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The Declaration of Geneva: Old Things Become New

Old things are passed away; behold, all things are become new.
—King James translation of *The Holy Bible* 2, Corinthians 5:17

While awaiting the signal to commence Operation Overlord, the invasion of Nazi-occupied continental Europe, an international assemblage of physicians used the headquarters of the British Medical Association (BMA, founded 1832) as their home base.¹ After Germany surrendered on May 7–9, 1945, one of them, a British physician, John Pridham (1891–1965), a World War I veteran who had lost an eye during that conflict, initiated an effort to transform the informal multinational fellowship of physicians who served in Operation Overlord into an international medical society to be called the “World Medical Association” (WMA, founded 1947). As he and his colleagues initially conceived it, the WMA would coordinate efforts to provide medical assistance to war-ravaged continental Europe. However, after vague mentions of atrocities were replaced by news reports of medical war crimes, mass murder, and unethical experiments, Pridham and his colleagues took up a secondary goal: restoring “the honor of medicine.”

To quote Pridham, medicine had been stained by “the failure of German doctors to attempt to combat the Nazi ideology which led to both professional and national debasement, and their own profession becoming disintegrated.”² Consequently,

At the WMA’s first official meeting the question of the censure of medical men who had been [implicated] in war crimes was raised. This was the first occasion when doctors from the enemy occupied countries had met representatives of the free countries. Much evidence was offered of crimes against humanity committed by medical men which shocked the whole profession. The fact that such horrors could be perpetrated by doctors underlined the need for the formation of a world medical authority and it was proposed that a full statement on the subject be drawn up. . . . The statement was accepted at the First General Assembly of the WMA in the following year . . . and in the course of time a modern version

of the Hippocratic oath named, at the suggestion of Dr. Pridham, “The Declaration of Geneva.”³

This succinct account neglects to mention the Nuremberg Medical Trials (*US v. Karl Brandt, et al.*) by name, although a summary of the tribunal’s findings had been published in the *World Medical Association Bulletin* (1949–1953). That summary concludes that

it is clear that certain doctors carried out their inhumane experiments both for the furtherance of the war and for research in disease. In the course of the experiments and in their application of the findings, they deliberately killed persons politically undesirable to the régime in power. They misused their medical knowledge and prostituted scientific research. They ignored the sanctity and importance of human life, exploiting human beings both as individuals and in mass. They betrayed the trust society had placed in them as a profession. The doctors who took part in these deeds did not become criminals in a moment. Their amoral methods were the result of training and conditioning to regard science as an instrument in the hands of the State to be applied in any way desired by its rulers. It is to be assumed that initially they did not realize that the ideas of those who hold political power would lead to the denial of fundamental values on which Medicine is based. Thus, the care of the individual patient ceased to be the doctor’s primary aim and the humanitarian purpose of medical science was subordinated to the needs of war.⁴

In disseminating the findings of the Nuremberg Doctors Trial, this summary propagates a misleading narrative that implies that since only “certain doctors” allowed themselves to become “an instrument in the hands of the [Nazi] state,” only those doctors “betrayed the trust that society had placed in them as a profession.” An unstated implication is that since only “certain doctors” allowed themselves to be seduced by a rouge state, the rest of the German medical profession was redeemable. So, by indicting a dozen or so “Nazi” doctors, and by focusing on medical experiments, rather than the more widespread medical complicity in the Holocaust, the Nuremberg narrative, as faithfully conveyed in the WMA’s *Bulletin*, facilitated the rehabilitation of the German medical profession, since West German physicians not complicit with the Nazis could be readmitted into the international fellowship of physicians and serve the medical needs of the public in now-defeated postwar Germany—provided that they made a formal apology and reasserted their loyalty to traditional ideal of *Salus aegroti suprema lex*.

To this end, the WMA made recognition of the West German medical profession (represented at that time by the *Arbeitsgemeinschaft Westdeutscher Artzekkammern* [AWA], the Medical Chamber of the West German Working Group) contingent on the AWA’s acknowledgment of “the participation of *certain* German medical doctors, in numerous acts of cruelty and

oppression, and in the organization and perpetration of numerous acts of brutal experimentation on human beings without their consent.” A further requirement was West German physicians admission that “by not denouncing those physicians whose acts and experiments . . . have resulted in the deaths of millions of human beings, the German medical profession has violated the ethical tradition of Medicine, has debased the honor of the medical profession, and has prostituted medical science in the name of war and political hatred.”⁵ If only the West German physicians admitted this and “promis[ed] . . . future good behavior,”⁶ they could be accepted as members of the WMA.

Yet, to the WMA’s leadership’s “astonish[ment], . . . no sign whatever had come from Germany that the doctors were ashamed of their share of the crimes, or even that they were fully aware of the enormity of their conduct.”⁷ Independently, Andrew Ivy reported to the AMA that “at present, there isn’t any information showing that the organized medical profession in Germany protested or that it plans to condemn medical crimes. The Church appears to be the only medical group which protested, and their protests pertained specifically to the killings at Hadamar Asylum.” Ivy also noted that organized medicine’s silence could not have been for lack of knowledge because Heinrich Himmler (1900–1945), director (*Reichsführer*) of the SS (*Schutzstaffel*), complained that “in . . . ‘Christian Medical Circles,’ . . . a young German aviator should be allowed to risk his life, but the life of a criminal . . . is too sacred and one should not stain oneself with this guilt . . . they were strongly opposed to Dr. Rascher and his experiments.” Ivy’s point was that since this was common knowledge in German Christian medical circles, the rest of the German medical community must also have been aware of Rascher’s experiments; thus, its silence was tantamount to complicity.⁸

After the Nuremberg Doctors Trial ended, the AWA grudgingly accepted the role of penitent scripted for them by the WMA. On October 18, 1948, the AWA passed a resolution accepting the findings of the Nuremberg court and distributed copies of its findings to West German physicians. The resolution also accepted the narrative that “compared to the number of doctors working in Germany only a very small number of members of the medical profession shared in these crimes.”⁹ The German medical profession now claimed to be “aghast to learn of the actions which were the basis of the trial,” and they “deeply regret that men of their own rank committed such horrifying crimes.” They “mourn for the victims sacrificed by a despotic régime which availed itself of science as one of its instruments and was assisted in so doing by doctors.”¹⁰ They also claimed that “the German

medical profession . . . [is] aware of the wider dangers which are engendered in *the errors of a few*" (italics added) and thus the need to "formulate basic principles for the present and the future."¹¹

The AWA also proposed a new foundation for German research ethics. It argued that since the research process had been corrupted by "the private interests of medical scholars . . . where new investigative methods are being tried . . . experiments [should be] submitted to a body of experts for their consent." If the experiment is approved, this committee of experts "should also explain the significance of these experiments to the public before they were tried on human beings."¹² Thus, in the view of the AWA, peer review by fellow medical experts, accompanied by a public statement of the rationale for planned experiments, would suffice to prevent unethical experimentation. More insightfully, considering the National Socialists' drive to de-professionalize health care delivery, the AWA also insisted that professional independence from governmental regulation was "fundamental to preserve the individuality and independent responsibility of doctors in medical activities. Society must guarantee the doctor sovereignty in his own field. In giving medical care, a doctor should not be subjected to any orders or directives from government but should live up to his knowledge of science and professional standards of good conduct."¹³

In effect, the lesson that the AWA claimed to have learned was that past abuse of human research subjects would be curtailed through professional self-regulation if medical peers were given the power to review and approve proposed research on humans and then explain the value of the research to the public. Although transparency might inhibit some unethical conduct, the more fundamental issue, well illustrated by Moll's reports on unethical medical experiments, is that although physicians may profess Hippocratic loyalty to patients' health and welfare, as well as mouth slogans like *Salus aegroti suprema lex*, their loyalties to institutions, to grants conferring organizations, to scientific advance, or to a national or racial interest (as in *Rassenhygiene*) may combine with self-serving interests in career advancement and professional status to blind researchers and fellow professionals to morally problematic experiments they proudly and willingly publicize.

One of the primary functions of any code of ethics, and thus for any code addressing morally permissible research on human subjects, is to recognize conflicting interests and loyalties and to set priorities. The first line in Percival's *Medical Ethics*, for example, makes it clear to hospital physicians and surgeons that in the hospital, their conduct should "reflect that the ease, health, and lives of those committed to their charge depend on their

skill, attention, and fidelity.”¹⁴ That is, when in the hospital, their priority is to attend to the patients in their charge faithfully, attentively, and skillfully. The AMA restates this obligation in its 1847 Code of Ethics. Perhaps because professional codes of ethics had not played a significant role in Germany, nothing comparable is in the AWA proposals.¹⁵ More significantly, the AWA made no mention of subjects’ informed consent, or to the 1931 guidelines or its 1900 Prussian precursor, or to the 1947 Nuremberg principles for morally permissible research on humans. Yet, without guidance from formal codes of ethics or regulatory standards, peer review readily degrades into a form of club regulation in which morally blind members validate the morally compromised research of their peers as “ethical.”

Diplomatically, the WMA deemed the proposal a “preliminary statement” and entered serious negotiations with the AWA. Explaining that “research in Medicine as well as in its practice must never be separated from eternal moral values . . . [the WMA insisted that German physicians must reject] policies that degrade or deny fundamental human rights.” Furthermore, they stressed that “medical knowledge and progress, unless governed by humanitarian motives, may become the instruments of wanton destruction.”¹⁶ Nonetheless, mindful of the fact that in 1948, Europe lay in ruins as the Soviet Army inched westward, the WMA found it prudent to accept the membership of West German physicians, because “present political and social conditions may imply the return of dangers similar to those of the Nazi régime.”¹⁷ After the West German physicians were admitted into the WMA, by parity of reasoning, in May 1951, the WMA also admitted a Japanese physicians’ organization.¹⁸

Yet the WMA still insisted that the AWA publicly commit itself to some statement of the “fundamental values of medicine.” As is evident from Ramm’s textbook, German medical practitioners held the Hippocratic tradition in such high regard that Ramm tried to fashion a Hippocratic heritage for *Rassenhygiene*. Thus, one statement of the fundamental values of medicine that all parties could readily agree on was some form of the Hippocratic Oath. As it happened, Moll had invoked the Oath in condemning *euthanasie*,¹⁹ and his invocation inspired Freiberg pathologist Franz Büchner (1895–1991) to do something similar in a public lecture on the Oath. In this November 1941 lecture, Büchner (echoing Hufeland) declared, “Life, is the only master the physician must serve. From the medical viewpoint death is the great opponent of life, and of the physician. If the physician would be expected to carry out the killing of the incurably ill, however, this would mean forcing him to make a pact with death. But if he

makes a pact with death, he stops being a physician.”²⁰ Büchner’s lecture was one of the rare occasions on which a German physician publicly challenged Nazi medical ethics during the Nazi era.²¹

After the war, Büchner’s singularly courageous act suggested that the Oath could serve as a talisman of medical morality. Apparently mindful of this, the lead prosecutor at the Nuremberg Medical Trial, Brigadier General Telford Taylor (1908–1998), invoked the Oath in his opening statement. This is “no mere murder trial,” he proclaimed, “because the defendants were physicians who had sworn to ‘do no harm’ and to ‘abide by the Hippocratic Oath.’”²² In point of fact, none of the German physicians on trial had sworn the Hippocratic Oath.²³ The last vestiges of Hippocratic Oath swearing had faded into obsolescence throughout Europe in the interwar period, during which communist and fascist regimes filled the vacated ceremonial space with pledges of allegiance to a leader, a party, a social class, a people, or a race.

Undaunted by such inconvenient facts, Nazi physicians’ violations of their Oath became a “recurring theme” at the Nuremberg Doctors Trial. Prosecution witnesses repeatedly discussed “the relevance of Hippocratic ethics to human experimentation and whether Hippocratic moral ideals could be an exclusive guide to the ethics of research [on] human subjects.”²⁴ Three prosecution witnesses cited the Oath as a universally recognized statement of the ethics of research on human subjects: Leo Alexander, Andrew Ivy, and a German psychiatrist and medical historian, Werner Leibbrand (1896–1974). An outspoken critic of Nazi medical ethics, Leibbrand condemned the Nazis de-professionalization initiatives, which, in his view, debased medical professionals into mere “biological state officers” who treated their patients as if they were simply biological “objects.” These biomedical state employees, Leibbrand charged, neglected Hippocratic ethics, and embraced in its place an ideology that “lack[ed] morality and reverence for human life.”²⁵ He also claimed that if physicians adhered to the ethics of the Hippocratic Oath, no patient would be subject to potentially harmful experimental treatment. Leibbrand also “referred to Moll who had insisted that the morality of a physician is to hold back his natural research urge in order to maintain his basic medical attitude that is laid down in the Oath of Hippocrates and [prohibits experiments] which may result in doing harm to his patient.”²⁶ As historian Ulf Schmidt observes, “For Leibbrand human experimentation was only permissible if the person had given voluntary informed consent, was mentally capable of giving consent, and was not forced or in any way coerced. He categorically ruled out experiments on prisoners, infants, or the handicapped.”²⁷ Ivy concurred,

claiming that “every physician should be acquainted with the Hippocratic Oath, [which] represents the Golden Rule of the medical profession . . . throughout the world.”²⁸ Linking the Oath to the then nascent concept of human rights, Ivy contended that the Oath requires physicians to “have respect for life and the human rights of his experimental patient.”²⁹

Ceremonial invocations of the Hippocratic Oath in German medicine date to sixteenth-century Wittenberg,³⁰ but by the twentieth century, oath-swearing had gone out of fashion in Germany. Nonetheless, to a German medical profession seeking to rehabilitate itself in the eyes of the medical world, the reiterated invocation of the Oath to criticize the Nazi medical ethics overdetermined their decision to accept the Oath as a symbol of German medicine’s renewed commitment to traditional medical ethics. Necessity requiring the resurrection of a long-dead tradition, the AWA required that “every doctor taking his license” in West Germany swear a revised version of the Hippocratic Oath.³¹ In the words of scripture, “Old things are passed away; Behold, all things are become new”—and indeed, a long-abandoned oath became new again.

The 1948 Declaration of Geneva

The oath also became relevant to the WMA, but for a different reason.³² In their eyes, a revised and modernized version of the Oath could teach future generations of medical students “to honor the traditions of Medicine and to absorb its humanitarian purposes—the succor of the bodily and mental needs of the individual irrespective of class, race or creed; the cure of disease; the relief of suffering; the prolongation of human life; and the prevention of disease.”³³ Openly acknowledging that the tradition of oath swearing had “fallen into disuse in many countries,” the WMA promulgated its modernized version “to impress on newly-qualified doctors the fundamental ethics of medicine and to raise the general standard of medical conduct,” not only in West Germany but also in “every age and every country.”³⁴

The WMA understood the fundamentals of Hippocratic Oath to be: “The brotherhood of medical men; The motive of service for the good of patients; The duty of curing, the greatest crime being cooperation in the destruction of life by murder, suicide, or abortion; Purity of living and honorable dealing; Professional secrecy for the protection of patients; Dissemination of medical knowledge and discovery for the benefit of mankind.”³⁵ “In view of the recent war crimes and continued troubled state of the world,” the WMA promulgated an updated version of the Hippocratic Oath, now renamed “The Declaration of Geneva,” hoping that, if sworn

“by every newly qualified doctor [it] should have a beneficial effect. . . . afford[ing] a world-wide bond uniting [physicians] in a common service to humanity.”³⁶

In the 1940s, the ancient Hippocratic Oath was read in the German- and English-speaking cultural spheres as a strong prolife statement that was likely to have been written by Hippocrates himself.³⁷ This reading of the Oath, as Moll, Büchner, and Pridham would have understood it, is captured by a 1943 English translation by Ludwig Edelstein (1902–1965), a renowned Berlin- and Heidelberg-educated German classicist who found refuge at Johns Hopkins University in Baltimore after the National Socialists took power in Germany.³⁸

Edelstein’s Translation of the Hippocratic Oath

1943

I swear by Apollo Physician and Asclepius and Hygeia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy. In purity and holiness, I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.³⁹

To reiterate, Edelstein’s translation of the Oath, or some similar English translation,⁴⁰ represents the Oath as would have been understood in

1946–1948, when the WMA used it as the basis for a post-Holocaust oath that it published as an appendix to its International Code of Medical Ethics (ICME).⁴¹

The International Code of Medical Ethics (1949)

Jules Voncken (1887–1975), surgeon general of the Belgian Medical Corps, was one of the physicians searching for a practical method for implementing the Nuremberg Code. Shocked by the revelations at the Nuremberg Trial, he suggested drafting “*un Enseignement du Droit International Medical*,” that is, an international code of medical ethics that would, among other things, offer practical resolutions to issues of permissible research on human subjects. Acting on Voncken’s suggestion, a committee was formed to draft such a code, and in 1949, the WMA adopted an ICME: a list of doctors’ general duties posted side by side with their specific duties to the sick. According to this list, doctors were obligated to comply with “the highest standards of professional conduct,” to eschew the “profit motive” in professional conduct, to forego unauthorized forms of advertising, and were not to surrender their professional independence by joining a union or a group practice. Doctors should not engage in fee-splitting or in any act that would weaken a patient’s physical or mental resistance (except in that person’s own interest). They were also to use “great caution” in “divulging discoveries or new techniques or treatments.”

Listed side by side with these general admonitions was a correlative list of a doctor’s duties to *his* patients. Western medicine in the 1940s was a man’s world, and the choice of masculine pronouns reflects this fact. As stated in the ICME, a physician’s primary duty was to “preserve human life.” Thus, *he* must refer *his* patients to specialists “when an examination or treatment is beyond *his* capacity.” *He* must also offer “emergency care as a humanitarian duty.”⁴² The ICME also states that doctors should follow the Golden Rule by behaving toward “*his* colleagues as *he* would have them behave towards *him*” and so were “not [to] entice patients from *his* colleagues.” Yet, nothing in the ICME addresses Voncken’s original concerns about implementing a practical version of the Nuremberg Code. The ICME did, however, require physicians to “observe the principles of the Declaration of Geneva,” which was published in English, French, and Spanish in 1949. The ICME code has since that time had changes in format and revisions in content in 1968, 1983, 2006, and most recently in 2022. It remains the least frequently invoked or cited of the WMA’s three core ethical statements: the other two are its Declarations of Geneva and Helsinki.

The Declaration of Geneva

Declaration of Geneva

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1947–1949⁴³

- (i) AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:
- (ii) I SOLEMNLY PLEDGE myself to consecrate my life to the service of humanity.
- (iii) I WILL GIVE MY TEACHERS the respect and gratitude which is their due.
- (iv) I WILL PRACTICE my profession with conscience and dignity.
- (v) THE HEALTH OF MY PATIENT will be my first consideration.
- (vi) I WILL RESPECT the secrets that are confided in me.
- (vii) I WILL MAINTAIN by all means in my power, the honor and the noble traditions of the medical profession.
- (viii) MY COLLEAGUES will be my brothers.
- (ix) I WILL NOT PERMIT considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
- (x) I WILL MAINTAIN the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.
- (xi) I MAKE THESE PROMISES solemnly, freely, and upon my honor.
(This Declaration has been revised regularly since it was first issued.⁴⁴)

The *Declaration of Geneva* was an artifact of the WMA's intention to create a universally acceptable modernized version of the Hippocratic Oath, thereby instilling in future generations of physicians a fundamental commitment to the health of individual patients and thus preventing any future iteration of a medical ethics of *Rassenhygiene*, eugenic sterilization, *euthanasie*, or Aktion T4. To accomplish this, the text of the ancient oath was rescripted and updated to create a declaration that could be pledged by mid-twentieth-century medical men worldwide. Thus, the invocation of gods and goddesses in the ancient Greek oath was replaced by a secular commitment to "THE MEDICAL PROFESSION" (note the capital letters). Line (i) also transformed the oath's original function, which, as is clearly stated in Edelstein's translation, was to commit *entering* students or apprentices to serve as adoptive sons of the Hippocratic family. The Hippocratic's need to adopt nonfamily members as substitute sons has been explained in a *Commentary on the Oath* attributed to Galen, which states that "Hippocrates

decided to make instruction available to strangers owing to an insufficient number of family members willing to carry on the medical tradition . . . and [so he] drafted the oath to this effect.”⁴⁵ Thus, as one of Hippocrates’ contemporaries, the Greek philosopher Plato, remarked, “It was possible to study medicine with Hippocrates for a fee,”⁴⁶ but—and this part eludes many commentators—inductees also had to be willing to take on the roles once played by sons and nephews who had previously learned medicine by assisting their uncles and fathers in the family’s medical practice.

French classicist Jacques Jouanna (1935–) believes that Plato found Hippocrates’ decision to allow outsiders into a formerly family trade noteworthy because it constituted “a veritable revolution . . . in the transmission of medical knowledge,”⁴⁷ that is, a transition from trade secrets passed down from fathers and brothers to sons and cousins into a form of medical education available to anyone willing to pay a fee—provided they also accepted Hippocratic familial obligations as their own. In effect, the Hippocratics invented a familial version of the medical school–residency–apprentice model of medical education that included formal instruction as “precepts and oral instruction and all the other learning.”

As Edelstein’s translation makes clear, the oath was to be sworn and signed by students *commencing* their study of medicine, who had agreed to accept the role of adoptive sons to him “who has taught me this art” and to treat him “as equal to my parents . . . and to regard his offspring as equal to my brothers in male lineage and to teach them this art . . . to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.”⁴⁸ Any approximation to this line would be inappropriate in the Declaration because medical education was no longer a familial affair. Thus, line (iii) of the Declaration reads, “I WILL GIVE MY TEACHERS the respect and gratitude which is their due,” and line (viii) states that “MY COLLEAGUES will be my brothers”—a male chauvinist commitment that echoes the original familial construction of the male student/apprentice’s role.

There are no counterparts in the ancient oath to line (iv) of the Declaration, “I WILL PRACTICE my profession with conscience and dignity.” The concepts of “profession” would first be introduced by the Romans centuries later and would be redefined by Thomas Percival in the nineteenth century. Lines (iv) and (vii), “I WILL MAINTAIN by all means in my power, the honor and the noble traditions of the medical profession,” also have no counterparts in the ancient oath. The Hippocratics were inventing

formal medical education; they were creating new traditions even as they, somewhat ironically, sought to preserve the Hippocratic familial medical tradition by inducting strangers into their family.

Line (v), “THE HEALTH OF MY PATIENT will be my first consideration,” expressly and clearly rejects, in capital letters, any prioritization of the health of a race above care for individual patients. It also preserves the prime moral directive of the ancient oath, that the student/apprentice (and eventually full-fledged Hippocratic physician) is morally obligated to use therapeutic measures “for the benefit of the sick according to [his] ability and judgment; [and to] keep them from harm and injustice.” This point was so important in the ancient oath that it is reiterated, stating that when an apprentice shadows physicians, “Whatever houses [the apprentice] may visit, [he] will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.” As reformulated in the Declaration of Geneva, the Roman word “patient” (the one who endures suffering) is used rather than the Greek concept of “the sick.” Prioritizing the health of the individual patient had special resonance in the aftermath of the Nuremberg Trials, at which *Rassenhygiene* was condemned as a “denial of fundamental values on which Medicine is based [because it meant that] the care of the individual patient ceased to be the doctor’s primary aim, and the humanitarian purpose of medical science was subordinated to the needs of war.”⁴⁹

Line (vi)—“I WILL RESPECT the secrets that are confided in me”—reiterates the apprentice’s promise in the ancient oath to keep what they “see or hear in the course of the treatment or even outside of the treatment . . . to themselves, holding such things shameful to be spoken about.”⁵⁰ Ramm also invokes the Hippocratic Oath as the basis of the “*the physician’s duty of silence*,” explaining that “this duty of silence concerning secrets and observations to [the physician] is to be adhered to not only during the life of the patient but even after his death.”⁵¹ But, Ramm adds, this *Rassenhygiene* addendum: “if however, a sickness, behavior, or genetic trait conceals in the individual a danger to the *Volk* community then there is a higher viewpoint which transcends the duty of silence leading to the duty to report and thereby serve to protect the community. We are thinking here of giving notice to the health authorities . . . and the reporting of genetic illness for the purpose of sterilization.”⁵²

Line (ix) of the modern oath, “I WILL NOT PERMIT considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient,” expressly rejects Ramm’s view of

transcendent moral obligations to the race. Line (x), “I WILL MAINTAIN the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity,” also appropriates a central tenet of the ancient oath to contrast it with its betrayal in Nazi medical ethics and medical practices. Edelstein translates these lines in the ancient oath as “I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy. In purity and holiness, I will guard my life and my art.” This translation renders the oath amenable to the prolife intentions of the authors of the Declaration of Geneva, who viewed it as a means of inoculating future physicians against abortion, *euthanasie*, *Rassenhygiene*, eugenic sterilization, and the extermination of *Lebensunwertes Lebens*. For them, (3. i.) rejects *Rassenhygiene*. Similarly, line (4. i.), “And I will not give a drug that is deadly to anyone if asked [for it], (ii.) nor will I suggest the way to such a counsel. And likewise, I will not give a woman a destructive pessary,” prohibits *euthanasie* and all forms of medical assisted killing (as in Aktion T4); extending this prohibition (4.ii) also prohibits any form of abortion or mass sterilization.

The foundational presumption underlying the Declaration of Geneva was that Nazi medical ethics and the consequent abuse of humans were unprecedented historical anomalies. Truth be told, the purity of the pre-Nazi biomedical sciences and medical practices was an idealistic fiction. As Moll pointed out in 1902, academic and hospital physicians were “obsessed by a kind of research mania, have ignored the areas of law and morality in a most problematic manner. For them, the freedom of research goes so far that it destroys any consideration for others. The borderline between human beings and animals is blurred for them. The unfortunate sick person who has entrusted herself to their treatment is shamefully betrayed by them, her trust is betrayed, and the human being is degraded to a guinea pig. . . . There seem to be no national or political borders for this aberration.”⁵³ As Moll also observed, this worldwide phenomenon was associated with developments in biomedical science and with hospital physicians’ quest for status and fame—as well as such mundanely immediate rewards as improving salaries.

The deeper point to appreciate is that the National Socialists did not invent *Rassenhygiene*. Race-based biology had been invented well before anyone conceived of Nazism or Nazi medical ethics. During the first half of the twentieth century, “race” was as much a scientific concept/term as “ameba,” “bacterium,” or “contagion,” and the idea of applying biology as social hygiene was as respectable as the germ theory of disease and various

public health initiatives. As often as not, however, science validates popular prejudices, including xenophobic prejudices against people who look or speak differently, worship differently, or come from elsewhere. The notion that physicians or scientists, by virtue of their commitments to medicine or science, can somehow rise above the values of their society is more myth than reality. The ancient Greek philosopher Aristotle (384–322 BCE), often characterized as “the first scientist,”⁵⁴ famously endorsed the popular “saying of the poets—‘Tis meet that Greeks should rule barbarians’—implying that barbarian and Greek are not the same in nature.”⁵⁵ Such ethnic and racial stereotypes received scientific reification during the Enlightenment, when eighteenth-century Swedish botanist Carl Linnaeus (1707–1778) distinguished four separate human “races” differentiated by geography and skin color: *Africanus niger*, “niger” means black in Latin: hence, “nigger” and “Negro” (black Africans); *Americanus rubescens*, red Americans (i.e., Indigenous Americans); *Asiaticus fuscus*, yellow Asians; and *Europaeus albus*, white Europeans.⁵⁶ Influential scientific treatises, such as British scientist Charles Darwin’s (1809–1882) watershed 1859 treatise, *On the Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life*, validated the idea of *race*. A quarter century later, in 1883, Darwin’s cousin, Sir Francis Galton (1822–1911), coined the term *eugenics*, which he characterized as the science of improving *racial* stock through artificial selection by selective breeding. Race-based eugenicist movements arose thereafter in America, Britain, Scandinavia, and, of course, Germany.⁵⁷

Dr. John Pridham and his fellow veterans, in contrast, envisioned a medicine rising above notions of race. Viewing the future better with his one eye than naysayers could see with two, he and his colleagues took an “old thing” that was *passée*, revamped it as the Declaration of Geneva, and “behold . . . it had become new.” Some version of this Declaration (versions are regularly updated) or some other modernized version of the Oath are currently sworn by medical students at white coat⁵⁸ and graduation ceremonies throughout the United States and in many other countries.⁵⁹ Moreover, the Oath’s moral authority is regularly invoked in campaigns to criminalize abortion, by opponents of physician-assisted suicide and euthanasia, by physicians campaigning against medical complicity in torture,⁶⁰ and by clinicians asserting conscience-based refusals to participate in abortions and various forms of medical aid in dying (MAID).⁶¹ Health care professionals also invoked the Oath as a rationale for risking their lives during pandemics. As one quartet of physicians wrote during the

COVID-19 pandemic, “We believe that the modern Hippocratic Oath and the Physician’s Pledge are relevant, not only to physicians but also to all of our healthcare colleagues working on the frontlines of this pandemic. We believe that these documents, together with the long tradition of medical ethics, provide a concrete and current basis through which we can navigate the many ethical and moral dilemmas that we may already have faced or will face in the future as this pandemic affects the world.”⁶²

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Moralists Created Bioethics**

By: Robert Baker

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