as anyone else within the population.

The cohesiveness and *esprit de corps* mentioned earlier did not encourage doubt nor dissent. Critics within the profession were few during the war, and even in the post-war period those who broke ranks faced ostracization: Alexander Mitscherlich, an observer from the West German Chamber of Physicians published an extensive treatise relating to the Nuremberg Doctors' trial. He was eventually sued by one of the defendants, the surgeon Ferdinand Sauerbach, and accused of 'dishonouring the German medical profession' by the eminent physiologist Friedrich Rein⁴. Ten thousand copies of the treatise were printed but none were distributed within Germany⁴. The same Chamber barred Hanauske-Abel from practising medicine in the 1980s following publication of a critical and widely cited article^{3,18}. Perhaps this attitude is not surprising when we consider that two post-war Presidents of the Chamber were members of the SS¹⁹. Evidently, there was little peer pressure restraining experimentation. The importance of inculcating a sense of elitism and isolation from the main population in the mental preparation of torturers has been noted in more recent military dictatorships such as that of the 'Greek colonels'²⁰.

Was the level of education a significant factor in the expression of violence? Lifton¹ who interviewed many Nazi doctors talks of their ordinariness being "neither brilliant nor stupid". Indeed the Nazi killers were a curious collection and included 'highly qualified academics, ministerial officials, lawyers and even a Protestant priest and an opera singer'²¹. Nevertheless, Nazi doctors were by definition educated men - indeed nearly three-quarters of all the SS were university educated.

The role of the media was considered pivotal in alienating the populations of Germany and of Vichy France against the Jews. Films such as *Le Juif süss* (The eternal Jew) and an extensive poster campaign served to inspire fear of the Jews, the perception of the threat of an international Jewish conspiracy, and finally aggression against the perceived enemy. Goebbels's use of propaganda was skilful and essential if the views of racial hygiene, Aryan supremacy, and the sub-humanity of key groups was to be canvassed more widely. Doctors were no less susceptible to these campaigns and indeed were frequently in the vanguard of the development of such doctrines. These scapegoat groups could then accept blame for an economy which was mismanaged, and which had moved from a civilian to a war-time footing with all the attendant hardships that this would entail. Such groups would then be ripe for economic exploitation through property seizure, slave labour, and finally experimentation.

Most important was the law itself. The majority of us refrain from murder from an 'ethical' or 'moral' scruple which, to a great extent, is independent of the notion of punishment²². For others, however, it is probably the fear of punishment that inhibits, though the exact role of punishment in deterrence is unclear. Fear of punishment as determined by the *perceived* degree of punishment at the time can be a deterrent²³ and Pogue, who examined crimes committed in the United States between 1960 and 1964 and again in 1970, concluded that a criminal's decision to commit a crime depended on the perceived punishment level²⁴. A comparison of US and Japanese crime and punishment figures similarly concluded that perceived likelihood of punishment was an important factor associated with differences in the rates of violent crime²². The diminution of perceived sanctions against the killers of Jews and the perception of leniency to anti-Jewish atrocities coupled to rewards in terms of promotion and honour were powerful promoters of genocide. Whilst this was certainly a significant factor, there must inevitably be conflict between this adult quasi-operant conditioning and that of childhood conditioning where aggression and violence would not be rewarded. The Jewish community in Germany was one of the most successfully assimilated in Europe and there was little evidence of a widespread governmental campaign of hatred against the Jews prior to the Nazi dictatorship. The establishment of Nazi government enshrined the sub-humanity of Jews, homosexuals, Slavs, and Gypsies into law and shifted the balance politically and legally towards experimentation and genocide.

The benefit to humanity of biomedical experiments has been proposed as a motive for many of the Nazi doctors. The scientific validity of these experiments has been questioned (see earlier) but in any case a 'medical profession which accepts mass murder of sick people as normal . . . has failed and betrayed its mission'⁴. Scientific advancement can never be freed from ethical consideration of the source of the data.

Conclusion

We are all potentially capable of committing violent acts. Nevertheless, there is a subtle interplay of many factors which will determine whether someone overcomes his fear of punishment or his own learnt inhibitions to commit murder. The fear of a disintegrating world and anarchy is particularly strong in

the authoritarian personality, coupled to a submissive attitude to higher authority. The Nazi government, using a vigorous media campaign and the suspension of much legal protection, focused that fear on the Jews. The creation of a leading elite able to manipulate an aggressive, morally righteous population reinforced their conditioning with rewards (eg seizure of Jewish property) and encouragement. To the elitist, the inherent feelings of self-righteousness, racial advancement, moral superiority and group loyalty could justify genocide in his own mind. Bigotry and prejudice on the one hand, and the quest for knowledge unhindered by consideration of its source on the other, collaborated to create one of the cruellest episodes of medical history.

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