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Nurses and Midwives in Nazi Germany: The "Euthanasia Programs". By Susan Benedict, and Linda Shields. Routledge Studies in Modern European History. London: Routledge, 2014. 266 + xvi pp. ISBN: 978-0-415896-65-8.

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In my nursing education during the 1960s, the Nazi euthanasia program was covered during a class but mainly as a ghastly aberration that was unthinkable today with our now strong ethical principles. As students, we were shocked and horrified by the revelation that nurses were integral to Nazi killing programs. We had little knowledge of the mechanisms that existed to encourage nurses to kill those patients whose lives were deemed "not worth living."

Unfortunately, it is difficult these days to find information about nurses during the Nazi regime, even on the American Nurses Association website. Thus, the editors of this book do nurses and the public a great service by examining the little-known but crucial role of nurses in the Nazi euthanasia programs. Knowing this history is more important than ever as efforts to legalize assisted suicide and euthanasia continue to grow.

The authors explain the history, education, propaganda, and pressures that led so many nurses to participate in the killing of hundreds of thousands of helpless men, women, and children in the 1930s and 1940s; they also propose a model for teaching nursing ethics using the Nazi euthanasia program to encourage nursing students to examine ethical principles and their own values as a nurse in today's healthcare system.

Each chapter of this small but densely packed book deals with a different aspect of nursing and midwifery involvement in the Nazi euthanasia regime, information often surprising as well as disturbing. The book brings into focus the similarities between the development of the Nazi euthanasia program and the changes in medical and legal ethics that have developed over the years to result in the current

withdrawal of feedings for patients with severe brain injuries or dementia, legalized abortion, the increasing acceptance of physician-assisted suicide, and other ethical problems arising from new technologies.

As the editors themselves state: "One important aim of this book is to prevent the Nazi crimes happening again. As with many studies of the Holocaust and the Nazi era, the keys remain education and exposure to the reality of what occurred. Lobbying for the return of history as a permanent component of all curricula should be high on the agenda" (246).

The Medicalization of Killing

The authors start with the rise of the influential eugenics movement in the early twentieth century in countries like the United States where the American Eugenics Society even held conferences on eugenics, such as the 1937 one which included the topic "The Relation of Eugenics to the Field of Nursing." Eventually, the US eugenics movement fell out of favor after the Nazi euthanasia programs were discovered in World War II.

Even prior to World War II, German professional nursing publications discussed eugenics as "providing a scientific basis for the positive eugenics promoting reproduction among the healthy (often of northern European descent) middle to upper classes and negative eugenics encouraging limited reproduction and forced sterilization of the 'unfit' (who were often poor, uneducated, and more recent immigrants) as reasonable" (51). Eugenic language was most prevalent in public health and psychiatric nursing texts and in discussions of poverty, immigrants, cleanliness, and social problems.

The editors also point to the influence on Adolf Hitler of the 1920 book titled *Approval of the Extirpation of Worthless Human Lives* by Germans Karl Binding, a jurist, and Alfred Hoche, a psychiatrist. Binding and Hoche noted that there were no legal arguments preventing legalizing the killing of those whose lives were considered not worth living.

There was extensive propaganda aimed at increasing the acceptance of euthanasia by the public

and healthcare providers. Only a few months after Hitler seized power, the first law, affecting people diagnosed with psychiatric conditions, was passed. It mandated sterilization for people with hereditary disorders including alcoholism and epilepsy. Propaganda emphasized wastefulness of providing health care to the chronically mentally ill and the hereditary nature of undesirable physical, mental, and social traits.

Hitler did not propose the systematic killing of psychiatric patients during peacetime because he anticipated the opposition of the churches and the German people. The beginning of World War II muted moral objections and distracted the populace with concerns of conserving resources for the war effort and was the start of state-sponsored euthanasia. The first documented killing occurred in 1939 when Hitler granted the euthanasia request of a father whose son was born blind, missing a leg and part of an arm and who "seemed to be an idiot" (76).

In 1939, the German Ministry of Justice proposed two new clauses:

1. "Whoever is suffering from an incurable or terminal illness which is a major burden to himself or others can request mercy killing by a doctor, provided it is his express wish and has the approval of a specially empowered doctor."
2. "The life of a person who, because of incurable mental illness, requires permanent institutionalization and is not able to sustain an independent existence may be prematurely terminated by medical measures in a painless and covert manner" (76–77).

The program started targeting those in asylums and the disabled in nursing homes for death by lethal gas, starvation, drugs, and neglect. The Jewish population was especially targeted regardless of health.

Nursing in Nazi Germany

Nursing education in Germany was very different from today's nursing education. At the beginning of the twentieth century, the traditional religious-motherhouse concept for nurses and their education fell out of favor as nurses became more independent and formed nursing associations for themselves. Even so, the ideals of obedience, self-denial, altruism, and humility, first inculcated by the motherhouse concept, continued to be crucial to the concept of a good nurse.

Nurses could now assume a powerful position with their patients and within the healthcare system because they had a body of knowledge and a large repertoire of techniques to influence the conduct of their patients. They also had an independent sphere of action with respect to physicians. This eventually made them very valuable to the Nazi regime under Adolf Hitler.

In 1933, Adolf Bartels, the deputy leader of the Reich's medical profession, provided a blueprint of the future of nursing under the Nazis. He emphasized that German nurses in social and medical service had to meet standards in the new Reich that were very different from before. The new Reich not only wanted to look after the sick and weak but also wanted to secure a healthy development of all Germans "if their inherited biological predisposition allows for it" (38). Above all, the new state wanted to secure and promote a genetically sound, valuable race, and, in contrast to the past, "not to expend an exaggerated effort on the care of genetically or racially inferior people" (38).

As a Nazi politician stated, "a nurse is the one who should carry out the will of the State in the health education of the people" (39). It was not necessary for the majority of nurses to become ardent supporters of the Nazi regime for them to do the will of the Reich. One source noted that the majority of nurses who participated in a secret euthanasia program known as T4 tried to remain good nurses; an estimated 10 percent or fewer were enthusiastic supporters of Nazi practice. But, as in other areas of public life, the Reich absorbed professional nursing organizations, leaving the nursing profession with no means of expressing opposing or dissenting views as well as no organizational support for refusing to participate.

Midwives

In the first part of the twentieth century, German births usually took place in homes and attended by midwives. The influential role of the midwife also involved education and the provision of welfare services to her clients. The primary aim was to achieve good birth outcomes with a healthy mother and child.

Beginning in 1933, midwifery changed. A new law mandated a midwife for every birth and miscarriage and ensured that every midwife receives a minimum income. Midwives gained a monopoly in obstetrics, clearly distinguished from that of physicians and nurses.

The Professional Midwives Association was founded in 1933, and the association was given wide-ranging authority to regulate and control its members. The government and the Midwives Association expected midwives to educate their clients, and, like doctors, they were to communicate material related to Nazi ideology and racial and population policy. In addition, midwives were required to pass on information to health authorities about families including people who were considered “hereditarily diseased” (171).

Using midwives, the Reich took various measures both to prevent those regarded as having a “hereditary disease” or who were “racially inferior” from reproducing while increasing the birth rate of those considered valuable and healthy. Thus, the traditional midwife focus on the mother and child was changed to focus on the nation as a whole.

Midwives could initiate proceedings for forced sterilization, and it was now a duty for midwives to report to public health officers “deformed” births and small children with disabilities before their third birthday. Reports received from doctors and midwives were reviewed by medical examiners, and based solely on the reports, the examiners decided whether the child was to be killed or spared.

Parents with such children were told about institutions for children who needed special care that were being established through the country. They were persuaded to admit these children and were assured that the children would receive the best possible care. Parents could refuse but had to sign forms stating their responsibility to supervise and care for their children. The identified children in these institutions were killed by starvation or lethal injection. Parents were told that their children had died from natural causes.

During the war, mothers were often conscripted for work and then forced to relinquish their children. Three to five thousand became victims of medical experiments and research with the results immediately evaluated by autopsy.

Hadamar

The world was riveted by the 1945 Hadamar trial, the first mass atrocity trial after the Nazi regime was defeated in World War II. This trial came before the infamous Nuremberg trials that included doctors. Hadamar was covered extensively by American media but ignored by the *American Journal of Nursing* even though nurses were charged.

The trial involved one of the largest and most important killing centers, Hadamar Psychiatric

Hospital, one of the six institutions in Germany designated for killing the mentally ill. In 1943, a ward (called an “educational home”) was set up for mixed-race children with Jewish heritage within Hadamar (61). Completely healthy children were killed with lethal injections. The actual numbers are not known because employees were required to take an oath of secrecy. It is estimated that more than 13,000 patients were killed in 1941 and 1942, even before the ward was set up.

In the first Hadamar trial, Head Nurse Irmgard Huber was tried with six others for killing over 400 men, women, and children. Nurse Huber was charged with “obtaining the lethal drugs, being present when some of the fatal injections were given, and being present when the false death certificates were made out” (58). Two male nurses were charged with administering the lethal injections. All pleaded not guilty. Their defense was that they were powerless and had inadequate knowledge to judge the morality of their actions. All denied accountability.

Trial testimony confirmed that the nurses prepared patients for their deaths, directed the entire nursing staff of the institution, and were present at the daily conferences where the falsified death certificates were completed. Duties to patients were limited to so-called kindnesses that consisted of bringing small gifts to pediatric patients and taking care to prevent patients from knowing that they would soon be killed. Head Nurse Huber insisted that she wished to render a last service to these patients and did not want to do them any harm and that she had a clear conscience.

Killing was by lethal gas, performed at a rate of 100 patients per day until the T4 euthanasia by gas program was stopped in August 1941. A second phase called “wild euthanasia” was started in 1942 and ended in 1945. During this phase, patients were killed with lethal injections. At first, the bodies were cremated, but townspeople complained about the smell, so later bodies were buried in mass graves.

Four of the seven defendants were sentenced to death or life imprisonment. Head Nurse Huber and the others were sentenced to twenty-five to thirty-five years in prison.

The second Hadamar trial in 1947 did not receive the same attention as the first. Twenty-five members of the Hadamar staff were charged. At this trial, Head Nurse Huber was charged with killing fifteen thousand German mental patients. All but one of the defendants were found guilty and served sentences ranging from two and a half to five years. The one nurse found not guilty claimed she had feigned

pregnancy in order to achieve release from the killing center.

In the end, Head Nurse Huber was released from prison in 1952; the others by 1954.

Using the Nazi Euthanasia Programs to Teach Nursing Ethics

The book presents a model used for two innovative teaching programs about this subject, one in Israel and one in Australia, perhaps the most important contribution of this book. The editors believe that the Nazi era should be taught to students, “highlighting the danger of failing to see each individual as a valuable member of human society. And while the heart of nursing and midwifery continues to be care and caring practices, it is fundamental for students to confront this history to develop insights into the causes and social constructs that enabled nurses and midwives to distort the goal of nursing practice and theory to harm and murder patients.” (200).

The results of these programs and the responses by students appear encouraging. The editors hope that by raising these issues, students will be forced to confront their own values and beliefs, sometimes

an intensely uncomfortable experience. They also believe students who are exposed to this “dark element of nursing and midwifery history” will be better prepared to face pressure or to report and oppose violations of the trust that is central to any relationship between nurses and patients (200).

Conclusion

Decades after the Nazi atrocities, we are seeing a resurgence of the same “life unworthy of life” justification that drove Nazi eugenics. We see how this perspective increasingly approves the deliberate termination of some lives as “merciful” and “humane.” There is an emerging, shocking consensus that we can—or perhaps even *should*—choose to have our own lives terminated when our lives are considered not worth living either by ourselves or by others if we cannot speak for ourselves.

The authors of this book make it clear: we all need to know and understand the past in order not to repeat it. Hopefully, it is not too late to turn the tide of history back toward respect for all life. Catholic nurses should be at the center of this return to a recognition of the dignity of life that is the basis of compassionate care.