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# Nazi Medical Ethics

During the powerful upheaval of the intellectual and moral structure of the German *Volk* . . . the National Socialist revolution . . . there was also a fundamental rearrangement of the ideal conception of medicine. The overpowering individualism of the liberal age had also influenced the thinking of the physician and produced a purely individualistic professional conception of the physician and the entirety of medical science . . . with the inexorable . . . racial decline and stepped with continuously growing clarity towards the day of the death of the *Volk*. There was however no way for them to stop this catastrophe. . . .

A complete change first occurred when Adolf Hitler succeeded in snatching the German *Volk* back from the brink of decay . . . to show the way from the doctrine of the individual to that of becoming the physician to the nation. . . . Fulfilling these new duties presupposes that each individual physician must change his attitude, and that the entire medical community must undertake a moral-intellectual renewal.

—Rudolf Ramm, 1943<sup>1</sup>

The above prefatory quotation confirms John Stuart Mill’s observation that “all political revolutions not effected by foreign conquest originate in moral revolutions.”<sup>2</sup> Like other early proponents of National Socialism, Rudolf Ramm (1887–1945) viewed himself as leading a moral and political revolution to reverse the decay of the German *Volk* caused by “the overpowering individualism of the liberal age.”<sup>3</sup> What they were rejecting as “the liberal age” was Germany’s post–World War I Weimar period (1918–1933), during which a democratic republic survived a period of hyperinflation to prosper in a brief “golden era” from 1924 to 1929. The stock market crash of 1929 and the ensuing global depression and socio-economic collapse (1929–1932) led to a period of paramilitary clashes undermining Weimar’s legitimacy, eroding faith in democracy in Germany (and elsewhere) and paving the way for the 1933 electoral victory of the Nationalsozialistische Deutsche Arbeiterpartei (National Socialist German Workers Party, or NSDAP), a right-wing nationalist and socialist party commonly referred to in English as “the Nazi party.”

It was not unreasonable for the German electorate and its intellectuals, influencers, and powerbrokers to reject “liberal individualism.” National Socialism appealed to them because the dominant liberal democratic model had failed to provide political order or to offer the prospect of a socio-economic recovery. When a community comes to believe that its current forms of moral or political governance have failed to serve such basic functions as mediating conflict and facilitating cooperation, protests and insurgencies naturally erupt. Insurgencies alone, however, would be insufficient to culminate in a successful revolution without the support of an active dissident intelligentsia (actors, artists, journalists, philosophers, playwrights, religious figures, scientists, writers, etc.) supplying alternative justificatory concepts and principles that promise to resolve problems seeming unresolvable on the currently accepted morality or form of governance. Thus, leading German intellectuals, like Martin Heidegger (1889–1976), raised questions about what should be done if “the West breaks down and cracks at the seams, if that worn out make-believe culture collapses, expends all its greatness in confusion, and smothers in its lunacy?” To Heidegger and many other German intelligentsia, the National Socialist party seemed to provide an answer. Heidegger joined the Nazi party in 1933 and, in his role as rector of Freiberg University, proclaimed to his students that “the Führer himself [i.e., Adolf Hitler], and he alone, is the German reality of today.”<sup>4</sup>

### Nazi Medical Ethics

As a populist socialist party of the right, the National Socialists acted as if their electoral victory legitimized a revolutionary moral, social, and political transformation of German society, in much the same way that the French Revolution sanctioned the transformation of French society. In their view, this revolution involved a “breakthrough of a new attitude of mind” in which the formerly dominant liberalistic-materialistic attitude would be replaced by the National Socialist philosophical *weltanschauung* (world-view) that embraced top-down governance based on the *Führerprinzip* (the “leadership principle”: one people, one government, *one leader*) dedicated to promoting the interests of the German *Volk* (i.e., the German race), defined as a people sharing common cultural, genetic, geographical, and linguistic heritage, sometimes referred to as common “blood and soil.” These ideals fused with two older conceptions of medicine, Rudolf Virchow’s (1821–1902) concept of medicine as a social endeavor (social medicine) and a race-based eugenicist conception of preventive medicine extended

to include a race's future gene pool, *Rassenhygiene* (racial hygiene).<sup>5</sup> In effect, this new *weltanschauung* replaced Moll's *Salus aegroti suprema lex* ("the health of the patient is the supreme law") with something closer to Cicero's original, *Salus populi suprema lex esto*, "the welfare of the people (*Volk*) shall be the supreme law."<sup>6</sup> Or, as Ramm's textbook on National Socialist medical ethics puts this point, "Even though the ultimate responsibility goes to the healing of patients and the perpetuation of life," the new *weltanschauung* requires "an essential expansion" in physicians' duties "through coming to grips with biological thinking in the National Socialist state," in which the physician's role is to promote the health of the *Volkskörper*, literally the "body politic," conceived as a single organic entity.<sup>7</sup>

Before discussing Ramm's textbook in greater detail, it is important to clarify what is meant by the words "moral" and "ethics" in this book. As I use it, the word "moral" designates standards that members of a community internalize and use to appraise the actions and character of fellow community members and themselves as praiseworthy or blameworthy. The word "ethics" characterizes justifications or critiques of these moral standards—that is, explanations of why some character traits or actions are deemed morally virtuous or praiseworthy, while others are deemed moral vices or morally blameworthy. Communities create moralities for the functional purpose of facilitating cooperation and mediating or preventing conflict. A community's intelligentsia (philosophers, priests, theologians), in turn, develop ethics standards and codes of ethics to justify and explain or critique a community's morality or to defend it against criticisms.<sup>8</sup>

These terms are descriptive. Thus, when I describe and analyze the phenomenon of "Nazi medical ethics," this expression should not be dismissed as not an oxymoron. The Nazis clearly recognized medical ethics and offered ethical justifications of why it is praiseworthy and virtuous for medical practitioners to prevent, mitigate, and cure disease and disability of the *Volkskörper*. What is distinctive about Ramm and other Nazi ethicists is that unlike most commentators on medical ethics, they applied their medical ideals to the German people conceived as one organic entity, the *Volkskörper*, prioritizing its health, and that of its future gene pool, over the health of the present generation and individuals in it. It is important to recognize, describe, and analyze Nazi medical ethics for the same reason that pathologists should study deceased patients, their organs, and tissues: to understand, prevent, and remedy pathological processes. Similarly, historians of immorality need to study moral pathologies to correct misdiagnoses and use the information to recognize and, if possible, prevent its

recurrence. As a historian of Nazi medical ethics, Robert Proctor observed it is a misdiagnosis, an error, to believe that

the Nazis abandoned ethics . . . that Nazi doctors' overzealous scientific curiosity led them to abandon all moral sense in the pursuit of medical knowledge. The image is of the unfettered quest for knowledge, a kind of scientific zealotry reminiscent of the Faustian bargain, of science practiced without limits or of an overly aggressive search for the truth. The problem with this view is that there were in fact ethical standards at this time. Medical students took courses on medical ethics, and medical textbooks from the time treated medical ethics. There are discussions in German journals of the obligations of physicians to society, to the state, and sometimes even to the individual. Nazi medical philosophers were critical of the ideal of "neutral" or value-free science, which was often equated with apathetic ivory-tower liberal-Jewish "science for its own sake." Science was supposed to serve the German *Volk*, the healthy and productive white races of Europe. We have to distinguish between no ethics and a lot of bad ethics, between chaos and evil. Surprisingly, there never has been a systematic study of medical ethics under the Nazis.<sup>9</sup>

This chapter does not offer the systematic study of Nazi medical ethics that Proctor envisioned. That would involve, among other things, a detailed study of the Nazis' takeover of the world's first medical ethics journal, *Ethik* (1922–1938).<sup>10</sup> Instead, it focuses on a neologism that Alfred Ploetz (1860–1940) added to the German medical lexicon in 1895, *Rassenhygiene*:<sup>11</sup> a form of social medicine that blends a social Darwinist conception of racial conflict with Mendelian and eugenicist ideas. In the first decades of the twentieth century, *Rassenhygiene* gained widespread acceptance in German medical, scientific, and intellectual circles. Facilitating its spread was the rediscovery of Mendelian genetics in 1900, which supported the conception of race as "hard genetics" (i.e., as a genetic trait not susceptible to environmental or cultural influences). As Proctor points out, "Most of the 20-odd university institutes for racial hygiene [*Rassenhygiene*] were established at German universities before the Nazi rise to power, and by 1932 racial hygiene had become an orthodox fixture in the German medical community . . . [moreover] most of the 15-odd journals of racial hygiene . . . were established long before the rise of National Socialism. . . . Racial hygienists were convinced that many human behaviors were at the root genetic—crime, alcoholism, wanderlust, even divorce."<sup>12</sup> Initially, Proctor remarks, the *Rassenhygiene* movement "was primarily nationalistic and autocratic rather than anti-Semitic or Nordic Supremacist. Eugenicists worried more about the indiscriminate use of birth control among 'the fit,' and the provision of inexpensive medical care (to the unfit). . . . In fact, for Alfred Ploetz, Jews were to be classed along with Nordics as one of the superior

‘cultured’ races of the world.”<sup>13</sup> By the 1920s, however, the National Socialists had appropriated the concept of *Rassenhygiene* and were beginning to call their movement “applied biology”: a moral-political movement based on racial interpretation of social Darwinist survival-of-the-fittest biology dedicated to restoring the health and vigor of a racially purified German *Volkskörper*, a social organism composed of multigenerational people serving as the cells that kept the vital organs of this body politic functional.

Another concept that the National Socialists appropriated was “*euthanasia*.” At the onset of the seventeenth century, English philosopher Francis Bacon (1561–1626) resurrected the word “euthanasia” from ancient texts and characterized “Outward Euthanasia” as a form of medically assisted dying in which physicians use their “skill . . . whereby the dying may pass more easily and quietly out of life . . . the easy dying of the body [in contrast to] Inward Euthanasia, which regards the preparation of the soul.”<sup>14</sup> By the eighteenth century, Bacon’s palliative conception of medical care for terminal patients had become a standard medical usage. The 1708 edition of Blanchard’s *The Physical Dictionary* defined “euthanasia” as “a soft and easy Passage out of the World without Convulsions or Pain.” This ideal of palliative end-of-life care was also disseminated in the works of influential British physician-ethicists like John Gregory (1724–1773) and Thomas Percival (1740–1804) and, later in the nineteenth century, by William Munk (1816–1898). The idea of using opiates to induce palliative care of the dying crossed over into Germany in the writings of the eminent physician Christof Wilhelm Hufeland (1816–1898), who argued that physicians’ duties of prolonging life should never override their duty to relieve the suffering of terminal patients by administering opiates. Mercy killing, however, was a step too far. Hufeland believed that it “annihilates the vocation of the physician [who] is bound in duty to do nothing but what tends to save life, whether existence be fortunate or unfortunate, whether life be valuable or not, is not for the physician to decide. If he once permits such considerations to influence his actions, the consequences cannot be estimated, and he becomes the most dangerous person in the community. For if he once trespasses his line of duty and thinks himself entitled to decide on the necessity of an individual’s life, he may by gradual progressions apply the measure to other cases.”<sup>15</sup>

The Hufeland–Munk conception of euthanasia as palliative care for the dying that stopped short of mercy killing dominated the English-language and German-language medical literature until the 1870s.<sup>16</sup> In 1870, however, definitional discord disrupted the purely palliative conception of “euthanasia.” The disrupter, an English schoolteacher, Samuel D. Williams Jr., gave a lecture on “euthanasia” in which he recommended “that

in all cases of painful and hopelessness it should be the recognized duty of the medical attendant, whenever so desired by the patient, to administer chloroform . . . so as to destroy consciousness at once and put the sufferer to a quick and painless death; all needful precautions being adopted to prevent any possible abuse of such duty.”<sup>17</sup> Williams’s essay was soon reprinted as a small book, and within three years, medical journals were filled with denunciations of “euthanasia” as mercy killing. Scandal eclipsing tradition, in a linguistic counterpart to Gresham’s law, the deviant mercy-killing usage became so common that it displaced the original palliative-care-for-the-dying usage in the Anglo-American medical lexicon.

Consequently, in 1895, when Austrian philosopher-psychologist Adolf Jost (1874–1908) imported “euthanasia” into German medical lexicon as “*euthanasie*,” in his book, *Das Recht auf den Tod* (*The Right to Death*), the word meant “mercy killing.” Jost, whose father suicided when he found life offered him no happiness, and who suffered from bouts of mental illness himself, argued that since “there really are cases, in which, mathematically considered, the value of a human life is negative” to offer relief in such cases, the state ought to have a right to kill these people because of the burden they place on others as well as on themselves. The state has this right, Jost argued, because it is analogous to the state’s right to conscript citizens into the military where they also face death to protect others.<sup>18</sup>

In the aftermath of World War I, law professor Karl Binding (1841–1920) and liberal psychiatrist Alfred Hoche (1865–1943) coauthored an influential 1920 treatise, *Die Freigabe der Vernichtung lebensunwerten Lebens* (*The Release and Destruction of Lives Unworthy of Being Lived*).<sup>19</sup> Employing Jost’s concept of lives of negative value or, as they characterize them, *lebensunwerten Lebens* (lives unworthy of being lived, or lives unworthy of life), they reiterated Jost’s claim that the state has a right to kill those whose lives were of negative value. Jost may have been influenced by German philosopher Friedrich Nietzsche’s (1844–1900) characterization of the “the sick man as a parasite on society. In certain cases, it is indecent to go on living. To continue to vegetate in a state of cowardly dependence upon doctors and special treatments, once the meaning of life, the right to life, has been lost, ought to be regarded with the greatest contempt by society. . . . A new responsibility should be created, that of the doctor—the responsibility of ruthlessly suppressing and eliminating degenerate life.”<sup>20</sup> The National Socialists fused these concepts and lines of argument into a more or less coherent philosophy of applied biology in which, as a matter of *Rassenhygiene*, it was morally permissible to employ

sterilization or *euthanasie* to purge the germ pool of the German *Volk* of *lebensunwerten Lebens*.

To implement these ideals, the Nazis had to reject traditional professional and entrepreneurial conceptions of medical occupations. These, in their view, had bankrupted German physicians financially, intellectually, and morally,<sup>21</sup> leading to a decline in the physical, genetic, and demographic viability of the German *Volkskörper*, “to the point of a serious biological crisis. [Had not the National Socialists taken charge] at the end of this process there would ultimately have been a drop off in the number of *Volk*, collapse of the race and finally the death of the *Volk*.”<sup>22</sup> The new National Socialist *weltanschauung* promised “a complete psychological change of mind in the German *Volk*, leading to a reawakening, hardening, and a strengthening of their will to live.”<sup>23</sup> This new scientifically advanced application of biology, *Rassenhygiene*, would support the German *Volk* by improving social conditions conducive to public health, rather than by prioritizing individual treatment of the sick or the dysgenic dispensation of medical care to the physically or psychologically disabled. Moreover, since the unfit and racially or sexually different threatened to pollute the purity of the *Volk*’s gene pool, they should be treated as “parasites on society”<sup>24</sup> and, like other parasites, quarantined, isolated, or eliminated to facilitate the future health of the gene pool of the German *Volkskörper*.<sup>25</sup>

The lines quoted or summarized in the previous paragraph are from Rudolf Ramm’s official National Socialist textbook on governmental health care regulations and Nazi medical ethics. Ramm (1887–1945) was a physician who served in the German medical corps during World War I and who later joined the NSDAP in 1930, a date that is noteworthy because he joined before the National Socialists became the governing party. He then served as a physician to the Nazi’s paramilitary “protection squad,” the notorious Schutzstaffel (SS). After 1933, Ramm would have sworn the SS oath: “I swear to you, Adolf Hitler—as the Führer and Chancellor of the Reich—loyalty and bravery. I pledge to you and to my superiors, appointed by you, obedience unto death, so help me God.”<sup>26</sup> Ramm’s textbook, *Ärztliche Rechts - und Standeskunde Der Artz als Gesundheitserzieher (Physicians’ Duties and the Rules of the Medical Profession*, hereafter referred to as *Rules of the Profession*), was first published in 1942; a second edition followed immediately thereafter in 1943. The book was at once a National Socialist revolutionary manifesto, a comprehensive presentation of the National Socialist’s biomedical *weltanschauung*, and a summary of the governmental regulations affecting health care practitioners in the newly nationalized



health care system that converted medical practitioners from self-regulating professionals into (de-professionalized) government employees.

Ramm's book immediately became a required textbook for all German medical students and for postgraduates seeking advanced credentials or degrees. Thus, the book's section on medical ethics became an authoritative primary source for anyone seeking to analyze the National Socialist's revolutionary conception of biomedical ethics; some scholars deem it "the most important known historical source pertaining to the instruction of Nazi medical ethics."<sup>27</sup> Textbooks are often derided as mere pedagogical instruments. Ignoring such academic snobbery, the philosopher of science and historian of scientific revolutions Thomas Kuhn (1922–1996) observed that since a textbook's function is to introduce students to whatever the current generation deems important, they also reflect a profession's understanding of its past. Consequently, textbooks ignore those parts of the past its authors' regard as irrelevant, relating only those elements believed to validate the field's current beliefs and practices. To accomplish this, Kuhn observes,

Textbooks . . . begin by truncating [the reader's] sense of [a] discipline's history and then proceed to supply a substitute for what they have eliminated. Characteristically textbooks . . . contain just a bit of history, either in an introductory chapter, or more often, in scattered references to the great heroes of an earlier age. From such references students and professionals come to feel like participants in a long-standing historical tradition. Yet the textbook-derived tradition from which [readers] come to sense their participation is one that, in fact, never existed. . . . Partly by selection and partly by distortion . . . earlier ages are implicitly represented as having worked on the same set of fixed problems and in accordance with the same set of fixed canons that the most recent revolution . . . has made seem [relevant].<sup>28</sup>

Ramm's *Rules of the Medical Profession* offers precisely this sort of truncated selective history of medicine and medical ethics: that is, a history designed to valorize National Socialist medical ethics. Thus, Ramm deems both Hippocratic medicine and the Hippocratic Oath forms of Aryan medicine<sup>29</sup> precursors to the medical ethics of *Rassenhygiene*.<sup>30</sup> Ramm's textbook also transubstantiates famous German physician Rudolf Virchow (1821–1902),<sup>31</sup> who urged physicians to be advocates for social reforms benefiting the health of the poor, into a National Socialist hero because Virchow also proclaimed, "Medicine is a social science and politics is nothing else but medicine on a large scale."<sup>32</sup> Appropriating and reinterpreting the past, Ramm cites the reformation of medical practice in the context of the French Revolution as precedent for the NSDAP's transformation of the German medical profession from relatively autonomous professional



organizations into state-run public services directed by the NSDAP.<sup>33</sup> This transformation, he claims, will provide physicians with a more stable source of income, even as it offers the NSDAP control over medical practitioners and their organizations.<sup>34</sup>

Ramm lays out in detail the implications of the National Socialists' view that the medical professions should serve as guardians of the health of the *Volkskörper*. Thus, although physicians have the "responsibility for the healing of patients and the perpetuation of life," given "an essential expansion . . . with [the] biological thinking in the National Socialist state,"<sup>35</sup> they will also be responsible for promoting healthy eating (of whole grain breads, for example), for discouraging the use of tobacco (as carcinogenic),<sup>36</sup> and for obeying "law[s] for the reestablishment of German blood . . . for Prevention of Genetically Ill Offspring . . . for the Defense of the Genetic Health of the German *Volk* . . . which prohibits for all time a further mixing of pure-blooded German people with the Jewish and lower races. *The Sterilization Law* preclude[s] . . . genetically ill and morally inferior people from transmitting their genes."<sup>37</sup> Consequently, health care practitioners were required to report children and adults with disabilities to hereditary courts. (These courts would refer children and, later, adults with disabilities to specialized institutions, such as Hadamar Psychiatric Hospital, where they would be covertly killed.<sup>38</sup>) During this period, even famous physicians, like Johann Asperger (1906–1980), discoverer of the eponymous "Asperger's syndrome," reported children with disabilities to the authorities.<sup>39</sup>

*Rules of the Medical Profession* was not one of those textbooks whose dicta are dutifully memorized but forgotten after exams have been passed or a certificate or diploma conferred. It is a comprehensive, coherent, but succinct explanation and justification of medical ethics in National Socialist Germany. Thus, when reporters pressed Dr. Karl Brandt (1904–1948) to justify his actions as director of the Aktion T4 program for killing children with disabilities, he responded with a statement that could have been taken directly from the pages of *Rules of the Medical Profession*. "We German physicians look upon the state as an individual to whom we owe prime obedience. We therefore do not hesitate to destroy an aggregate of, for instance, a trillion cells in the form of a number of individual human beings if we believe they are harmful to the total organism—the state."<sup>40</sup> Brandt's explanation was not idiosyncratic. When psychiatrist Robert J. Lifton interviewed physicians who had staffed concentration camps (like Auschwitz and Dachau), he too found that they expressed no signs of remorse because they accepted "the principle of 'racial hygiene' [*Rassenhygiene*, and were] working toward a noble vision of the organic renewal of a vast 'German

biotic community' [*Volkskörper*] . . . with a positive mission involving the principle of 'the necessity to sweep clean the world' . . . in the words of their leader, Adolf Hitler, 'to see to it that the blood is preserved pure and by preserving the best of humanity, to create the possibility of a nobler development.'<sup>41</sup>

Moral innovation often hinges on pivotal concepts—in this case, *Rassenhygiene* and *Volkskörper*—that support a reinterpretation of established moral norms. Thus, many of the duties Ramm describes are like the well-established norms found in conventional statements of 1940s Western medical ethics. Physicians, for example, are held to have a duty to respond to the medical needs of the poor and rich equally, to preserve medical confidentiality, and to perform abortions “only if there is a danger to the life of the pregnant woman.”<sup>42</sup> What transforms these otherwise standard views of 1940s Western medical ethics into Nazi medical ethics is the commitment to *Rassenhygiene* and *Volkskörper*, concepts that expand the scope of physicians' responsibilities to include as yet unconceived future generations of the German *Volk*. Thus, for Ramm, the wrongfulness of aborting a German fetus is not an assertion of the value of unborn life; it is a condemnation of an assault on the *Volk*'s gene pool. Ramm emphasizes this point using italics, “*Whoever weakens the Volk community through abortion of a fetus is to be placed on the same plane as a traitor to the country and Volk.*”<sup>43</sup> To reiterate for clarity and emphasis, whereas (except in Soviet Russia, which legalized abortion in 1920)<sup>44</sup> conventional Western medical ethical pronouncements on the wrongfulness of abortion in the 1940s emphasize a commitment to preserve fetal life from the moment of conception, Ramm emphasizes that abortion is an assault on the *Volk*'s gene pool. A similar line of reasoning leads to an absolute prohibition against practicing euthanasia on any member of the *Volk*.<sup>45</sup> Infamously, everything is different with respect to non-*Volk* who are perceived as contaminating the *Volk*'s gene pool.

Like Brandt, Ramm underscores the idea that *Rassenhygiene* justifies eugenic prohibitions for the prevention of genetically ill offspring and requires defending the genetic health and purity of the *Volk*'s germline.<sup>46</sup> Neither saw themselves as rogue physicians or unethical sadists; instead, they envisioned themselves as agents of a new and superior morality. Brandt's moral idealism was evident from his youthful efforts to work with Albert Schweitzer's medical mission in Africa—which were ultimately prevented by bureaucratic obstacles.<sup>47</sup> Brandt had also studied with liberal psychiatrist Alfred Hoche, coauthor of *The Release and Destruction of Lives Unworthy of Being Lived*. Brandt's biographer, Ulf Schmidt, writes that “Hoche—and

later Brandt—applied British sociologist Herbert Spencer’s (1820–1903) concept of the social organism to the mentally ill.” They “saw the state as an organic entity in which the mentally ill were parts of the ‘body politic’ (*Volkskörper*) that had been damaged, useless, or harmful and needed to be removed . . . [and this] . . . provided the intellectual and moral basis from which Brandt would later argue his case after Hitler asked him to implement [Aktion T4] and also during the Nazi Doctor’s Trial.”<sup>48</sup>

Brandt was not the only German physician to unapologetically proclaim the superiority of Nazi medical ethics. Lack of remorse was so widespread among German health care professionals in the immediate postwar era that when the World Medical Association (WMA) made legitimization of the German medical profession contingent on a statement of apology and contrition, the organization representing (West) German physicians, the *Arbeitsgemeinschaft Westdeutscher Artzkekammern* (AWA), refused to apologize or act contrite. The WMA was “astonish[ed] . . . that no sign whatever had come from Germany [i.e., from the AWA] that the doctors were ashamed of their share of the crimes, or even that they were fully aware of the enormity of their conduct.”<sup>49</sup> Eventually, the AWA apologized, but it did so under duress.<sup>50,51</sup>

Many German physicians complicit in the Holocaust or who used concentration camp inmates as “human material” for their experiments subscribed to National Socialist medical ethics not despite morality but because they were committed to living a moral life: to them, the Aktion T4, mass sterilization and genocide, and other aspects of the Holocaust were morally permissible. As Schmidt puts this point, “In the worldview of Brandt and other Nazi physicians . . . they genuinely believed that their actions could be justified on the basis of what they perceived as their noble motivation. . . . As [Brandt] later defended his actions at Nuremberg [he] never felt that it was not ethical or was not moral.”<sup>52</sup> In contrast, when a Turkish physician was asked whether he had violated his medical calling by participating in the genocide of Armenians (1914–1923, 1.5 million killed), he replied, “My Turkishness prevailed over my medical calling.”<sup>53</sup> The physician then analogized his genocidal acts to preventing the spread of pathogens. “Armenian traitors had found a niche for themselves in the bosom of the fatherland: they were dangerous microbes. Isn’t it the duty of a doctor to destroy these microbes? . . . I shut my eyes and surged forth without reservation.”<sup>54</sup>

The Turkish physician’s need to “shut his eyes” indicated that his remarks about pathogens were metaphorical; they were not part of his *weltanschauung*. The Nazi’s conception of the German race as an organism, the

*Volkskörper*, transubstantiated the Turkish doctor's metaphor into a literal "truth" in their way of thinking. This "truth" reconciled physicians' medical ethics with the use of deviant human material for experiments and permitted Aktion T4 and other medical eliminations of deformed, homosexual, Jewish, and Roma contaminants to the *Volkskörper* organism. Brandt and Ramm and a generation of German physicians conceived the German people as a *Volkskörper* and so they acted on the ethics of *Rassenhygiene* with a clear conscience. In doing so, they created what Baxter would have denounced as a *true scandal*, one "which tempteth [people] into sin . . . and maketh [them] stumble, or occasioneth them to think of evil [as good]." As explained in the next chapter, reacting to that true scandal in which evil masqueraded as a good, Anglo-American and European military veterans attempted to prevent any recrudescence of this perversion of evil as a good by creating the foundational documents of modern medical ethics.

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# **Making Modern Medical Ethics**

**How African Americans, Anti-Nazis, Bureaucrats,  
Feminists, Veterans, and Whistleblowing  
Moralists Created Bioethics**

**By: Robert Baker**

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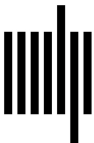
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