

# Lectures on Inhumanity: Teaching Medical Ethics in German Medical Schools Under Nazism

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Nazi medicine and its atrocities have been explored in depth over the past few decades, but scholars have started to examine medical ethics under Nazism only in recent years. Given the medical crimes and immoral conduct of physicians during the Third Reich, it is often assumed that Nazi medical authorities spurned ethics. However, in 1939, Germany introduced mandatory lectures on ethics as part of the medical curriculum. Course catalogs and archival sources show that lectures on ethics were an integral part of the medical curriculum in Germany between 1939 and 1945. Nazi officials established lecturer positions for the new subject area, named Medical Law and Professional Studies, at every medical school. The appointed lecturers were mostly early members of the Nazi Party and imparted Nazi political and moral values in their teaching. These values included the

unequal worth of human beings, the moral imperative of preserving a pure Aryan people, the authoritarian role of the physician, the individual's obligation to stay healthy, and the priority of public health over individual-patient care. This article shows that there existed not only a Nazi version of medical ethics but also a systematic teaching of such ethics to students in Nazi Germany. The findings illustrate that, from a historical point of view, the notion of "eternal values" that are inherent to the medical profession is questionable. Rather, the prevailing medical ethos can be strongly determined by politics and the zeitgeist and therefore has to be repeatedly negotiated.

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In a recently published article, Barron Lerner and Arthur Caplan reflect on the role of history in the teaching of bioethics (1). They make the case for figuratively putting those studying and practicing bioethics in the shoes of prior researchers or clinicians to better understand how past ethical decisions in medicine and research were made and what circumstances affected these choices. The argument behind this reasoning is to resist the allure of presuming oneself to be more moral and enlightened than physicians and researchers in the "bad old days." We share this position, agreeing that it is important to review the ethos and values of the relevant time to better appreciate history and hopefully prevent future ethical transgressions. Here, we extend this argument by historicizing the teaching of medical ethics itself, providing insight into ethics instruction at German medical schools during the Nazi period.

In the course of the Nuremberg medical trial in 1946 and 1947, it became evident that physicians who had participated in medical crimes not only felt no remorse or guilt but continued to espouse the moral correctness of their conduct (2). Although some perpetrators may have conveyed the impression of moral innocence chiefly as part of their legal defense strategies, moral reasoning was not alien to Nazi medical officials or physicians (3-7). Since the Nazi movement had come to power in 1933, utilitarian and eugenic thinking had formed the basis of a new medical ethics (8-12). In this article, we demonstrate that Nazi-influenced medical ethics became an integral part of the curriculum at all German medical schools between 1939 and 1945. We outline the main aspects of Nazi medical ethics that were taught with the aid of the standard medical ethics textbook of the time (13), written by Rudolf Ramm, who has been named "the eminent Nazi medical ethicist" (14, 15). Our findings suggest that medical ethics itself can be corrupted and that a political and public realm of reason and humanity may

be more vital in preventing immoral medical conduct than formal instruction in medical ethics.

## TEACHING MEDICAL ETHICS IN GERMANY BEFORE 1933

At the beginning of the 20th century, medical ethics did not exist as a formal teaching subject in German medical schools. In the German medical community, as in other Western countries at that time, ethical thinking was expressed primarily in medical literature and codes of conduct rather than didactic teaching (16-18). Traditionally, ethical debates had mostly revolved around professional etiquette—that is, ensuring conduct that would enhance the reputation of the medical profession (16). Requiring fair conduct among physicians was deemed more important than formulating ethical obligations toward patients, a phenomenon not limited to the German medical profession (18, 19). The lack of concern about patient-oriented ethics displayed by the medical profession contrasted with critical public discussion of human experimentation that was stirred by several reports of unethical clinical research between 1900 and 1930 (20). In 1931, the German Ministry of the Interior issued "guidelines for new therapy and human experimentation" that set out such standards as informed consent and protection of vulnerable groups. These regulations were remarkably advanced compared with international standards at that time. Of note, they were issued not by the medical profession but by government authorities (21).

In the wake of Germany's defeat in World War I, fueled by economic hardship and hyperinflation, crude utilitarian and eugenic thinking intensified in the medical community, and engagement for an individual-based ethics remained weak. Some even proposed killing disabled or incurably sick persons to free the society from financial burden (22, 23). Two years before

Adolf Hitler came to power, the renowned medical historian Henry Sigerist noticed a "widespread rejection of individualism" in German health policy (24). However, the growing influence of the eugenic movement did not receive political support for actions such as forced sterilization until the end of the Weimar Republic in 1933.

### NAZI EFFORTS TO INTRODUCE ETHICS INTO THE MEDICAL CURRICULUM

After Hitler's rise to power, it became possible for the Nazis to act on their racist and eugenic concepts. The 1933 Law for the Prevention of Hereditarily Diseased Offspring legitimized forced sterilization. Physicians were obliged to report patients with alleged categories of hereditary diseases to public health departments so that they could be forcibly sterilized (25). Medical ethicists published articles voicing their support for the new law and justified it as inevitable for the sake of the community (26). From the viewpoint of the Nazi authorities, a teaching program for medical students to substantiate and legitimize the Nazi health policy was needed but still lacking. Even under the dictatorship, German medical faculties had proved to be slow to change; thus, the Nazification of the medical curriculum proceeded only gradually. Furthermore, the addition of new subjects to the already saturated curriculum ran contrary to the Nazis' goal to shorten the duration of study to encourage early marriage and procreation among physicians (13).

After several years of preparation, the revised medical curriculum was implemented in 1939 (in contrast, a new curriculum for law students had been established by Nazi officials in 1935). The revised medical curriculum included newly designed lectures in racial hygiene, the science of heredity, population policy, military medicine, and the history of medicine (27). These subjects seemed particularly suitable for promoting Nazi ideology to medical students (28), as did another new set of lectures that became obligatory for students: Medical Law and Professional Studies (MLPS).

### MEDICAL LAW AND PROFESSIONAL STUDIES

In the 1930s, the terms "medical ethics" and "bioethics" were less common in discourse on medical morality than they are today (29). The reputation and etiquette of the medical profession itself were of greater interest than ethical issues pertaining to clinical medicine. The subject of MLPS, which was included in the new medical curriculum of 1939, focused for the first time on physicians' moral and legal obligations to their patients as well as to their profession and the state. From then on, students were required to attend a set of 14 MLPS lectures during the 10th and final semester of medical studies (13). Course catalogs from the end of 1939 show that 13 of the 28 medical faculties in the "Greater German Reich" (which included Austria and Danzig at that time) had held lectures in MLPS (30). By the winter semester of 1942-1943 and in 1943-1944,

25 of 28 faculties included MLPS training (30). These semesters mark the climax of the wartime institutionalization of medical ethics in German medical schools. By the winter semester of 1944-1945, the last regular semester at German universities before the end of the war and the Nazi regime, the number of schools that included MLPS lectures had decreased to 22 (30). This was probably due to the war and its disastrous effect on universities' structural and personnel resources. However, between 1939 and 1945, all of the 28 German medical faculties provided mandatory lectures on MLPS, at least temporarily.

The MLPS lectures were intended to provide medical students with "an understanding of both the written and unwritten laws of the medical profession and of doctors' ethics" (13). The revised curriculum that included MLPS was intended to explicitly create a "new type of physician" (27). This physician would be trained to internalize and then implement the Nazi biomedical vision of a homogeneous and powerful people (*Volk*) in his daily work. This radical break from the traditional forms of medical morality was a key element of the MLPS lectures. It involved shifting the focus of ethical concern and medical care away from the individual patient and toward the general welfare of society or the people (31).

### NAZI PARTY MEMBERS AS ETHICS LECTURERS

The "Reich Physicians' Leader" Leonardo Conti and the Ministry of Science and Education sought to appoint only long-standing members of the Nazi Party as lecturers for MLPS. Most of these physicians were not affiliated with a university but had worked as local Nazi health functionaries (32). Conti, a general practitioner himself and a member of the Nazi Party since 1927 (33), selected mostly elderly general practitioners who desired academic honor as a reward for their longtime party loyalty (34). This choice was driven by the Nazis' belief that general practitioners, who were deemed more in touch with the people than university professors, had a kind of "natural" and holistic attitude toward medical ethics that was "unspoiled" by academic scholarship and closer to the crude worldview of the Nazis (35). In the winter semester of 1944-1945, half of all MLPS lectures at German medical schools were delivered by these physicians (30). Archival data reveal that all of them were early members of the Nazi Party (36). Most had signed up before 1933 and could therefore claim the Nazi status of "old fighter," meaning that they had joined the party before Hitler's rise to power and before Nazi Party membership became popular for career advancement.

Eugen Stähle, a physician and medical functionary who taught MLPS in Tübingen from 1941 to 1945, is an example of one who delivered medical ethics lectures during the Nazi period. Stähle, who joined the Nazi Party as early as 1927, was actively involved in the "euthanasia" program that started in 1939 (37). In this campaign, disabled children and adults were murdered by their physicians and nurses because they were deemed

to be incurably ill, troublesome, or too costly or to belong to the wrong racial group. Stähle not only lectured on medical ethics but also directed this euthanasia program in southwestern Germany. Under his guidance, Grafeneck Castle was transformed into an efficient killing center where more than 10 000 mentally ill patients were gassed and cremated (37). Referring to the killing of these patients, Stähle is reported to have remarked, "The fifth commandment 'You shall not kill' is not a commandment of God but a Jewish fiction" (38).

When it was not possible to fill the MLPS lecturing posts with qualified party veterans, the faculties drew on their medical professors to teach the new subject. Most were forensic pathologists and were therefore experienced in medicolegal issues. Here, too, most of these professors were members of the Nazi Party, and some participated as judges in the Hereditary Health Courts. These courts, established to adjudicate cases involving the 1933 Eugenic Sterilization Law, were presided over by a lawyer and 2 physicians who passed judgment on which patients should be sterilized against their will (25, 39).

All MLPS lecturers can be considered staunch supporters of Nazi health care policy, with ties to the Nazi Party or other Nazi health organizations (30, 36, 40). The proportion of Nazi Party members among the MLPS teachers clearly exceeded the proportion among German physicians, which historian Michael Kater has estimated at 45% (41). Only medical doctors served as MLPS lecturers; we found no evidence of academic qualifications in ethics or philosophy in the lecturers' curricula vitae or personnel files (36, 40).

### A GUIDE TO NAZI MEDICAL ETHICS: THE TEXTBOOK OF RUDOLF RAMM

The textbook on MLPS (*Ärztliche Rechts- und Standeskunde*), published in 1942 by the Berlin-based Walter de Gruyter publishing company, provides detailed insight into the contents of the ethics lectures given in German medical schools during World War II. The author of the book, Rudolf Ramm, held the MLPS lectures at Berlin University and belonged to the Nazi health administration's inner circle. A general practitioner, he had joined the Nazi Party in 1930. After organizing the persecution and expulsion of Jewish physicians from Austria, Ramm moved to Berlin and, in 1940, became editor-in-chief of the journal of the German Medical Association, *Deutsches Ärzteblatt* (9). He published several articles in which he emerged as a fierce anti-Semite, demanding a "complete solution to the Jewish Question in Europe" and a "radical elimination of the Jews" (42). Also in 1940, Ramm was appointed the MLPS lecturer at Berlin Faculty of Medicine (32).

In his book, which was based on his MLPS lectures, Ramm outlined the Nazi version of medical ethics and the mission of physicians in the Nazi state. He believed in the authoritarian paternalistic role of the physician as a "health leader" and blatantly defined the Nazi physician's ethical obligation as being responsible for ridding society of certain groups: Jewish persons, dis-

abled persons, and any others who were deemed unable to contribute to society (43). Ramm stated that Nazism brought the "reinstatement of a high level of professional ethics." He welcomed the fact that "the profession had been extensively cleansed of politically unreliable elements foreign to our race" (that is, German-Jewish physicians) (44). Ramm saw 3 distinct dangers facing the German people: "racial miscegenation," a declining birthrate, and the "growth of inferior elements" in the German population (45). He traced the origins of these perceived dangers to a "disregard for the laws of nature," caused by church dogma and socialist ideologies (45). Ramm denounced any form of health care for "hereditarily inferior" people and asserted that every person in Nazi Germany had a moral duty to stay healthy (46). He praised the 1933 Eugenic Sterilization Law as a milestone "on the path of restoring racial purity and hereditary health" (45). The law compelled physicians to report patients with hereditary diseases to state medical authorities for sterilization. Ramm justified this breach of physician-patient confidentiality as morally necessary. He also addressed the "problem of euthanasia" and argued explicitly for the "mercy killing" of disabled persons (43): "These creatures merely vegetate and constitute a serious burden on the national community. They not only reduce the standard of living of the rest of their family members because of the expenses for their care but also need a healthy person to take care of them throughout their lives."

Some passages approached questions of medical ethics that were less permeated with Nazi ideology but aspired to more traditional medical values. Ramm emphasized, for example, patients' limited right of autonomy in choosing their own physician. He also stated that billing for unnecessary procedures contradicts medical ethics (43). Ramm further reminded his students and colleagues of the ethical obligation to seek collegial advice and to transfer patients in a timely manner to specialists when confronted with difficult cases (43). However, Ramm clarified that these customary ethical principles applied to "Aryan" patients only and thus excluded other patients from the realm of medical morality. For example, the Nazis did not revoke the ethical research guidelines of 1931 but blatantly ignored them with respect to concentration camp inmates (47).

Besides a journal article on MLPS that was written by another lecturer (31), Ramm's book is the most important known historical source pertaining to the instruction of Nazi medical ethics. Many positive reactions from colleagues indicate that MLPS lecturers had awaited such a textbook to draw upon (9). The book, which was written not only for students but also for postgraduates, received positive reviews in German medical journals. Unusual for a medical textbook, even newspapers reviewed it, among them the newspaper with the largest circulation in Germany at that time, the notorious Nazi paper *Völkischer Beobachter* (48). Ramm's book sold out within a year, and a second edition was published in 1943 that included an extended appendix of legal texts. By 1944, this version was also

out of print (49). Neither the author nor his opus survived the downfall of the Third Reich. As a high-ranking Nazi medical functionary, Ramm was sentenced to death by a Soviet military tribunal and executed in August 1945 (9). His book was banned by government authorities several months later (50).

## CONCLUSIONS

The Nazis neither ignored nor abandoned medical ethics. Instead, they implemented their own version of it in order to substantiate their health policies and secure physicians' allegiance. Both the lecturers' political background and the contents of Ramm's textbook indicate that the compulsory ethics lectures at all German medical schools between 1939 and 1945 were intended to impart Nazi moral values to students. The basic idea behind these lectures was the image of the German nation as a besieged society, its existence threatened by biological degeneration and racially "inferior" people. This narrative formed the basis of an ethic that turned away from the individual and instead emphasized the well-being of the community. Ramm and other Nazi health officials reinterpreted the Hippocratic Oath for their purposes. They drew an analogy between the German people and a sick patient, epitomized by the term "people's body" (*Volkskörper*), so that the Hippocratic Oath seemed to fit with Nazi medical ethics: Exterminating Jewish persons, disabled persons, or patients with hereditary diseases was morally acceptable in order to heal the organism of the German people (51, 52). With Hitler's rise to power in 1933, this fateful metaphor became a leitmotif of medical ethics. Racism was elevated to a national policy and soon suppressed divergent, more humanist ethical stances. However, medical ethics was not completely upended overnight. As shown earlier, Ramm's textbook displayed a mix of traditional principles and some clearly Nazi-influenced ones and was still compatible with a medical profession that had a tendency toward eugenics and right-wing nationalism well before 1933.

What can we learn from the Nazis' efforts to teach their version of medical ethics? It is important to realize that ethical reasoning can be corrupted and that teaching ethics is, in itself, no guarantee of the moral integrity of physicians. The history of bioethics reveals that the professional ethos of physicians is more fragile than we might believe because it depends on the moral zeitgeist and politico-social circumstances, both of which are subject to change (53–55). The Nazi example indicates that we should not rely on the existence of "eternal" or "universal" values in medicine because it is not the medical profession alone that determines the medical ethos but also the moral climate in society, the system of government, and its political goals. We should not take our current Western ethical standards for granted; war, terror, or other crises may swiftly change attitudes and priorities (56). Analyzing the Nazi version of teaching medical ethics forces us to constantly reexamine our own moral stances and our personal and professional responsibilities in medical practice and

education (57–59). The Nazis played off the rights of the individual against the supposed interests of society on a large scale. We should remain aware that violating individual rights always damages a society. This is important because ideas of exclusion of certain people or visions of ethnic purity that have laid the groundwork for medico-ethical transgressions in the past remain in play across time.

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