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EDITORIAL

Psychiatric Genocide: Reflections and Responsibilities

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Torrey and Yolken[1] should be commended for adding to the burgeoning reports in the recent psychiatric literature describing the genocide committed by our colleagues during the Nazi era. That it has taken close to 60 years to confront this dark period in the history of psychiatry does not diminish the importance of finally dealing with it. It is painfully shameful that close to 300 000 individuals with schizophrenia were either sterilized or killed at the behest of members of our profession. These include physicians at all levels, from the resident to the senior professor, and including the support of all ancillary staff, from nurses to transport teams to the hospital janitor. In order to ensure that this period never returns, the facts must be made known to newer members of our profession.

Of the estimated 600–700 psychiatrists practicing in Germany at the time, it is not known how many refused to participate in this extreme injustice to their patients or protested privately against it. Only a very few were known to protest publicly. These include, most notably, Martin Hohl, Hans Creutzfeldt, Gottfried Ewald, and Karsten Jasperson.[2] Thus, Torrey and Yolken may not be correct in stating that only ''some psychiatrists were fully cooperative.''

As Torrey and Yolken allude to, the enterprise of mass murder by means of gas chambers, and used so morbidly successfully on Jews, originated in psychiatric hospitals under the facilitation and direction of psychiatrists. Only one physician was appointed commander of a Nazi death camp—and he was a psychiatrist (albeit with minimal training). Dr Irmfried Eberl established Treblinka at the age of 32, and there he was responsible for the killing of approximately 280 000 individuals within a few weeks (considered to be the most ''rapid and efficient'' murder of Jews during the Holocaust). Eberl earned the position of Treblinka commandant following his success as head of 2 psychiatric hospitals, at Brandenburg and Bernburg, where he coordinated the murder of tens of thousands of mentally ill patients within the context of the euthanasia program. However, few in medicine in general and psychiatry in particular know his name and of the genocidal damage he did to the ethical practice of the profession.[3]

Several interesting points emerge from the Torrey and Yolken paper that require comment. First, it would be wrong to suggest that eugenic ideas were limited to those psychiatrists practicing in Nazi Germany. Much of the lead for eugenics originated outside of Germany in the early 19th century, and most of the initial momentum for it among other countries came from Britain, the United States, and Canada. For example, the French-American Alexis Carrel, awarded the Nobel Prize for Physiology or Medicine in 1912, wrote in his 1935 book *Man, The Unknown,* which was later translated into German in 1936, that the criminally insane should be ''humanely and economically disposed of in small euthanasia institutions supplied with proper gasses.''[4] In 1938, William Gordon Lennox, the prominent American neurologist who pioneered the use of electroencephalography in epilepsy, recommended euthanasia as a ''privilege of death for the congenitally mindless and for the incurable sick who wish to die.'' He added in 1950 that mercy killing is advisable for ''children with undeveloped or malformed brains'' as a way of opening up space in ''our hopelessly clogged institutions.''[5] Finally, the British neurologist and chairman of Cornell's department of neurology, Robert Foster Kennedy, in a 1942 paper published in the *American Journal of Psychiatry*, stated that ''defective children,'' ''Nature's mistakes,'' over the age of 5, should be euthanized.[6] There were even physicians with ''Jewish blood'' who were associated with eugenics statements, including the sterilization advocate Franz Kallman, mentioned in the paper. Kallman's father was Jewish and had to flee Germany to the United States, where he built his prominent academic career. While others advocated euthanasia, it was primarily German doctors during the Nazi era who actualized the ideas by performing euthanasia, thus permitting their philosophical/theoretical constructs to affect patient management. While several Jewish doctors were known to have supported eugenic principles, none were known to have participated actively in the euthanasia program since, among other reasons, by the year

1935, no new licenses to practice medicine were being issued to Jews in Germany, and by autumn of 1938, the license to practice medicine by Jews was revoked entirely.[7]

A further point of interest is the initial reason why the mentally ill became a focus for the Nazi administration. While there was some degree of overcrowding in the psychiatric institutions, the primary reason given for the consideration of eugenics was not a concern for the well-being of the patients due to overcapacity of the wards; rather, it was for economic reasons—a concern that resonates today among many hospital administrators but that was taken to its extreme during the Nazi era.

The German government prepared the population for what was to come by introducing a systematic and widespread propaganda campaign with scientific and economic rationale for their scheme in order to foster public support. They instilled into the common discourse films (short and feature length such as *The Genetically Diseased* [*Erbank*] and *I Accuse [Ich klage an]*) and posters indicating the financial cost of treating a mentally ill patient and what this translates into with respect to education and military expenditure. For example, they reported that funds required to maintain one "life-unworthy retard," born out of wedlock in an asylum, for 22 years "would support 40 poor families with many children." This culminated in Hitler's letter of October 1939, backdated to September 1, 1939, in which he "permitted" medical staff to kill their mentally ill patients. Thus, the psychiatrists and supporting staff were never ordered to kill the mentally ill. Because the Führer allowed them, they would be granted immunity from prosecution. It should be remembered, however, that administrators of the T4 program defined strict conditions that would qualify a patient for euthanasia, such as hospitalization for 5 years, schizophrenia, and criminal insanity. When it came to Jewish individuals with mental illness, however, no such strict criteria were required. They were all put to death under the guise of the euthanasia program.

Sadly, many of the families of these Jewish patients came to fund much of the entire T4 program. This came about by one of the greatest deceptions of this period. Jewish patients were rounded up and removed from their institutions in group transports. They were gassed in the early days of the T4 program, and letters were sent to their families and caregivers in Germany (many of whom had already left for other countries such as the United States without being permitted visas for their mentally ill family members). These letters from the T4 administrators instructed that money for their upkeep be sent to the hospital in Poland (Chelm) where their family members were now being cared for. The truth was that they had already been killed months earlier.

Hitler stopped the first phase of the euthanasia program in 1941 following sporadic protests, including most prominently by Bishop van Galen and the Brandenburg judge Dr Lothar Kreyssig. It should be noted, however, that little protest of this sort took place against the similar but later and larger scale gassing of the Jews based on the same technical approach.

The authors are brave in moving beyond the genocide to address a scientific question. They are correct in commenting that an appropriate response by the psychiatry profession to the Nazi genocidal program in mentally ill individuals would be rather to consider gene–environment interactions in the pathophysiology of schizophrenia. In fact, contemporary efforts to identify clear genetic association and causation in schizophrenia indicate how wrong the assumed science of eugenics was.

Some would argue, however, that the *most appropriate response* would be to focus on ethical lessons that we can glean from this period. How was it that so many (senior and junior) psychiatrists, many with phenomenal international reputations, participated in and even initiated much of the genocide against mentally ill individuals? How was it that it has taken so long for psychiatry to confront this dark episode in our not-so-distant past? What can we learn from this period and how can we convey these lessons to successive generations of physicians? This was the first time in history when mental health practitioners engaged in the systematic annihilation of their patients. How can we ensure that it never happens again? During this period, psychiatrists incorrectly engaged philosophical constructs in defining their clinical practice and invested all their energies in preventing schizophrenia rather than in treating their patients (of which treatment modalities were very limited at the time).[8] Most importantly, they allowed political pressures to influence their clinical management, which is always dangerous as well as ethically problematic.

The attitude of psychiatrists to their patients with schizophrenia during this period indicates in a most wicked fashion how science may be affected by external considerations. As stated by many before, the teaching of ethics and the battle against stigma cannot be undertaken in a vacuum of precedent where the profession has transgressed. Otherwise, ethics training becomes an empty intellectual exercise. The German code of medical ethics already as early as 1931 was known to be one of the strictest and most advanced in the world. German doctors in the 30s were well aware of this code and were surely trained intensively in its intricacies. We now know how much difference it made. We cannot allow the profession to fall again.

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