VI. HOW HEALERS BECAME KILLERS

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Purpose of the Module: To describe how physicians and nurses who had sworn to provide care for their patients became their killers.

Suggested Readings:


Objectives:
1. Describe 4 major factors that influenced caregivers to become killers.
2. Analyze the relative importance of these factors.
3. Analyze the role of governmental policy in these factors.

Discussion Questions:
1. In addition to the 4 major factors discussed, what additional factors were involved in the evolution of caregivers to killers?
2. Did governmental policies precede these factors or were they derived from these factors?
3. What policies in contemporary society are similar?
4. What safeguards are in place to prevent professional moral decline?
**Synopsis:**

There are no doubt an infinite and unknowable number of factors which influenced nurses and physicians to become murderers of their patients. Other caregivers, while not directly murdering their patients, nonetheless brought about their deaths with unethical and inhumane medical experiments as discussed in Modules 7 and 8. How could the transformation from one who provides healing and care to one who kills have taken place? Could it happen again?

**Factor One: The Devaluation of Some People**

The pseudo-science of eugenics or racial hygiene was begun by Charles Darwin’s cousin, Francis Galton, who coined the term “eugenics” in 1883. The term was derived from the Greek, meaning “good birth”.† Eugenics was popular throughout Europe and the United States and became a driving force is how people could become devalued. People who were deemed to be of “inferior” races or ethnic groups such as the Jews, the Gypsies, and persons of mixed race as well as people who were thought to have genetic diseases or conditions were viewed as threats to the health of the nation. Involuntary sterilization laws were passed to prevent the “contamination” of the people through the passing of inferior genetic material. The German sterilization law did not go into effect until 1934,² well after that of the US state of Indiana which passed its law in 1907. Within 3 years of implementing the German law, approximately 200,000 people had been sterilized.³ Thus through eugenics, those people with genetic disorders or who were otherwise deemed “inferior” became devalued. For a detailed discussion of eugenics, see Module 2.

In 1920, a book was published which had a profound impact upon the eventual policy of killing the disabled: “The Authorization of the Destruction of Life Unworthy of Life” written by a law professor, Karl Binding and a psychiatrist, Alfred Hoche. These authors argued that the elimination of the incurably ill and other “worthless” people was acceptable because it would be a move toward healing the state.⁴ It was this book that paved the way for the devaluation, and eventual killing of the mentally handicapped.
People who were unable to work were regarded as “useless eaters.” Even patients in psychiatric institutions were expected to work as a part of their therapy. Those who were unable to do even simple chores became the most vulnerable and the most “worthless”.

Psychiatric institutions offered tours to display their most debilitated patients. These tours were attended not only by physicians and nurses but also by the military, the Hitler Youth members, the League of German Maidens, the Nazi Women’s Organizations, as well as teachers and lawyers. On institution near Munich, Eglfing-Haar, had over 21,000 people tour during a 6 year period before the war. On one such tour, the Director of the institution held up a child “like a dead rabbit”, pointing out that the child would live only another two or three days due to the starvation diet. These tours were often written up in lurid detail in the newspapers.

These “useless eaters” were a threat to future generations, an economic burden, seen as less than fully human, and living a life of suffering. These attributed characteristics made them vulnerable to the so-called “euthanasia” programs as described in detail in Module 4.

An additional factor that contributed to the devaluation of institutionalized people was the terrible physical conditions they experienced that rendered them to seem “less than human.” Dr. Hilde Wernicke, a physician at one of the euthanasia sites, stated:

> The patients were dirty and in horrible condition, in conditions beneath human dignity. This enabled the nurses to distance themselves emotionally from the patients and be convinced, without considerable pressure, to kill thousands of them.

Physicians and nurses, as members of the German population, were exposed throughout their lifetimes to these propaganda efforts. However, because of their professions, they were additionally exposed in their medical and nursing curricula to required courses in political allegiance and “racial hygiene.”

**Propaganda Against the Jews**

Propaganda against the Jews was public and widespread. They were one of the main groups to
be devalued – a word that grossly understates the hatred toward them. They were viewed as threats to the economy, to racial purity, and to the long-term health of the German people. Jewish-owned shops were boycotted to emphasize the threat the Jews posed to the economy and posters prominently displayed portrayed Jews as not being hard-working laborers but who held the power to control much of the commerce. One such poster stated

In commercial trades there are 106,699 Jews; in heavy physical work, only 12,500 Jews.  


Other propaganda posters such as the one above portrayed Jews as “race defilers” and threats to the health of the German people. Even children were targets for propaganda through books such as “The Poison Mushroom.”
Factor Two: Individual vs. Aggregate Health

The care of the future people of Germany became more important than the care of the existing population.

The individual human is only the temporary bearer…the caretaker of the perpetual protoplasm.13

All health care resources should be spent on the healthy – those that could contribute to the good of the “Aryan race” and the economy of Germany. The primary care of physicians

should be the healthy people who had the most to contribute to the Volk, and not the care of the sick, the weakly, and the useless who are only preserved in an artificial world, such as the artificial world of the mental hospital.14

This philosophy provided an environment that permitted forced sterilizations to prevent hereditary conditions and “euthanasia” to kill “useless eaters” who drained the economy and could contribute
nothing tangible in return for the expenses incurred. Thus physicians did forced sterilizations and gassed thousands. Numerous others were killed by nurses with lethal injections as described in detail in Module 4. In fact, nurses were taught that “taking care of ‘useless’ people did harm to the nurses themselves.” Just as the handicapped and those of “inferior” groups were devalued, the elderly and sick were similarly regarded:

It made no sense for persons ‘on the threshold of old age’ to receive services such as orthopedic therapy or dental bridgework; such services were to be reserved for healthier elements of the population. The notion of the health of the Volk was a very important factor in enabling physicians, as well as nurses, to believe that killing was, in a sense, a good public health measure. If the Volk, that is the people in the aggregate, were seen as the “patient”, removing a threat to that entity’s health was a good thing. Removal “racial” contaminants, for example, guarded the future health of the Volk. Removing causes of disease threats, such as how the Jews were portrayed, was a valuable action to safeguard the health of the whole. When, for example, one physician was asked how he could have sent so many Jews to their deaths, he replied that it was no different from removing a diseased appendix to save a patient’s life.

Factor Three: Government Sanction

[Image: Photo from the US Holocaust Memorial Museum, public domain.]
Reichleiter Bouhler and Dr. med. Brandt are charged with the responsibility to extend the authorization of certain physicians designated by name in order that patients who must be considered incurable on the basis of human judgment may be granted the mercy death after a critical evaluation of their illness.

Adolf Hitler

This document issued September 1, 1939 granted physicians the authorization to select and kill. It is important to note that it did not require them to kill and it was never a law. It did, however, begin the euthanasia programs described in Module 4 and thus started medical practitioners on the slide down the slippery slope. When murder is not longer a crime and is, in fact, sanctioned by the government, a powerful deterrent is removed. Not only does the act become legally permissible but it is also accepted socially and by peers. In fact, it was not only socially and legally permissible; it was encouraged as a way of protecting the people from genetic and economic harm.

Factor Four: The Killings Were Perceived to be “Good”

Killing the handicapped and those deemed to be “inferior” was regarded as a positive public health measure sanctioned by the government. Killing the Jews removed perceived economic threats and made many professional jobs such as university and civil service positions available to the Germans. The property of the Jews was seized and housing and wealth were made available to the “Master Race”. So-called “race defilement” was eliminated.

But lastly was the rationalization that killing the handicapped people was of benefit to them.

Luise E., a nurse charged with killing 210 of her patients at Meseritz-Obrawalde Hospital made the following statements at her 1964 trial:

I would prefer such a mercy killing in case I had some terminal incurable disease-physical or mental.

I had to fight severe inner battles when I was confronted with the problem of partaking in euthanasia.

I prayed for forgiveness while seeing death as a release from suffering.
At the same trial of 14 nurses, another, Berta N., stated the following:

I did not feel duty bound to follow every instruction I received just because I was a member of the NSDAP. As a caregiver of many years who had worked in different institutions, I really saw it [killing] as a salvation for the patients who were relieved of terrible sufferings by putting them to rest. I can truly say on our ward only very severely ill patients were killed.\(^{19}\)

Whether or not Luise E. and Berta N. truly believed, at the time of the murders, that they were acting in a beneficent way or whether they, and their attorneys, had devised this as a defense strategy for a trial occurring 20 years after the crimes is, of course unknowable. However, they, along with their 12 colleagues were acquitted despite having admitted to killing their patients.

**Individual Characteristics of the Perpetrators**

As stated at the beginning of this module, not all factors that enabled caregivers are known or even knowable. Dr. Michael Grodin had identified the following individual characteristics and behaviors that likely contributed to the transformation of caregivers to killers.

**Dehumanization**

Dehumanization can affect both the perpetrator as well as the object of the crime.\(^{20}\) In the former case, it is a decrease in the individual’s own sense of humanness. The physicians and nurses who committed the crimes of the euthanasia program often worked in environments where they had little contact with peers and mentally-competent people. They had masses of patients but little interaction with colleagues. Their work became more automatic than thoughtful. Psychiatric care was minimal in the government hospitals and patients were starved, terrified, and filthy after being transported from institution to institution. These deplorable conditions resulted in dehumanization of the patients and, as one physician stated, “this distanced them from the nurses and made it easier for the nurses to kill them.”\(^{21}\)
Splitting

Grodin defines splitting as a defense mechanism in which a form of self-deception takes place, allowing the conscious mind to isolate incompatibilities with self-image, separating thought from actions. Lifton uses the term “doubling” with much the same meaning. This effect would allow for a physician to kill patients in the name of protecting public health.

Numbing

Numbing is the diminished capacity to feel. As the killings of the euthanasia reached massive numbers and physicians and nurses were repeatedly exposed to these actions, even repeatedly enacting these crimes, numbing could have become a factor. Many physicians and other staff in the concentration camps self-induced numbing with chronic alcohol use.

Omnipotence

Never in the history of medicine has so much power been bestowed upon physicians. In the Nazi physicians, it was two-fold: first as physicians and as racially-supreme Nazis. In both aspects, the power of life and death were held in the hands of the physicians. This power, coupled with a complete disregard for ethics and many human lives, no doubt led to feelings of omnipotence and commission of acts which would otherwise never have been acceptable.

Summary

As stated earlier, but now bears repeating, all factors that enabled physicians, nurses, and caregivers to evolve [or devolve!] from compassionate people to murderers cannot be know; however, continued investigation into these phenomena is imperative to prevent such transformations in the future.
References:

3. Ibid.
14. Reich, p. 68.
15. Reich, p. 69.
18. Trial of Luise E., Staatsarchiv München, file number 33.029/2.
20. Grodin, p. 52.
22. Grodin, p. 52.