



DUTY AND 'EUTHANASIA': THE NURSES OF MESERITZ-OBRAWALDE

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This article examines the actions and testimonies of 14 nurses who killed psychiatric patients at the state hospital of Meseritz-Obrawalde in the Nazi 'euthanasia' program. The nurses provided various reasons for their decisions to participate in the killings. An ethical analysis of the testimonies demonstrates that a belief in the relief of suffering, the notion that the patients would 'benefit' from death, their selection by physicians for the 'treatment' of 'euthanasia', and a perceived duty to obey unquestioningly the orders of physicians were the primary ethical reasons that were stated for their behavior. However, 20 years had elapsed between the killings and the trial, thus giving ample opportunity for the defendants to develop comfortable rationales for their actions and for their attorneys to have observed successful defenses of others accused of euthanasia.

Duty and 'euthanasia': the nurses of Meseritz-Obrawalde

It is difficult to imagine a time when nurses complied with a policy of murdering their patients. It is frightening to realize how few resisted and how many rather easily complied. It was a time when nurses relinquished individual ethics for the government's 'greater good'.

Several phenomena had to converge to make 'euthanasia' a government sanctioned practice. During this era, there was a widespread belief, in Germany as well as other European countries and the USA, that a population could be made healthier through selective breeding. This was the so-called 'science' of eugenics. It was adopted so enthusiastically in Nazi Germany that laws were passed to prohibit people with hereditary disabilities from marrying or to require involuntary sterilization. Thus there was a wholesale devaluation of people with disabilities. Combined with this were the war effort and a poor economy. The government argued that the valuable resources of medicines, hospital beds and nursing care could be better allocated to healthier, and thus more valuable, members of society. Devaluation of disabled people became almost a sign of patriotism as the health of the people as an entity superseded that of individuals who were likely unable to contribute positively to the economy.

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Psychiatric patients became an especially vulnerable group because many were housed in government-supported institutions for long periods of time. It was the therapy of the day for patients to work while hospitalized and often the institutions were almost self-sustaining microcosms. They had their own gardens and farms and, as per patient funding decreased, these often had to provide food for patients and staff. Patients who were unable to work even at simple chores such as mending and sweeping were considered worse than useless: they consumed resources without any contribution.

Beginning in 1939, the National Socialist Government of Germany implemented a policy of killing children with physical or developmental handicaps and 3000–5000 were killed in this children's 'euthanasia program'.¹ In September 1939, Hitler authorized the following, thus expanding the program to include adults:

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 (p. 67).²

This brief statement paved the way for the establishment of an organized program of murder under the domain of the Chancellery of the Führer and the Public Health Section of the Reich Interior Ministry, and became a death sentence for thousands. The murder program was known as T-4 after the organization's headquarter's address at Tiergartenstrasse 4 in Berlin. Beginning in January 1940, the first of six killing centers was established for the gassing of psychiatric patients. All but one of these gas chambers (at Brandenburg) were established at working psychiatric hospitals, including Hadamar, Hartheim, Sonnenstein, Bernburg and Grafeneck. It is estimated that 70 273 adult psychiatric patients were killed in the T-4 program.¹

By 1941, the killings were becoming public knowledge and vocal opposition arose from the Catholic churches. In particular, Bishop Clemens August Graf von Galen of Münster openly condemned the killings in a sermon delivered on 3 August 1941.¹ In addition, people in the towns surrounding the killing centers were aware of the suspicious buses with windows painted over that brought transports of patients to the psychiatric hospitals. The arrival of the buses was soon followed by billowing smoke from the chimneys of the crematoria.³ Due at least in part to public awareness, the T-4 organization ordered the gassings to be stopped on 24 August 1941.¹

This order did not, however, end the murders of the psychiatric patients. A number of psychiatric institutions received so-called 'special orders' and continued with the killings on an individual basis, usually by lethal injection. This phase of the Nazi 'euthanasia' program was known as 'wild euthanasia'.² One of the main sites of these murders was the Meseritz-Obrawalde psychiatric hospital.

The purpose of this article is to describe the wild euthanasia program at Obrawalde and to analyze the actions of the nurses involved in the killings. Most of the primary source documents, including statements of witnesses and defendants, were obtained from the state archive in Munich, Germany. Initial requests for access to the documents related to the Meseritz-Obrawalde trial were denied due to the fact that some of the accused were thought to be still alive; however, permission was granted on appeal with the condition that the last name of the accused would not be used in any publication. Additional documents were obtained from the Archives of the Resistance

in Vienna, Austria; from Yad Vashem, the Holocaust museum and archive of Israel; and from the Meseritz-Obrawalde hospital's 'Memorial Chamber', an archive and display room dedicated to the memory of the patients who were killed there. Many of these documents were sworn statements, thus supporting internal criticism or reliability of the documents. Additionally, secondary source documents were used to verify the events and provide for greater context.

Today the hospital Obrawalde is known as Obrzyce and is located in the eastern sector of the town of Międzyrzecz (formerly Meseritz), Poland. It is still a working psychiatric hospital with about 20 buildings, most of which are used to house patients. Each of the two-story brick buildings is of the same unique style and located in wooded grounds. The college campus-like atmosphere belies the terrible events that took place there 60 years ago.

Until 1937, the hospital Obrawalde belonged to the German state of Prussia, located in the border province of Posen/West Prussia. In addition to psychiatry, there were many departments in the hospital, including internal medicine, neurology and obstetrics. There were homes for children and elderly people, as well as for 'crippled patients'.⁴ In 1938, all general medical departments were abolished and Obrawalde became exclusively a psychiatric hospital, and, by 1939, it contained approximately 900 psychiatric patients. Within a year, this number increased to more than 2000, with only three physicians, Drs Mootz, Vollheim and Wernicke, to care for them.⁵

In 1941, Walter Grabowski, a former salesman who was regarded as an especially zealous Nazi, was appointed as administrative director of Obrawalde. He implemented a number of changes in the hospital that affected the nurses and caregivers (nurses' assistants), including 14-hour work days. Grabowski was often rude and intimidated the hospital employees, thus making the atmosphere among the employees become one of distrust.⁶

Wild euthanasia began at Obrawalde under the supervision of Grabowski at the end of 1942. Among those murdered were inpatients of Obrawalde as well as other patients who were transferred there for the purpose of being killed. Transports of psychiatric patients from other institutions began arriving at Obrawalde at the beginning of 1942 and became even more frequent during 1943. These patients were unloaded by the nurses and caregivers and were in horrible condition, often being very emaciated and dirty. Wernicke postulated that these conditions helped the staff to distance themselves from the patients and to see them as less than human, which may have contributed to the willingness of the staff to kill them.⁷

Inpatients were selected for death by the head physician, Dr Theophil Mootz, and Dr Wernicke. These doctors reviewed the patients' files and, occasionally, briefly examined the patients. In addition to patients who were severely ill, those whose behavior was more normal but who were unable to work were also killed. The actual killings were left to the nurses and caregivers. Wernicke contended that it would be 'too obvious' if she were to do the killings herself.⁸

In the women's portion of Obrawalde, the killings took place in Houses 1 and 3 (children), 6 and 8 (infectious diseases), and 9 and 10. Among the men's units, most of the killings took place in House 18.⁵ On these units, 'isolation' rooms were designated to be killing rooms. The doomed patients were taken singly into the isolation room before being administered the lethal medication. Patients from units without the special rooms were transferred by the caregivers to units able to accommodate the procedure.⁹ Prior to being taken to the special rooms some patients were premedicated

with Veronal (barbital, diethylbarbituric acid) or another sedative. Once in the room, in most cases, the killings were done with an overdose of a sedative such as Veronal or Luminal (phenobarbital). Usually 10 tablets (or the equivalent amount of powder) were dissolved in water and given by mouth. If the patient was unable or refused to take oral medication, an injection of morphine and scopolamine was given. Occasionally, an injection of air into a vein was the mode of murder.⁹ Killing with oral medication was in the following manner:

In general either the ward caregiver or I would sit the patient up in her bed, put an arm around her, and talk to her consolingly. So one of us would hold the patient in an upright position and the other caregiver would hold on to the glass with the medication. Then the patient either was able to swallow the liquid on her own or it was given to her with a spoon. If the patient was extremely restless, which also happened quite frequently, then three caregivers were needed for the procedure.⁹

The patients would soon fall asleep and usually die within half a day. Those who were given the air embolus died within minutes and those who received morphine and scopolamine died within a few hours. In the early days of the killings, the caregivers had to remove the bodies themselves. Later, as the number of killings increased, a group of male patients, 'the cemetery gang', was organized.⁵ Bodies were buried in one of Obrawalde's own cemeteries.

The patients' deaths were documented in a specially created office in the hospital. Here the death certificates were prepared and signed by the physicians.² Inevitably, the true cause of death was not provided; rather, a common and plausible diagnosis such as 'stroke' was supplied.

Otto Freund, a patient at Obrawalde, described how corpses were buried in mass graves, with five to seven being placed on top of each other and wrapped in black paper. A special coffin with a trap door was built and used for funerals that were attended by relatives. The trap door was hinged so the body dropped directly into the grave after the ceremony and the coffin could be reused.¹⁰ Hedwig Neumann Vollheim, who worked as a laboratory and X-ray assistant at Obrawalde, provided an employee's perspective. She stated that all of the caregivers talked of the killings and the patients became restless. She described seeing as many as 50 corpses stacked in the morgue.¹¹

On 29 January 1945 the Soviet army arrived at Obrawalde. Many of the personnel, including the director Walter Grabowski and Drs Mootz and Wernicke, fled, leaving behind 1000 patients and workers to survive on their own.¹² The nurse Amanda Ratajczak also escaped but was captured by the Soviets in early March 1945. She admitted to killing over 1500 patients herself. In fact, her last murders occurred just one day before the arrival of the Soviet army.¹² Ratajczak was given a brief trial by the Soviets, including a filmed re-enactment of her killing method, and was sentenced to death by the Soviet authorities. Ratajczak, along with the male caregiver Hermann Guhlke, was shot on 10 May 1945.¹³

Within a few months of the arrival of the Soviet army, pathologists were sent to Obrawalde to further investigate reports about the killing of patients. Survivors reported that 30–50 patients had been murdered daily in the hospital over a period of several years. Supporting these reports were the findings of over 800 ampoules of morphine and over 2000 ampoules of scopolamine, syringes and store rooms with huge quantities of patients' clothing and shoes. There was a crematorium, an

uncompleted gas chamber and two mass graves with over 1000 corpses in each. The pathologists established that 18 232 patients had died at Obrawalde over a three-year period and this number was corroborated by Amanda Ratajczak during her trial.¹²

Nurse Helene Wiczorek and Dr Hildegard Wernicke were tried in the first 'euthanasia' trial before a West German court in March 1946.¹² Both were sentenced to death in Berlin on 25 March, 1946 and appealed the judgment.¹⁴ The appeal was denied and they were executed on 14 January 1947.¹²

The nurse defendants of Obrawalde

In 1965, 14 nurses who were accused of killing, or assisting with killing, patients hospitalized in Obrawalde during the period 1942–1945 were tried for their actions. Another nurse who had been investigated for the accusation, Berta Koslowski Neft, committed suicide before the trial.¹³

Almost 20 years had elapsed between the killings and the trial of these 14 nurses. This interval would prove to be extremely important for the defense. Not only did the attorneys have the benefit of seeing successful defenses of others accused of 'euthanasia', but the defendants themselves had plenty of time to rationalize their actions and prepare plausible explanations. Perhaps of equal if not greater importance, the public interest in the crimes of National Socialism had waned. By 1965, Germany was more than ready to be done with the Nazi war crimes. In an important trial of SS men from Auschwitz held in 1965, the year of the nurses' trial, a prosecutor stated: 'The majority of the German people do not want to conduct any more trials against the Nazi criminals' (p. xi).¹⁵ In the same year, the West German Minister of Justice in Bonn 'pleaded that the "murderers among us" be left in peace' (p. xi).¹⁵

The nurses' trial was held in Munich, Germany, beginning on 22 February and concluding on 12 March 1965.⁵ German law prohibits the identification of these individual defendants by their full names.

Luise E

Luise E was the main defendant in the trial. She was accused of participating in the killing of 210 patients. Luise E's initial duty at Obrawalde was to supervise the patients during 'work therapy' each day. After about a year, in late 1942 or early 1943, she was made head nurse on the 'restless' unit. Dr Wernicke was the only physician responsible for these patients and it was under Dr Wernicke that Luise E experienced her first case of 'euthanasia'. The following is from her deposition taken in the Bavarian State Office for Criminal Investigation, Wasserburg, Germany, on 19 June 1961.

Neither Dr Wernicke nor any other person in Obrawalde ever talked to me about euthanasia. I never was told or sworn to keep these things secret. There never was a lecture or other form of instruction about the subject. I thought it was presumed that I agreed with the practice of euthanasia. My personal idea was that I would prefer such a mercy killing in case I had some terminal incurable disease – be it physical or mental.

Although this was my inner attitude, I had to fight severe inner battles when I was confronted with the problem of partaking in euthanasia. The way I experienced it at that time it seemed more like killing human beings. Was there any form of legislation which

would allow such killings? I was never told that such a law existed. At another time, Dr Mootz assured me I should not worry at all about these things because he would cover up for me. These remarks gave me the idea that there was something legal about the practice of euthanasia.

I have mentioned during previous questioning that I myself thought there was a true justification for the killings only in about one-half of the killings ordered. In my opinion, only those patients should have been killed who showed all signs of a very near end of their lives – maybe about three weeks or less until they would die, or other patients who had so many deep bedsores [decubitus ulcers]. They were suffering greatly and there were neither the necessary ointments and bandages nor any medication available for their condition. Or other patients who really were at the end of their human existence such as those who would eat their own feces and needed continual observation for those and similar acts. I did not approve of killing patients who had totally lucid intervals between their attacks of insanity and those in whom I could see some hope for improvement. These were the cases which caused me the severe conflict that I have talked about.⁹

Luise E stated that she was of the Protestant faith and believed in the commandment that 'Thou shalt not kill', yet acknowledged that her killings 'offended this commandment'. She stated that she had serious inner conflicts about this and had prayed for forgiveness, all the while seeing death as a release from suffering for those who were so desperately ill.⁷

In a stunning petition by K Merckenschlager, an attorney representing Luise E in the trial, the argument was presented that Luise E could not have possibly killed 200 patients but, in fact, killed or assisted with the murder of *only* 110 people, based on her vacation time, days off duty, and the fact that killings did not occur on Saturdays, Sundays or holidays.¹⁶

Anna G

Anna G joined the Nazi party in 1935 but claimed never to have been active. She worked as a nurse at Obrawalde beginning in 1941 and remembered that euthanasia was practiced quite openly on her ward. At the time, too, she spoke of her concern that she and others would one day 'end up in prison because of what we are doing here'.¹⁷

The first case in my memory when I partook in a killing was when Luise E called me to give her a hand. I was called into a small room. There was a severely ill woman about 40 years old. Luise E ordered me to dissolve the medication in water. From the dose, I knew it would be lethal. Luise E then gave the medication to the patient. I held on to the patient who was violently objecting to the drink. If she knew what it was that she was drinking, I do not know. Later I was ordered by Miss H to check on the patient until she was dead. Later I learned that Dr Mootz would point out certain patients during his rounds to the head nurse and he would request their records. Those were the patients to be killed.¹⁷

When asked by the interrogator why she assisted even after realizing the dose was lethal, Anna replied that she was told to follow orders. Anna G worked in House 6 for four to six months. During that time, she was a participant in the killing of approximately 20 patients, mainly by bringing the patients to the small special room or by preparing the medication.

I do not know of any caregiver who refused to partake in these procedures. I also do not know of any caregiver who was sent to a concentration camp. My sister who was a

Protestant nursing sister [Diakonisse] refused to partake in anything. She had strong support from the motherhouse. Other caregivers did not have support like this. At times I thought to ask for a transfer but I was afraid of losing my job and I had to support my father. I was especially afraid of Grabowski – he even had the church of the institution closed.¹⁷

In a paradoxical statement, Anna G exhibited her 'caring':

We really wanted to make the last day as easy as possible for the selected patients ... I remember that one patient was a strict Catholic and on her last day she asked for a priest so that she could receive the last sacraments. I remember very clearly and can say with absolute certainty that the priest was informed before the killing and that the patient, who at least on that day was completely in her right mind, received the sacraments from the priest.

... I can't remember that I ever appointed a younger nurse to help me. Young nurses deliberately were not appointed to participate in the killings because we feared that they would not be able to keep their mouths shut ... The killing of patients was never done by only one nurse. Practical experience had shown that it was absolutely necessary that the killing was done by at least two nurses ... Nurses are also only humans and the strength of their nerves is limited. I think the two nurses had to support and help each other when doing the killings. The killing of a person is a hard strain on the nerves of the person doing it. After all, it could have been possible that the strong nerves of one nurse would not have been enough ... one nurse could have fainted or she could have shrunk back. But when two or more worked together, the other would have helped to surmount the weak moment. But the cooperation was not only absolutely necessary for psychological but also for practical reasons. I did not experience it one single time that a patient took such a large quantity of dissolved medicine voluntarily.

... On giving the dissolved medicine, I proceeded with a lot of compassion. I told the patient that they would only have to take a cure. Of course I only could tell these fairy tales to those patients who were still in their right minds ... I took them in my arms lovingly and stroked them when I gave the medicine ... I talked to her nicely, now that she had drunk so much, and told her to finish the rest, otherwise the cure would not be complete ... Old women who could not drink the medication or be spoon-fed were to be given an injection. They were not to be tortured more than necessary (p. 239).⁷

Martha W

Martha W was born on 24 July 1908. She also worked in House 6 at Obrawalde at the time when Dr Mootz was the physician and Luise E was the head nurse. Martha testified that she had been raised as a Catholic and had learned the commandment 'Thou shalt not kill' but, all the same, participated in the killings despite disapproving of euthanasia.

Nevertheless, I participated in the killings and I recognize that I acted against the commandment and my conviction and I have burdened my conscience seriously. The only explanation that I can give is that I did not have enough time to think about it at that time because the nurses were put under a lot of stress (p. 249).⁷

When Martha W was asked if the patients knew what was happening, she replied:

... [a certain patient] asked for me, so I went to see her. The patient told me that it was her turn the next day ... She asked me to get a priest as she wanted to make her confession.

The patient knew exactly what was going on. She asked me to tell her relatives as soon as she died that she had passed away peacefully. She also asked me to give her the rosary after her death (p. 241).⁷

Martha W admitted to killing about 50 patients but also testified that she saved lives by often advising relatives to take patients home if she thought they were going to be killed.¹⁸

Erna D

Erna D was unable to provide any explanation for her willingness to participate in the killings other than she was taught obedience and was afraid of refusing an order. She once refused to give a lethal injection and had been 'severely reprimanded' by the head nurse, Amanda Ratacjak.¹⁹

Margarete T

Margarete T was accused of 150 murders yet contended that she was still a very religious person who attended church regularly. Because of this she felt deeply guilty about her role in the killings. Like Erna D, she, too, cited strict obedience as the primary reason for her involvement. She claimed that as a civil servant she was sworn to secrecy and was compelled to obey all orders of physicians and higher ranking nurses without contemplation of the legal aspects.

It never occurred to me not to follow the orders given to me. Just as soldiers on the front had to do their duty, so did we. To follow orders given by an attending physician absolutely is one of the most important duties of a caregiver. For this reason, the proviso that I would also have become a thief if it were ordered is beside the point. The orders given to me were within the field of my work and my training.²⁰

Meta P

Meta P also invoked the theme of obedience and discipline as the reason for her involvement in the killings by saying that among the nurses there was strict discipline and every subordinate nurse was obliged to execute the orders of her superior. Yet after one occasion when she had to accompany an ambulatory patient to another ward to be killed, she told her head nurse that she would never again take part in such a 'transfer' because she 'just did not have the heart for such things'. She was never again asked to help with the killings.²¹

Berta H

Berta H stated that she had refused to do the killings herself and even began to cry when she heard the order that certain patients were to be killed. She stated that Dr Wernicke wanted her removed from her position as head caregiver but this did not take place. She was not punished nor was she demoted. She did, however, continue to assist with the killings by holding patients down while others forced fatal medications. She was able to convince herself that because she did not administer the medications herself that she was absolved from guilt.²²

Martha Elisabeth G

Martha Elisabeth G was accused of killing 28 patients:

Certainly I felt guilty about it at that time and, although I did not do any of the killings by myself, I did help and I had a certain feeling of guilt . . . I am only an ordinary nurse . . . and never realized that, legally speaking, I had become implicated in the killings. When I had to assist in the killings, I acted under duress and never with the intention of killing a person . . . At that time, nobody would have helped us at Obrawalde if we had refused to do the work, and there was nobody to pour out one's heart to and who we could trust. As sort of slaves, we were completely at the mercy of the rulers and their political line (pp. 244–45).⁷

Margarete Maria M

Margarete Maria M, accused of killing three patients, had a more pragmatic reason for her willingness to kill: she was afraid of losing her job as head nurse and her benefits as a public official if she had refused. She was financially responsible for her grandparents and this loss of income would have been unthinkable.²³

Gertrude F

Gertrude F, accused of killing five children while employed on the pediatric ward, pleaded ignorance of her actions and, at the time of her trial, she still had not accepted responsibility, citing her youth (she was the youngest caregiver in the house) and her obligation of obedience. She, too, looked on her patients with pity and saw their death as a salvation, stating that she recalled patients being asked to be relieved of 'their illness and pain'.²⁴

Erna Elfriede E

Erna Elfriede E participated in the killing of 200 patients. She was asked if she believed that the killings were legal:

They did not make me swear on a secret matter of the Reich and I was not sworn to silence . . . I considered the killings as injustices . . .

I was brought up as a Christian. I already learned as a child what one may and may not do. I learned that one must not steal and must not kill. [I did not refuse to participate in the killings] because I was ordered to do it . . . I do and did in the past have a strong feeling of guilt but it is impossible for me to give a reason for not refusing. It simply was ordered and I had to execute the orders (p. 246).⁷

Trial outcome

The court found that criminal action was not proven for several of the nurses, including Erna D, Margarete Maria M and Meta P. Their statements that they had not realized that their patients were going to be killed could not be refuted at the trial. The remaining defendants were found to have been involved in the killings but they

in no case acted on their own. They simply followed the orders of their superiors without identifying themselves with the activity or approving of it. Because the accused followed the physicians' orders when executing the killings, they had no say-so in the action. They merely have to be looked on as helpers.⁵

All 14 of the nurses tried in the München Schwesternprozeß (nurses' trial) were acquitted on 12 March 1965.

Factors influencing the nurses' actions

The following factors are identified as being influential in the nurses' decisions to participate in the killing of their patients. These factors are presented not as a justification, but rather as an attempt at bringing some understanding to these otherwise almost incomprehensible deeds.

First, it is important to understand that the nurses were not well educated, nor were they sophisticated. They largely came from poor families and had completed education only to about age 14, plus one year of domestic service before going to a hospital for 18 months of on-the-job training. Additionally, and perhaps of even greater importance in the context of the killings, applicants to nursing programs had to be deemed 'politically responsible'.²⁵ Among the courses in their curricula were 'Genetics and race care and population politics' and 'Execution of doctors' orders'. Of the 200 hours of theoretical content, 100 hours had to be taught by physicians.²⁵ Compared with physicians, who were university educated and often from affluent families, the nurses' education was indeed meager and emphasized obedience to those of a superior position.

When some of the nurses of Obrawalde did question the orders of the physicians, they were told that they did not have the choice of refusal nor did they have the full responsibility for their actions. Perceptions of powerlessness were evident in the statements of several of the nurses who did not see a way around the orders, did not have anyone to talk to, had no one to trust if they told, or were the youngest nurse in the house. Others, however, did not remain powerless. They relocated, changed jobs, asked for transfers, or became pregnant so they could stop working.³ Meta P, who was riddled with guilt after accompanying a patient to the site of his death, refused to participate, receiving only a threat of demotion but no actual consequences.²¹

During this era, the health of the nation (*Volksgesundheit*) was a national goal and took precedence over that of individuals. People who had severely compromised health were not only believed to be living 'lives unworthy of life' but were a threat to the health of the nation by drawing resources from those who were more productive, and thus 'valuable'. The principle of *Vorsorge* – the notion that the focus of care should be on the promotion of the health of the nation rather than on providing for ill individuals (*Fürsorge*) – emerged as the new order. This provided a rationale for the elimination of those who were unable either to get well or perform meaningful work. Nurses were educated to believe in this concept and to give their effort and allegiance to Hitler, National Socialism and the healthy elements of society.²⁶

From their testimonies, the nurses believed that what they were doing was legal, was required by their government, was saving valuable resources for the war effort, and was contributing to making the German people stronger by eliminating those regarded as 'useless eaters'. An extremely important concept is that the nurses stated that they believed they were relieving patients from suffering. Like other German citizens of the era, the nurses and physicians had been exposed to an acceptance of euthanasia through movies advocating the killing of terminally ill people as well as those who were unable to work or lead lives that had visible usefulness.

Fear of the consequences of refusing to participate and fear of being reported to the Gestapo were not frequently cited by these nurses but have been given by other nurses as reasons for not refusing to help with the killings.² Certainly, the Gestapo was greatly feared during this era. In at least one institution, Eglfing-Haar, the nurses were made to sign pledges of silence under threat of death if they discussed the euthanasia program.²⁷ However, the element of secrecy is less clear at Obrawalde. Margarete T stated that she was sworn to secrecy,²⁰ whereas both Luise E⁹ and Erna Elfriede E said that they were not.⁷ Their position seems to be supported by Hedwig Vollheim's description of the killings being openly discussed.¹¹

Certainly, the economy of the time was difficult and some nurses testified that they continued to work in the euthanasia program because they were afraid of losing their jobs. Additionally, housing was usually provided by the employing institution; thus to quit a position also meant relocating, something that could have been difficult during war. It is, however, at least from the perspective of 60 years post-trial, difficult to comprehend how people educated, or at least trained, as caregivers would not have been in great demand and thus able to find positions that did not compromise their ethics to the extent that they subsequently described.

Nursing ethics and killing

In ruling for the acquittal of all 14 of the nurses, the court seems to have relied heavily on the fact that they all saw themselves as duty bound in their role as nurses to follow orders from physicians and supervising nurses. The notion of duty to follow orders was further reinforced by the perception of many of the nurses that they were also acting in the role of civil servants (i.e. as employees of a state-run psychiatric institution) and as such had to carry out the policies and directives of their supervisors and superiors.

Obedience to authority clearly loomed large in the overall assessment of the guilt of these nurses. What has not been given the same attention is the fact that the nurses also offered ethical reasons for their involvement in 'euthanasia'. This may or may not have helped their case when they were tried. However, their arguments merit critical attention both as history and to the extent to which they highlight challenges in nursing ethics today.

First and foremost, the notion of obedience to proper authority was a deeply ethically grounded concept that was emphasized in both the culture of Nazi Germany as well as in nursing education of that era. The nurses were not automatons. They believed in the moral propriety of the system in which they worked. The moral legitimacy of the orders they received and the impact of those orders was that they deserved or merited obedience, given that their source was doctors and their context a psychiatric hospital run by the state. Some of the nurses put their moral duty to obey proper orders ahead of their moral duty not to kill. Others believed that what they did was not killing but merely the outcome of obeying a morally licit command.

It is sometimes argued that the only way to understand the actions of doctors and nurses involved in 'euthanasia' and murder in Nazi Germany is in psychological terms. The participants were so stressed and brainwashed to do their duty and follow orders that their conduct falls outside the realm of being morally motivated.^{28,29}

The testimony of the nurse defendants of Obrawalde is a telling reminder that people rarely involve themselves in highly emotional and stressful behaviors unless they believe they are doing the right thing.³⁰ It is obvious from the testimony that some of the nurses did believe that the killing they engaged in was ethical; or else, having the benefit of 20 years to reflect on their actions, they had arrived at a state of remembrance with which they could comfortably justify their involvement.

Many of the nurses also expressed the belief that 'euthanasia' was justified for people who were terminally ill, hopeless and doomed to die. They argued that it was ethical to hasten the death of those who would die anyway, perhaps after much suffering and pain. In addition to feeling comfortable with committing acts that merely hastened the inevitable, the belief that they were relieving both physical and mental suffering supplied a moral basis for killing. Euthanasia became a sort of ultimate therapy and the only recourse available to relieve the pain and suffering that otherwise would have gone on unceasingly. Whether in fact the patients who were killed were suffering is highly dubious. The descriptions given of many of the patients' actual suffering does not square with the ethical rationale the nurses offered. Yet, it is clear that the moral importance of relieving suffering played a key role in allowing the nurses to square their religious and personal views against killing with the killing of their psychiatric patients.

The notion that euthanasia was a form of therapy is manifest in the emphasis placed in many of the testimonies on the fact that the physicians selected particular patients for death. The notion of a diagnosis that merited death is consistent with the view that killing could be seen as a form of medical therapy for the patients of Obrawalde, and thus consistent with nursing ethics at that time and under those circumstances.

It is important to note that many of the nurses involved in the killing of selected patients were very concerned to point out that they had acted with care and compassion. They calmed the restless and reassured the skeptical, and promised to honor the requests made by the doomed. The association of the virtues of the nursing profession with their actions is yet another way in which it is clear that those involved in the killings had to feel a level of ethical comfort with their roles and behavior in order to engage in 'euthanasia'.

It is sometimes difficult to reconcile a commitment to ethics with actions that are on the face of it immoral and heinous. However, the fact remains that those who engage in corrupt and shocking actions in the name of health care must convince themselves of the moral propriety of what they are doing: a lesson it is important never to forget.²⁹

Conclusion

Contemporary events necessitate a keen awareness of these acts of the fairly recent past. During this time, nurses largely ignored any personal qualms they had about the evil perpetrated on their patients in favor of government policy. We read of military personnel, including nurses, who ignored signs of torture of prisoners at the Abu Ghraib prison in Iraq and who were complicit in torture and other illegal acts in Afghanistan and Guantánamo Bay, Cuba.³¹ This is a contemporary example of nurses either ignoring their personal ethics or relinquishing it for the facilitation of a government's policy. Situations in which those in authority not only permit but even encourage or orchestrate abuse are, according to Robert J Lifton, 'atrocities-producing

situations' (p. 416).³¹ This was the case at Meseritz-Obrawalde, just as it was (or is) in Iraq. Knowledge of what has happened in the past when government policy overruled individual conscience is essential to prevent it from becoming accepted policy again.

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