

Insights from Dr. Leo Alexander

In his article, entitled “Medical Science Under Dictatorship,” which appeared in the *New England Journal of Medicine* in 1949, and included his famous statement that the Nazi death camps “started from small beginnings . . . with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as a life not worthy to be lived,” Dr. Leo Alexander also attacked the so-called “Hegelian rationale” that, even then, was working its way into the American medical profession. It is that same “Hegelian rationale” which is the driving force behind Obamacare today.

Dr. Alexander, who served as a consultant to the U.S. Secretary of War, as well as to the Chief of Counsel for War Crimes at the Nuremberg War Crimes Tribunal after World War II (November 1945 to October 1946), wrote:

“Under all forms of dictatorship the dictating bodies or individuals claim that all that is done is being done for the best of the people as a whole, and that for that reason they look at health merely in terms of utility, efficiency, and productivity. It is natural in such a setting, that eventually Hegel’s principle that ‘what is useful is good’ wins out completely. The killing center is the *reductio ad absurdum* of all health planning based only on rational principles and economy, and not on humane compassion and divine law. To be sure, American physicians are still far from the point of thinking of killing centers, but they have arrived at a danger point in thinking, at which likelihood of full rehabilitation is considered a factor that should determine the amount of true effort and cost to be devoted to a particular type of patient, on the part of the social body upon which the decision rests. At this point, Americans should remember that the enormity of a euthanasia movement is present in their own midst. . . .

“The case, therefore, that I should like to make is that American medicine

must realize where it stands in its fundamental premises. There can be no doubt that in a subtle way, the Hegelian premise of ‘what is useful is right’ has infected society, including the medical portion. Physicians must return to the older premises, which were the emotional foundation and driving force of an amazingly successful quest to increase powers of healing, if they are not held down to earth by the pernicious attitudes of an overdose of practical realism.”

As to why so many medical professionals, and others, were complicit in various levels of the Nazi regime’s crimes, Dr. Alexander made two important observations:

“It is the first seemingly innocent step away from principle that frequently decides a career of crime. . . .”
and

“The important lesson here is that this motivation, with which one is familiar in ordinary crimes, applies also to war crimes and to ideologically conditioned crimes against humanity—especially fear of punishment or of ostracism by the group, are often more important motives than simple ferocity or aggressiveness.”

Truer Now Than Ever

Dr. Alexander’s chilling observations about the alarming state of affairs in the American medical com-



U.S. Army

Dr. Leo Alexander (standing), with a Polish priest, examines evidence from Dachau concentration camp.

munity in 1949 are, unfortunately, truer now than ever, especially with the advent of Obamacare.

“The question is whether there are any danger signs that American physicians have also been infected with Hegelian, cold-blooded, utilitarian philosophy, and whether early traces of it can be detected in their medical thinking that may make them vulnerable to departures of the type that occurred in Germany. Basic attitudes must be examined dispassionately. [The medical historian] Bernal states that prior to the advent of scientific medicine, the physician’s main function was to give hope to the patient and to relieve his relatives of responsibility. Gradually, in all civilized countries, medicine has moved away from this position, strangely enough in direct proportion to man’s actual ability to perform feats that would have been plain miracles in days of old. However, with this increased efficiency based on scientific development went a subtle change in attitude. Physicians have become dangerously close to being mere technicians of rehabilitation. This essentially Hegelian rational attitude has led them to make certain distinctions in the handling of acute and chronic diseases. The patient with the latter carries an obvious stigma as the one less

likely to be fully rehabilitable for social usefulness. In an increasingly utilitarian society, these patients are being looked down upon with increasing definiteness as unwanted ballast. A certain amount of rather open contempt for the people who cannot be rehabilitated with present knowledge has developed. This is probably due to a good deal of unconscious hostility, because these people for whom there seem to be no effective remedies have become a threat to newly acquired delusions of omnipotence.

“Hospitals like to limit themselves to the care of patients who can be fully rehabilitated, and the patient whose full rehabilitation is unlikely, finds himself, at least in the best and most advanced centers of healing, as a second-class patient faced with a reluctance. . . . I wish to emphasize that this point of view did not arise primarily within the medical profession, but was imposed by the shortage of funds available, both public and private. From the attitude of easing patients with chronic diseases away from the doors of the best types of treatment facilities available, to the actual dispatching of such patients to killing centers, is a long but nevertheless logical step.”

—Steve Douglas

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