# Euthanasia policy poses clear and present danger

by Kathleen Klenetsky

Under the pressure of depression politics, the United States is close to adopting the same cost-cutting "useless eaters" policies promulgated by the Nazi regime in Germany. Less than a decade ago, the court order to remove a young New Jersey woman, Karen Ann Quinlan, from a respirator precipitated a major national outcry. Many people were properly horrified that someone who was so obviously alive should be allowed to die—and die she would have, had her doctor not defied the courts and slowly weaned her from the respirator.

Today, the euthanasia lobby has been so successful in foisting its Malthusian arguments on the medical profession and the American population in general, that untold numbers of people are literally being murdered on the grounds that it "costs too much" to keep them alive, or that their "quality of life" would be so awful that it is more humane to let them die.

This year a panel on medical-ethical issues set up by President Jimmy Carter released a report advocating termination of life-sustaining treatment in certain cases. Father John Paris, S.J., was a consultant to the panel, which was chaired by New York attorney Morris Abram. According to the section he wrote, stated cost is one of the principal factors determining whether a treatment—including feeding—is classed as ordinary or extraordinary.

## Cultural pessimism and the Nazi model

The entire area of medicine and health care is being pervaded by the same cultural pessimism that is afflicting so many other areas of national life. Not too long ago, the burning issue in the field of medicine was how quickly and effectively science could achieve new breakthroughs in curing disease and lengthening life. Now the debate centers almost entirely on such issues as cost containment, helping people "die with dignity," and providing "care" instead of a cure.

Now it is standard practice in hospitals across the country for patients who are terminally ill, comatose, elderly, or born with physical or mental handicaps to be denied routine medical treatement. A growing gaggle of self-styled "medical ethicists"—generally with no medical or scientific training—are being called upon by the medical profession to make the final determination as to who should live and who should die. And the health insurance sector—with help from the American Medical Association—is radically restructuring medical benefits with the explicit aim of deterring people, primarily by raising costs to prohibitive levels, from seeking sufficient and timely medical care.

The euthanasia lobby is utilizing exactly the same Malthusian arguments which Adolf Hitler himself put forth to legitimize his program to eliminate what his regime called *Ballastexistenzen* ("dead weights")—the mentally ill, the retarded, the elderly, and the infirm; namely, that they placed too great a financial burden on the state. Hitler's Jan. 30, 1934 speech articulating this policy differs not one whit from the cost-accounting justifications offered by today's euthanasia advocates:

> So long as the state is condemned to raise from its citizens enormous sums which are increasing from year to year . . . for the maintenance of these unfortunates, it is compelled to adopt the remedy which both prevents such undeserved suffering being handed down to posterity, and also obviates the necessity of having to deprive millions of healthy people of what is absolutely necessary to them, in order artificially to keep alive millions of unhealthy people.

Hitler's "remedy," of course, was the murder of millions.

## Starving the sick

In recent months, the euthanasia lobby and its cost-accounting accomplices have added a new dimension to their efforts by claiming that not only respirators and antibiotics,

but food and water as well, constitute "extraordinary" medical treatment and should on that account be withheld from what are called "hopeless" patients. Furthermore, the definition of "hopeless" is constantly being expanded, so that whole new categories of patients—for example, retarded adults with cancer or kidney failure—and not simply those literally on their death beds are faced with the prospect of being starved to death.

Several recent cases underscore how swiftly this policy is being legitimized:

- **The Baby Doe case**: This case involves a Down's syndrome infant born in Bloomington, Ind., in April 1982. Although "Baby Doe" had a surgically correctable blockage of the digestive tract which precluded normal feeding, the infant's parents denied permission for an operation. Subsequently, a federal court refused to intervene on the child's behalf. Six days later, "Baby Doe" died of starvation.

Widely publicized, the case attracted the attention of the Reagan administration. In congressional hearings, Surgeon General C. Everett Koop called the death of "Baby Doe" infanticide. At the prompting of President Reagan, the Department of Health and Human Resources issued a notice to health care providers reminding them that under section 504 of the Rehabilitation Act of 1973, it is unlawful for hospitals receiving federal financial assistant to withhold nutrition or medical or surgical treatment from handicapped infants if required to correct a life-threatening condition. In a follow-up measure in March 1983, the administration issued a ruling that required hospitals and other medical institutions receiving federal financial assistance to post permanently and conspicuously a notice urging anyone with information on violations of section 504 to contact a "Handicapped Infant Hotline" at the Department of Health and Human Services.

The administration's initiative raised an unholy commotion from the euthanasia lobby, which promptly sued to have it overturned. On April 14 of this year, Federal Judge Gerhard H. Gesell did just that, justifying his support for murder on the grounds that the administration ruling did not take into account the "allocation of scarce medical resources between defective newborns and other newborns or other patients" and that the quality of life of infants such as "Baby Doe" might not be satisfactory.

- **The Clarence Herbert case**: A patient at Kaiser Permanente's Harbor View Hospital in Los Angeles, the 55-year-old Herbert became comatose after undergoing routine surgery in August 1981. Within 48 hours, Herbert's attending physicians, Drs. Neil Barber and Robert Nedjl, persuaded his family to permit him to be removed from a respirator, claiming that he had suffered severe, irreversible brain damage, that he was just hours from death, and that his "spirit had already left his body." When Herbert continued to breathe on his own, the doctors ordered all food and water to be discontinued. Herbert died six days later—not of "brain damage" but of acute dehydration.

The incident was brought to the attention of Los Angeles authorities by Sandra Bardinella, a nurse at the hospital. At a preliminary hearing to determine whether charges should be pressed against the two physicians, expert witnesses testified that not only was Herbert not "brain-dead—the only legal justification in California for the removal of a respirator—but that he actually had a good chance for at least partial recovery. Nevertheless, Los Angeles Municipal Court Judge Crahan ruled that there were no grounds for prosecution.

The Los Angeles District Attorney's office appealed Crahan's decision, and on May 5, 1983, Superior Court Judge Robert Wenke ruled that murder charges should be brought against the two physicians.

- **The Claire Conroy case**: Claire Conroy was an 84-year-old woman in a New Jersey nursing home whose nephew sought a court order early this year to have the nasogastric tube through which she was being fed withdrawn. On Feb. 2, State Superior Court Judge Reginald Stanton ruled in favor of the nephew—despite the fact that Conroy was not even comatose. "The nasogastric tube should be removed," Stanton said, "even though that will almost certainly lead to death by starvation and dehydration within a few days, and even though her death may be a painful one." Stanton justified his decision as follows: "If the patient's life has become impossibly and permanently burdensome, then we are simply not helping the patient by prolonging her life, and active treatment designed to prolong life becomes utterly pointless and probably cruel."

While Stanton's decision was never carried out—opponents obtained an immediate stay and Conroy died two weeks later—the "death by starvation" ruling still stands as an ominous legal precedent.

## Just the beginning

The progression from a policy of removing "hopeless" patients from respirators to one of denying them all nutrients demonstrates one crucial truth: the euthanasia movement, based as it is on a zero-growth outlook, will inevitably broaden its definition of "useless eaters" as economic conditions worsen.

Dr. Leo Alexander, an American physician who took part in the 1946-47 Nuremberg War Crimes trials which tried Nazi medical officials who had carried out the *Ballastexistenzen* extermination program, accurately described this process in a 1949 article in the *New England Journal of Medicine:*

> Whatever proportions [Nazi doctors'] crimes finally assumed, it became evident to all who investigated them that they had started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started 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. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted, and finally all Germans. But it is important to realize that the infinitely small wedged-in level from which this entire trend of mind received its impetus was the attitude toward the nonrehabilitable sick.

One illustration of this point can be seen in the demands now emanating from various quarters to consciously *increase* the mortality rate among the elderly. At the May convention of the American Association for the Advancement of Science, for example, two leading gerontologists, Dr. Eileen Crimmins of the Andrus Gerontology Center of the University of Southern California and Dr. Leonard Hayflick, director of gerontological studies at the University of Florida, warned that the "historically unprecedented" decline in the death rate among older Americans could lead to "absolutely catastrophic" economic effects. This judgment was echoed by two economists from David Stockman's Office of Management and Budget, who warned that any further improvements in mortality rates will increase the "already ominous" growth in government programs for the elderly.

In a similar vein, economist Alan Greenspan, who aspires to replace Paul Volcker as head of the Federal Reserve Board, told a Texas audience in April that one of the main flaws in the Medicare program is that too much of its funding is going to keep "hopelessly" ill patients alive. Doctors and families alike, Greenspan said approvingly, are starting to question "whether it is worth it to spend large amounts of money to provide care for patients who are hopelessly, terminally ill when it means extending life for only a short time."

## Father Paris prescribes for 'useless eaters'

*The recent spate of court rulings justifying the withholding of food and water from patients would not have occurred had it not been for the activities of certain key institutions and personnel in propagandizing for this and other forms of legalized murder. One of the most insistent advocates of "death by starvation" is Father John Paris, a Jesuit "medical ethicist" based at Holy Cross College in Worcester, Massachusetts and at the Jesuit-run Kennedy Institute for Ethics in Washington D.C. The first Catholic priest in the United States to publicly advocate "living will" legislation, Paris has been particularly active as a pro-euthanasia "expert witness" in a number of precedent-setting legal cases. He appeared as a star defense witness at the preliminary hearing on the Clarence Herbert case, defending the decision of Drs. Nedjl and Barber to stop feeding the patient while at the same time acknowledging that the patient was not brain dead. Excerpts from Paris's testimony follow:*

Is the withdrawal of treatment active killing? Some people . . . cannot make the distinction whatsoever between killing and letting die. . . . If you believe there is no distinction, and killing is wrong, then you will fall into the trap we cannot ever let an individual die; that is, we in medicine are responsible for doing everything to maintain life. . . . To withdraw treatment is not murder. . . .

What you really have to understand is that the physician's role is not to save lives. . . . If that's true [that the role of medicine is to save lives] then medicine is in each and every instance a total, colossal failure . . . because in each and every instance, despite the whole armament and arsenal of technology, medicine will fail. In fact, this is what Ivan Illich, who wrote a book of criticism on medicine, calls the medical nemesis, this mad dream of progress we have that somehow we are able to achieve salvation through science and immortality through medicine. He says what that is, is a denial of the reality of the human condition; that we are mortals, that we will suffer, and that we will die. And as a result of that kind of mindset, what we do is we trade in our freedom, we trade in our autonomy, we trade in our dignity to be plugged into machines in I.C.U. [intensive care] units and live in this anesthetized hell in which we become nothing more than a cog in some machine and we call it life. What the physician's role is, is not to save lives but to care. . . .

By feeding [permanently comatose patients] . . . you are sustaining them in the dying process . . . for a long period of time at an extremely high expense. . . . I agree with Dr. Arnold Relman, the editor of the *New England Journal of Medicine*, that the single most important political and social issue in the 1980s is cost. . . . We have an enormous pressure to reduce the costs, and the highest factor of inflation in our society is medical care costs.

The President's Commission [on Medical Ethics] mak[es] it very clear that as a matter of public social policy in the United States, that it is morally appropriate, that it is ethical, that it is good medical practice in patients for whom there is no hope, to remove respirators, to cease antibiotic treatment, to cease feeding treatment, and to cease any and all forms of intervention except those that preserve the dignity of the patient with good hygiene care.