

BOOK REVIEW

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Margot Lindsay RGN BA MPhil MCLIP PhD

Former Research Officer, London Centre for Dementia Care, University College London, London, UK

Correspondence address

Dr. Margot Lindsay, Research Department of Mental Health Sciences, Charles Bell House, 1st Floor, 67-73 Riding House Street, London, W1W 7EJ, UK. E-mail: rejumev@ucl.ac.uk

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Introduction

Benedict and Shields have filled a very big gap in nursing and midwifery history by investigating the professional involvement of nurses and midwives in euthanasia programmes in the Nazi era in Germany. In Germany, Austria and occupied Europe, during the years 1939 to 1945, approximately three hundred thousand people became victims of the different forms of "euthanasia" killings under the National Socialists (NS) 'programme'. About seventy thousand of these people in psychiatric asylums, 60% of these 'patients' with the diagnosis of schizophrenia, were killed by carbon monoxide poisoning in six killing facilities. Nurses were a vital part of these murders, making killing part of their everyday practice and participating in the execution of patients. Although nursing has traditionally been regarded as a caring profession, nurses actively and intentionally killed thousands of their most vulnerable patients - children and adults with mental and physical disabilities. While a large body of scholarship about the roles of doctors and medicine in these crimes exists, until now, nurses and nursing have been largely ignored. A small body of research in the history of nursing has explored how the caring professions of nursing and midwifery could become not only supporters of a government's murderous policy, but also its enthusiastic implementers.

This extraordinary book uses existing research to support the critical interpretation of nurses' and midwives' actions and decisions that led to their participation in one of the most heinous crimes in history. In short, nurses and midwives came to see killing their patients as a legitimate part of their caring role. Perhaps the dearth of scholarship in this area of the dark side of the history of nursing and midwifery, relates to the fact that females have traditionally dominated these professions and it has been assumed that women would not commit such crimes. This could be due to the fact that people hold nursing and midwifery in high regard and believe that "nurses could never do those things". Such unenlightened thinking

inhibits full and proper examination of this important background and now, finally, it has been fully addressed.

Organisation of the book

This book has eleven chapters. Chapter 1 sets the scene for the whole story by providing background information about fascism, Nazism, the rise of Hitler and the role propaganda played in the lives of all citizens of occupied Europe. Chapter 2 explores the rise of the eugenic movement and its use. Adolf Hitler suggested that wartime "was the best time for the elimination of the incurably ill." The physically and mentally handicapped were viewed as "useless" to Society, a threat to genetic purity and, ultimately, unworthy of life. Chapter 3 describes how nursing was structured in the Third Reich demonstrating the power relationships within the bureaucracies of the nursing organizations and how the racial hygiene theories, in the broader sense, abounded at the time. Chapter 4 explains how psychiatric nursing worked, how those nurses were educated and the work environments that fostered the need for obedience leading to complicity. Chapter 5 uses trial transcripts of the few nurses who were tried for their crimes. Chapter 6 examines nurses at one of the killing centres, as a way of demonstrating how they justified their thoughts and actions. Chapter 7 continues this theme with an exploration of nurses at two other killing hospitals and how they killed people. The involvement of nurses in the "euthanasia" programmes is explained with trial transcripts illustrating the nurses' justifications for their roles in murder in chapters 5, 6 and 7. Chapter 8 describes the role of midwifery, in the Third Reich. Chapter 9 takes a different approach by exploring what all this means for nurses and midwives today and uses a research project with nursing students to demonstrate how this material can be effectively taught to nurses and midwives today. In Chapter 10 there is a discussion of the philosophical and sociological theories that could account for the nurses' and midwives' actions to promote awareness of ideological risks in twenty-first

century nursing and midwifery practice. The last concluding chapter identifies the lessons which can be learnt from the arguments presented here. Can we exonerate the nurses because they were caught up in the crimes of the Nazis? Can we understand when they say that they believed that what they were doing was the right thing? Some readers would say 'no' and others would say 'yes'.

The purpose of the book and its intended audience

This book meets a long standing need to clarify some of the troubling questions surrounding the involvement of nurses and midwives in the killing of handicapped and mentally disabled people during the Nazi period. Nurses openly supported the Nazi regime and were an important pillar of its racist policies. An analysis of pastoral power reveals why Nazi politicians depended on the work of doctors and nurses to implement their health policies. Racial biology - and bullying - was an integral part of nursing discourse long before the Nazis came to power. A review of US nursing literature, including journals and textbooks from the first three decades of the twentieth century, found that eugenic language was most prevalent in public health and psychiatric nursing texts and in discussions of poverty, immigrants, cleanliness and social problems.

The German government and the professional midwives' association expected midwives to educate their patients. Like doctors, they were to communicate material related to racial and population policy as well as Nazi ideology. In addition, they were expected to explain issues related to the care, raising and feeding of infants as well as those related to household hygiene. In this regard, a midwife's educational responsibility was oriented not toward the needs of women and their families, but toward the goals of NS policy. A midwife's educational responsibility turned the interaction between her and her patient into a control-related action. Furthermore, the mandate requiring midwives to pass on information to health authorities about families regarding, for example, their economic circumstances or their diligence turned them into discrete supervisory authorities.

This extremely thorough examination of the ethics of nursing and midwifery, which were completely destroyed, during the Nazi era in Germany, provides invaluable material for student nurses and midwives to face the realities of abuse of power when caring for dependent people. It is similarly relevant for medicine and all of the other clinical professions, indeed for managers of health services and politicians. It is a long overdue subject to be included in teaching programmes and while the subject of this book is painful, it is addressed in a very thoughtful, well documented way. It avoids melodrama or shock tactics and the inclusion of statements from nurses themselves enables the reader to get aside the people who were entrapped in this terrible episode.

The Nation

The authors of this volume remind us that the year 1933 marked the beginning of major ideological shifts within German nursing, with an increased emphasis on the health needs of the Nation, even to the exclusion of the health needs of individuals and their families. Nursing also increasingly became defined as a form of patriotic service to the Fatherland, with military-like notions of duty and service. The principles of NS health policy to obstetrics was to create a healthy, racially pure and powerful ethnic body. The creation of this body was viewed as necessary to the Nation's strength and racial superiority. The term *Volkskörper* (ethnic body) described the collective model of a "hierarchically structured, racially homogenized production and reproduction community." For those regarded as "valuable" members of the population, the NS *Volkskörper* model promised identity, security and welfare and thus served as an instrument of integration. The primary control elements were inclusion in and exclusion from the NS under the premise of racist politics.

Nursing underwent reform again in 1938 with the passing of the first national law governing all of nursing, the "Law for the Reorganization of Nursing" which defined nursing and set the criteria for education. This first legal regulation of nursing, which introduced binding regulations for the first time in Germany, demonstrates once again the importance that Nazi politics attached to nursing. Incoming students were required to have the equivalent of a junior high school education, be eighteen years of age and had to have spent one year of domestic service in either one's family home or that of another family, school, or public institution. Applicants had to be deemed "politically responsible" and of German or related descent and this heritage had to be documented by providing birth certificates of both parents and grandparents.

Motherhouse concept

The volume teaches us about the Motherhouses. From the nineteenth century onwards, the Catholic Church and the Protestant churches dominated German nursing under the specific organizational form of the Motherhouse System. They were one of the few institutions in 19th Century Germany that provided women with sound training, a lifelong occupation and a minimal amount of pocket money, offering them a socially approved way of living and working outside marriage. Motherhouses ran their own charitable hospitals and, in addition, entered into contracts with other institutions to the service of the community and to the service of the sick and needy. In this way their influence extended far beyond their immediate locality. It was during the nineteenth century that this system developed into the dominant form of nursing organization in the German Reich and it remained relatively unchanged well into the second half of the twentieth century. It was taken for granted that a "good" nurse would consider her occupation more of a vocation than a job until well into the

1950s in West Germany. For nurses, nursing was not labour, but service. The professional ethical frame was constructed around the principles of Christian, unpaid nursing care. Such principles were nearly identical with middle-class feminine morality. The cornerstone of “good secular nursing care” became obedience, altruism, self-denial and humility. It is in this context that nursing became a vital aspect in the government of populations because of its ability to influence conduct.

As the authors describe, the Motherhouse System emphasized that nurses were a powerful group of experts in the provision of healthcare. They were in direct contact with individuals, communities, groups and populations and, due to their subordinated, non-academic position, they were able to develop and maintain a particularly trusting relationship with people. They were able to influence and to form individuals through their interventions. The traditional administrative structure of the confessional hospitals was controlled by the theological head, as represented by the Mother Superior. The Roman Catholic Church and the Protestant religious traditions, within which the majority of nursing training and practice took place prior to 1933, reinforced nursing as appropriate work for respectable women.

The portrayal of nursing as subordinate to medicine cannot be maintained for the confessional hospitals. Rather, physicians and nurses were considered complementary occupational groups with distinct roles in curing patients. The deacons believed that: “The events of this world receive their significance through the Gospel, and we carry the fate of this life with strength from above. This is how our lives and our tasks receive their deeper meaning. A nurses’ association with this ideology can only strengthen a National Socialistic State.” An integral part of the re-evaluation of the midwifery profession was its functioning for Nazi health policy. Beginning in 1933, midwives were included in the practice of racial engineering on different levels. It was not that new parameters of duties were created for this purpose, but that the state, as well as the Professional Midwives Association, extended the existing sphere of activity and advanced a politicization of the profession, aligning it with Nazi values.

Status and training in psychiatric nursing

For much of the nineteenth century, as the authors of the volume describe, German psychiatric nurses, then often called psychiatric attendants, both men and women, were of low status, with no formal nursing or psychiatric training. Working conditions were poor. They were expected to live at the prison-like asylums, be available around the clock and (especially in rural areas) had virtually no privacy or personal lives. Changes came gradually, were generally opposed by psychiatrists and were without the active support of most psychiatric attendants. In the late nineteenth century, some psychiatric institutions gave the formal title of “psychiatric nurse” to

psychiatric attendants in an attempt to raise their status and improve staff retention. By the early twentieth century, psychiatric care was increasingly medicalized, as asylums took on more of a hospital atmosphere and psychiatrists gained power. Nursing hours were decreased, but nurses were still held responsible for keeping order, keeping patients involved in the institution’s activities and preventing patients from harming themselves or others. Psychiatric literature in Germany at that time emphasized the “shared humanity among staff and patients” (and) “behaviour as symptoms”. Psychiatric nurses were instructed to remain humble and to consider themselves no better than their patients (and far below psychiatrists). The nurses could assist and observe, but could never give an opinion or diagnose.

With no more than a high school education, individuals could apply for on-site training. Others became psychiatric nurses through in-house transfers from other departments within an institution. In 1921, training could be completed within six months. In 1934 the training period was uniformly increased to eighteen months throughout the Reich. At the same time, “non-Aryan” women were excluded from midwifery training. The applicants had to bring proof of their Aryan descent. Members of the NS or other related organizations were preferred for employment. Psychiatric nursing remained separate from general nursing, as evidenced by the 1938 Law for Reorganization Nursing, which excluded psychiatric nursing from its mandates, as it was not considered “real nursing”. Psychiatric nurses had little independence, prestige or power. Thus, the main focus for training and regulations for psychiatric nursing practice lay within the institutions where the nurses trained and worked.

Mother of the Nation

The ideal midwife, the volume records, was the equivalent of the NS ideal mother: “racially pure”, genetically healthy and politically responsible. Based on the concept of gender difference, the “ideal mother,” acting professionally and rationally, was to work in an “ideal sphere” designed specifically for her, managing the household and caring for her children, full of self-sacrifice and with the awareness that she was not living and working for personal happiness, but for the welfare of the national community. Bearing children was declared to be an important factor in the preservation of the national community. Fliedner described the nurse as a woman “who is always ready to serve (and therefore) will never elevate herself or try to dominate. She will do good quietly and unassumingly and will always strive to deny her own desires”. Hitler declared in 1933: “In my state the mother is the most important citizen”. The Fuhrer’s thought has been executed in the deacons ever since the beginning where discipline and obedience are promoted. Most midwives in Germany and Austria worked as independent practitioners as medical confinements tended to take place in the home. Maternity clinics and hospitals were used mostly in cases of risk or emergency. Each German state had its own midwifery curriculum.

Courses lasted approximately six months before the women were allowed to work as independent midwives. In principle, all employment had a probationary period of three months.

In 1933, approximately 84% of all births were supervised by midwives acting autonomously. Midwives were in the NS program of forced sterilizations and the euthanasia program for children, as two extreme actions undertaken by the NS-state to increase the number of “healthy” and “pure bred” and decrease the number of those considered “unfit” and “not Aryan”. Midwives, as women, were on lower professional levels in the health system but became an integral part of the Nazi regime. Nazi ideology emphasized traditional female traits, obedience, humility, modesty, duty, selfless service and loving care. Within this framework, nursing was one of the few sanctioned areas in which women could work outside the home; it was an ideal profession for the German woman of the 1930s. Its sphere was separate from and subordinate to the male-dominated sphere of medicine, yet could take a leadership role in supporting the goals of the Third Reich: avoiding de-population, maintaining high health standards for Aryan Germans and identifying the unhealthy. The profession obtained important biopolitical importance and midwives were included in the process of racial engineering. Ernst Puppel, director of the school of midwifery in Mainz in 1934, outlined what was required of midwives under NS at a conference in Hesse: “As obstetricians, we are standing at the cradle of the nation. What is destroyed or even neglected here can never again be completely rebalanced. However, the enormous importance of these things does not become evident until you view the union of mother and child not as an individual, but as part of the whole to which we are all responsible, namely the German nation in its entirety.” A fierce rivalry existed among midwives, the result of an increasing number of practitioners and a decreasing birth rate. Wages were so low that many lived in poverty and the absence of an old age pension meant that many had to work until their death, or until they were too sick to work any longer. Under the leadership of the first President of the International Midwives' Congress, the midwives' association fought for better training, adequate wages and, most importantly, a law that would secure their being given preference over physicians in obstetrics.

Rehse, which was visited by seven hundred midwives from the ICM congress, is a small village in Mecklenburg where, in 1935, the Nazis built what they conceptualized to be an exemplary German village. Re-organizing its old estate, they also opened the German physicians' leader school, where leading physicians and junior doctors were trained in NS ideology. Lectures about “genetics, eugenics and racial hygiene” formed an important part of these courses. Nine thousand to ten thousand physicians took part in these training courses. Because of the important role midwives played in implementing Nazi population policies and with connections, midwives were the only non-academic profession who were invited to training courses held there. They were stopped in 1941, when Alt Rehse was used as a military hospital.

Eugenics

Following the thorough analyses which so far characterize this volume, the authors then turn to a review of USA National League for Nursing Curricular Guidelines found in 1919 which recommended that ten hours be devoted to “Modern Social Conditions” and that this content include a focus on “feeble-mindedness...degeneracy” and various social ills, all central concerns of the eugenics movement. In 1927 and 1932 eugenics was named specifically as an expected aspect of nursing curricula. In the guidelines published in these years, the “Modern Social and Health Movements” section directly addressed heredity by specifying that the history and aims of the eugenics program should be taught. Psychiatric nursing was singled out by them as uniquely important enough to hold a conference on May 14, 1937, on “The Relation of Eugenics to the Field of nursing”. The Director of the American Eugenics Society and nursing leaders addressed nurses and on the importance of understanding eugenic problems and on curricular guidelines for teaching eugenics.

Prior to World War II, professional nursing publications participated in discourses on eugenics. They portrayed eugenics as providing a scientific basis for the positive eugenics promoting reproduction among the healthy (often of northern European descent) middle to upper classes and negative eugenics encouraging limited reproduction and forced sterilization of the “unfit” (who were often poor, uneducated and more recent immigrants) as reasonable.

Clinically, eugenics focused on two main areas, psychiatric patients and public health. One author, in fact, noted its easy fit with public health in the early twentieth century. Both involved “surveillance and monitor of patients and likely patients, balancing concern for the ill and the healthy and a tension between the needs of the population and those of the individual” and relied on the language of prevention. The argument by eugenics societies was that if eugenics was part of public health, it was a legitimate branch of medicine. Neither the eugenic philosophy nor the nursing values espoused at the Hadamar Psychiatric Hospital trials were unique to Nazi Germany. The popular US movement that pre-dated Nazi Germany's adoption of eugenic practices became glossed over and minimized. Although the term “eugenics” fell out of favour following the abuses of the Nazi era in which negative sterilization progressed to the murder of millions, legal eugenic sterilizations continued in the US into the 1970s.

Rapid changes followed Hitler's rise to power in early 1933. As a result, extensive propaganda aimed at the public and healthcare providers, including some specific to nurses regarding the necessity of eugenics, eugenics gained wider acceptance. Major themes of this propaganda were the wastefulness of providing healthcare to the chronically mentally ill and the hereditary nature of undesirable physical, mental and social traits. So-called voluntary sterilizations soon became co-erced or forced. Psychiatrists, however, initially distinguished between

curable and incurable psychiatric patients, allowing a facade of treatment and cure.

The primary starting point for the manifestation of biopolitics and racial engineering was the regulation of reproduction. The NS State took various measures to both prevent and promote childbirth. Those people who were regarded as having a "hereditary disease" or being "racially inferior" were to be prevented from reproducing while at the same time the birth rate of those considered "valuable", "healthy" and "powerful" was increased. The control, disciplining and regulation of reproduction involved, first and foremost - if not exclusively so - women and women's bodies. It has been concluded that racial engineering is "a gendered concept". Moreover, pregnancy and birth, as central areas of the control of reproduction, belonged to the sphere of midwives' work.

Transferring patients

At this point in the text the authors begin their description of the patient transfer process. A committee from Berlin HQ visited the State Hospital located in the picturesque town of Klagenfurt, Austria and filled out a questionnaire for each patient. Three medical experts reviewed the forms without examining individual patients or reading detailed records. The stated reason for the committee's visit was the overcrowding of the institution with eight hundred beds. The staff were told that some patients would be transferred from the geriatric unit in Klagenfurt to other institutions to alleviate the problem. These questionnaires were then sent to the Berlin HQ for "evaluation" and were returned with a "+" for death and a "-" for life. Not all transports went smoothly. During the loading of patients at the train station for one transport, the patients were screaming and pleading with the nurses: "Please, please, we don't want to be gassed. We want to die here. Please don't send us to Germany". However, at this point, they already belonged to Germany and the pleading was in vain. The SS donned white coats for the transports to imitate a medical situation.

Doomed patients were transferred to six institutions in the Reich, where they were killed in gas chambers. Handicapped infants and small children were also killed by injection with a deadly dose of drugs or by starvation. An estimated 5,000 children were killed during the so-called children's euthanasia program. The bodies of the victims were burned in large ovens called crematoria. Before the second transport, many patients had heard what was happening. The relatives of some of them were able, with the help of some caregivers, to get them discharged in time. However, for most there was no help and, by July 1941, there were only 250 of the original 800 patients in Klagenfurt. In addition to more than five hundred psychiatric patients, approximately one hundred patients from there were gassed. Most of the killings took place in the laundry-storage rooms on the first and second floors of the geriatric unit in Klagenfurt. These rooms were purposely prepared to be the killing rooms by putting two beds in each. Dr. Niedermoser ordered absolute secrecy

about the murders; however, the other caregivers and housekeeping staff gradually noticed what was happening.

Schellander described a transport of sixty women who arrived in 1943 and only seven of them survived, although, as she reported, some may have died from natural causes. Also in 1943, a transport of children with tuberculosis arrived from Germany. All of these forty children were immediately killed with large doses of Somnifen. Other patients were transferred to be used as research subjects. A letter from the Bavarian State Ministry of the Interior stated the following:

"In your letter dated 13-11-1942 you requested that I dispatch to you suitable epileptics for the further carrying through of your research work. I have had the opportunity to discuss this matter with two senior physicians. Both are most agreeable to turn over to you suitable stock. For various reasons, primarily patients of the institution of Kaufbeuren are to be selected. If that institute does not have suitable material, I am also satisfied if patients from Eglfing-Haar are transferred to Gunzburg for your research purposes."

One nurse reported that she was made head caregiver in 1941. She did not know the reason. Very often patients who were dying were brought to the back of what was called Languish House (*Siechenhaus*) what we would now call the geriatric unit:

"I have often objected to every terminal cancer patient, every incontinent patient being taken there. Some patients were sent there for punishment. No one paid attention to my objections. It seems I receive so many orders for killings of patients because my superior knew I would always do what I was ordered to do and did not dare to object."

Schellander was arrested on October 24, 1945 and charged with killing many patients in Klagenfurt during 1940-1945. After the war it was found that none of the defendants had any training in law. They were felt to be under the intellectual authority of Dr. Niedermoser who was under the impression that legislation to exterminate patients was in existence, although all he was given to look at was some sort of a decree and the signature of the *Fuhrer*. Although he claimed he did not totally agree - and even supposedly saved some patients from being killed - he never questioned the killing orders any further. The excuse used by the defendants that they acted on orders they had received is a fact and could not be refuted. An order, however, does not excuse the execution of the order if the latter is unlawful effect. An order is never a justification for the committing of an immoral or heinous act. It may only be cause for mitigation. Even a soldier is allowed to refuse to execute an order if the order would result in an unlawful act. The defendants claimed that they were put into an emergency situation by the order. They were afraid of the consequences which might ensue in case they did not execute the order. The nursing staff of the euthanasia centres were often forced to swear an Oath of Loyalty, pledging eternal silence regarding what went on in the clinic, under pain of death.

The authors then proceed to describe the two methods by which patients were killed by the staff: overdose of medications and scientifically directed starvation. In the latter method, patients were assigned to receive either the rapid starvation diet, which killed patients within about three months, or the slow starvation diet, which took longer. The overdoses, as described by the Head Nurse, Warle, consisted of intramuscular injections of Scopolamine and doses of Luminal or Veronal given in food or liquid. If, after the overdose, death did not occur within two to three days, injections of Scopolamine would be given. Located in Klagenfurt, many of the killings took place at this state institution which was described as a “wild site for euthanasia”. The murder of the handicapped began slowly. At first, authorization was informal and secret. Narrow in scope, it was limited only to the most serious cases. Within months, the creation of the T-4 programme involved virtually the entire German psychiatric community. Operating at the Berlin Chancellery, Tiergarten 4, a statistical survey of all psychiatric institutions, hospitals and homes for chronic patients was ordered.

Apart from their responsibilities to educate and control, the authors describe how midwives' reporting duties were expanded in the period from 1933 to 1945. Besides reporting the illness or death of a woman who had just given birth, or a newborn, midwives were also required to report people who were considered “hereditarily diseased”, according to a law for the Prevention of Hereditarily Diseased Offspring which was passed on July 14, 1933. The law, which regulated sterilization for eugenic reasons, constituted the basis for forced sterilization. Its intent was to prevent life that was classified as “undesirable” or “unworthy of life”. Doctors and all of those concerned with the treatment, examination or counselling of people who were ill, were obliged to notify public health officers of the birth of infants with hereditary diseases. Professional secrecy was suspended for this purpose. The local public health department comprised the institutional framework for registering people with hereditary diseases. The incoming reports were evaluated and, if necessary, those affected were subjected to a genetic examination.

Nursing the mentally ill was portrayed in propaganda as being a waste of resources. The eventual implementation of euthanasia of psychiatric patients was often supported by the notion that valuable resources were being spent on the mentally ill when such resources could be better used on the mentally healthy. Sister Warle, the Head Nurse on one of the children's wards, confessed to having killed at least 210 children. She received a bonus of 35 reichsmarks for these murders. She admitted this without co-ercion, asking the post-war investigators simply, “Will anything happen to me?” Another nurse also arrested with Olga Rittler, “who, with a stony grin on her face, confessed to having poisoned at least 30 to 40 persons”. When asked whether she was a Christian and believed in God, she answered cockily, “I am a Lutheran and this is a personal matter which does not concern you”. Interestingly, Olga Rittler's husband was an official for the Fuhrer Chancellery, holding the position of Plenipotentiary for the Eastern Regions.

Nurses' remorse and the ethics of professionalism and responsibility

When the discussion of using the euthanasia programmes to teach nursing ethics is examined in Chapter 9, for example, the question that immediately arises is how nurses and midwives could willingly perpetrate such acts that trampled upon, even destroyed, the foundations of their professions? What moral imperative enabled these nurses and midwives to justify such behaviour? Equally important are the questions of motivation. What motivated them to cross the bounds of accepted principles and practices in nursing and midwifery? Trial testimony indicates little remorse on the part of at least some of the nurses; that is to say, they failed to see they had committed heinous acts. Discussions about the nurses' testimonies regarding their feelings should lead students to question both obedience and remorse. Unfortunately, because they were not part of the post-war trials, nurses and midwives who did resist are seldom mentioned.

Referring to the ethic of responsibility, specific questions are proposed for the reader to become engaged with the text. These include: What response that reflects ethical sensitivity is required of me? How do I grasp the concept of life? What community do I belong to? These questions and their discussion should lead students to refine their understanding of the purpose of nursing, moral values related to this purpose and the importance of commitment to these values. Reading the literature and testimony related to the T4 murders should lead students to appreciate the impact and influence of social pressures on the nature of the profession and their effect on decision-making. In this instance, nursing decisions were made to accept orders without question and to fulfil them.

The current book can promote discussions of issues associated with compliance, both political and professional, divided loyalties, the many issues related to human rights, organizational ethics, professional and social responsibility and the inevitable “slippery slope” that could see one slightly unethical action spiralling downward to more and more unethical decisions. It is clear that study of the nurses and midwives involved in the T4 murders can give rise to important ethical questions and discussions that remain completely relevant to contemporary practice and will undoubtedly arise in many clinical contexts.

Conclusion

This book is a magnificent historical analysis. But it is more than that. Indeed, there is a perception that the modern world is free of the ethical dilemmas that the nurses discussed here faced and accepted or ignored. The authors suggest, however, that some things never change and dialogue about some present day nursing and midwifery actions is long overdue. An obvious choice for discussion is a practice against which bodies like the International Council of Nurses (2012) has fought robustly, that of nurses assisting with executions in countries that

still have the death penalty. It is easy to see how this is wrong and how a moral stance can be made against it. However, there are other areas that require scrutiny. Maternal-foetal screening services, variously known as pre-natal diagnosis or pregnancy choice services, among other names, have, since the development of ultrasound as a screening tool during pregnancy, become commonplace. If a foetus is found to have a range of deformities, inherited diseases, or congenital conditions, mothers and fathers are given the choice of whether to continue with the pregnancy or have it terminated. While a condition known to be incompatible with life may be accepted as a reason for termination, sometimes terminations are being chosen for conditions that are far less severe, such as Down's syndrome or cleft lip and palate. According to a report by the Nuffield Council on Bioethics (2006), in 2006 in the United Kingdom, approximately eight hundred thousand pregnancies were recorded, and thirty-five thousand screened women were told that their foetus was at risk of a serious abnormality. Figures for terminations of pregnancy in developed countries such as the United Kingdom, US and Australia are difficult to find and so it is not possible to know how many pregnancies are terminated each year.

Rationing of healthcare is a well known term today. Escalating costs of healthcare and technology mean that some sort of reconciliation has to occur between what healthcare costs, what patients expect and what is deliverable within each country's budget. Examples of where this has become a battleground can be seen in the US with President Barack Obama's health reform, the Affordable Care Act (US Department for Health and Human Services 2012). The National Health Service in the United Kingdom has struggled for years to provide the 'free at point of delivery' healthcare that has become so much a part of the UK Nation's psyche. Many lose their jobs when health budgets are cut; others work under increasing pressure from managers and policymakers to cut corners and minimize the standards of care they deliver. Nurses and midwives are caught up in this. Of course, those who suffer the most from such actions are ultimately the patients of the health service. Under the Nazis, rationing of health services took a sinister turn and people were killed if they were considered a burden on the state and expensive to care for. Nurses and midwives need to remember this when faced with dilemmas around rationing of services and aim to find the courage to resist if asked to do inappropriate things that will not best serve their patients.

The International Council of Nurses (2012) strongly decries the involvement of nurses in torture, but evidence exists that nurses have been complicit in force feeding prisoners at Guantanamo Bay, which constitutes torture. In 2013, a report from the Institute on Medicine as a Profession revealed the actions of these nurses (Task Force 2013). Such modern day events indicate the importance of studying history of nurses and midwives in Nazi Germany.

There may be a long moral distance between the health professionals of Nazi Europe and the health world now. Nonetheless, the authors are right to suggest that there is no room for complacency, nor is there any justification for thinking that such actions were only historical. In 2011, an

American nursing student posted on Facebook a description of a young trauma patient who had sustained massive neurological damage. In response to this posting, a registered nurse provided advice on how to hasten the patient's death by too slowly changing life-sustaining intravenous medications. Yet another nurse cheered on, "Do it, do it". Apart from the obvious privacy rights of the patient, which were so badly abrogated, one could imagine the nurses in the Nazi killing centres cheering each other on in a similar fashion.

One important aim of this book is to prevent the Nazi crimes happening again. As with many studies of the Holocaust and the Nazi era, the keys remain education and exposure to the reality of what occurred. History has slipped from many nursing and midwifery curricula and the history presented here receives little acknowledgement. Lobbying for the return of history as a permanent component of all curricula should be high on the agenda. Only by exposing and discussing them can we be confident we are doing our best to prevent their recurrence. In conclusion, then, this book is a landmark work, beginning as it does in an era of discovery and acknowledgment of the role of midwifery and it is hoped that further scholarship will ensue. We should all remember the words of the Irish politician, Edmund Burke (1729-1797): *All that is necessary for the triumph of evil is that good men do nothing.*

Conflicts of Interest

The author declares no conflicts of interest.