Received: 2 June 2020 | Revised: 7 July 2020 | Accepted: 27 August 2020

DOI: 10.1111/jpm.12689

WILEY

Psychiatric nurses' role in the holocaust and current implications

The 75th anniversary of the liberation of the Auschwitz death camp was on 27 January 2020. The numbers of people able to provide first-person accounts of the atrocities of the Holocaust are dwindling. Psychiatric nurses were perpetrators of human atrocities committed in Germany under Nazi rule, and it is incumbent upon us that we do not allow our involvement to be erased from our professional history. Several psychiatric nurses were tried in criminal courts after the war. Some were executed, some were sentenced to prison, and others were acquitted. The purpose of this paper was to describe how psychiatric nurses came to be involved in the murder of more than 10,000 ill and disabled German citizens, to examine their culpability and to explore implications to current issues in nursing.

1 | NURSING IN GERMANY BEFORE AND DURING THE THIRD REICH

Beginning in the 1700s, education for German women to provide care to the sick and needy occurred in Deaconess schools or motherhouses. In the early 1800s, an evangelical pastor, Theodor Fliedner, used the model of the order of St. Vincent de Paul and established a community of women who lived together in a motherhouse where they received education in both nursing care and religion (O'Donnell et al., 2009). These Deaconesses became the model of nursing in Europe. In fact, from 1850 to 1851 Florence Nightingale trained with the Protestant Deaconesses in Kaiserswerth revered as the centre of nursing education in Europe. These Deaconess training programmes emphasized service, obedience and selflessness (O'Donnell et al., 2009) rather than education. Nursing under the model of the motherhouse was considered a vocation in which submission was expected and community service and caring for the sick were the only professional identities (Shields & Foth, 2014).

Social factors such as industrialization, advances in medicine, lengthening lifespans, the changing role of women in society and population growth led to a demand for more nurses. Middle-class women were encouraged to enter the workforce as nurses, particularly as nursing perpetuated the patriarchal rules of obedience and selflessness; encouraging women to enter nursing also prevented them from pursuing careers in medicine, which was male-dominated (Steppe, 1992). This increased demand for nurses enabled some to leave the motherhouses and become free nurses working privately. The price of freedom, however, was often low wages and poor working conditions (O'Donnell et al., 2009).

In the early 1900s, German nurses wanted to be recognized less as charitable and religious individuals and increasingly as professionals. In 1903, the Association of the Nursing Professionals in Germany (BOKD) was founded; only free nurses could join. This organization served as an employment agency, supplied nurses to hospitals and nursing schools and provided continued education. It became a member of the International Council of Nurses in 1904 (O'Donnell et al., 2009). In 1907, the Regulation of a State Examination for Nursing Personnel in Prussia was instituted. Requirements for examination included the following: elementary school certificate, 21 years of age, physically and psychologically fit, and proof of participation in a one-year nursing course. By 1920, similar regulations had been instituted in Wurttemberg, Hess, Saxony, Baden and Bavaria. The virtues of care, service, obedience, duty and loyalty remained pillars of German nursing at the time (O'Donnell et al., 2009).

As the Nazi Party was gaining momentum, nurses had low social standing, were poorly paid and were dominated by the powerful physicians in the Nazi Party (O'Donnell et al., 2009). The eugenics movement, that gained traction among the scientific community and influenced Nazi ideology, impacted nursing education. The purpose of medicine and nursing was to act in the best interests of public health and future generations. In 1929, the National Socialist Physician's League was established and had the express goal of promoting racial hygiene and eugenics in public health (O'Donnell et al., 2009). As the Nazi Party gained power, relationships between newly established nursing schools and community nursing posts were established. With eugenics as the public health agenda, and the obedient, dutiful virtues of nursing, the Nazi Party promoted the idea of nurses as political soldiers, doing important work as they interfaced directly with the German people (O'Donnell et al., 2009).

In 1933, the Red Swastika Nurses was established to care for sick members of the Nazi Party and to aid in military operations and political party events (O'Donnell et al., 2009). Also, in 1933, the German Labor Front consolidated the many small nursing organizations in Germany under national organizations; male and female nurses belonged to different organizations. The organizations for female nurses included the following: The Protestant Nurses' Organization (1933), the Red Cross (1934), the National Socialist Nursing Organization (which took-over for the Red Swastika Nurses and became known as the Brown nurses, 1934), the Federation of Free Nurses (1936) and the Caritas Organization (Catholic nurses, 1937). The Brown Nurses' primary focus was public health nursing, and a motherhouse was established in Dresden for this purpose; the

Nazi Party appointed nursing leaders who were both influential and who supported Nazi public health aims. Beginning in October 1934, 8-week courses in National Socialism were hosted there.

National Socialist and Red Cross nurses swore an oath of allegiance, obedience and loyalty to the Fuhrer, Adolf Hitler. Protestant nurses did not swear their allegiance; however, they did not identify a conflict between their religious beliefs and Nazi doctrine (O'Donnell et al., 2009). Nursing continued to be perceived as a religious calling that remained highly disciplined, obedient and self-sacrificial.

In 1938, a law was passed sanctioning nurse training programmes only in state-approved schools (O'Donnell et al., 2009). This Law on the Regulation of Nursing required public hospitals and clinics to maintain nursing schools. Prerequisites to entering training programmes included the following: Aryan, 18 years of age, graduate of normal school, certificates of good conduct, healthy and politically reliable (Lagerwey, 1999). Training programmes lasted 18 months and included 200 hr of theory, 100 of which was taught by physicians. Professional honour and eugenics were mandatory; ethical responsibility was not included in the curriculum. Upon completion of a nursing training programme nurses were required to take a state examination prior to practicing (Lagerwey, 1999).

Despite the training of nurses in state-sponsored schools, a majority of nurses continued to maintain membership in a religiously affiliated nursing organization, see Table 1. In 1939, it is estimated that between 7% and 9% of nurses were members of the Nazi Party (O'Donnell et al., 2009). This is significantly different than the estimated 45% of physicians who joined the Nazi Party (Proctor, 1988). In 1942, the National Socialist nurses were merged with the Free Nurses, thereby increasing membership significantly; many free nurses were not politically motivated, but this forced union created the perception that they were in fact Nazis (O'Donnell et al., 2009).

2 | T4 EUTHANASIA CENTRES

Beginning in 1933, the National Socialist Party began to implement policies to rid Germany of "defective" individuals. These policies were based on the 1920 book *The Sanctioning of the Destruction of Lives Unworthy to be Lived* by German psychiatrist Alfred Hoche and jurist Karl Binding who used the term euthanasia to describe the "mercy killing" of patients with terminal illness, "lunatics," and those who were comatose or "living miserable lives" (Benedict, 2003). These patients were described as occupying too much healthcare professional time and energy, which were valuable resources. In order to promote "mercy killing," films were produced that promoted eugenics and glorified euthanasia; these propaganda films were wildly popular and one, *Triumph of the Will* (*Triumph des Willens*), even received a gold medal at the 1935 Venice Film Festival (Wistrich, 2002).

TABLE 1 Number of nurses in nursing organizations in 1939

Organization	Membership	% of total nurses
Catholic nurses	50,000	34.86
Protestant nurses	46,500	32.42
Free nurses	21,459	14.96
Red Cross	14,595	10.17
National socialist	10,880	7.59
Total	143,434	100

Note: O'Donnell et al. (2009, p. 159).

The German "euthanasia" programme began in 1938 with the killing of handicapped children. It is important to note that euthanasia is commonly understood to be the killing of individuals suffering from incurable or painful conditions; the German "euthanasia" programme targeted ill, disabled and handicapped individuals. Midwives were paid to register children born with congenital deformities with the local health authority (Proctor, 1988). This identification resulted in 5,000–10,000 handicapped children being killed by starvation, ingestion of phenobarbital, and morphine or scopolamine injections in facilities across Germany (Benedict, 2003). On 1 September 1939, the programme of killing handicapped Germans was extended to include adults with Hitler's "order that patients who, on the basis of human judgment, are considered incurable, can be granted mercy death after a critical evaluation of their illness" (Benedict, 2003). This programme is referred to as Aktion T4, named for the programme administration building's street address in Berlin, Tiergartenstraße 4.

There were six killing centres established in the T4 programme, although they were not all operational at the same time: Hartheim, Sonnenstein, Grafeneck, Bernburg, Brandenburg and Hadamar. Brandenberg, the first to open in January 1940 was a former prison, and the remaining 5 sites were state-run psychiatric hospitals. The calculation used to determine how many people should die was 1,000:10:5:1. For every 1,000 people, 10 required psychiatric treatment, of these 5 required residential treatment, of these one should be selected to be killed. Based on the population of Germany at the time, an estimated 65,000–75,000 patients requiring residential care needed to be exterminated (Hoskins, 2005). Residential patients from across the country were transported to one of these centralized killing centres in buses called "Charitable Ambulances." Rooms at the killing centres were either built or retrofitted to gas patients. Several patients at a time were escorted into these rooms and gassed using carbon monoxide. They were cremated and their families were sent falsified death certificates. By 1941, more than 70,000 psychiatric patients had been killed under the T4 programme (Benedict & Chelouche, 2008).

Nurses employed at these killing centres were a combination of nurses who worked in these institutions prior to the initiation of the T4 programme and nurses who were sent from Berlin to help execute the T4 programme. T4 nurses were specifically chosen by physicians to work in these facilities; the primary qualification was dependability (Steppe, 1992). Many of these nurses were transferred from facility to facility as one killing centre closed and another opened. Psychiatric nurses who did not work at these centres, but who worked at facilities that transferred patients to the T4 sites, were also involved. They packed the personal belongings of patients being

transferred and accompanied patients during transfer, riding back on empty buses (Steppe, 1992). Nurses at the killing centres helped patients undress, took them to the doctor for evaluation, helped calm them and accompanied them to the gas chambers (Steppe, 1992).

On 24 August 1941, the T4 programme ended after the Catholic Bishop of Munster publicly protested (Shields & Foth, 2014). Gas chambers that had been used at some of the sites were disassembled and taken to the death camps at Treblinka, Sobibor and Belzec (Benedict & Chelouche, 2008). The killing of ill and disabled Germans considered "undesirable" did not stop, however; it was decentralized and became far more widespread.

3 | WILD EUTHANASIA AND ACTION 14f13

During this phase of decentralized or wild euthanasia, nurses played a more active role in killing patients. Rather than transporting patients to a centralized killing centre where they were gassed en masse, psychiatric patients began being killed at their local facility. Head nurses assisted in identifying patients at their own residential institutions to be killed. These patients were then brought to a specific killing room where nursing personnel administered lethal doses of medications or injected air boluses into patients' bloodstreams (Steppe, 1992). This programme ran from 1941 to 1945. More people perished during this period of decentralized killing than under the formal T4 programme. More than 100,000 people were killed during these combined euthanasia programmes. More than 10,000 patients were directly killed by nurses (O'Donnell et al., 2009).

Similarly, the Action 14f13 programme, also referred to as special treatment 14f13, was also active from 1941 to 1944. The purpose of this programme was to relieve concentration camps of sick and invalid prisoners. Many of the concentration camps that Nazis established served as forced labour camps. As prisoners became sick or injured, they were unable to fulfil this purpose. Both the lessons and the equipment from the T4 programmes were utilized for the purpose of relieving camps of these "useless" prisoners. In April 1941, physicians began visiting concentration camps for the purpose of identifying prisoners too sick to work who should be killed. The Sonnenstein and Hartheim Euthanasia Centers were used to gas prisoners transported from Sachsenhausen, Buchenwald, Auschwitz and Mauthausen, Dachau and Gusen concentration camps, respectively. Sonnenstein and Bernburg centres were used to exterminate inmates from Flossenburg, Neuengamme, Ravensbruck and Grob-Rosen camps. The killings at Bernburg, Sonnenstein and Hartheim were carried out by the same staff members using the same carbon monoxide and gas chambers as they were at these facilities under the T4 programme.

4 | NURSES ON TRIAL

Several psychiatric and T4 nurses were tried for murder after the war ended. Nurse defendants in the post-war trials were convinced that their actions were lawful and that they were required to follow the orders of hospital administrators, physicians and superior nurses to carry out the directives of the government (O'Donnell et al., 2009). Most of the nurses tried were from two psychiatric hospitals, Hadamar and Meseritz-Obrawalde.

5 | HADAMAR

In 1940, Hadamar, a large psychiatric hospital outside of Frankfurt, was designated as an operational T4 centre to replace Grafeneck. Hadamar was to be a receiving centre to kill patients transported from other facilities in addition to killing some patients already at Hadamar. Employees were reportedly required to take an oath of secrecy (Lagerwey, 1999).

Nurses who participated in the killings at Hadamar were a combination of nurses recruited and assigned there by the T4 programme and psychiatric nurses already employed at Hadamar. There was reportedly limited interaction between these two groups (Benedict, 2003). Nurses were involved in killing patients at Hadamar in the following ways: accompanying patients during transport, assisting patients to undress, photographing and accompanying patients to their physician examination, marking the backs of patients with gold teeth or those who would provide interesting postmortem examination, escorting patients, up to 90 at a time, to the entrance of the gas chamber, removing dead bodies from the gas chamber, sorting patient belongings and labelling urns of ashes (Benedict, 2003).

After the official end of the T4 programme at Hadamar in August 1941, some T4 nurses were transferred to Bernburg or Eichberg. In late 1942, however, Hadamar continued to function as a decentralized killing centre. During this phase of wild euthanasia, patients were not killed in gas chambers, but in specifically designated rooms. The head nurse would indicate the names of patients to be killed on a piece of paper given to the medical director who would visit these patients during rounds and decide about the patient's life or death. Lethal injections were given at night and required the cooperation of at least two staff members—first to provide one another with emotional support and second to force patients to consume oral medication or administer injections (Benedict, 2003). It is estimated that more than 10,000 mentally and physically handicapped patients were killed here (Benedict, 2003).

During the summer of 1944, Hadamar accepted 75 Russian and Polish concentration camp labourers (including 14 women and 2 children) who reportedly had incurable tuberculosis. Within two hours of their arrival at Hadamar, they had been killed by nurses Heinrich Ruoff and Karl Willig. By March 1945, more than 400 labourers were killed in similar fashion (Lagerwey, 1999). On 29 March 1945, US troops gained control of Hadamar and arrested nurses Irmgard Huber, Ruoff and Willig in addition to four other employees. In September 1945, nurses Christina Weiland, Margaret Borkowski and Kate Gumbmann were taken into custody and provided testimony against the seven defendants (Lagerwey, 1999). All of the nurses described their duty to remain in their posts regardless of their

personal feelings. They identified the primary nurses' duty as obeying the orders of doctors. A Hadamar secretary who was a character witness for Huber testified that Huber came to her in tears about euthanasia practices at the institution and the secretary reminded her of her oath of secrecy and convinced her to continue her duties.

Between 8 and 15 October 1945, in Wiesbaden, Germany, the trial United States v. Alfons Klein et al occurred. Nurses Irmgard Huber, Heinrich Ruoff and Karl Willig were charged with violating international law by murdering 476 Russians and Poles at Hadamar. The murder of mentally ill German citizens was not included as these were sanctioned by the German government and occurred prior to Germany's defeat. The only permissible charges were those concerning non-Germans who were not mentally ill (Lagerwey, 1999). Ruoff and Willig admitted to directly killing hundreds of patients. On 8 October, Minna Zachow and Kathe Gumbmann, nurses at Hadamar, testified against Huber. On 15 October, Huber was sentenced to 25 years of imprisonment. Ruoff and Willig were sentenced to death by hanging; they were executed on 14 March 1946.

In 1947, a second Hadamar trial occurred in which German authorities charged Huber and a physician with killing 15,000 German psychiatric patients. Huber was sentenced to an additional 8 years in prison. In 1951, the War Crimes Modification Board reduced her sentences to 12 years and 6 years, respectively. She was released in 1952 (Lagerwey, 1999).

In January 1948, four other Hadamer nurses were tried in Frankfurt: Pauline Kneissler, Edith Korsch, and two nurses who testified against Huber, Minna Zachow and Kathe Gumbmann. Kneissler had been recruited as a T4 nurse in Berlin. She was first assigned to Grafeneck, transferred to Hadamar and then to Irrsee where she was the only nurse who killed patients. She admitted to killing 100–150 patients during the period of wild euthanasia. She was found guilty of assisting with murder and sentenced to 4 years of imprisonment. She was released in 1949 and worked as a psychiatric nurse in Berlin from 1950 to 1963 when she retired (Benedict, 2003). Between 1940 and 1944 Edith Korsch, a T4 nurse, was transferred from Grafeneck to Hadamer, to Bernburg, to Eichberg and back to Hadamer where she was dismissed from employment due to pregnancy. She was sentenced to 3 years and 4 months. Zachow was also a T4 nurse transferred to Hadamer from Grafeneck, then to Bernburg and back to Hadamer. She received killing orders directly from Huber. She was accused of assisting in the murder of an unknown number of patients under the T4 programme and 25 during the wild euthanasia phase. She was sentenced to 3 years and 6 months of prison. Kathe Gumbmann, a Hadamer nurse, initially refused to take part in the T4 killings and made several attempts to quit her employment. She was sentenced to 3 years and 1-month imprisonment and was released on probation in May 1949 (Benedict, 2003).

6 | MESERITZ-OBRAWALDE

One of the most active decentralized killing centres was a psychiatric hospital in Prussia, Meseritz-Obrawalde. In the early 1930s, it was a robust general hospital, with multiple units across approximately 20 buildings (Benedict & Chelouche, 2008). In 1938, after Prussia was dissolved, the hospital became part of Pomerania and was designated strictly as a psychiatric hospital. Over the next year, the number of psychiatric patients increased from 900 to more than 2,000, with only 3 physicians to care for them (Benedict & Chelouche, 2008). In 1939, an order had been issued to transport incurable patients to facilities further east. The purpose of the multiple transports through multiple facilities was to prevent family members from tracking the patients' whereabouts and their eventual murders (Benedict & Chelouche, 2008). Meseritz-Obrawalde was a site through which patients passed on their way to T4 centres.

In the spring of 1943, the hospital was designated as a facility for the killing of incurable psychiatric patients. The physicians examined patients and selected for killing those who were severely ill and those who were unable to work, much of the work done at the institution was undertaken by patients themselves. Physicians ordered lethal injections which were administered by nursing staff in specially designated isolation rooms. Not every building had an isolation room, so some patients had to be transferred there from other buildings on the property. Some patients were premedicated with a sedative prior to being taken to the isolation room. Once in the isolation room, the most common method of murder was the oral administration of lethal doses of sedative (veronal or luminal) dissolved in water. Patients who were unable to take the oral medication or who refused were given lethal injections of morphine and scopolamine (Benedict & Chelouche, 2008). Initially, the nursing staff was required to move the bodies, but as the number of killings increased, a "cemetery gang" of male patients was organized for this purpose (Benedict & Chelouche, 2008, p. 72). It is estimated that 10,000 people were killed at this facility during the period of wild euthanasia (Hoskins, 2005).

In January 1945, the Russian army arrived at Obrawalde. Nurse supervisor Amanda Ratajczak fled and was captured by Russian soldiers in March. She was tried by the Soviets and admitted to killing more than 1,500 patients. She was executed by shooting in May (Benedict & Georges, 2009). Head nurse, Helene Wieczorek, and the female physician, Dr. Hilde Wernicke, also fled. They were arrested in August, tried for murder in Berlin and in 1946 were sentenced to death by a jury (Benedict & Chelouche, 2008). They were both executed in 1947 by guillotine (Torka, 2009).

Nineteen years later, 14 female nurses were tried in Munich for murdering patients. The primary defendant, Luise Erdmann, was accused of participating in murdering 210 patients. In March 1965, all 14 former Meseritz-Obrawalde nurses were acquitted (Benedict & Georges, 2009). The conclusion was that these nurses were following the orders of their superiors and the physicians.

7 | COMPLICIT OR OBEDIENT?

Nurses who participated in killing patients as part of the T4, wild euthanasia, and/or Action 14f13 programmes did so in a

complicated socio-political moment in nursing history. Attempting to label their behaviour as complicit—*Complicity:* The fact or condition of being involved with others in an activity that is unlawful or morally wrong (Oxford Dictionary, https://www.lexico.com/definition/complicity) or obedient—*Obedience:* Compliance with an order, request, or law or submission to another's authority (Oxford Dictionary, https://www.lexico.com/definition/obedience) is too dichotomous and simplistic.

From available testimony, it is obvious that many nurses who participated in killing patients or prisoners were conflicted. Here are a few very brief excerpts of testimony.

> Margarete T, Meseritz-Obrawalde—"I felt deeply guilty and still do today. Due to the many years of working as a nurse, practically from since I was young, I was educated to strict obedience, and discipline and obedience were the supreme rules among the nurses. We all, including me, took the orders of the physicians, head nurses, and ward nurses as orders to be strictly obeyed to and didn't or couldn't form our own opinion about the legality of those orders."
>
> (Benedict, 2003, p. 256)

> Pauline Kneissler, T4 nurse—"At the bed of a patient there is a doctor who is superior to the nurse. It's his decision whether or not to prescribe a chest compress, an enema, heart medication, or a sleeping pill."
>
> (Steppe, 1992, p. 30)

> Helene Wieczorek, Meseritz-Obrawalde—"I refused at first, and he [medical director] said there was no point in that, that I was a long-serving officer, I must do my duty, especially in times of war."
>
> (Hoskins, 2005, p. 85)

Based on the defences used and the variability in sentencing it can be concluded that nurses were perceived, and perceived themselves, as both obedient and complicit; the two are not mutually exclusive. Complicity and obedience, one does not negate the other, both happened. Several nurses admitted to participating in the selection of individuals to be killed and to actually killing patients and defended their actions as following orders. These orders came from people in positions of power. These orders were also given during a time of war and were state-sanctioned. It is far too simplistic to assume these murders were committed by sadistic, Nazi nurses. Understanding how psychiatric nurses came to be involved in the atrocities of the Holocaust is complex.

While not the case today, psychiatric nurses presumably perceived their primary duty to be to those in positions in power, not to patients under their care. Also not the case today, public health was the primary, unifying health agenda. Today, there is far more emphasis on saving individual lives than on maintaining the health of the population. In the United States, for example, approximately 2.5% of national health expenditures are to public health agencies (Gaffney et al., 2020); in 2017, hospital care accounted for 33% of national health expenditures (Centers for Medicare & Medicaid Services, 2017). It is also difficult to determine what the standard of care at the time was. Autonomous nursing practice did not exist, scope and standards, or codes of nursing ethics had not been written. Certainly, nurses were trained to provide care to the sick and debilitated. However, this might have been equal to or even secondary to their training in following orders. Nursing at the time was undoubtedly co-opted by physicians, but it was also transformed to meet the bio-political aims of the ruling Nazi Party. The nurses described here were obviously complicit and morally culpable as human beings; their professional culpability is more grey than black or white, however.

8 | IMPLICATIONS FOR CURRENT PRACTICE

Individual German nurses did resist and did refuse to participate in harming patients. Resistance at the level of the individual, however, was microscopic against the powers of medicine and the state. Nurses, who were primarily women, were used to carry out the eugenicist and biocratic agendas of physicians, who were primarily men and the Nazi Party specifically because they worked closely with patients and were trained to be obedient. As the war effort intensified, nursing was heralded as a way for women to support their country. Nursing has made tremendous professional progress over the last 100 years by establishing its autonomy and defining unique disciplinary practices and values. Patient care and advocacy have become primary nursing duties. Independent regulatory bodies and accrediting agencies exist and are governed by nurses. Despite these advances, nursing remains subordinate in what remains a sexist, racist and hierarchical, social and medical context.

Psychiatric nurses' role in the Holocaust is an example of what can happen when nursing voices and values are ignored. Nationalism, when accompanied by state-sponsored dehumanization of certain groups, is antithetical to nursing's valuing all people as deserving of respect and dignity. Nurses in general would be mistaken to believe that human rights abuses can only occur elsewhere or in the past. Psychiatric patients and prisoners have been subject to abuse and neglect in the United States, Britain, Greece, Canada, Japan, New Zealand and Australia (Holmes, 1996). Psychiatry and mental health care have a long history of paternalism, use of coercive practices and stigmatization of certain groups, for example by labelling as mentally ill individuals who are homosexual or transgender. The primary professional lessons to learn from nurses' role in the atrocities of the Holocaust are that there is power in unity, there is strength in autonomy and that very bad things can happen when outside forces such as medicine and the government act upon us. Nursing has the public's trust and a tremendous body of scientific knowledge to support it, but that is irrelevant if nursing continues to be stifled by more powerful

forces. The patriarchal, sexist establishments of medicine and government have been slow to change. It is incumbent upon nurses therefore to remain vigilant and aware of threats to our autonomy, to stand united behind our robust value systems and to advocate as strongly for our profession as for our patients. We know it is worth it; we have seen in the Holocaust what can happen if we do not.

CONFLICT OF INTEREST

The author declare that they have no conflicts of interest.

Darcy Copeland RN, PhD[1,2]

[1]*University of Northern Colorado, Greeley, CO, USA*
[2]*St Anthony Hospital, Centura Health, Lakewood, CO, USA*

Correspondence
Darcy Copeland, University of Northern Colorado, Greeley, CO, USA.
Email: darcy.copeland@unco.edu

ORCID

Darcy Copeland https://orcid.org/0000-0002-3705-0920

REFERENCES

Benedict, S. (2003). The Nadir of nursing: Nurse-perpetrators of the Ravensbruck Concentration Camp. *Nursing History Review*, *11*, 129–146.

Benedict, S., & Chelouche, T. (2008). Meseritz-Obrawalde: A 'wild euthanasia' hospital of Nazi Germany. *History of Psychiatry*, *19*(1), 68–76.

Benedict, S., & Georges, J. (2009). Nurses in the Nazi "Euthanasia" program: A critical feminist analysis. *Advances in Nursing Science*, *32*(1), 63–74.

Centers for Medicare & Medicaid Services (2017). *National health expenditures 2017 highlights*. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-andReports/NationalHealthExpendData/Downloads/highlights.pdf

Gaffney, A., Himmelstein, D., & Woolhandler, S. (2020). Covid-19 and US health financing: Perils and possibilities. *International Journal of Health Services*, *50*(4), 396–407. https://doi.org/10.1177/0020731420931431

Holmes, C. (1996). Nazism and nursing: A comment on relevance. *International History of Nursing Journal*, *2*(1), 5–24.

Hoskins, S. (2005). Nurses and National Socialism – a moral dilemma: One historical example of a route to euthanasia. *Nursing Ethics*, *12*(1), 79–91.

Lagerwey, M. (1999). Nursing ethics at Hadamar. *Qualitative Health Research*, *9*(6), 759–772.

O'Donnell, A., Benedict, S., Kuhla, J., & Shields, L. (2009). Nursing during National Socialism: Complicity in terror, and heroism. In B. Clucas, G. Johnstone, & T. Ward (Eds.), *Torture: Moral absolutes and ambiguities* (pp. 147–162). : Nomos.

Proctor, R. (1988). *Racial hygiene: Medicine under the Nazis*. Harvard University Press.

Shields, L., & Foth, T. (Eds.). (2014). Setting the scene. *Nurses and Midwives in Nazi Germany: The "Euthenasia Programs"* (pp. 1–12). New York, NY: Routledge.

Steppe, H. (1992). Nursing in the third Reich. *History of Nursing Journal*, *3*(4), 21–37.

Torka, S. (2009). The last execution in Moabit cell jail. *Moabitonline*. Retrieved from http://moabitonline.de/1525

Wistrich, R. (2002). *Who's Who in Nazi Germany*. Routledge.

How to cite this article: Copeland D. Psychiatric nurses' role in the holocaust and current implications. *J. Psychiatr. Ment. Health Nurs.*2020;00:1–6. https://doi.org/10.1111/jpm.12689