PHYSICIAN PARTICIPATION IN THE NS “EUTHANASIA PROGRAM”

Charges, Verdicts, and Sentences 1946 to 1988
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Professor of Psychiatry
Tatkomplex: Euthanasie de Mildt (2009)
Euthanasie vor Gericht, Vormbaum (2005)
Three books published by the University of Washington Press for which I receive royalties
I hope to expand the material on which this talk is based into a book
The Prelude to “Euthanasia”

- 1933 – Law for the Prevention of Hereditarily-ill Offspring
  - Compulsory sterilization
  - ~ 400,000 people sterilized
  - > 6,000 died as a result
The Prelude to Euthanasia

- Marriage Health Law (1935)
  - Prevented hereditarily ill and mentally-handicapped people from marrying
- Abortions for “eugenic” indications legalized (1935) – abortions otherwise illegal
- Reich Party Day (1935) - Hitler told Reich Physicians’ leader Dr. Wagner that in the event of war “the untreatable mentally-ill will be eliminated.”
In 1939, Hitler received a request from the parents of a severely deformed child (Kind Knauer) asking that his life be taken.

Sent his personal physician, Karl Brandt, to investigate.

Child profoundly mentally retarded and with only one arm and leg.

Approved child’s being put to death on 25th of July, 1939.
Case prompted Hitler to introduce programs to kill the incurably ill and, especially, incurably ill children.

Empowered Dr. Brandt and the leader of the “Fuhrer’s Chancellery” Bouhler to act on cases similar to “Kind Knauer”
Set up to develop guidelines for killing incurably ill children

Members included Brandt, two psychiatry professors, Catel and Heinze (child psychiatrist), a pediatrician, Wentzler, and an ophthalmologist, Unger
Camouflaged Organizations for the “Action”

- Reich Working Committee for the Registration of Hereditary or Congenital Severe Illnesses (“Reich Committee”)
- Set up group of three “expert reviewers” to determine independently, based on questionnaires alone, which children were to be killed
Reich Committee sent out questionnaires to be completed by all physicians and midwives reporting newborns and children up to three years of age suffering from the following conditions:
1. “Idiots as well as mongoloids (especially those who are blind and deaf)
2. Microcephaly
3. Hydrocephalus
4. Malformations of any type (especially those lacking limbs or with a splitting of the head or spine)
5. Paralyses”
Each reviewer indicated by a “+” or “−” whether the child should be killed
A “+” meant to kill, a “−” not to kill
Those to be killed sent to specially-organized “children’s units”
Observed there to see if they met the criteria
If so, the unit received a “permission to treat,” i.e. put to death
Parents informed that their children had been sent to special children’s units to be provided with “the best care and the newest therapies”

After the child’s death, the parents received a letter stating child had died, expressing sympathy, asking if the parents would like an urn containing the child’s remains
Approximately 5,000 children were killed in the “Children’s Action”
After the “children’s action” was up and running, Hitler decided to deal with the problem of the chronically mentally-ill
Hitler orders the euthanasia program to be carried out under the auspices of the “Fuehrer’s Chancellery”
- Special office set up to manage Hitler’s private affairs
- Director Philipp Bouhler
- Hitler’s personal physician, Karl Brandt, assigned as medical specialist
The Decree

- Written 10.1.39, backdated to 9.1.39, day Germany invaded Poland
- “Reich Leader Bouhler and Dr. med. Brandt are assigned the responsibility of expanding the authority of specific doctors to provide a mercy death to those patients deemed by a critical assessment of their condition to be incurable”
Reichsleiter Bouhler und Dr. med. Brandt

sind unter Verantwortung beauftragt, die Ersatzösire namentlich zu bestimmender Ärzte so zu erstreben, dass nach menschlichem Erwessen unheilbar Kranken bei kritischer Beurteilung ihres Krankheitszustandes der Gnaden Tod gewährt werden kann.

[Signatur]

[Unterschriften]
No intention of providing patients with “euthanasia” (a good death)

“Euthanasia” used to camouflage the true intent, to preserve the purity of the “Volk”

Tens of thousands of Germany’s best were being killed in the war and it made no sense to preserve the lives of those who could not contribute

The deaths of the patients would re-balance the valuable lives lost to war
The Reality Behind the Decree

In a racially-pure community, only those who were strong, healthy, and capable of work were welcome and worthy of support.

Those who were seen as “useless eaters,” “ballast existences,” and “inferiors” were believed to be “lives unworthy of life” and to be eliminated.
The Reality Behind the Decree

- Their removal freed up physicians, hospital beds, other resources for wounded soldiers
10.9.39 – Circular order from Ministry of the Interior to all asylums

Like the “children’s action,” disguised as registration of asylum patients, but really a means to decide which to kill
Patients not capable of useful work and with the following conditions to be reported:

- Schizophrenia
- Epilepsy
- Senile illnesses
- Treatment refractory paralyses
- Mental retardation
- Encephalitis
- Huntington’s, other terminal conditions
Also to be reported:

- Patients hospitalized for at least five years
- Criminally mentally-ill
- Persons who were not German citizens or did not have German or race-related “blood” to be reported by race* and citizenship
  - *”Jews, half-caste Jews, blacks, half-caste blacks, gypsies, half-caste gypsies, etc.”
Three expert referees acted independently to rate forms utilizing following markings:
- A “+” meant to kill, a “-” meant not to kill, a “?” meant unclear.

Chief referee reviewed ratings, made final decision – required to be a Professor of Psychiatry at a German university.
Meldehogen [1]

Name der Anstalt:

Anschrift:

Zw- und Vornamen des Patienten (bei Frauen nach Geburtsname):

Geburtsort: 
Staatsangehörigkeit und Rasse:

Geburtsdatum:

Diagnose:

Genauer Angabe der Art der Beschäftigung:

Seit wann in Anstalten:

Vorläufiger Beleganwalter:

Strafen:

Anschrift der nächsten Angehörigen:

Erbteil Patient regelmäßig gebeugt:

Bezugs Verwundung:

Anschrift des geistigen Vertreters:

Kostenträger des Anstaltsaufenthalts:

Dieser Raum ist frei zu losen:

Unterschrift des ärzlichen Beisitz oder seines Vertreters:

* Deutschen oder deutschsprachigen Stätten (besondere Fälle) und, soweit das möglich ist, einem der II. Staat, über, Angewandht, Angemiet, Angemiet, Angemiet, Angemiet, Angemiet.
Based on the questionnaires, each asylum received a list of patients to be prepared for transport

Transported to one of six “killing asylums” in Germany
“Reich Working Group for Healing and Care Institutions” (RAG) – composed initially of administrative leader Bohne, chief referee Dr. Heyde, 6-7 other physician referees

Group of referees expanded in 1940, not only to review the reports received from asylums, but also to tour the asylums to be sure the reports were being completed appropriately and in some cases to take over the reporting process themselves
Camouflaging “Action T4”

- Charitable Foundation for Asylum Care (“Stiftung”) – employer for all involved in T4
- Charitable Transport for the Ill (“Gekrat”) – transported patients from their home asylums to killing asylums
Relatives of patients who had been killed received a formulated letter from the asylum’s “Comfort Letter Division”

- “With regret we must report to you that your……, who had to be transferred to this institution on ……. by directive of the Reich Defense Commissioner, died unexpectedly on ……. of ……. (invented cause of death)
- “Given the severity of his illness, his death was a blessing for him
“The local police authority, out of concern for epidemics, required that the departed be cremated immediately.

We would ask you to inform us which cemetery should receive the urn containing the ashes of the deceased.

Letter was signed by one of the killing asylum’s doctors using an assumed name.
In the early days of T4’s operation, most physicians in asylums had no idea why data were being gathered or why patients were being transported to other asylums.

Some thought the Reich was trying to collect all patients capable of work to help with the war effort and, because the asylums required the patients’ labors themselves, inflated the number who were not capable of work.
Early Perceptions

- This led inadvertently to the inclusion of patients in the killing program who would otherwise have been excluded because they could work.
- Eventually, it became clear that the data were used to select patients to be killed and that the transports (“the gray buses”) took them to the killing asylums.
Mass-killings soon aroused rumors in the regions surrounding the killing asylums.

Rising number of deaths and similarity of death reports led to further suspicion.

This led to protests from the leadership of the Protestant and Catholic churches to the Fuhrer’s Chancellery, Ministry of the Interior, other party and government organizations.
Hadamar
Especially influential was a sermon by the Bishop of Munster, Clemens August Graf von Galen on August 3, 1941.
“I have learned from reliable sources that in the healing and care asylums of the province of Westphalia lists are put together of those persons in care who are viewed as so-called “unproductive fellow countrymen” and who are transported and shortly thereafter killed...German men and women, paragraph 211 of the Reich criminal code is still in force and it states: ‘whoever purposefully kills a person will, if the killing is carried out after reflection, be punished by death for murder.’
The End of “Aktion T4”

- As a result of the nationwide protests, Hitler cancelled Aktion T4 on August 24, 1941.
- During this first phase of mass-killings over 70,000 patients lost their lives.
“Wild” Euthanasia

- The program then took on a new form
- Patients, selected by the RAG in Berlin, now were killed in their home asylums by physicians, nurses, and caregivers there
- Killed primarily by injections of scopolamine-morphine, also by starvation
- Approximately 30,000 were killed in this second phase
Post-War Trials of the Participants
The Allied Control Commission Law #10 allowed for the trial of war crimes and crimes against humanity.

Key offenders were tried in Nurnberg, which included a “Doctors’ Trial” for physician-leaders of a variety of inhumane programs including euthanasia.

Less important offenders who had participated in the killings of foreign nationals were tried by military tribunals in the zones of occupation.
War crimes and crimes against humanity committed by Germans against Germans were tried by German courts.

In the western zones (American, British, and French) and later Federal Republic of Germany, most trials between 1948-1953 followed both the German criminal code applicable to murder and manslaughter and Control Commission Law #10.

After 1953, only the German criminal code was used.
German Trials of German Perpetrators

- Until publication of the West German “Basic Law” in May, 1949, murderers were sentenced to death
- Afterwards, sentenced to life in prison (death penalty eliminated)
- Manslaughter punished by 5-15 years in prison
In the eastern or Soviet zone Control Commission Law #10 applied along with Control Commission directive #38. The latter allowed for “atonements” as punishments such as loss of possessions, pension, voting rights.
Wartime allies pursued different postwar aims
Germany split between western (American, French, British) and Soviet zones
Blockade of Berlin by Soviets
Western allies needed western Germany to counter Soviet aggression
Historical Factors Influencing Judgments

- “Basic Law” May 8, 1949
- Foundation of Federal Republic of Germany (BRD) followed by German Democratic Republic (DDR)
- The “cold war” and “The Iron Curtain”
“Wirtschaftswunder”

Increasing desire for self-determination

Increasing concern about “victors’ justice,” need for statute of limitations
Crimes

- Crimes against humanity
- Murder
- Manslaughter
- Accomplice to murder or manslaughter
- Aiding and abetting murder or manslaughter
- Incitement of murder or manslaughter
Types of Defendants
(my categorization)

- Leaders of Action T4 – Prof’s Heyde and Nitsche
- Enthusiastic participants – Dr. Mennecke
- Willing, if unhappy, participants – Dr. Wernicke
“Misled” (young resident physicians who grew up under National Socialism and followed the example of more senior physicians and academics) - Dr. Borm

Resisters – Prof C

Unwilling to participate
Trial Defenses

- Obeying the law
- Obeying an order
- Immunity
- Fear of death or concentration camp
- Relieving suffering (“euthanasia”)
- Error (not recognizing the illegality of one’s actions)
War-time need to conserve human and material resources

Inexperience in psychiatry/relying on the judgments of leaders in the field

Conflict of duties
- Abandon one’s patients and seek a different position; Berlin would then send a more compliant physician who would assure that all were killed
- Stay and attempt “to save those who could be saved”
Other considerations

- Membership in NS organizations – party, SA, SS, Doctors’ Union, etc.
- Leadership positions in NS organizations
- Use of NS membership to advance career
- Offering some resistance – complaining about what was being done, asking for transfer to another asylum or to the military
- Evidence of inner conflict
## Trial Results – West Germany

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<th>Death</th>
<th>Life</th>
<th>Prison</th>
<th>Atonement</th>
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<th>Procedure halted</th>
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## Trial Results – East Germany

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Conclusions and Questions

- Over 100,000 mentally-ill adults and deformed and mentally-retarded children were murdered.
- Physicians in a terrorist state had no good choices, but a variety of bad ones.
Some participated as ardent Nazis and followers of Hitler
Others saw a way for career advancement
Still others obeyed orders;
  - Believed they were obeying the law;
  - Believed that they had been granted immunity from prosecution
Some refused to participate:

- after open acknowledgment of their objections to the program;
- by claiming ill health or age;
- by retiring;
- by asking for transfer to other duties;
- by returning to the military
Conclusions and Questions

- A few resisted, complying partially, deciding “not to abandon their patients” and to “save those who could be saved”
- Younger physicians were especially vulnerable to the example of experienced, better qualified, and influential role-models
Conclusions and Questions

- Golo Mann wrote, “Who landed in the dock and who ended up in a trusting relationship with the military governments was a matter of chance”
- Changes in societal views strongly influenced the justice system – it was better to be tried later than earlier
Different political systems (East and West Germany) pursued different ends

- After 1948, the Soviets declared that East Germany had been “denazified;” they were not interested in further pursuit of Nazis
- In their view, only the Western zones still had Nazis
- The case of Prof Heyde/Dr Sawade (1962) was an example
Enemies became allies, allies became enemies, attitudes toward wartime offenses and offenders changed; the “Cold War” began.

Was justice done?
The following “Open Letter to the President of the Federal Republic” was signed among others by:

- Heinrich Boll
- Marion Grafin von Donhoff
- Gunther Grass
- Martin Walser
“In mid-May 1974, the Federal Court of Justice confirmed the judgment of a criminal court in Frankfurt that the physician, Dr. Kurt Borm, was innocent of the charge of murdering 6,652 mentally-ill persons…the sole justification for this finding of innocence was that Dr. Borm during the time of his actions was a convinced National Socialist and therefore lacked the generally accountable consciousness of guilt in committing murder…He apparently had not heard of ‘Thou shalt not kill’…Every person on earth must shudder at the privileging of mass murder and its ideology, as has occurred in the Federal Republic of Germany”
The letter cited the South German News (SDZ):

“‘This judgment is one of the most monstrous decisions ever reached by German judges…[the judges] must have been abandoned by any sense of justice in deciding on this wrong-headed pardon of an accessory to mass murder…[according to the court] it is sufficient to have been a pigheaded National Socialist: then aiding and abetting murder is excusable’
Conclusion and Questions

- If justice was not done, what should have been done?
- Are there lessons to be learned from the German experience about how physicians should behave in times of war and national upheaval?