



Why did so many German doctors join the Nazi Party early?

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ABSTRACT

During the Weimar Republic in the mid-twentieth century, more than half of all German physicians became *early* joiners of the Nazi Party, surpassing the party enrollments of all other professions. From early on, the German Medical Society played the most instrumental role in the Nazi medical program, beginning with the marginalization of Jewish physicians, proceeding to coerced “experimentation,” “euthanization,” and sterilization, and culminating in genocide via the medicalization of mass murder of Jews and others caricatured and demonized by Nazi ideology. Given the medical oath to “do no harm,” many postwar ethical analyses have strained to make sense of these seemingly paradoxical atrocities. Why did physicians act in such a manner? Yet few have tried to explain the self-selected Nazi enrollment of such an overwhelming proportion of the German Medical Society in the first place. This article lends insight into this paradox by exploring some major vulnerabilities, motives, and rationalizations that may have predisposed German physicians to Nazi membership—professional vulnerabilities among physicians in general (valuing conformity and obedience to authority, valuing the prevention of contamination and fighting against mortality, and possessing a basic interest in biomedical knowledge and research), economic factors and motives (related to physician economic insecurity and incentives for economic advancement), and Nazi ideological and historical rationalizations (beliefs about Social Darwinism, eugenics, and the social organism as sacred). Of particular significance for future research and education is the manner in which the persecution of Jewish physician colleagues was rationalized in the name of medical ethics itself. Giving proper consideration to the forces that fueled “Nazi Medicine” is of great importance, as it can highlight the conditions and motivations that make physicians susceptible to misapplications of medicine, and guide us toward prevention of future abuse.

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1. Introduction

Since the ancient Greeks, physicians have entered the medical profession by taking a sacred oath to first “do no harm or injustice,” an oath that affords them the privilege of trust from those who seek their help (National Institutes of Health, 2010). However, during the Weimar Republic nearly 50% of German physicians became *early* joiners of the Nazi Party, a greater percentage enrollment than for any other profession at the time, topping even lawyers and businessmen (Hayse, 2003). Doctors were represented in the SS seven times more often than the average employed German male (Annas & Grodin, 1992). This is a remarkable number, considering the fact that more than half of all physicians in Berlin, for instance, were of Jewish ancestry prior to WWII (Annas & Grodin, 1992). Since most Jews would have little incentive to join the Nazi Party, it is likely that the percentage of German

physicians who were *early* joiners of the Nazi Party is actually much higher than 50%. This high percentage is also remarkable when keeping in mind that the German physicians who were *early* joiners in the Nazi Party were also likely trained by at least some Jewish physician-mentors, and worked alongside at least some Jewish physicians as colleagues in common and worthy tasks of daily care-giving prior to the rise of the Nazi Party.

In addition to sheer membership, the systematic planning and actions of physicians greatly contributed to Nazi power and functioning. Most significantly, physicians played an instrumental role in the notorious euthanasia program, ‘Action T4’, through which approximately 275,000 patients judged by physicians as ‘incurably sick’ were killed by starvation, medication, or gassing (Meyer, 1988; Proctor, 1988; Ryan & Schuchman, 2002). Hitler granted physicians full authority to administer these so-called ‘mercy deaths’, many of which were committed without even a personal examination of the patient (Meyer, 1988). Physicians also conducted some of the most harmful medical experiments ever documented, maiming and killing hundreds of thousands of people immediately prior to and during World War II: Nearly 100 individuals were killed at freezing temperatures, 200 at high altitudes, 220 in tuberculosis

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studies, 800 pairs of twins in twin experiments conducted by Dr. Josef Mengele, and over 400,000 suffered permanent injury due to forced sterilization, artificial insemination, bone, muscle and joint transplants, and numerous studies employing various viral and bacterial agents, as well as poisons, such as phosgene, phenol and cyanide (Spitz, 2005; Tyson, 2000). In light of the gap between professional values and documented atrocities, a basic question arises: why were physicians, compared to members of other professions, so likely to join the Nazi Party?

Possible reasons for the behavior of these German physicians are often difficult to comprehend in today's medical and legal environment, where explicit consent from patients and subjects is mandatory, and where any intentional, even accidental, harm inflicted by physicians is publicly condemned and brought before the law. One theory for Nazi doctors' abandonment of the ancient and most basic tenets of ethical medicine is that medical doctors tend to have an authoritarian personality, characterized by a strong adherence to rules and a weak ability to control more primitive, "id-driven," impulses (Drobniowski, 1993). Such personality traits would presumably account for Nazi doctors' propensity to follow Hitler's orders with little or no argument. This theory may also explain how these physicians were easily persuaded to follow newly established, barbaric rules of conduct. Other possible explanations have been rooted in theories of practitioner narcissism. They include an inflated sense of self-importance in shaping the future of the nation and a desire for career advancement and public praise (Annas & Grodin, 1992).

We intend to expand upon these explanations and trace a more detailed web of professional, ideological and psychological factors that may have contributed to the creation of what is now commonly referred to as "Nazi medicine." Specifically, we identify and explicate major vulnerabilities or sensitivities of German physicians at the transition between the Weimar Republic and the Third Reich that may have fueled their exceptionally high enrollment in the Nazi regime. These include: professional vulnerabilities among physicians in general (*valuing conformity and obedience to authority, valuing the prevention of contamination and fighting against mortality, and possessing a basic interest in biomedical knowledge and research*), economic factors (related to *physician economic insecurity and incentives for economic advancement*), and Nazi ideological and historical factors (beliefs about *Social Darwinism, eugenics, and the social organism as sacred*).

Most of the postwar analysis on Nazi medicine has tried to comprehend the seemingly contradictory behavior of German physicians during the Nazi regime, yet much insight can be gained by considering the specific nexus of forces that led physicians to enroll in the first place. One factor that stands out in the context of current professional and societal concerns is the use of "ethical" claims or considerations to rationalize unethical acts. Thus, this study of Nazi doctors can contribute to ongoing research and education as a case study in the misuse of medical ethics.

2. Professional vulnerabilities among physicians in general

Physicians may have been especially predisposed to assent to the authority of the Nazi regime because there were many abstract and practical objectives and orientations that the regime appeared to share with the medical profession. These commonalities included: instilling a culture of conformity and obedience; preventing contamination; providing a partial solution to the dread of helplessness in the face of existential problems (death, disability, humiliation, loneliness); and an interest in biology, science and research, and biomedical knowledge.

Physicians may have self-selected in joining the Nazi Party based on their sensitivity to these objectives and orientations; the Nazi Party may have had for physicians the same allure as the medical profession to which they had already committed. Nazi membership presented for medical practitioners less of a change in the status quo than for members of other professions. In a sense, the medical society had risk factors for acquiring the Nazi ideology (Proctor, 1992).

2.1. Valuing conformity and obedience to authority

In the 20th century, psychological experiments exposed the basic human vulnerability to conform to a majority, and to obey perceived authority. Harvard psychologist Solomon Asch revealed the human disposition to modify one's behavior to fit a majority opinion, even when knowingly conforming to an erroneous majority (Asch, 1951). Then in 1963, Yale psychologist Stanley Milgram showed that approximately 65% of people comply with commands to harm or kill strangers, defying the optimistic prior estimate of 1% offered by psychiatrists (Milgram, 1963).

Due to the importance of conformity and obedience to authority in medical training and practice, physicians—when contrasted with members of other professions (e.g., lawyers,² or businessman)—may have been especially vulnerable to the influence of Nazi ideology. The principle of conformity has always been a central one in medicine, in which great emphasis is placed on following rules and protocols for the delivery of efficient, high-quality health care; equally important is a principle of obedience to authority (Jauhar, 2009; Shem, 1980, 1997). It is not unusual for the medical student transitioning into the clinic from his or her preclinical courses—where the "why?" questions are valued and encouraged—to have "why?" questions concerning clinical care be curtly dismissed in the midst of a triage-like hospital setting where limited physician time confronts limitless patient needs (Bursztajn, Feinbloom, Hamm, & Brodsky, 1981/1990). Thus, "because this is the way we do things here in the hospital" becomes a convenient substitute for answers that more deeply address the question by acknowledging the limitations of our knowledge, and the residual uncertainty that underlies so many standard clinical practices.

Nazi philosophy, with its military training style (brutalization, classical conditioning, etc.), mandated punctilious rule following; it also embodied a hierarchical organization, in which authority and rank drew legitimate respect, and obedience was rewarded (Weyers, 1998). These themes held particular resonance in the early 20th century culture of German medicine, in which "the importance of rank and subordination, of command and discipline" was drilled into students, and emphasized in practice throughout the profession (Kater, 1985, p.681). Furthermore, the strength of certainty was celebrated by Nazis, while doubt, questioning, and awareness of uncertainty were disparaged as shameful, harmful, and worthy of marginalization as Jewish cultural artifacts, and so were punished and expunged.

2.2. Valuing the prevention of contamination

As a means of preventing illness and disability, the Nazi Party framed the extermination of the Jewish population as a health necessity in its own right, a sure way to ward off contamination (and death). Given the core value that prevention of contamination plays across almost all strata of medical practice, this kind of mission would have been particularly salient to members of the German Medical Society. This could even be cast as a way of doing good—a fulfillment of ethical imperatives.

A key tactic Hitler employed to simultaneously heighten the perceived threat of contamination and assign responsibility for this threat to one ethnic group was the moralization of disgust. Made out to be unclean by Nazi propaganda, the Jewish population was framed as a

² It is important to note, however, that lawyers played a critical role in maintaining and implementing the criminal justice system, which was also crucial to the Nazi effort. The fact that members of the German legal system were able to set aside the principles of justice so actively (and in many cases, even eagerly) suggests that these professionals may have shared many of the same vulnerabilities that physicians had to Nazi ideology. Identifying the web of factors and vulnerabilities that led these legal professionals ethically wayward, as well how this web overlapped with that of other professionals, remains an important avenue for future research.

constant danger to the average German citizen's health, inspiring disgust as an aversion response. A clear divide was therefore formed between the German Jewish "other" as disgusting and dangerous, and the Gentile German "us" as pure and clean. Hitler employed varied tactics to instill this essentializing, discriminatory distinction into the psyche of the German population, thus maliciously recruiting the basic human revulsion of filth and pestilence into a force for dehumanizing Jews:

Was there any form of filth or profligacy, particularly in cultural life, without at least one Jew in it? If you cut even cautiously into such an abscess, you found, like a maggot in a rotting body, often dazzled by the sudden light – a little Jew! – Adolf Hitler, *Mein Kampf* (Hitler, 1971).

Posters were circulated of Jewish people possessing the bestial bodies of what were commonly believed to be unclean vermin: snakes, rats, spiders, and the like. Also portrayed was the connection between Jews, disgusting foods, and death by ingestion of the poisonous "essence" of the other; dramatically communicated, for example, in the specially created children's book, *The Poison Mushroom*, in which Jews were depicted as anthropomorphized poisonous fungus. Hitler's moralization of disgust made a Jewish out-group not only possible, but also a seemingly immediate threat. As military commander, and leading member of the Nazi Party, Heinrich Himmler held:

We had the moral right, we do not want, because we wiped out the bacillus, to become sick and die from the same bacillus. – October 4, 1943 (Neubacher, 2006).

Members of the German Medical Society would have been particularly sensitive to the way this threat was framed and propagated, given the all-encompassing mission of physicians to prevent contamination in order to preserve health.

2.3. Valuing the fight against mortality

At the core of the psychological allure of the Nazi regime was the promise of a form of immortality. The Nazi Party presented to the German people a solution to the doubt-ridden, tireless, Dostoevskian wrestling of the mind. In this manner, the regime's promise to relieve helplessness and anxiety surrounding mortality overlapped with the very goals that made the medical profession alluring to physicians.

German physicians may have perceived the transition to Nazi membership as less of a drawbridge than a simple continuation of supported ideals under a grander initiative for widespread existential relief. Indeed, Hitler cast himself as the savior of his people and promised in a sense to save the Germans from their mortality by creating a nation of forever young; as he proclaimed: "It is our will that this state shall endure for a thousand years. We are happy to know that the future is ours entirely" (Riefenstahl, 1935). Both Robert Lifton and the late cultural anthropologist Ernest Becker discussed the intensely felt appeal of "symbolic" immortality, an appeal emphasized in the Nazi campaign. Lifton (1968) explains that these symbols are the means by which individuals can unify with humanity past and future, attaining a kind of timelessness akin to immortality. Becker (1973) explicates how man can become obsessed with the symbolic domain, achieving a kind of heroic immortality that extinguishes or diminishes the daily horror of life as a mortal being, and the final encounter with death. Hitler's regime was a kind of promise to transcend transience and death, by assuming this symbolic immortality through the group's success and perpetuation.

In stark contrast to this Nazi ideology was the Jewish skepticism there existing any immortality, an acceptance of death as an inconvenient and painful truth, and the historical reluctance in Jewish theology to entertain beliefs in an afterlife. Yet, the Nazi regime could not tolerate the idea that satisfaction could be gained from skepticism and irony in the face of evident mortality, or that beauty could be compounded via a

view of a transient life, a kind of Freudian life-view integral to Jewish tradition:

I could not see my way to dispute the transience of all things...But I did dispute the pessimistic poet's view that the transience of what is beautiful involves any loss in its worth. On the contrary, an increase! (Freud, 1957).

In polar opposition, everything in the Nazi enterprise carried a grandeur and pageantry that evoked immortality, from the sea of hanging drapes and flags of swastikas, to the black-red, uniformed masses and the large *Parteiführer* that would stand behind Hitler as his fervent voice carried over the crowd. So strong was the Party's desire to transcend mortality that it even included in its master plan backup schemes for the eventuality that it should lose the war:

...an MI5 document was declassified in London in April, revealing megalomaniacal schemes for Nazis to rise again if they lost the war by scattering sleeper agents around the world; and by killing Allied officers with poison infused in sausages, chocolate, Nescafé coffee, cigarettes, schnapps and Bayer aspirin... The Werewolf organization, a network of Nazi saboteurs who would fight to create a Fourth Reich in the event Hitler's empire crumbled, were to leave tins of instant coffee powder and other foods laced with toxins where they could be found by British and American soldiers... (Dowd, 2011).

Compared to other professionals, physicians may have been most open to this desire to transcend—both in symbolic and literal terms—our species mortality, having already subscribed to the preservation of mortal life through medicine. Saving or prolonging life is, after all, central to medicine's clinical and ethical mission.

2.4. An interest in biomedical knowledge and research

Compared to other professionals, physicians are more directly dependent on the objective use of scientific information specifically, in the diagnosis and treatment of illness. This interest in and respect for biomedical knowledge and research would have made physicians especially sensitive to Nazi ideology. The Nazi Party motivated its objectives by drawing upon scientific theories that were popular at the time, lending Nazi philosophy the semblance of empirical exactitude. The critical purpose that science plays in all areas of medical understanding and practice would have made Nazism—which imagined itself as a scientific ideology—attractive to medical practitioners (see Section 4.1 "Social Darwinism and eugenics" below), accustomed as they are to benefiting humanity through the application and advancement of scientific research.

3. Economic and social factors specific to post-World War I German physicians

3.1. Economic insecurity among professional elites

After the German loss of World War I, there remained a widespread desire for renewed pride. Under Hitler's rule, the Nazi Party found a scapegoat for its internal problems in the Jewish population, which became a target for German shame and a blame figure for a deteriorated economy. German-Jewish journalist Siegfried Kracauer (1998) discusses the phenomenon of the "Salaried Masses Effect," the increased economic and existential insecurity that grows among white-collar professionals blocked from promotion; "...employees grow old and grey in their posts without any further training... chances of promotion are faint" (p. 51). As elites in German society, physicians may have felt this shame more than other citizens at the time.

Jewish physicians were generally excluded from academia and from obtaining leadership positions in academic associations, as these

institutions generally blamed Jews for the overpopulation of doctors and the subsequent economic decline of the German medical profession: “Between 1889 and 1898, the number of doctors in Germany had grown by 56% while the population increased by only 11.5%” (Efron, 2001, p. 255). Furthermore, Jews were largely discriminated against with respect to employment decisions in hospitals and larger healthcare facilities. The potential elimination of remaining Jewish physicians carried strong financial incentives for non-Jewish German colleagues.

“[P]rofessional overcrowding, insufficient numbers of patients, and intergenerational battle between younger and older physicians scrambling for those patients, and a decline in earnings (...) combined with the fact of long-term hostility to Jews in German medicine, caused German doctors to become the most easily and eagerly nazified of any professional group” (Efron, 2001, p. 261–2).

Furthermore, Similarly a great number of early Nazi joiners were medical students because “their course of studies was costly and their future uncertain” (Kater, 1987).

3.2. Incentives for physician economic advancement

After WWI, physician salaries were very low and unemployment was rising (Weyers, 1998). It is also possible that many German doctors saw an opportunity for expanding their medical practices by eliminating their Jewish colleagues (Kater, 1985). More than half of all physicians in Berlin, for instance, were of Jewish ancestry prior to WWII (Annas & Grodin, 1992). However, the Nazi Party forcibly removed Jews from their posts, thereby increasing the demand for physicians and creating a vast number of job openings and promotion opportunities for non-Jewish doctors—an occurrence that may have contributed to a near doubling of physicians' salaries from 1926 to 1936 (Annas & Grodin, 1992).

By casting blame for WWI losses on select ethnic groups—alleviating the “salaried masses” effect that may have especially been felt among physicians— and providing a much needed boost to German pride, the Nazi Party promised an appealing means of deliverance out of a humiliating cul-de-sac.

3.3. Physician demoralization and helplessness

In his thoughtful interviews with Nazi doctors, psychiatrist Robert J. Lifton (1986) reveals how many medical practitioners were attracted to Nazism as a means of alleviating the feeling of powerlessness prevalent at the time. The helplessness and grief that were so much the rule in German society after the losses of World War I may have been particularly poignant for physicians, at least some of whom were attracted to medicine by a combination of false promises. One such promise was economic security and empowerment through a “war” on deadly illnesses, particularly the post-WWI scourges of influenza, typhus, and tuberculosis (Clow, 2001). Such war metaphors and false hopes were integrated easily with interbellum Germany's capitulation to the historical tendency of depressed nations to mobilize prejudice as a means of relief from feelings of societal impotency. For instance, in its aggressive war against cancer, the Nazi Party portrayed Jews as tumors that needed to be removed from the German body politic (Proctor, 2000).

Anti-Semitism can itself carry a false promise of hope in the face of helplessness; of a quick fix in the face of mortal dread and demoralization. Anti-Semitism has tended to flare up in the midst of the helplessness associated with illness and scarcity, such as during the Black Death in Germany in the early 1400s. In an example of the sometimes surprising persistence of historical influences, a recent analysis has suggested that regional patterns of support for the Nazi Party in the 1930s mirror regional differences in response to the Black Death in the 1400s in the

lands that eventually became Germany (Voigtlaender & Voth, 2011). At the same time, the apparent lower mortality rates among Jews during the Black Death, now attributed by some (Jumaa, 2005) to such Jewish religious practices as ritual hand washing before meals, may have evoked envy. Such envy could be disowned by demonizing the Jew and reviling the more hygienic Jewish community as dirty—a tradition seized upon by the Nazi Party. By utilizing a history of discrimination to ascribe Jewish responsibility for interbellum disease outbreaks, the Party refined the war on agents of disease to a war on Jews—a framing to which physicians were especially sensitive.

3.4. Opportunities for upward social mobility for physicians

The 19th century was a period of great change for the role of the physician in German society (Kater, 1985). Beginning in 1825, with heightened medical qualification procedures, German physicians “tended to consolidate themselves socially” in pursuit of the social status accorded other professionals, such as lawyers (Kater, 1985, p. 678). However, when in 1869 the medical profession separated from the government bureaucracy and its standardized certification procedures, a “legitimation crisis” shook the profession which led the “properly codified” to, in the interest of their standing and legitimacy, “associate with the upper echelons of society in everyday dealings, shutting themselves off from the lower classes, as the putative environs of the amateur healers” (Kater, 1985, p. 678). As Kater argues, “the precariousness of the physicians' professional status translated itself into a continuous quest for social standing,” a quest that would continue well through the last days of the Empire (Kater, 1985, p. 679).

The political and social landscape of the interbellum period that followed, as the late sociologist Erwin K. Scheuch (2003) observed, was especially promising for socially ambitious physicians pursuing membership in the upper strata of German society. With the end of Establishment-friendly hereditary monarchy and the re-creation of a Polish state over the agricultural estates of the old, landed Junker gentry, the German elite was fragmented and positions were ripe for the takings of newcomers (Scheuch, 2003). Hitler entered this scene “profess[ing] to be a revolutionary,” claiming a brand of social change that the status-conscious medical profession could easily get behind (Scheuch, 2003, p. 98). The Nazi policy with regard to the upper classes was one of straightforward “penetration”: “As many Nazis as possible were to be infiltrated into the sectoral elites” (Scheuch, 2003, p. 99). In sum—compounding the historically status-conscious of the German medical profession, the mobility-friendly interbellum social environment, and Nazi promises of social advancement—early physician membership in the Nazi Party for reasons of upward mobility was rather appealing.

3.5. Weakening of the hippocratic oath in light of WWI experience

Physicians could not ignore the “process of social militarization” that shaped Germany in the late 19th and early 20th centuries (Kater, 1985, p. 682). German society came to be organized such that “entire social units” were “fashioned after military hierarchies” where “the role model was that of the reserve officer” (Kater, 1985, p. 682). Membership as an officer “became ‘a prerequisite for a successful career,’” and professionals who diverged from the military-centric value system were liable to be treated with contempt (Sheehan, 1976, in Kater, 1985, p. 682). Given physician sensitivity to social standing (see Section 3.4, above), this led to a great deal of interest in military positions among medical professionals.

When commissioned as officers, however, these professionals, irrespective of their training background, would serve under the second-class *Stabsarzt* medical corps, instead of the regular corps, and did not obtain the same level of prestige as other officers (Kater, 1985). *Stabsärzte* were largely the products of the Charité, the military-medical academy that offered inexpensive medical training

to German young men and, accordingly, attracted a number of lower class candidates who could not afford study at the universities (Kater, 1985). Class bias, Kater suggests, was a likely culprit for the diminished prestige of the medical corps (1985).

A dual struggle for social legitimization in the civilian and military spheres, then, animated the flurry of German physician enlistment following the outbreak of World War I (Kater, 1985). Physicians in active service in the German military numbered 24,798 during the War, and nearly one-tenth of them died in combat (Kater, 1985). This vast physician participation in the War could go some way in explaining a climate in German medicine that permitted such enthusiasm for the Nazis in spite of the directives of the Hippocratic Oath.

The experience of every WWI soldier who saw combat was exceptionally brutal, but doctors were perhaps especially sensitive to an existence in the trenches punctuated by the misery they were professionally committed to ending: disease, despair, and death. Possible reactions to this brutality would could have been to become more compassionate and rebel against militaristic ideologies, or to acquiesce to such an ideology in a pessimistic, self-protective manner. Kater (1985) suggests the later interpretation. He writes, “the German doctor became brutalized by the slaughter all around him,” and when physicians returned to their research and practice following the Armistice they “turned into very practical and technical physicians, lacking in human compassion” (Kater, 1985, p. 684). Thus the scarring war experience of the interbellum medical community may have mitigated the influence of compassion among physicians, and made them more receptive to a brutal Nazi ideology that seemed to defy Hippocratic compunction.

4. Nazi Ideological and historical rationalizations

Examining Nazi ideologies through the looking glass of German medical practitioners of that era calls attention to factors that may have made physicians especially open to and interested in Nazi rationalizations. Through a Social Darwinist ideology, Nazism explicitly framed its methods and aims in biological terms. As Hitler's deputy, Rudolph Hess, claimed: “National socialism is nothing but applied biology” (Lifton, 1986). Through sacralizing the social whole over the individual, Nazism promised partial solutions to existential problems that physicians confront daily.

4.1. Social Darwinism and eugenics

The pseudoscience of Social Darwinism served as the philosophical justification for “eugenic cleansing” of Jewish populations across Germany and eventually Europe. The Social Darwinist model in its most volatile form drew its inspiration from what was, at the time of its inception, the greater economic, governmental and technological advancement of the “White European” in comparison with other populations. Extending this observation, the model reasoned that this greater advancement was manifest reality of “survival of the fittest” at work, thereby concluding that the White European race must be self-evidently superior to other races (Hofstadter, 1992). The Nazi regime needed merely to bend this philosophy to its own needs, preaching German supremacy and destiny for rule over what it deemed to be impure or unfit races.

This skewed philosophy directly motivated the Action T4 eugenics program, run by some 50 physicians, who sent surveys out to hospitals, urging their colleagues to nominate candidates for euthanasia (Proctor, 2001). Victims were typically injected or starved to death in psychiatric hospitals, or transported to specialized facilities to be poisoned or gassed to death, and then cremated. Action T4 was, essentially, “medically supervised murder,” and the majority of participating physicians gaining experience through the program also became supervisors of the infamous ‘Final Solution’ plan to annihilate all European Jews (Proctor, 2001).

Medical professionals were highly influenced by Social Darwinist ideas. According to one estimate,

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 camps (Drobniewski, 1993).

The Nazi medical experimentation, with its veneer of a research program progressing to benefit the nation—and, by extension, all of humanity—was an easy subsequent step for the regime to implement. After all, the Nazis would certainly need biomedical knowledge to be able to face the many challenges they would confront in the upcoming war years. A eugenic movement provided a direct means of conducting the kinds of research that could address these problems while cutting the efficiency costs that typically accompany humane treatment of experiment subjects. Not the least of the war challenges Germans faced, for example, was that of the many hostile thermal environments in which their soldiers would have to fight and survive. This problem, and others like it, inspired cruelly creative experiments into the prevention of hypothermia and into the general prolongation of life in cold weather and water, in which countless Jews and Russians either drowned or froze to death (Pozos, 2002). The importance of biological research to the Nazi war effort provided a utilitarian justification for these atrocities, which were framed as necessary goods in the aim to create an immortal species of humans, “Übermenschen.” Since such a vision required important, salvific roles for medical scientists as creators and implementers of socially useful knowledge, physicians could easily be taken up by this ideological narrative.

4.2. The social organism as sacred

The idea that the social whole has precedence over the individual was very clearly encapsulated in the sayings propagated by Hitler: “Gemeinnutz geht vor Eigennutz” (What is useful for the community has priority over what is useful for the individual) and “Du bist nichts, dein Volk ist alles” (You are nothing; your people [nation] is everything) (Reich, 2001). Hitler was advocating social unity at all costs, including dehumanization of internal minority citizens. In more typical circumstances, such collectivist ideas can serve to moderate extreme individualism. However, post-WWI Germany suffered a deteriorated standard of living, a loss of community spirit, subsequent feelings of loneliness in the German citizen, and a rising potential for rebellion and disorder—circumstances that may have made a collectivist ideology especially attractive (Ferguson, 1975; Mileck, 1954; Weiss, 1987). The Nazi Party promised to quell this social insecurity and loneliness by dissolving individuality and freedom into the single-mindedness of the group. The German people would be one unified organism.

Hitler's ideas were popularizations of earlier, more abstract philosophical ideals. In German philosopher Johann Fichte's *Addresses to the German Nation* (1808), one encounters these ideals of salvific collectivism germinating, at least among intellectuals, with full candor:

The means of salvation, which I have promised to disclose, consists in cultivating a completely new self, ... a universal and national self, and in educating the nation, whose former life has been extinguished and become the appendage of a foreign life, to a wholly new life ... the interest of the whole to which he belongs is indissolubly bound by the motivating feeling of approval or disapproval to the interest of his own extended self, *which is aware of itself only as part of the whole and can only bear itself when the whole is agreeable...* Through the new education we desire to form the Germans into a totality that in all its individual parts is driven and animated by the same *single interest...* [it] would consist precisely in this, that, on

the soil whose cultivation it takes over, it *completely annihilates freedom of will*, producing strict necessity in decisions and the impossibility of the opposite in the will, which can now be reckoned and relied on with confidence (Fichte, 1808/2009, p. 23–24).

It is not surprising, therefore, that one would later come across these ideas in the tremendously influential figure of German politician and Reich Minister of Propaganda Joseph Goebbels, here at a political rally in 1938:

Our starting-point is not the individual, and we do not subscribe to the view that one should feed the hungry, give drink to the thirsty or clothe the naked—those are not our objectives. Our objectives are entirely different. They can be put most crisply in the sentence: we must have a healthy people in order to prevail in the world (Burleigh & Wippermann, 1991).

These collectivist, totalitarian ideals were also expressed by popular medical theorists at the time. During the rise of the Nazi Party, the ideas of the extremely influential medical theorists Erwin Liek and Karl Kotschau were gaining popularity. Liek and Kotschau argued that commitments to care of individual sick persons had to give way to a preventative care that respected emerging needs of the entire society (Reich, 2001). These ideas were particularly potent because they manipulated not only medical practice, but also the very definition of medical care. By viewing the social organism as sacred and the individual as dispensable (as manifested in the ideas of Liek and Kotschau), physicians could see themselves as saving a sick society in the service of the larger enterprise of creating a stronger, healthier Germany.

The Nazi regime also formed a strange connection between healing and killing, in which the latter was construed as a type of the former. Psychiatrist Robert J. Lifton explains how the regime framed eugenic killings as a form of healing, a cleansing for the Aryan population and post-WWI body politic. In short, the doctors believed that by destroying lives they were paradoxically saving the ones that most mattered amid the entire society (Lifton, 1986).

4.3. The Jewish physician as “unethical”

The self-righteous persecution and marginalization of Jewish physicians by early Nazi members of the German Medical Society were greatly facilitated by caricaturing Jewish physicians as unethical. For example, in 1935 Hans Lohr lauded the remarks of Reich Physician Leader, Gerhard Wagner, “[Jewish physicians have]...debased the concept of professional honor and undermined the ethics and morals intrinsic to our racial stock” (Lohr, 1935, in Mosse, 1981). By attributing to Jewish physicians the ethical failings of early Nazi Party physician joiners, German Medical Society members could wrap themselves with the flag of moral and ethical purity while enthusiastically victimizing their Jewish physician colleagues. This was an important, perhaps essential, move in the process of rationalization, since a conception of ethics—of doing good—has animated the profession of medicine since antiquity.

5. Conclusion

The prominence of physicians among early joiners of the Nazi Party exemplifies the fact that the defense mechanisms (analyzed by Mitscherlich and Mitscherlich, 1967/1975; and Schlant, 1999), which prevented post-World War II Germans from fully grasping the reality of the Holocaust, were also operating before Hitler came to power. The German Medical Society was a preexisting organization, not one created by the Nazis to serve its ends. Nonetheless, the Society's involvement in the inhumanity of the Nazi regime was not one of mere acquiescence in the face of coercion. Rather, the Society and the profession it represented were instrumental in both the planning and implementation of the multifarious atrocities that would finally be tallied in

the Nuremberg trials (Annas & Grodin, 1992). The medical society may have self-selected in joining the Nazi Party based on a variety of major vulnerabilities and factors; these include: 1) Professional vulnerabilities among physicians in general, 2) Economic factors specific to German physicians, and 3) Nazi ideological and historical factors.

The causes of the brutalities committed by the Nazi doctors with such self-righteous, methodological efficiency—acts that have reverberated for years since—continue to elude many historians and psychologists. Nevertheless, identification and analysis of the web of vulnerabilities and other factors that fueled this behavior can guide us toward prevention of future abuse by highlighting the conditions that make physicians susceptible to misapplications of medical research, medical practice, and medical ethics (Mileck, 1954).

Such analyses also provide vital case studies for teaching medical ethics more effectively. To the extent that we can understand and teach about the context and motives that surrounded physician's abandonment of the Hippocratic Oath in favor of Nazi ideology and inhumanity, the teaching of bioethics can cultivate essential practical insight. Such insight is necessary to identify one's own vulnerability to seductions of abandoning the Hippocratic Oath, as well as principles such as beneficence and respect for the autonomy of the “other” (Ries and Wald). Alas, such seductions arise with some regularity in the ever-changing biopsychosocial (not to mention economic) landscape of clinical practice.

Moreover, thorough analysis of these vulnerabilities and factors provides lessons in what has been termed ethicogenesis, i.e., harm caused under the banner of self-righteousness, in the name of such ethical values as public health or even medical ethics itself (Bursztajn, 1986). Unimaginable as the Nazi medicalization of genocide may seem today, the perversion of ethical principles is no more confined to the historical past than are demoralization, economic insecurity, a need to belong and conform, and the search for a quick fix to existential problems. George Orwell's admonition in 1984 that “He who controls the past, controls the future” is well worth remembering, so that education in medical ethics will not omit the pitfall of invoking ethics themselves as a rationalization for perpetuating crimes such as those that were enabled by the German Medical Society (Granick, 2009). Our initial analysis raises a variety of questions we look forward to exploring in future work, including the fundamental question of the relationship between professional authority, authoritarianism, and the avoidance of awareness of dependency and individual fragility.

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References

- Annas, G. J., & Grodin, M. A. (1992). *The Nazi doctors and the Nuremberg code: Human rights in human experimentation*. New York: Oxford University Press.
- Asch, S. E. (1951). Effects of group pressure upon the modification and distortion of judgment. In H. Guetzkow (Ed.), *Groups, leadership and men*. Pittsburgh, PA: Carnegie Press.
- Becker, E. (1973). *The denial of death*. New York: Free Press.
- Burleigh, M., & Wippermann, W. (1991). *The racial state: Germany 1933–1945*. New York: Cambridge University Press.
- Bursztajn, H. J. (1986). Ethicogenesis. *General Hospital Psychiatry*, 8, 422–424.
- Bursztajn H. J., Feinbloom R. I., Hamm R. M., Brodsky A. (1981/1990). *Medical choices, medical chances: how patients, families, and physicians can cope with uncertainty*. New York: Delacorte, 1981; New York: Routledge, 1990.
- Clow, B. (2001). Who's afraid of Susan Sontag? or, the myths and metaphors of cancer reconsidered. *Social History of Medicine*, 14(2), 293–312.
- Dowd, M. (2011). Hitler's talking dogs. *New York Times*, 27 (Available from: Academic Search Premier, Ipswich, MA. Accessed August 18, 2011).
- Drobniewski, F. (1993). Why did Nazi doctors break their ‘hippocratic’ oaths? *Journal of the Royal Society of Medicine*, 86(9), 541–543.
- Efron, J. M. (2001). *Medicine and the German Jews: A history*. New Haven, CT: Yale University Press.

- Ferguson, Adam (1975). *When money dies: The nightmare of deficit spending, devaluation, and hyperinflation in Weimar Germany*. New York: William Kimber & Co, Ltd.
- Fichte, J. G. (1808/2009). *Addresses to the German nation*. Cambridge, UK: Cambridge University Press.
- Freud, S. (1957). (Standard edition). *On transience*, 14. (pp. 305–307) (originally published 1916).
- Granick, J. (2009). Convicted Murderer to Wikipedia: Shhh! Retrieved March 27, 2012 from <https://www.eff.org/deeplinks/2009/11/murderer-wikipedia-shhh>
- Hayse, M. R. (2003). *Recasting West German elites: Higher civil servants, business leaders, and physicians in Hesse between Nazism and Democracy, 1945–1955*. Oxford: Berghahn Books.
- Hitler, A. (1971). *Mein Kampf*. New York: Houghton Mifflin-Mariner.
- Hofstadter, R. (1992). *Social Darwinism in American thought* (pp. 32). Boston, MA: Beacon Press 0-8070-5503-4.
- Jauhar, S. (2009). *Intern: A doctor's initiation*. New York: Farrar, Straus and Giroux.
- Jumaa, P. A. (2005). Hand hygiene: Simple and complex. *International Journal of Infectious Diseases*, 9(1), 3–14.
- Kater, M. H. (1985). Professionalization and socialization of physicians in Wilhelmine and Weimar Germany. *Journal of Contemporary History*, 20(4), 677–701.
- Kater, M. H. (1987). Hitler's early doctors: Nazi physicians in predepression Germany. *The Journal of Modern History*, 59(1), 25–52.
- Kracauer, S. (1998). *The salaried masses: Duty and distraction in Weimar Germany*. New York: Verso.
- Lifton, R. J. (1968). *Revolutionary immortality: Mao Tse-tung and the Chinese Cultural Revolution*. New York: Random House.
- Lifton, R. J. (1986). *The Nazi doctors: Medical killing and the psychology of genocide*. New York: Basic Books.
- Löhr, H. (1935). Über die Stellung und Bedeutung der Heilkunde im nationalsozialistischen Staate (pp. 19–23, 26–29, 32–35). Berlin: Normen-Verlag. In Mosse, G. L. (1966). *Nazi Culture: Intellectual, Cultural, and Social Life in the Third Reich* (pp. 227–234). New York: Grosset & Dunlap.
- Meyer, J. (1988). The fate of the mentally ill in Germany during the Third Reich. *Psychological Medicine*, 18(3), 575–581.
- Mileck, J. (1954). The prose of Hermann Hesse: Life, substance and form. *The German Quarterly*, 27, 163–174.
- Milgram, S. (1963). Behavioral study of obedience. *Journal of Abnormal and Social Psychology*, 67, 371–378.
- Mitscherlich, A., & Mitscherlich, M. (1967/1975). *The inability to mourn*. trans. Placzek BR. New York: Grove Press.
- Mosse, G. L. (1981). *Nazi Culture: Intellectual, cultural and social life in the Third Reich*. New York: Schocken Books.
- National Institutes of Health (2010). *Greek medicine*. : U.S. National Library of Medicine Retrieved from http://www.nlm.nih.gov/hmd/greek/greek_oath.html on August 7, 2011.
- Neubacher, F. (2006). How can it happen that horrendous state crimes are perpetrated? An overview of criminological theories. *Journal of International Criminal Justice*, 4(4), 787–799.
- Pozos, R. (2002). Nazi hypothermia research: Should the data be used? *Military Medical Ethics*, 2, 437–461.
- Proctor, R. (1988). *Racial hygiene: Medicine under the Nazis* (pp. 414). : Harvard University Press.
- Proctor, R. N. (1992). Nazi biomedical policies. In A. L. Caplan (Ed.), *When medicine went mad: Bioethics and the holocaust* (pp. 23–42). Totowa: Humana Press.
- Proctor, R. N. (2000). *The Nazi war on cancer* (pp. 46).
- Proctor, R. N. (2001). Commentary: Schairer and Schoniger's forgotten tobacco epidemiology and the Nazi quest for racial purity. *International Journal of Epidemiology*, 30(1), 31–34. <http://dx.doi.org/10.1093/ije/30.1.31>.
- Reich, W. T. (2001). The care-based ethic of Nazi medicine and the moral importance of what we care about. *The American Journal of Bioethics*, 1(1), 64–74.
- Riefenstahl, L. (1935). *Triumph des Willens* (Triumph of the Will). *Documentary, Synapse Films*.
- Ryan, D. F., & Schuchman, J. S. (Eds.). (2002). *Deaf people in Hitler's Europe* (pp. 232). (1st ed.). : Gallaudet University Press.
- Scheuch, E. K. (2003). The structure of the German elites across regime changes. *Comparative Sociology*, 2(1), 91–133.
- Schlant, E. (1999). *The language of silence: West German literature and the holocaust*. New York: Routledge.
- Sheehan, J. J. (1976). Conflict and cohesion among German elites in the nineteenth century. In J. J. Sheehan (Ed.), *Imperial Germany* (pp. 62–92). New York and London: New Viewpoints.
- Shem, S. (1980). *The house of God*. New York: Dell Books.
- Shem, S. (1997). *Mount Misery*. New York: Ballantine Books.
- Spitz, V. (2005). *Doctors from Hell: The horrific account of Nazi experiments on humans*. Boulder: First Sentient Publications.
- Tyson, P. (2000). Holocaust of trial: The experiments. *NOVA Online* Retrieved from <http://www.pbs.org/wgbh/nova/holocaust/experiside.html> on August 7, 2011.
- Voigtlaender, N., & Voth, H. (2011). Persecution perpetuated: The medieval origins of anti-Semitic violence in Nazi Germany. *NBER Working Paper No. 17113*.
- Weiss, S. F. (1987). The race hygiene movement in Germany. *Osiris*, 3, 196.
- Weyers, W. (1998). *Death of medicine in Nazi Germany: Dermatology and dermatopathology under the swastika*. Philadelphia: Lippincott-Raven Publishers.