Article

The Care-Based Ethic of Nazi Medicine and the Moral Importance of What We Care About[1]

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This article reports on an inquiry into ideas used to justify the shift of medical ethos in Germany prior to and during the Nazi era, specifically the principles of care advocated by Erwin Liek and Karl Kötschau, the era's most influential medical theorists, who argued that commitments to care of individual sick persons *(Fürsorge)* had to give way to a preventive care that respects emerging needs of the entire society *(Vorsorge)*. The article examines both the socio-cultural factors that shaped, and the far-reaching effects of, this manipulation of care. It argues that we should be attentive to the meaning and requirements of the care revealed in this debate, the ancient Greek idea of care as a concerned moral option.

The first generation of postwar ethical analysis of Nazi medical offenses (first generation refering here to all medical ethics since the Doctors Trial at Nuremberg in 1947) has not been very complex.[2] This generation has delved into the retrieving of facts, has developed an interpretation based principally on the right to self-determination, and has concluded with the judgment that the medical actions under consideration entailed many shocking violations not only of well-grounded ethical standards of medicine but also of the basic norms of humanity. This generation of ethics has been characterized by a certain quality of external observation of events and by the application of external standards of the rights of patients. It is time now for a new generation of ethical inquiry that takes a closer, "internal" look at the medical ideas and choices of those times. In the spirit of that kind of inquiry, I am interested in asking two questions:

1. What ideas, what ethos of ideals, what moral orientations could have accounted for the terrible medical choices of the Nazi medical doctors?
2. Would a new dialogue with the responses to that question give us a new ethical perspective on "Nuremberg" and at the same time provide us with new insights into an ethic of medicine for today?[3]

A Code of Rights Does Not Suffice

The primary ethical and jurisprudential norm devised by the judges at the Nuremberg doctors' trials—the one on which they placed most emphasis—is the same norm that has dominated all subsequent medical ethics: the right of free and voluntary consent to or refusal of experimentation or treatment as an exercise of self-determination.[4] The "Nuremberg Code" of 1947 is often cited as a major originating source for that norm (Burt 1996, 30–33; and Kater 1989, 7).[5] Yet even at the time the Nuremberg rules were established they failed to address the worst moral aspects of medical offenses under National Socialist influence, for, as Robert Burt (1996) has pointed out, the consent of the experimental subjects would not have justified the experiments.

Entire categories of experiment and "treatment" carried out in a medical setting could not have been morally justified, even if, following the Nuremberg ethic, the subjects had consented. Those categories include, for example, the massive execution of children as part of the Nazi euthanasia program, the behaviors of camp physicians who selected inmates on a "diagnostic" basis for the gas chamber, and the professional activities of nurses who gave lethal injections to hospital patients while persuading them to cooperate with the "treatment" they were administering. These exam-

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ples illustrate the problem: the right to self-determination places moral weight primarily on patients or experimental subjects who must establish and express their wishes, and only secondarily on the physician, nurse, or researcher. Medical ethics needs more emphasis placed on the character, commitments, and moral responsiveness of the professional person, rather than a simple conformity to what the rights of others demands.

The Nuremberg Code's application of the self-determination standard to medicine—an ideal drawn from the American political tradition represented by the judges who presided at the medical trials, all of whom were Americans—was and is an important, indeed, an indispensable standard for public morality. As Robert Burt points out, the judges who devised the code of ethics felt, on the basis of what they had heard at the trial, that they could not put their trust in the existence of "civilized standards" among future physicians or future government officials. On the basis of this judgment, the judges decided to establish, "as their first line of defense against recurrence of these barbarities, the individual subject-patient armed with the principle of self-determination" (Burt 1996, 31). While a system of individual rights is essential in a society that wants to preserve minimal humaneness and is an unavoidable component of contemporary medical ethics, it is important in the second generation of postwar medical ethics to go considerably deeper than this "first line of ethical defense." To develop an adequate ethic for the healthcare professions, we need to look more deeply into the sentiments and commitments of healthcare professionals. It is interesting to note that if we pursue this need to examine moral sentiments and commitments in medicine, we encounter precisely the sort of ethic on which much of Nazi medicine was radically built, namely, physicians' attitudes and the state's attitudes toward care.

The Manipulation of Care: The Substitution of Vorsorge *for* Fürsorge[6]

My own inquiry into the ideas and ideals that most strongly infiuenced medical policies in the National Socialist era of German medicine has led me to the discovery that the key moral idea was the idea of care and the fundamental moral principle was a principle of care. The pivotal medical-moral principle that served as a fulcrum for moving medicine in the direction of Nazi medical policies entailed the argument that the professional commitments to care must be reoriented to take into account the contemporary situation of medicine in the 1920s and early 1930s.

Erwin Liek and Karl Kötschau were two enormously infiuential physician-theorists who argued for the reorientation of care and development of a revised principle of care. Within Western medicine generally and certainly within the German linguistic tradition, basic human concern or worried care *(Sorge)* has taken the form of *Fürsorge,* a solicitous concern for others that finds expression in taking care of their health needs, at least in the classical sense of this term. The argument of Liek, Kötschau, and their followers was that in place of *Fürsorge,* priority should be given to *Vorsorge,* meaning prior or preventive care. At least indirectly, they were radically altering the major goals of medicine.

Both of these terms, *Fürsorge* and *Vorsorge,* were already in common usage with morally unobjectionable meanings long before the rise of the Nazi regime. The notion of early or preventive care *(Vorsorge)* was not only unobjectionable, it was widely regarded as laudable in a public health context. Yet, by minimizing and even belittling *Fürsorge* (clinical care of the individual) while elevating and ideologizing *Vorsorge* as preventive care for the good of the entire German *Volk,* National Socialist medicine developed a medical philosophy that was used to justify the betrayal of the lives and health of tens of thousands of patients. Because their argument entailed the manipulation of the very idea of care, it is part of my thesis that at a deeper level of formative ideas the medical policies and medical crimes in the Nazi era constituted a betrayal of both the idea and the practice of care.

One could say that three socio-cultural factors predating the rise of Nazism infiuenced this shift in the idea of care in the writings of Liek, Kötschau, and many others in all walks of life. Those factors were: the emphasis on prevention that one found in the enviable public health system that the German peoples had been developing for several centuries; the German eugenics movement, eventually regarded as a science, which strove to maximize health benefits and reduce weakness in the overall population; and the quest for holism at several levels of science and medicine.

Erwin Liek: Vorsorge *as Principle of Care*

Dr. Erwin Liek, surgeon and cancer specialist from Danzig, who was called the "father of Nazi medi-

cine," advocated a reorientation of medicine away from *Fürsorge* to *Vorsorge* in a way that justified what would later become Nazi medical policies. In spite of the fact that Liek was a prolific and extremely popular writer who wielded enormous influence in the medical world of Germany and many other countries, it is only in the past decade that scholars have turned their attention to his thought and its influence (Jehs 1994; Schmid 1989; Schmiedebach 1989; and Wiesing 1996).

In his 1934 book on cancer Liek proposed an emphasis on *Vorsorge* that was ideologically unobjectionable and that placed him among the leading spokespersons for cancer prevention in the early part of this century. This emphasis on prevention was not new; in the Weimar period German public health measures emphasized early detection and legislation to protect occupational health and safety, and socialist and communist physicians had long stressed prevention (Liek 1934, 10–11; for more discussion, see Proctor 1999). Though laudable in itself, preventive medicine was largely influenced by a long-standing movement of holistic medicine that was to take on powerful political objectives.

Some of the major issues that shaped the holistic movement in German medicine have characteristics not dissimilar to an issue that is at the heart of a major contemporary controversy in U.S. medicine. The issue that is shared by these two societies is that care of the individual is negatively affected by adverse conditions in the medical environment. In the United States a personal caring about the patient is often proposed as a corrective to the overly technical care of the patient; however, the holism proposed as a solution for the problem of care in early twentieth century German medicine was quite different.

Liek was a major spokesman for the many German scientists and physicians who, especially since the latter part of the nineteenth century, had been deeply concerned about the "mechanical" aspects of medicine that had begun to dominate medicine under the influence of the "exact sciences" (Liek 1933, ch. 6). There was widespread concern about what Liek called the "spiritual crisis" of modern medicine, whose human core was threatened by specialization, bureaucratization, and scientization. For many decades the answer had been found in the German appeal to a doctrine of holism *(Ganzheitslehre),* which advocated giving more importance to the needs of the whole person, the whole country, and the whole society in which the individual was situated (Harrington 1996, 175–206, esp. 194–196). This tradition of holism, which Liek strongly supported, led him to advocate the preventive approach of *Vorsorge* in his fight against cancer. In 1932 he made recommendations to prevent cancer: he discouraged pesticides, smoking, drinking, excessive use of X rays, and bad eating habits (Liek 1932). He advocated "cancer prevention on a large scale—for the entire people" (1934, 11–12). It was in this holistic spirit that Germans formed organizations to combat alcohol and tobacco, "because these were seen as violating the organic integrity of the German body—a concern that also informed the German racial hygiene movement" (Proctor 1999)

One finds a certain medical romanticism in the sentiments of medical holism, the anti-exact-science movement, and the turn to natural healing that accounted for Liek's shift to an ideological Vorsorge in the area of public and preventive health. Similarly, Liek's argument that as a consequence of this shift the medical profession as a whole should minimize *Fürsorge* in favor of *Vorsorge* has the quality of an odd romanticism.

Liek argues that the substantial change he advocated for the orientation of the idea and sentiment of care was in continuity with well-established medical traditions and convictions. He argues that the physician's only task is and always has been to make people healthy; the object of the physician's activity is traditionally the human being as human. However, he notes that different periods in the history of medicine have reflected different dimensions of what it means to be a physician. Medical practitioners must adapt to situations that they are empowered neither to create nor change (Liek 1927a, 16).

Liek's appeal for the shift in the idea of care proceeded in two stages. In the first stage he described medical *Fürsorge,* care of the individual patient, in terms that minimized its appeal due to negative circumstances affecting the profession of medicine in the Germany of his day. In the second stage he argued that a new and more inspiring vision of care would energize and motivate a medical profession that had grown weary of the denigrating changes that had occurred in medicine.

Liek's claims in the first stage of his argument are remarkably similar to the situation of the medical profession in the United States and other countries today. Writing in 1927 Liek claimed that the social-security medical insurance system had converted virtually all German physicians into "cash-

ier physicians" *(Kassenärzte),* whose responsibilities had increased while their income had diminished, with the result that so many doctors—indeed the best—were, discontentedly, under enormous pressure in the "big business" of medicine. Liek seemed to strike a welcome chord of complaint when he wrote bitterly that doctors had to work as "lowly wage-earners" among bureaucrats in the "magnificent hall of social insurance," after having exited from "the temple of the art of healing" where they had functioned as priests (Liek 1927b, Introduction). In addition, he said, the massive pharmaceutical industry, constantly producing new and competitive drugs, was leaving doctors with little opportunity for careful examination of product. The practice of medicine was becoming depersonalized for the physician as medicine moved more and more into the laboratory and away from contact with the sick person. The office of the primary care physician, as Liek saw it, was lit- tle more than an information bureau for specialists.

Liek's comprehensive analysis suggested that the soul of the healing art was being lost through the mechanization and depersonalization of physicians' activities (Liek 1929, ch.7; for an earlier version, see Liek 1925). Furthermore, by implying that the physicians' relationship of care with the patient *(Fürsorge)* had been poisoned by the system, his argument had the effect of creating an urgency to identify new, more challenging and rewarding goals for the medical profession.

It is interesting how Liek's argument for changing the social orientation of care in medicine is structured around elements of the medical judgment. He observed that the social security system had brought the physician into contact with an enormous number of people from every level of society, enabling the physician to see by direct observation, more than ever before, how the susceptibility of people to the causes of sickness changes from case to case. "For example," he added, "there is an enormous difference whether the tuberculosis bacillus attacks a body that is capable of resistance or one that lacks it." The "significance of constitution and heredity" was bearing down on family doctors like other questions that the primary care physician had "unconsciously mastered through decades of observation." He then stated his core doctrine of care for the medical profession as a whole:

> *The physician understands that a higher task awaits him than the care of the individual human being who has fallen ill, namely, the care of the future of his people* [emphasis added]. Next to the health of the individual stands the health of the race.[7] (Liek 1927, 91)

Here we see evidence of the infiuence of the eugenics and racial hygiene movements on Liek's argument regarding care. In the nineteenth century the idea of eugenics began to develop in the framework of the natural sciences and under the infiuence of Darwin's evolutionary theory. Although German eugenics was not decisively racist from the outset, it eventually developed strong convictions regarding the more worthy and the less worthy elements of society. Industrialization and World War I strengthened the social and economic dimensions of eugenics, which regarded as irresponsible state support for the sick, weak, and marginal elements of society while young healthy soldiers died of hunger. In 1920 the famous Binding-Hoche book appeared regarding "life unworthy of life"; and in the early 1930s, before Hitler's rise to power, laws were passed to protect the hygiene of the race, eventually leading to the sterilization and eugenic euthanasia movements.[8]

It was in this context that Liek wrote regarding the meaning of medical care: "No doctor who takes his profession seriously, no doctor who regards the prevention of disease as his responsibility along with the treatment of disease," should neglect cooperating with efforts "that mean the existence or non-existence of our *Volk."* This kind of cooperation "elevates the doctor above the drudgery of the workday and frees his vision and his energy for greater goals" (Liek 1927, 91–92). This romanticized vision of the physician was combined with the idea that care limits the importance of the individual: Liek noted that within this vision of care, the

> first and most powerful impression that one gains . . . is the meaninglessness of the individual in the larger biological picture. The individual human is only the temporary bearer, . . . *the care-taker of the perpetual protoplasm.*[9] (93)

At the same time, major responsibility for medical care shifts to the state, while the rationale for receiving care depends more and more on the individual's contribution to the state. Along these lines, Liek held that it is an unavoidable duty for the state to reach in and take care *(sorgen)* of unprotected working people who, for example, have sacrificed their health and life in the war for the state, i.e., for the totality of their fellow citizens (16).

Karl Kötschau: Vorsorge *as Ideology of Care*

Following Liek's death in 1935, his disciple, Dr. Karl Kötschau, became the most prominent and influential proponent of a medical philosophy of *Vorsorge,* manipulating the meaning and purpose of care within the Nazi political worldview (see Kötschau 1933; 1935; 1936b). Kötschau was Professor of "Organic Medicine" at Jena starting in 1934 and chief spokesman for the natural healing movement. He was appointed to organize a "New German Therapy" *(Neue deutsche Heilkunde)* whose aim was to synthesize scientific medicine with naturopathic and homeopathic approaches to healthcare that were of long-standing popularity among the German people (Harrington 1996, 186–187). For example, he supported exercise programs, the use of herbal remedies, the production of more whole-grain bread, and the avoidance of "genetic poisons" such as alcohol and tobacco. In the spirit of German medical holism, a colleague of Kötschau proclaimed that the struggle against tobacco was necessary to keep the German working man healthy and strong.[10]

Within the intellectual and medical culture of this "New German Therapy" was developed the principle that *Vorsorge* preventive care must dominate national medical policies and medical practice (for Kötschau's key publications on care, see 1936a; and 1941). The care-oriented argument was this: that the primary concern of physicians should be the healthy people who had the most to contribute to the *Volk,* and not the care *(Fürsorge)* of the sick, the weakly, and the useless who are only preserved in an artificial world, such as the artificial world of a mental hospital (Harrington 1996, 187; Proctor 1988, 164–165, 231–237).

Care of the individual *(Fürsorge)* was further submerged in an ideology of holistic *Vorsorge* after 1933, when a Nazi ideology of prevention was shaped by the political view that the common good took precedence over the individual good, a position that was supported by some Christian theologians and philosophers. Grass-roots health propaganda was evidently influenced by two of the Führer's sayings: *"Gemeinnutz geht vor Eigennutz"* ("What is useful for the community has priority over what is useful for the individual"); and the blunt *"Du bist nichts, dein Volk ist alles"* ("You are nothing; your people [nation] is everything") (Alschner 1940, 154). In this way, the commitment to care for the totality dominated and shaped a subservient care of the individual. *Vorsorge* had replaced *Fürsorge* not just in medical philosophy, but in Nazi politics. In addition, the *Vorsorge* principle provided medical justification for directing professional medical activities to the benefit of the entire *Volk.*

Liek and Kötschau by no means stood alone. The ideological holistic, preventive approach to medicine was advocated by a great number of influential scientists and physicians including Kurt Klare, Walter Schultze, and Ernst Guenther Schenck, as well as highly placed political leaders like Heinrich Himmler, Julius Streicher, and even Adolf Hitler.[11] Furthermore, it was incorporated into the curricula of medical schools, and of primary and secondary schools as well (Ramm 1942).

Even after the war Kötschau was still proclaiming—"almost with ideological obstinacy," according to a disciple of his—that medicine and people generally should turn away from their primary interest in disease, its treatment and cure *(Fürsorge),* and apply themselves to health, its promotion and preservation *(Vorsorge).*[12]

Moral Perversion in the Medical Manipulation of Fürsorge

The manipulation of the idea of care coupled with the creation of a new principle of care was a major tool—along with the corruption of law, public service, and education—in justifying cruelties in the name of medicine during the Nazi era. The moral result was that physicians and nurses were expected to carry out medical offenses, even atrocities, not simply in obedience to political grotesqueness but on the basis of a medical philosophy that was offered as continuous with at least some of the fundamental and traditional functions of being a doctor.[13] Consequently, the principle of *Vorsorge,* bolstered by the political, moral, and historical concepts that shaped it, provided a "rational" standard for the medical care of the *Volk* in a way that favored eugenic policies, enforced sterilization, and the extermination (mendaciously called "euthanasia") of large numbers of handicapped people which occurred in the most ordinary of medical venues (Schmuhl 1987; and Burleigh 1994).

One finds a dramatic example of this in the moral situation of nurses in the Nazi era. Hilde Steppe has pointed out that nurses were traditionally trained, long before the Nazi era, simply to exercise duty and show blind obedience; they were also trained in the importance of service, self-effacement, humility, and selflessness (Steppe 1989, 27–29). Obedience to the judgment of physicians determined which nursing practices were acceptable. Gradually, through education and in

practice, the nursing ideal of selfless service in medical care was instrumentalized until it was subjugated to the purposes of *Vorsorge* for the building up of a pure German race and its healthy body.

After the rise of Nazism, nurses were taught that primacy of care was to be given to the German people and the Führer, not to the individual sick person. Three exceptions were made in favor of personal *Fürsorge:* nursing care that was needed by the bearers of the German genetic stock, needed for the restoration of the working force, or needed to assist in the war effort (Steppe 1989, 83ff). Nursing care was not to be given to the weak. Nurses were cautioned against trying to show false mercy to uselessly sick people (10); and, in fact, nurses were taught that taking care of "useless" people did harm to the nurses themselves (67, 128–130). Here, again, we see that through manipulation of nurses' professional consciences, the motivation and goal of *Fürsorge* was transferred to *Vorsorge* in the formation of nurses' attitudes and in the regulation of their practices.

Partly under the justification of *Vorsorge,* nurses took an active and essential part in carrying out the child euthanasia programs starting in 1939, and assisted in causing the deaths of tens of thousands of mentally ill people in mental hospitals. Steppe concluded that their behavior is accounted for by the orders they received coupled with training in blind obedience to physicians and their training in their higher duty to care for the German *Volk* (Steppe 1989, 154). As one nurse wrote: "I sensed that the killings were wrong . . . . I carried out the deeds as prescribed, because I viewed it as my duty, inasmuch as my superior told me to" (155).[14] Nonetheless, it may have been a sign of the lingering sense of betraying the care *(Fürsorge)* of their patients that led one nurse, who was perhaps symbolic of many others, to write in her journal these words describing the process of killing an unsuspecting patient by injection: "Then, with tears in our eyes, we filled the syringes" (153).[15] Thus we see how in nursing the duty to care was perverted by manipulating the sentiments and goals of caring.

Moral Commentary on the Manipulation of Care

Understanding the Betrayal of Care

On the basis of the foregoing description, we can see that physicians and political leaders in National Socialist Germany accomplished a betrayal of care in three senses. First, they radically altered the very idea of care that constitutes the goal of medicine, in this way betraying the meaning that professional care has in the human community and subverting the moral standards of care in medicine. Second, they betrayed the actual care of tens of thousands of individual patients by violating the patients' trust in caregivers and by causing immeasurable physical, mental, and spiritual harm in them. This was the ultimate betrayal of care in Nazi medicine: the betrayal of the trust of the vulnerable sick person who must trust in order to receive the care he or she needs. Furthermore, this betrayal of the individual entailed an unbelievable deception, where the physician or nurse pretended to be taking care of the patient or inmate—even pretended to care about the patient's interests—while leading the patient unknowingly to his or her death. And third, they betrayed the moral integrity of many physicians, nurses, and medical and nursing students by violating their sense of commitment to the interests, lives, and health of their patients.

How did they accomplish this great medical evil? They took the *Sorge* (the deeper, worried care) out of the *Fürsorge* (caring for) that is oriented to the individual patient and relocated it to a dangerous extent in *Vorsorge* (global caring for a holistic need); i.e., a preventive care in the interests of the German *Volk.* In so doing, they deeply altered the ethos and ethics of medicine, simply by manipulating what it meant to care. The moral problem in the manipulation of care was not that prevention was given more moral value than therapeutic treatment; the moral problem was that the deepest of medical sentiments in the service of the sick was distorted toward ideological goals to the total disregard of the individual as individual.

Discovering the Importance of Care

Tragedy is often a precondition of advancement in moral perception. Tragedy—a disastrous event involving the downfall of an individual or a society, often as a consequence of a moral weakness—can reveal to us a moral reality that previously had been concealed. The first lesson to be learned from the National Socialist ethic of care is that by reflecting on the tragic betrayal of care and its supporting ideas we may rediscover the importance of care for both medicine and ethics. Philosophical reflection on moral realities can begin with the recognition of the positive moral reality that tragedy reveals. Reflection on the destiny of care between the early 1920s and 1945 can lead us to pay much more attention to care—to the moral as well as the medical idea of care. We must include care in the

pantheon of ideas that we cherish and that we want to see manifested in our lives and in our culture.

Coming to an awareness of the importance of care in the aftermath of a tragedy of care also presents us with the opportunity to understand how fragile the idea and practice of care really are. We see how vulnerable care is to societal and cultural forces: care itself can be perverted. For example, the caring power that resides in nutrient care (which characterizes nursing and parenting, for example) can be directed to a manipulative and even a cynical "taking care of" someone or some situation. By entering into dialogue with this period of the history of medicine, we can learn how important it is to understand that, time and again, the externally assigned goals of care can come in conflict with internally motivated care. One of the key responsibilities for professional education should be the development of discerning powers and powers of judgment regarding the task of aligning (or refusing to align) the internal caring of the professional with the external goals set for care viewed as function.

Reexamining the Role of Care in Medicine

A new look at the betrayal of care gives us the opportunity to develop a better understanding of the responsibility for care in the health professions. Heinrich Schipperges, the leading expert on the history of the idea of care in medicine, points out that the idea of care in the classical period of the history of medicine—an idea that can be traced back to Hippocrates—is one that takes its primary significance not from care of the sick but from the care of the well. Thus, care of the sick was an idea that drew on a more basic idea of simply taking care of or serving *(therapeuein):* in the case of caring for the sick, one waited with, attended to, served, endured cares and worries for, and took care of the sick person until he or she was well again, healed, and whole. Using an interesting (but historically common) play on the word care, Schipperges says: "In the Hippocratic Corpus, physicians are portrayed as humans of particularly high moral standing who develop their own cares (*Sorgen,* worries) out of the sufferings of strangers [whom they take care of]" (Schipperges 1982, 40–41).[16]

Our daily language shows us how difficult it is to find the meaning of care in medicine. The very word *care,* as in "healthcare," often conjures up the idea of impersonal healthcare systems and depersonalized social healthcare provision. In many countries, but particularly in welfare states, the term "healthcare" often conjures up associations of masses of people rather than of individuals. But this should challenge those of us who live in the world after Nuremberg not to abandon the more basic meaning of care *(Fürsorge)* as caring solicitously for the well-being of the other. The relative ease with which sentiments of care were manipulated to a global level of insufficient regard for the individual in National Socialist Germany could lead us to reflect on the extent to which we too easily overlook medicine's commitment to care for sick people and the apparent ease with which that commitment is betrayed in many countries and in many periods of history (for a far-reaching but brief historical perspective on the meanings of care in medicine, see Schipperges 1973, 8–23; 1990). Nuremberg is by no means the only symbol of the betrayal of medical care. Consider also Tuskegee, Alabama, where 40 years of research-motivated withholding of treatment from black men infected with syphilis has left a legacy of mistrust among American blacks about public health programs and research using poor, vulnerable populations.

In the United States at present there is a gargantuan manipulation of the idea and commitment of care in the healthcare delivery system. "Managed care" has subjected the *Fürsorge* of care for the individual patient to the demands of the *Vorsorge* of commercial medical enterprises that take great care lest costs increase while profits decrease. The major moral conflict of doctors and nurses in the United States today is this conflict between their responsibility to care for the best interests of the patient and their new responsibility to take care of the system whose prime interest is in managing finances and competition for corporate purposes. There are many instances of *Vorsorge* in contemporary medicine, not all of them obvious; for example, increased reliance on statistical approaches to medical judgment and population-based medical prioritization have had the effect of undercutting care of the individual.

Care as the Starting-Point of Ethics

The Nazi tragedy of care can generate the conviction that we need to give more attention to care as the originary element of all ethics. Because radical human apathy negates morality, it is important to pay philosophical attention to the antithesis of apathy, which is concern or care *(Sorge)* (May 1969, 288).[17] Care is the starting point for morality in the moral-psychological sense that if we do not care about others (and ourselves), or about human tasks or human ideals and goals, we are incapable of any moral knowledge, judgment, or action. One

pays moral-philosophical attention to care in this sense by responding to the question: What person, what thing, what value do I care about? If neither sickness nor suffering matters to anyone—if people don't have a worried care, i.e., a concern (the Latin *cura;* the German *Sorge*) about people and their needs—then no moral principles, like beneficence or mercy or justice or autonomy will make any difference. The moral force of principles relies on the prior reality of care in this sense.

This notion of care could readily be called Socratic care. Although oddly given little attention by philosophers, Socrates' notion of care is, in my view, central to Socrates' entire philosophy (certainly to his explanation of the role of philosophy) and was the single most important factor leading to his condemnation and death. Socrates asked the moral question "What do you care about most?" In so doing he was challenging his interlocutor to prioritize the moral options that are radical to the moral life—that is, the options that define what sort of character the listener would have. In the Apology (29c–30a) he advocated care for one's soul over all other priorities. When his fate was in the hands of the judges, Socrates insisted that the philosophizing for which he was on trial would not end. Rather, he says,

> I will speak just the sorts of things I am accustomed to: "Best of men, you are an Athenian, from the city that is greatest and best reputed for wisdom and strength: are you not ashamed that you care for having as much money as possible, and reputation, and honor, but that you neither care for nor give thought to prudence, and truth, and how your soul will be the best possible?" And if one of you disputes it and asserts that he does care, I will not immediately let him go, nor will I go away, but I will speak to him and examine and test him. And if he does not seem to me to possess virtue, but only says he does, I will reproach him, saying that he regards the things worth the most as the least important, and the paltrier things as more important.[18] (29d–30a)

Retrieving this historically neglected meaning of care requires a retrieval of the larger philosophical tradition of viewing philosophy as the art of living.[19]

This passion for ranking what we care about most is crucial for ethics today. In the past, ethics was grounded on shared notions of the good. But today, without those shared beliefs, ethics increasingly depends on the question: What do we care about? (MacIntyre 1982). Thus, the Socratic question of care has direct relevance to the betrayal of care in the medicine and science influenced by National Socialism. It is when our professions and our societies are faced with major betrayals of values in history, that our education systems, our professions, and our cultures must ask over and over: What do we care about?

Socrates' question regarding the importance of what we care about can be found mirrored in one of the great literary classics that ushered in the modern era, Goethe's *Faust.* The question Sorge (a female personification of care) forces Dr. Faust to face at the climax of Goethe's poetic drama is: *"Hast Du die Sorge nie gekannt?"* ("Have you never known care?"), which I take to mean: Have you never experienced a worried concern about anyone or anything? Faust himself is described as habitually *unbesorgt,* care-less; indeed, he enters into the pact with Mephistopheles because he wants to be free of cares in his pursuit of science, wealth, and progress. But Faust's dramatic confrontation with care at the very moment when his soul is at stake teaches us that it is only through courageously facing the personal anguish offered by the question of what we care about and then developing a willingness to deal with the cares of life that we can come to recognize what it means to positively and solicitously care about others (for a study of Goethe's literary meaning of care and its implications for ethics, see Reich 2000; and Jaeger 1968).

The New Moral Legacy of Nuremberg

The legacy of the historical betrayal of care is nothing less than the large task of putting a personally-engaged *Sorge* back into *Fürsorge;* developing norms that will protect the goals and professional commitments to care; and creating a lasting bond between caring about the individual and the responsibility of taking care of the individual. This entails the search for values and virtues worth caring about and the personal engagement of the moral agent—the health professional, the scientist, the political leader, the citizen—in caring about them above all else. Only in this way can we build a world that will be less likely to again sponsor a betrayal of care. Our educational systems for young professionals need to be built on this search.

So this is what we can learn from a second-generation inquiry into Nazi medicine: that we should not shy away from the demands of care in medicine and in the education of future members of the healing professions. For without care, all the patients' rights and all the professional rules and ethics codes imaginable will accomplish very little.

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Notes

1. I would like to acknowledge with gratitude my appointment as Visiting Researcher in the History of Medicine Division, National Library of Medicine, for several months in 1998. The resources and personnel of the Library were of great assistance in the task of completing research for this article.

2. The classic documentation of the trial and simultaneously a classic source for the initial post-war ethic is Mitscherlich and Mielke (1949).

3. I use the term Nuremberg as a symbol of the medical offenses that were on trial in that city, as well as of the general political, medical, and moral culture that shaped those offenses.

4. In addition to the consent requirement (par. 1), the Nuremberg Code also enjoined researchers to avoid injury, disability, death, and all unnecessary physical or mental suffering or injury (pars. 7 and 4). For the English-language text of the Code, see Reich (1995, 2763–2764).

5. Surprisingly, as early as 1931—hence prior to the rise of the Nazi era—an excellent set of guidelines on scientific experimentation involving human subjects had already called for *unambiguous* informed consent (par. 5). See Vollmann and Winau (1996). The complete text of the guidelines in English translation is found in "German Guidelines on Human Experimentation" (Reich 1995, 2762–2763). The guidelines also required that the experimentation be justified (pars. 10 and 12), that adverse effects of experimentation be proportionate to the anticipated benefits (par. 4), and that all exploitation of social hardship be regarded as incompatible with the principles of medical ethics (par. 7). Thus, there existed prior to the medical abuses of the Nazi era a German code of ethics that included all the essential requirements of ethically justifiable human research.

6. I am grateful to Robert Proctor for his advice regarding the historical medical context of the argument I have developed. Of course, he is not responsible for the shape of my argument or the errors it may incorporate.

7. "Der Arzt sieht ein, daß seiner noch eine höhere Aufgabe harrt als die Sorge um den erkrankten Einzelmenschen, nämlich die Sorge um die Zukunft seines Volkes. Neben die Hygiene des Einzelnen tritt die Rassenhygiene."

8. For an in-depth discussion of these issues, see Weingart, Kroll, and Bayertz (1992) and Proctor (1988). I am grateful to Astrid Lutz for calling the confluence of these factors to my attention, especially in her unpublished paper, Geschichte und Ethik am Beispiel der Euthanasie."

9. "Der Einzelmensch ist nur der jeweilige . . . Fürsorger des unsterblichen Keimplasmas."

10. The statement, made by Gauleiter Fritz Sauckel in 1941, is found in a remarkable detailed study of the pioneering yet politicized war on tobacco conducted in Germany early in this century. See Proctor (1997).

11. Robert Proctor discusses the widespread influence of the political concept of *Vorsorge* in German medicine in *The Nazi War on Cancer* (1999).

12. See Jungmann (1972, 832). Following a brief imprisonment after the war, Kötschau continued to publish on his ideology of care (1954). In 1954 Kötschau was presenting his views in terms of the preventive health policies that should control the state health insurance system in East Germany following World War II. Jungmann discusses many authors who advocated a *Vorsorge* health policy in the post-war period.

13. My own findings regarding what might be called the "non-demonological" German medical philosophy of care have some similarities with the psychological findings of Robert Jay Lifton (1986). However, I make no attempt to answer the historical question of how widespread medical abuses were among members of the medical and nursing professions on the basis of the *Sorge* argument.

14. "Ich habe die Tötungen als Unrecht empfunden. . . . Die geschilderte Tätigkeit habe ich deshalb ausgeführt, weil ich es als meine Pfiicht angesehen habe, ich denke, weil es mir mein Vorgesetzten so gesagt haben."

15. "Mit Tränen in den Augen haben wir dann diese Spritzen aufgezogen."

16. ". . . aus fremden Leiden eigene Sorgen bereiten."

17. Comparable to apathy is psychic numbing, which serves as an obstacle to moral perception. Robert Jay Lifton discusses this in his preface to Mitscherlich and Mitscherlich (1975) where he also analyzes the broader phenomenon of social apathy, an "impoverishment of object contacts, i.e., of those processes of communication that involve feeling and thought." (8). But May relates this sort of phenomenon more clearly to the basic problem of ethics, which is care.

18. The Greek work for care in this context is *epimelein (epimeleia).* The translation is that of West and West (1984).

Socrates pursues this idea of care in several places in Plato's *Dialogues,* for example, in *Euthyphro, Crito* and *Apology.*

19. An important step in the direction of retrieving a philosophy understood as the art of living has been taken in the recent work of Alexander Nehamas (1998). However, Nehemas's work does not offer a thorough analysis of the Greek notion of care and its importance in the ethic of the art of living.