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From Mengele to Kervorkian? The Significance of Nazi Euthanasia for the Contemporary Right-to-Die Debate

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NOT LONG AGO, the following joke circulated in Germany, a country renowned for its love of fine cars. A Mercedes is struck by a lowly Opal, with minor damage to both vehicles. The Mercedes driver furiously hauls out the Opal driver and begins pummeling him. Suddenly he stops: "Are you Jewish?" he asks. "No," replies his victim. "Good!" cries the assailant, who returns to the task of beating with fresh vigor.

Like all good jokes, this one is revealing on several levels. It neatly depicts the "arrogant" Germans, their car-craziness, their "permanent" guilt, and (paradoxically) the lasting effects of de-Nazification. Non-Germans may miss the irony that the "humorless" Germans are telling this one on themselves. However, it can escape no hearer that, in Germany at least, the Holocaust is still vividly present and that, in effect, *Holocaust arguments trump all other arguments*.

And we are glad, because this is so widely true outside of Germany too. At all levels of discourse the West has taken to heart the lessons of this venomous history.¹ In 1966, Richard L. Rubenstein, influenced by the Death-of-God movement, wrote the powerful *After Auschwitz: Radical Theology and Contemporary Judaism*.² Having learned the contours of the face of absolute evil, Western intellectuals would, in all disciplines, evolve new terminologies to encompass their encounter with an after-Auschwitz world. Genocide.

War crimes. Civil courage. Reparations. Inaction and non-involvement as moral choices. The inescapability of the political. Holocaust studies. The politics of memorials. The banality of evil. The representation of absence. Willing executioners.

Rightfully, the Holocaust re-positioned and re-normed post-war discourse. The result is the *never-again* ethic by which Western nations now test law, public opinion, and research protocol. (Who is more loathsome than a Holocaust denier?) Thus, we properly fear any suggestion that Holocaust arguments should not trump all other arguments. And yet, as a practical matter, this is terribly difficult, for the maxim “Don’t do what the Nazis did” cannot bear the weight placed upon it. At Buchenwald unspeakably hideous experiments on human subjects were conducted. Does this by itself rule out *all* experiments on humans? Hitler viewed the world as a competition among superior and inferior races. Does this mean that kinesologists should avoid investigating the question of why persons of African descent succeed so brilliantly in Olympic sprint events?³ From the very beginning of the Third Reich, Jehovah’s Witnesses suffered terribly. Am I obligated, thereby, to bid all Watch Tower evangelists into my living room? That the answer to all these questions is *no* alerts us to the complexity of applying the historical analogy of Nazi Germany too readily, in too many contexts.

The nature of this complexity is the subject of the following papers. They all focus on euthanasia, which the Nazis practiced with a ferocity that still stuns and nauseates. (Having “mercy-killed” nearly 100,000 hospitalized “unworthies” during the war, they kept it up for an additional 21 days after the surrender.) The obvious central question is whether such practices and the philosophical/medical arguments which preceded them in Germany call into question “the right to die.” This right is asserted with ever-increasing vigor by numerous publics around the world. The macabre theatrics of Jack Kervorkian notwithstanding, physician-assisted suicide is a reality in the Netherlands—and, if the Oregon instance is any guide, may become so here.⁴ Most of the medical “miracles and wonders” which allow doctors to sustain indefinitely “zero-quality” lives were not present a half-century ago. Surely this transformation in medical technology is decisive—demanding new ethics for a new era. Or are we naively poised on the top of a slippery slope, about to turn doctors into murderers *again*?

The first article, “Stories of Euthanasia in Germany,” essentially agrees that we are—or might be. Authored by Holocaust expert Scott Denham of the Department of Russian and German at Davidson College, it begins with a series of disturbing narratives which convey ground-level moments in an

unimaginably vast history of terror. Denham then briefly chronicles the rise of eugenics in Germany and the development of rationales for mercy-killing. He reminds us of the way the euthanasia hospitals perfected techniques used later in the death camps. Relating the early German eugenics work to American contributions, including Charles Murray's and Richard Herrnstein's recent *The Bell Curve* (1994),⁵ Denham concludes that "The path to genocide is indeed twisted and difficult to trace, but the incessant logic of eugenics and the dehumanizing arguments for euthanasia are clearly significant signposts along the way to Auschwitz" (p. 20).

"Historical Analogies in Medical Ethics: Peter Singer and the German Euthanasia Program" by Clark University philosopher and Germanist Walter Wright, provides a more detailed account of the same intellectual sources discussed by Denham. The translator of early key texts in the history of German reflection on the right to die, Wright insists that these writings "helped create a climate in the German medical profession that permitted physicians to accept the *idea* of killing their patients" (p. 32). While very cautious about using the slippery-slope argument, Wright finds it generally appropriate in this circumstance. But he contends that what was responsible for the rapid "journey to the bottom" were not German ideologies and ideas, but rather "European intellectual culture in the early twentieth century" (p. 33). Therefore, the German literature is relevant to contemporary ethical discussions in a way that Nazi fanaticism and irrationality are not. Wright goes on to critique Peter Singer's rejection of the validity of the Nazi analogy and his controversial utilitarian justification for euthanizing—within careful guidelines—"lives not worthy to be lived." Wright pays special attention to the history of euthanasia in Holland, which he believes bears out fears of a steady progression towards a generally irresponsible system of physician-induced death.

Brian Hilliard, a philosopher and medical ethicist at Appalachian State University, strongly rejects the historical analogy of Nazi Germany, arguing not only for the advantages of euthanasia as such, but even for the use of "active forms of physician-aided death" (p. 57). Hilliard's appeal is both to the traditional goals of medicine (especially the relief of pain and suffering) and to the ethos of trust, comfort, and protection that naturally grows between patients and physicians—hence his title, "The Moral and Legal Status of Physician-Assisted Death: Quality of Life and the Patient-Physician Relationship." Hilliard's contribution will be of special value to readers who require an overview of the legal and historical background that guide discussions in the United States. That Brian Hilliard advances the position he does is particularly impressive in that as a legally blind person, he would certainly

have been an early target of Nazi euthanasia schemes.

The final article in this collection violates tacit rules about what counts as appropriate in such a discourse because it invokes religion. By Paul Lewis, a theologian and bioethicist at Greensboro College, “The Logic of Christian Theology and the ‘Right to Die’” seeks to change the terms of the entire discussion. Lewis critiques the notion of a “right to die” on purely philosophical grounds. He finds a root metaphor at work: that of life as a possession, something we can own and dispose of like any other object. This metaphor is both linguistically questionable and productive of deep confusions about the meanings of particular ethical terms. He also argues that the modern appropriation of rights language in the context of death and dying “departs significantly from the heritage of rights as defined in the West” (p. 70). Speaking as a Christian theologian, Lewis draws attention to the way his tradition has emphasized dependency over autonomy and the notion of life-as-a-trust over life-as-my-possession. That our lives are gifts means that “we do not *have* to be here” and that “the dependence brought upon us by illness and suffering is therefore nothing fundamentally new to human experience.” While certainly not advocating the withholding of pain-relieving procedures at the end of life, Lewis does insist that the Christian tradition has a radically different account of the meaning of suffering—for, “suffering may, in fact, be a necessary product of living by one’s convictions” (p. 75).

Since Lewis does not directly address the Holocaust experience, key questions need to be raised about his article. This I do briefly in the final portion of this collection: “After/Words: Rhetorics, Narrativity, and Complicit German Christians.” At the same time, I also examine the other contributions, trying to sharpen our sense of the way they overlap and usefully “stress” one another.

Notes

1. The late Christopher Lasch’s *The Minimal Self* (1984) is still a useful reminder of this fact. So thorough-going has been Holocaust imagery and ideas that Lasch warned of their trivialization when applied to the admittedly stressful context of American society. In chapter two he wrote: “The disposition to think of organizations as total institutions and of modern life in general as a succession of extreme situations can be traced to the death camps and concentration camps of World War II, an awareness of which has colored perceptions of social life far more deeply than has been understood” (p. 71).

2. Rubenstein suggested in this work that Holocaust victims could not be considered martyrs because such a concept assumes the existence of the finally beneficent Partner in the ancient covenant.

3. In his deeply controversial *The End of Racism: Principles for a Multiracial Society*, Dinesh DiSousa (1995) includes a discussion entitled “White Men Can’t Run” (pp. 437-441). Here we learn that the sports scientists and sociologists of sport have not stood aside from this question, despite its racist overtones. “Sociologist Steven Goldberg estimates that of the fifty fastest runners in the 100 meters in the United States, virtually all are black,” he notes. Additionally, he claims that “nearly every record holder in the long jump has been black for the past half-century” (p. 438).

4. In 1994, Oregon voters approved “Measure 16,” which ushered in the Death With Dignity Act, the nation’s first legislation permitting doctor-assisted suicide. Early in 1999, a report by the Oregon Health Division revealed that fifteen people had died by this method in the previous year. The Hemlock Society was founded in Oregon in 1980 by Derek Humphry, author of the book *Final Exit* (1991). See Walter Wright’s article for more material on the Oregon saga.

5. The fundamental danger of *The Bell Curve* lies not in its research on intelligence, but in the brutal suggestiveness of its rhetoric. It is not difficult to find statements similar to this one: “People in the bottom quartile of intelligence are becoming not just increasingly expendable in economic terms; they will sometime in the not-too-distant future become a net drag. In economic terms and barring a profound change in direction for our society, many people will be unable to perform that function so basic to human dignity: putting more into the world than they take out” (p. 520). The source of this rhetoric is surely the neo-eugenics movement. For important background articles on the relation of *The Bell Curve* to the streams of thought discussed in the present collection, see especially Lane (1995) and Allen (1995).

References

See *After/Words*