Book Review:

When Medicine Went Mad: Bioethics and the Holocaust
Arthur L. Caplan (Editor). Humana Press, Totowa, New Jersey. 1-992.359 pages. Price not stated. (Volume gifted to Forum for Medical Ethics by Dr. Ruth Macklin.)

In the past decade and a half more has been written on the Nazi Holocaust, particularly on Nazi medicine and its unethical human experimentation, than in the preceding thirty-five years. Of the 187 citations in the bibliography in this book, two are undated. 145 of the rest (78.4%) were published between 1980 and 1992. If we divide the fifty years since the Holocaust into two approximately equal parts, we tumble upon a troublesome fact. 169 (91.4%) of 185 citations were published after 1970! Further, of 16 citations published during the twenty-five years following the Holocaust, 9 are from the 1940s, when the Nuremberg trials of Nazi doctors shocked the world.

The scientific community’s condemnation of Nazi medical research is well known. What disturbs me is the quarter century of unexplained silence. Did scientists then believe that the Nuremberg Trials and punishment to some Nazi scientists were adequate answers to the horrendous breach in biomedical ethics? Why were so many silent when they knew that several Nazi scientists who had contributed to the Holocaust had escaped the law and were occupying respectable positions in universities and laboratories? The initial condemnation of Nazi medicine appears hollow. The victorious allied forces and their scientists had, in fact, queued up to pick the spoils that were the fallout of Nazi medical research.

It is heartening to see, in this book, essays sharply critical of such behaviour. They prompt us to introspect on science, its methods, ideology and the practice of medicine.

Nazi doctors were willing participants

In his preface, Arthur Caplan sums up the dilemma of the scientific community. For long many believed that scientists were forcibly used by the Nazis in their nefarious work. Scholars now realise that ‘medicine and science had played crucial roles both in fostering Nazi ideology and in implementing the Final Solution. Moreover, many of the physicians, public health officials and scientists who had been involved with the Nazi movement felt no remorse over their activities. They believed they had acted ethically in setting out to sterilise and destroy Jews, gypsies, homosexuals and other groups perceived as threats to the racial health of the German nation’.

Caplan shows that medicine and biomedical scientists were not the fringe elements but ‘were staunch supporters of the Nazi party and its programmes... The Holocaust, unlike many other instances of mass killing, was scientifically inspired, supervised and mediated genocide.’

Robert Proctor provides important data on the medical profession of that time in Germany in his essay entitled Nazi Biomedical Policies. Before Hitler rose to power in 1933, 3.6% (3,000) of all doctors had joined his party and by 1942, nearly half (38,000) of all doctors were members. In 1937, doctors were represented in the SS seven times more often than was the average for the rest of the employed male population! He also documents how various techniques of mass murder were devised by these doctors and how they got them accepted by the Nazi authorities.

To use or not to use Nazi data

The book opens with the chilling testimonies of the Holocaust survivors who had been experimented upon. We must read and re-read this evidence. This is necessary for on this subject there cannot be a cold blooded scientific and rational discussion. We must bring our sensitivities and emotions into play.

In the backdrop sections on Testimonies and Medicine, bioethics and Nazism, the main section on The use of information from Nazi ‘experiments’ is opened by Robert Pozos. Pozos had in fact, earlier termed the science behind the Dachau hypothermia experiments ‘atrocious and called upon the bioethical community and the media to debate the issue. Here, he argues, “these data should be made available to interested scientists so that they might advance humankind’s
understanding. However, the source of their insight or the authors of the unethical experiments should not be acknowledged in the scientific literature.” In his essay, *Nazi science* Robert Berger joins issue against Pozos. His own case study of the ethics and science of the much quoted hypothermia experiments has shown that the *Dachau* experiments were not only unethical but were also unscientific. He questions the position of some scientists that, if not all, of those findings (as the experiment in its entirety was perhaps unreliable, unscientific) could still-be used.

Velvl Greene, participating in the debate, makes a very interesting suggestion. “We must put the Holocaust and the Nazi experiments directly under the floodlights and on centre stage even if some of us and our past and present are partly illuminated by the glare. Instead of banning the Nazi data or assigning it to some archivist or custodian committee, I maintain that it be exhumed, printed, and disseminated to every medical school in the world along with the details of methodology and names of the doctors who did it, whether or not they were indicted, acquitted, or hanged. . . Let the students and the residents and the young doctors know that this was not an ancient history or an episode from a horror movie where the actors get up after filming and prepare for another role. It was real. It happened yesterday. It was ‘medical’; it was ‘scientific’, it was contemporary with the development of penicillin!”

**Euthanasia: to kill or not to kill**

The essays in this book cover all major human experimentation by the Nazis. The experiments involved cold blooded mutilation and killing of subjects. The mass killing for ‘racial hygiene’ was on a different basis. The establishment of any connection between the Nazi euthanasia programme and the present day move for permitting euthanasia on medical grounds evokes passionate responses from both sides.

In this section of the book, Ruth Macklin’s essay *Which way down the slippery slope?* deserves careful study. She identifies three approaches. The first finds too many similarities between what happened during the Holocaust and what ‘goes on in hospitals today. The second approach argues against the meaningfulness and accuracy of alleged similarities. The third approach, according to her, is not an intermediate position between the two, but rather, one that sounds a cautionary alarm about the dangers of the slippery slope.

Obviously, the issue is not whether what is practised today is identical to that practised by the Nazis. In historical issues of this kind, similarities as well as dissimilarities can be demonstrated. However, when one broadens one’s perspective to understand the suffering meted out to people through conscious decisions on health policy, one does feel uncomfortable with hospital based euthanasia or with allowing large number of people to die by not making health care accessible or through dubious experiments to control population. As Macklin puts it, “I do not suggest that efforts cannot be made to halt a slide that has begun. But when a society regularly and systematically confuses economics with ethics and uses cost benefit analysis as its only tool in forging health policy, it will fail to recognise the most dangerous slope of all.”

**Horrible science?**

The last section of the book - *The abuse of medicine and the legacy of the Holocaust* - dissects science itself in order to understand any factors inherent in the ways it and the scientific establishment are structured today which may give rise to the monster of Nazi ‘science’.

Of the books published recently on this subject, I found this volume clear and concise. The issues raised are very relevant today. Under the impact of rising communal and fascist forces, the Indian establishment is also looking for easy ‘Final’ solutions. Unfortunately our medical profession has given no thought to the Holocaust and has thus learnt very little from history.

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*All knowledge attains its ethical value and its human significance only by the humane sense in which it is employed. Only a good man can be a great physician.*

*Hermann Nothnagel (1841-1905)*

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