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BOOK REVIEWS

Two Reviews of: *The Nazi Doctors*

by Robert J. Lifton, M.D.

(New York: Basic Books, 1987). 561 pp. \$14.95. Hardback.

I.

How did it come about that members of one of the most advanced medical professions in the history of the world also became the greatest medical killers in medical history? How did the genocidal-medical mind develop? These are the questions that Dr. Robert J. Lifton seeks to answer in this important new book.

Lifton begins this study by tracing the beginnings of the Nazi euthanasia movement in the 1920s in great detail and with commendable fairness. This historical sketch should cause us concern because of the obvious parallels between German medicine from 1920 to 1930, and American medicine in the past two decades. German medical practice began its decline when it gave emphasis to the notion that there was "lebensunwertes leben" (life unworthy of life). Its decline was accelerated by adoption of the view that the deliberate taking of some lives judged to be "unworthy of life" was the "cure" for the genetic problems confronting the "Aryan" race. These two doctrines led to the establishment of the T-4 euthanasia program, the "wild euthanasia", and the use of euthanasia in the death camps.

Lifton points out how the Nazis sought to make their program of extermination of the Jews and other "biologically unfit" races a medical procedure. They aimed at "medicalizing" their murder program in order to make it more socially acceptable and to facilitate its technical aspects. This, however, is not Dr. Lifton's main interest, for he wants to know how it was that German doctors, professed healers, could engage themselves so fully and unrestrictedly as killers.

He then examines the psychological makeup of various genocidal doctors. He interviewed some of these doctors and other individuals who had intimate contact with other medical killers. To explain how the genocidal mind developed in these physicians, Lifton argues that they engaged in the psychological process of "doubling". When this occurs, an individual creates another independent "self" which is responsible for the killings. This other "self", however, is considered to be distinct and independent from the true and authentic self. This "doubling" process became so pervasive that in some instances, dual personalities seem to emerge in some of the Nazi doctors. Creation of this doubled self permits the physician to function not only as a healer, but also as a killer.

Lifton has dedicated his book to those who seek to prevent genocide in our era, and here a major weakness in his work surfaces. He finds the greatest threat of genocide in the contemporary era to come not from abortionists or mercy killers, but from advocates of the nuclear arms race.

There is a vast moral difference between the killing of combatants in warfare and the genocidal slaughter of innocent noncombatants. The latter is clearly medicalized killing, while the former *can* be legitimate self-defense. There is no dispute that genocide, medicalized or other, is always and everywhere wrong. But it is not clear that the possession of, or threat to use some nuclear weapons in specific circumstances is genocidal or even immoral. And deaths which would result from the use of nuclear weapons are in no way comparable to deaths resulting from medicalized genocide. It is at least speculatively possible that nuclear weapons could be used in morally unobjectionable ways in inter-state

warfare. But genocide, the deliberate killing of noncombatants, is clearly and unquestionably morally reprehensible.

It is amazing that Lifton draws a comparison between the medicalized killers of T4 and the Holocaust and proponents of nuclear deterrence, but he mysteriously fails to see the parallels between the Nazi killer doctors and our contemporary abortionists. Just like the Nazi doctors, contemporary abortionists are professedly dedicated to healing and saving life, and yet they deliberately destroy life in quite indiscriminate ways. As did the Nazi doctors, abortionists today "double", creating one self that aborts and another that practices medicine. Contemporary abortionists have created an entire panoply of euphemisms to cloak their lethal actions just as did the Nazi medical killers.

Just as the Nazi doctors justified their actions by the ideology of "racial purity", contemporary abortionists justify their actions by the ideology of "free choice" and women's rights. Contemporary abortionists often rationalize their actions by affirming that they are defending the woman against the injustices imposed on her by the child just as the Nazis justified their actions by claiming that their victims were posing threats against the Aryan race. Just like the Nazi doctors, present-day abortionists have developed an entire ideology to justify their actions and they consider those actions to be no different than other medical procedures. Like the Nazi doctors who were swept up into senseless unlimited killing, abortionists today are killing without pause and for no clear good reason. Even when there are clear demographic signs that liberalized abortion policies are bringing great harm to America, there are no signs that the abortionists will stop. The killing of the unborn goes on when it is not at all evident that the deaths serve any conceivable personal or social good whatsoever.

The Nazi doctors blamed their victims for their tragic fate. Victims were told that they deserved those fates because they happened to be Jewish, disabled, from the political opposition or just generally troublesome. Contemporary abortionists do virtually the same thing, aborting babies because they are suspected of being handicapped, inadvertently contributing to the population explosion or "unwanted" and inconvenient for some reason. Just as the Nazi doctors blamed their victims for their actions, contemporary abortionists blame the unborn children for their own deaths and claim that they can do nothing other than kill them. And just as the Nazis denied the personhood of their victims, contemporary abortionists deny the personhood of their victims as well. Why Lifton makes no mention of these parallels is mysterious beyond comprehension. The only conceivable explanation is a fear of equating the abortion holocaust with the Jewish holocaust, but that does not justify his denial of these remarkable parallels.

It is also amazing that Lifton makes no mention of the contemporary euthanasia movement. One wonders why he did not analyze the parallels between the Nazi doctors, and those contemporary Dutch doctors who have probably killed 10,000 to 20,000 patients in Holland in the past five years. The only apparent difference between these two classes of mercy killers is that the Dutch doctors purport to give mercy killing only to those who voluntarily call for it, but it is difficult to verify if this is true. But why Lifton did not analyze the contemporary mercy killing movement in light of its historical precedents is inexplicable.

Lifton displays a great deal of historical knowledge of mercy killing in the 20th century, and it is regrettable that he did not use that knowledge to answer some troubling questions about medicine in our time. Is the re-emergence of mercy killing in Western liberal democracies in the latter part of this century an utterly new development, or is it merely another instance of a chronic problem of modern medicine? Is medicine in Western liberal democracies on a slippery slope leading to even more killing, or is 20th century medicine simply trapped in the valley of death and unable to escape from it?

This remains an utterly fine study of the descent of German medicine into absolute barbarity and anyone who seeks to understand contemporary medical culture must know

this book. Lifton has performed a fine service, describing the genocidal mind so accurately, and he has given us fine insights into a mind which we hope will be unique to the 20th century.

— Rev. Robert Barry, O.P.
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II

The prophetic role played by the Right to Life Movement is generally not recognized by society and is not always properly appreciated by those within the movement. The publication of *The Nazi Doctors* by Robert Jay Lifton is an occasion for remembering that pro-life speakers and writers were reading the lessons of the Nuremberg doctors' trials and their relevance to modern medical ethics back in the early 1970s. Rev. Charles Carroll deserves prominence as the earliest voice to recognize the potential connection between abortion and Auschwitz. A member of General Clay's staff during the immediate post-World War II occupation, he witnessed the proceedings firsthand. Later ordained an Episcopal priest, Father Carroll received an assignment as chaplain to the faculty and students at the University of California Medical Center in San Francisco, about the time the abortion repeal movement began. His eloquent and erudite presentations were a voice crying in the wilderness in the early anti-abortion movement. Subsequently, he was joined by Dr. William Brennan, who called attention to the same issue in his writing on the *Medical Holocaust*.

Margaret Mead has pointed out that the real significance of the Oath of Hippocrates is often overlooked. Prior to the publication of the oath in 400 B.C., the medical profession carried out a dual function. Physicians were both healers and witch doctors who would cure or place a killing hex, depending on the wishes of the client. Subsequent to the oath, a new breed of physicians emerged. These were the followers of Aesculapius, who would never kill under any circumstances. Much of the oath is devoted to declarations against killing acts such as abortion, euthanasia and assisted suicide. The physician who embraces a killing function as an abortionist is reverting to the old pre-Hippocratic role. In writing *The Nazi Doctors*, Lifton recognizes the centrality of the Hippocratic tradition and places a copy of the oath as the frontispiece in the book. Apparently, he does not admit that the prohibition of abortion is crucial to the Hippocratic tradition, because the version of the oath which he uses has been edited to remove Hippocrates's reference to the unacceptability of abortion.

The parallels, nonetheless, between the evolution of American medical ethics which began with the repeal of abortion laws, and the deterioration of German medical ethics which began with the euthanasia programs, are pointed and frightening. First of all, it must not be presumed that the leaders of the medical cooperation in the euthanasia program were mere Nazi party hacks or professional fringe players. Many distinguished names appear on these rosters, especially from the fields of psychiatry, neuropathology, and pediatrics. No one better illustrates the type of physician who assumed leadership positions in medical extermination than Dr. Karl Brandt, Brandt, an Alsatian, was drawn both to Hitler and to his fellow Alsatian, Albert Schweitzer. In fact, he tried to join Schweitzer in Lambaréne as a medical volunteer, but was prevented from doing so by the French authorities who controlled that area of Africa. He joined the Nazi Physicians' League in 1932 and eventually served as Hitler's personal physician. He, along with Albert Speer, imparted great respectability to what was then a motley political party. Suave and

dignified, like Speer, he projected an aura of elegance which led others in the medical profession to regard him as "highly ethical". He was the perfect person to help Hitler inaugurate the euthanasia programs and to lend these programs scientific credibility. Brandt was still an impressive figure in the dock at Nuremberg as he was sentenced to death by hanging. The sentence was carried out without Brandt ever having renounced Hitler or the Nazis, despite the fact that Hitler had sentenced Brandt to death for aiding the escape of his own wife and son into the American zone of occupation.

My old professor at the University of Chicago, Dr. Helmut Seckel, had escaped Germany in the late 1930s to protect his wife who was Jewish. When he returned to Germany almost 30 years later to lecture on his internationally known work in growth and development, he described having found most of the principal players in the child euthanasia program still ensconced in the prestigious endowed chairs of pediatrics in West Germany. This was a further validation of the professional standing of the erstwhile Nazis.

Part of the prophetic role of the Pro-Life Movement has been to monitor the slippery slope and to catalogue the slide of the medical profession into successive stages of tolerance for killing acts—the slide that began with abortion, passed through infanticide, and now pauses at the discontinuation of feeding for comatose patients. The first incline on the slippery slope in the Third Reich was compulsory sterilization, as Hitler declared: "(The State) must declare unfit for propagation all who are, in any way, visibly sick or who have inherited a disease and can pass it on."

Lifton lists in his bibliography numerous references from *The Journal of the American Medical Association* in 1934, 1935, and 1936, indicating that the social engineers of the American medical profession expressed admiration for the Nazi sterilization programs. These eugenicists contrasted the German programs with the "more gradual evolution of practices and purposes in the U.S." One author comments regretfully that the Germans had sterilized "ten times as many as the Americans and in much less time."

The Supreme Court of the United States in its *Buck vs Bell* decision had come down strongly on the side of eugenic sterilization.

The next stage was the development of the infant euthanasia programs. It is not generally known that the Nazis also had their own "Baby Doe". The entire euthanasia program began with a petition to allow the *Gnadentod* (mercy death) of an infant named Knauer. As with Baby Doe, the petition came from the family (either the father or the grandmother) and was encouraged by the regime. In late 1938, Hitler ordered his confidante and personal physician, Karl Brandt, to go to the clinic at the University of Leipzig where the child was hospitalized to consult with the attending physicians. Brandt testified at his trial in 1947 that his purpose was to inform the physicians that they could carry out euthanasia and that Hitler would quash any legal action against them. From this seemingly small beginning came the entire Nazi holocaust. Unlike Baby Doe, who was to alert the conscience of a nation, Baby Knauer was martyred in relative obscurity, but his death was both symbolic and vastly important in the program to sanction the destruction of Life Unworthy to be Lived. The sinister cooperation between the medical profession and the courts was illustrated by the seminal publication by the physician, Alfred Hoche, and the jurist Karl Binding, entitled "The Permission to Destroy Life Unworthy of Life". The intervention by the Indiana Supreme Court to allow the death of Baby Doe and the intervention by the federal courts to protect the withholding of therapy from Baby Jane Doe from public scrutiny are further examples of this same type of medico-legal cooperation.

As Lifton points out, the principal fellow travelers with the Nazis were the Social Darwinists for whom the euthanasia programs were "applied biology". The state was held out as the more efficient achiever of what would require generations of natural selection. This vision could be shared by a world famous biologist, Ernst Haeckel, and a Nazi ideologue, Rudolf Hess. The promise was the purification of the world's most valuable race. The process, by natural extension, went from sterilization to euthanasia of children, to the starvation of older citizens to the extermination of criminals, undesirables such as gypsies and homosexuals, all Jews, Catholic protestors, political opponents and Slavic prisoners of war. The trickle which began with Baby Knauer became a tidal wave of

blood-letting in 1944. A sense of the transcendence of the German Reich helped to obscure the awareness of corrupt behavior. Always, the physician was required to be the key person in the life and death decision-making and persistent use was made of biomedical language for the programs. Anti-semitism was described by Himmler as "delousing" and S.S. Dr. Fritz Klein described Jews as "the gangrenous appendix of mankind" which he had removed "out of respect for human life".

Throughout the war, the charade of medical control was sustained. It was always the medical personnel who carried out the selection process, separating the able-bodied workers from the "useless eaters" who were consigned to the ovens. When euthanasia was carried out by phenol injections, it was the physician who gave or supervised the injections. When death by poison gas was found to be more efficient, it was the medical officers who directed the strategies of extermination by Zyklon-B or carbon monoxide. The notorious Dr. Joseph Mengele at Auschwitz had a great sense of purpose in his medical experimentations on twins, dwarfs and other special categories of inmates. He looked upon the death camps as a great opportunity for controlled experiments on disenfranchised subjects.

Leading scholars of the Holocaust went through tens of thousands of Nazi documents without encountering a single mention of the word "killing". As in the abortion movement, it was necessary to sanitize the language and to depersonalize the victim. "Terminating a pregnancy" and "fetal tissue" are semantic substitutes for "killing" and "unborn child". Nazi doctors also became psychically bound to a realm of derealization, disavowal, and non-feeling. The Nazi state was the first Biocracy. In the Biocracy, a vast political movement was disguised as a process of biological purification through which the state would be revitalized and cleansed of racial contamination.

Lifton brilliantly analyzes the crucial role played by the medical profession in the Holocaust. Genocide began as a collective understanding which became a collective will. There was a prefiguring or rehearsal in the form of prior, smaller genocidal events (direct medical killing in the euthanasia project). The smaller genocide developed the technology (poison gas), the personnel (medical units), and the structures (killing camps). Medical killing proved that the large scale event of genocide *could be done*.

As Eric Ericson has pointed out, "pseudo-speciation" or "seeing other human beings as belonging to a different species" was central to the calamity. By defining other human beings as "Jewish vermin", untermenschen, fetuses, hopelessly handicapped infants, or comatose vegetables, we are able to accept their deaths without compunction. Robert Jay Lifton describes, as the motivation for writing *The Nazi Doctors*, his desire to bear witness to the fact that "doctors killed and did so in the name of healing". Hopefully, this lesson will not be lost on the modern American readership.

— Eugene F. Diamond, M.D.
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Taking Care: Supporting Older People and Their Families

by Nancy R. Hooyman and Wendy Lustbader

The Free Press (MacMillan), 1986, 313 pp.

This is an excellent, informative and comprehensive volume by two Seattle, Washington social workers. It deals with the attitudes and concerns of both older people and those who