Uncovering Humanity in a Healing Germany

Postwar German Bioethics and Medicine in the Decade after World War II

Gretchen M. Becker
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In the aftermath of World War II in 1945, Germany faced a host of new questions concerning the health of its suffering citizens. Central to the debate was the question of recovery. The language of the German body politic propagated during the Nazi regime looked to medicine to diagnose the nation and cut out those it deemed undesirable for the sake of the collective Volk. Medicine and its practitioners were willing agents in the implementation of genocide and racial policy, horrific war crimes, and negative eugenic practices during the Third Reich. Nazi racial hygiene policies depended upon the authoritative scientific claims on the genetic links to social problems, and elevated medicine’s political significance. If criminality, feeble-mindedness, and poverty could be explained by genetic difference, then the phenotypic characteristics of race difference conveniently identified the racial other as the source for societal pathology. This in turn helped justify genocidal euthanasia practices and sterilization, as well as coerced human experimentation.¹

With the fall of Nazi power, Germany’s very existence as a nation seemed to hang in the balance.² Politically defeated, economically abysmal Germany and its damaged

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people suffered from immense guilt, grief and personal injury.³ With the identification of
the medical doctor as a guilty defendant at the Nuremberg Trials, the health of medicine as
a discipline particularly suffered. What would it take to return Germany to its former
success at the front of medical research and treatment? Could the remaining fragmented
discipline pick itself back up and help the rest of Germany in the process? Could it even
be trusted in its supposedly objective practice of healing, consumed as it was with racist
practices? A number of influential historians and moral philosophers analyzed the role of
medicine in light of the poor health of the German people as members of the collective or
as individuals. While each makes similar diagnoses, the perspectives differ on the forms of
treatment that were necessary for possible recovery after war, fascism and genocide took
its toll.

In The German Patient, Jennifer Kapczynski discusses how the analogy of the
German patient and the language of the body politic were inverted after the war to address
Germany’s plight. The German Patient was as powerful of an intellectual and political
tool during the postwar “period of adjustment” as it was during the Third Reich. In fact,
she argues, the analogy shaped much of the postwar discussion in framing fascism and
Nazism not as the cure, but rather, as the disease and Germany as the inflicted patient.⁴
The chapters in this book demonstrate the healing power of the revival of art, film, and
literature after twelve years of Nazi suppression.

Nazi Medicine and the Nuremberg Trials instead describes the identification of
medical criminality and the sentencing of the most culpable physicians as a major step
towards recovering Germany’s dignity as the Trial brought remnant Nazi ideology, not

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³ Kapczynski, 4-5. ⁴ Ibid., 2.
conquered in war, to justice. Importantly, however, Robert Proctor in *Racial Hygiene* demonstrates how the physician’s influence extended far beyond the coerced human experiments conducted in the concentration camps. Perhaps analyzing medicine’s reach during Nazi power and identifying the primary source of its racial ideology from science could provide the suffering Germans a new scapegoat and an internationally accepted path to legal justice.

However, physicians were also German citizens with humanity. As it is inaccurate to identify Nazis as monstrous and pure evil, it is also misplaced and ineffectual to think of German scientists and physicians as cold-blooded, morally indifferent killers. In a sense, recovery required something more than pure reversal of Nazi racial policies and their underlying ideologies. A nuanced understanding offered by Proctor and Paul Weindling provides a fresh approach to the complicated history of German medicine’s “occupation” with national health and the hierarchical power structures in place to implement it. However, even the reversal of power and medicine’s goal from the health of the collective back to that of the individual augmented by scientific research was not enough to rejuvenate the German people. Instead, I argue moral reflection within medicine and the identification of physicians as morally reflective (but still reprehensible) citizens of Germany was an underestimated step forward and a powerful key to recovery.

**Diagnosis**

First, what was the physical condition of postwar Germany? Years of war left German cities in ruin and its population in a similar state with the death of millions of

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6 Proctor.
citizens and soldiers alike in the name of the Nazi political agenda. Kapczynski writes, “In postwar culture, the need for this clearing [of the bombed ruins] was understood on both a literal and figurative level…The ruins were also perceived as symbols of political and moral destruction as well as military defeat.” With its collapse, Germans struggled with the loss of sovereignty under Allied occupation. Worse, massive economic costs of the war left the nation crippled to resupply its citizens with medical resources, fuel, and even food. Wartime rationing continued until as late as 1948, and Germany starved on an estimated diet of only 1,000 calories a day. Medically, soldiers that survived the brutalities of war received little treatment for their physical and mental wounds. In 1945, Allied regulations prohibited doctors that were former party members from practicing medicine, and this caused a major delay in Germany’s physical recovery. The process of German medicine’s denazification, it was assumed, would first require the removal of those with strong ties to the National Socialist regime; however, the ban was short-lived. The medical condition of German citizens was so dire as to necessitate the Allied authorization of temporary medical licenses which allowed some former Nazi doctors to return to their careers. Many postwar Germans were skeptical that the field of medicine required depoliticization in the first place, taking lightly the role of politically-affiliated doctors during the Third Reich in a time of such physical crisis.

More relevant to this discussion was the postwar state of German moral (some argued, spiritual) crisis. The nation’s literature after 1945 was saturated with a sense of disaster as the physical condition of Germany was assessed and the horrific revelation of

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7 Kapczynski, 30.
8 Ibid., 42.
9 Ibid., 29.
10 Ibid., 28-29.
Nazi atrocities cemented into the societal consciousness. Allied propaganda fostered this atmosphere with posters that read, “This is your fault,” and an immense wave of guilt swept over German citizens. Loss of political sovereignty during the Allied occupation simultaneously led to crises of German identity and nationalism. Materialist perceptions of human bodies as expendable using the body politics of Nazi Germany during the political subjugation of the right to live and the right to reproduce tortured the public consciousness.

Nazi medicine suffered under the bioethical claims of a utilitarianism ethical framework, or the idea that the greatest good for the group can be obtained by some sacrifices of the few. In times of war, especially, this moral framework seemed not only commendable but necessary for the survival of the German Volk that seemed under attack by Jews, homosexuals, and other “genetically impure” minority groups. The historical medical value of treating the individual according to the Hippocratic Oath and sympathizing with individual suffering was displaced during the hardships and sacrifices made by each German citizen during the war. Preserving both the collective good and the collective health of the nation seemed morally obligatory compared to spending scarce resources on protecting the sick, the elderly, and those unable to work. And as Proctor describes, at first, medical Nazi involvement included the initiation of forced sterilization and the euthanasia of the “useless eaters” already detained in psychological institutions or otherwise those considered genetically impure combined and an economic burden.

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11 Kapczynski, 32.  
12 Ibid., 37.  
15 Proctor, 177-222.
What might the German medical profession be held accountable for? Proctor in *Racial Hygiene* demonstrated the scope of physician culpability related to the morally detestable misuse of their “pseudo-scientific” knowledge of genetics to ignite Nazi racial ideology. Certainly, Charles Darwin was not to blame, even Gregor Mendel’s genetic model. Evolution by natural selection was “red in tooth and claw,” but that did not mean medicine must exhibit the same features of nature. Instead, *Social Darwinism* sought to apply genetics to understand societal health of Germany. Visible differences in skin color, facial structure, and other external phenotypes combined with prevalent anti-Semitism, concerns of lower-class and immigrant population growth, and prevailing urban poverty to blame problems of a “modern society” on racial impurity. Medical generalizations in the mapping of quantifiable differences between bodies easily matched with cultural stereotypes of racial inequity.

Physicians, empowered with “objective” medical tools of genetics and a hope for human evolution of the Aryan race, refocused their medicine on the health of the gene pool. An individual does not evolve, populations do. And if the gene pool is set back from its progressive evolution by allowing “imperfect” or “unwanted” individuals to survive and reproduce, then these negative social characteristics should expect to continue. Proctor understands this *bio-*logical justification of medical euthanasia and sterilization that gave momentum to racist mentalities and stereotypes of Nazi Germany.

The question of accountability not only rested upon the physician’s role in the creation and implementation of Nazi racial hygiene policies but also in their moral justification. In my opinion, much of the historical discussion found in Proctor and Weindling’s books about moral accountability does little to combat the perception that
coerced human experiments were examples of Nazi eugenic science applied to the extreme with seemingly little moral reflection or in opposition to moral intuition. In fact, probably the most explicit moral arguments brought to the defense of those that participated in the Final Solution are found in the transcripts from the Nuremberg Trials.\footnote{Lafleur, 68-69.}

Viewing physicians as performing “medicine without humanity”\footnote{Ibid., 30.} denies the significance of moral justification and convictions found in the arguments used when the doctors were brought to international court. The Trial provided a time of moral and legal reckoning for German physicians, but also created an atmosphere of moral reflection in crafting their defense. The physicians were not coerced by an oppressive political regime, they were not insane, and not innocent of the Nazi atrocities committed by the medical profession.\footnote{Ibid., 64-65.} However, in ethical reflection, killing in the name of a scientific goal is markedly different than murder, even if racial hygiene and genocide are as evil or morally detestable as murder.\footnote{Ibid., 66.} This evil can be found in, “not simply that people suffered and died but that they were exploited for science and medicine as they died.”\footnote{Ibid., 67.}

My own perspective aligns with that of the Nuremberg Trial analysis by Arthur L. Caplan in \textit{Dark Medicine}’s chapter entitled “The Ethics of Evil: The Challenge and the Lessons of Nazi Medical Experiments”. In it, he outlines five primary forms of moral justification for the human experiments presented in the Trial. First, and often, physicians argued that subjects had volunteered under the expectation that they would be released from imprisonment. According to this, experiments were justified if they may actually benefit the subjects. This claim was demonstrably false as documented by one case in

\begin{footnotesize}
\begin{enumerate}
\item Lafleur, 68-69.
\item Ibid., 30.
\item Ibid., 64-65.
\item Ibid., 66.
\item Ibid., 67.
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particular of a man, a survivor of the hypothermia experiments, was told that if he lived he might be freed. Instead, he was given a medal in recognition of the contributions he made to medical science.²¹

Another claim was that the subjects used for biomedical purposes were only those already doomed to die in the first place. A third contextually-ridden rationale for performing brutal human experiments was, “that participation in lethal research offered expiation to the subjects. By being injected, frozen, or transplanted, subjects could cleanse themselves of their crimes.”²² The problems concerning atonement for apparent sin in this way was simply that those experimented upon were not guilty of any crime other than their membership in a despised racial minority or some other morally arbitrary, non-criminal characteristic.

A fourth astounding ethical rationale was that scientists and physicians had no expertise in, and therefore were not responsible for, moral reflection of their actions. From the transcripts: “If the experiment is ordered by the state, this moral responsibility of experimenter toward the experimental subject relates to the way in which the experiment is performed, not the experiment itself.”²³ Finally, the fifth moral justification, and another very often used, was that what they had done was for the defense and security of the state. The defenders maintained that the case of total war justified exceptions of ordinary morality. This particular claim held some sway in Allied prosecutors after the dropping of nuclear bombs on Hiroshima and Nagasaki. According to Caplan, this last rationale carried the most weight. Gerhard Rose, from the Koch Institute of Tropical Medicine in

²¹ Ibid., 68.
²² Ibid., 68.
²³ Ibid., 69.
Berlin, said that the Allies themselves justified compulsory military drafting of young men, knowing that many would die, using this form of utilitarianism.\textsuperscript{24}

As Caplan writes, “Viewing specific ethnic groups and populations as threatening the health of the German state permitted—and, in the view of those on trial, demanded—the involvement of medicine in mass genocide, sterilization, and lethal experimentation. The biomedical paradigm provided the theoretical basis for allowing those sworn to the Hippocratic principle of nonmalfeasance to kill in the name of the state.”\textsuperscript{25} While it is clear what the health care professionals did during the Nazi regime was immoral, ironically, it is this apparent level of evil that contemporary bioethical scholars have failed to seriously address the important lessons of Nazi medicine. One of the most striking is the realization that many doctors and scientists who committed Nazi medical crimes were not only very competent in their profession but also acted upon strong moral convictions.

Germany was not without ethical dissenters. Some scholarship from the beginning noted concern of the changing field of medicine and its implications to biomedical ethics. In 1932, a member of the Reichstag, or German parliament, named Julius Moses wrote,

> Medical ethics are beset by many complex problems. All of them are solved in the “Third Reich.” Thick books have been written, for example, about euthanasia and sterilization. Again and again, physicians have experienced moral conflicts: Should dying be made easier for the mortally ill? In the “Third Reich” the conflict no longer exists: They are killed! The national socialist radicalization of the medical profession, therefore, is leading to an ethical decline in physicians’ perception of their professional identity.\textsuperscript{26}

A few medical professionals tried at Nuremberg described how they were convinced of the legality of their actions, such as the apology of Werner Catel involved with child murder. In 1964 he was granted immunity for this reason and shortly after the war he was

\textsuperscript{24} Lafleur, 69-70.
\textsuperscript{25} Ibid., 70.
\textsuperscript{26} Lafleur, 36.
appointed as a pediatrics professor and director of a children’s clinic. As Proctor describes, Professor Joachim Mrugowsky was editor of a book on medical ethics, but he was sentenced to death because he performed typhus experiments on prisoners at Buchenwald.

The medical profession in postwar Germany was mistrusted and struggled to gain respect once again. “Postwar Germans did not simply associate the nation’s medical establishment with healing, but with guilt and death. As Michael Kater remarks, ‘If the SS doctor was a societal role model after 1933, in 1945 he appeared as a villain, becoming a heavy burden for the entire profession’ and casting a shadow over future work of the German physicians.” Many racial hygiene practitioners resumed successful careers in German universities after the war. Proctor notes that the Allied occupation was lenient in the reconstruction of German academia as compared to their initial removal of practicing medical professionals. Medical institutions justified physician employment because, “There was no need to continue ‘beating a dead Nazi horse.’” After the war, there was rarely any attempt to blame the profession of medicine and few even analyzed medicine under the Nazis, and of course many associated with medicine blamed Germany’s postwar struggles not on new regulations by the occupation or even shortage of resources, but rather on the “intervention of politics into medicine.”

Medicine instead turned its wartime racial hygiene into human genetics of pathology studied at the level of the individual, and only used voluntary human experiments when it was necessary. German medicine and science needed to redefine

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27 Proctor, 300.
28 Kapczynski, 30.
29 Proctor, 302.
30 Proctor, 302.
themselves after their politicization, and a shift occurred towards independent, academically “free” research demarcated from state-based wartime research. Many former professional racial hygienists reverted back to their disciplines in genetics, psychology, and anthropology while others were barred from conducting research and faced legal repercussions. Medical school and university curricula struggled to deemphasize eugenics and genetic health while their professors either lost their jobs or transferred to different departments. The profession was experiencing a time of unstable and apologetic transition, but it took many years for serious moral reflection to permeate the practice of medicine.

**Treatment**

*The German Patient* articulates one difficulty with representing postwar Germany in the metaphor of the body politic: it complicates images of guilt and sickness. For the sick patient is not at fault for the illness, but when the illness is fascism or National Socialism, the German people are certainly culpable, though unequally so. For many, the legal action taken against many leading physicians presented sufficient therapy for suffering Germany and helped answer the question of German guilt. Telford Taylor characterized German medicine as “sick, perverse, and deadly,” and offered that Trial itself was a powerful remedy. However, to account for the crimes committed on multiple levels and the ideology that sprung from it, it seems as though German physicians were in the best position to reflect on the crimes with a nuanced bioethical perspective about the motives and renewed purpose they needed to find again in their profession. Legal retribution could not possibly account for the scope and breadth of the atrocities

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32 Lafleur, 65.
33 Kapczynski, 32.
committed by the physicians, and moral renewal of medicine occurred from within, not merely through imprisonment.

The most famous intellectual on German crimes was the philosopher and physician Karl Jaspers. He played a prominent role in reestablishing the postwar university system and discussed the question of guilt dominating German consciousness and discourse. Jaspers combines theological and judicial action as a necessary requirement for recovery in addition to positing a deep understanding of German responsibility. He describes how sweeping Germany with broad statements of guilt like that of the Allied posters did not express the nuanced and complex reality of German involvement at every level. He also suggested that Germany’s next generation should be educated and rehabilitated “through participation in scientific inquiry… They would be exposed to unconditional truth…and in the process, their humanity, their sense of law and justice would be strengthened.” Kapczynski expands on her perception of medicine and Germany’s treatment with, “In Postwar Germany, it was the physician, rather than the statesman, who appeared poised to repair the damage caused by Hitler’s regime. Just who might serve as a ‘doctor’ to the nation, of course, remained open for debate: predictably, those same intellectuals who attempted to diagnose the nation’s ills also positioned themselves as purveyors of a likely cure.” The chapters in *The German Patient* present one approach by demonstrating the healing power of once-repressed art, literature and film in postwar Germany’s psychological and moral recovery.

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34 Kapczynski, 36.
35 Ibid., 32.
36 Ibid., 39.
37 Ibid., 18.
This may indeed have had a strong effect in rehabilitating the nation. However, neither Jaspers nor Kapczynski’s approach stress the power of medicine’s reflection of the past and re-analyzing the moral justifications they provided both from the perspective of those on Trial and those who escaped legal scrutiny. Personal responsibility and reflection on the medical discipline instead was what reshaped German morality and later, arguably created the field of bioethics.

**Prognosis**

Of course, the importance of informed consent was one paramount step forward to recover medicine’s integrity. But perhaps even more powerful therapy included the later arrival of ethical committees, a consistent treatment of the individual, a recommitment to the doctor-patient relationship and Hippocratic medical responsibilities, and a reevaluation of theories of race through the study of genetic pathology instead of population eugenics. The Trial itself took to the sidelines in postwar reflection on medicine’s responsibility and its role in recovering Germany.

Science operates in the present. It prizes itself in the search of objective truth and rarely reflects on where it has been. Medicine is only a little better, it does emphasize the importance of medical history of each patient and how it may inform the present, however physicians are hardly appropriately positioned to analyze their profession’s own basic moral commitments. Perhaps it took the medical crises during and after World War II to encourage nuanced and humble self-reflection and ethical reevaluation of the physician and her patient, as well as the profession as a whole. To this day, much of our society’s relative trust in medicine likely results from this ability. Germany gave the world a
powerful lesson: regardless of its claim to objectivity, applied science through medicine at the very least is not immune to human fallibility, to politics, or dangerous ideology.

*Justice must always question itself, just as society can exist only by means of the work it does on itself and on its institutions.*

— Michel Foucault³⁸

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Bibliography


