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EIR Special Report

Euthanasia today: the case for a new Nuremberg tribunal

by Nancy Spannaus

No later than 1949—just three years after the United States conducted public trials against perpetrators of Nazi medical practices such as euthanasia—a prestigious psychiatrist warned that such atrocities could happen again, including in the United States. Writing in the *New England Journal of Medicine,* Dr. Leo Alexander called on his experience in working with the prosecution at the Nuremberg Tribunal to identify the precise danger: the utilitarian attitude which classifies some lives as *not useful,* "not worthy to be lived."

Thirty years later, we must say unequivocally that Dr. Alexander was right.

To our knowledge there are no mass-killing centers in the United States or Western Europe where deformed infants and the old and feeble-minded are being infected with tuberculosis, or being starved to death—yet. But we are well on our way. When Colorado governor Richard Lamm can advocate the "duty to die" for the old and disabled, and be acclaimed for "raising vital, interesting questions" by the mass media, the moral climate of U.S. institutions is revealed to be even more evil than that in the Nazi period. Murder of the aged and of handicapped infants is going on systematically and massively in the United States, *increasingly under the cover of law*. The justification is precisely the utilitarian attitude which Dr. Alexander identified.

Should this seem too far-fetched, we suggest you take a look at those large sections of the world which have been designated as "useless," those sections classified as the "developing sector" or "Third World." Utilitarian policies have governed our attitude toward these countries; we have not thought we needed them, and therefore we have let them die. Mass murder of infants and individuals of all ages is going on in these countries, according to policy outlines which can only be described as *genocidal* according to the Nuremberg principles themselves. Are there screams of outrage from the population of the Western countries? No, it is seen as an inevitable, if sad, result of the "practical" situation in which we find ourselves.

Of course, it is not the average citizen of the United States or Western Europe who has decided to initiate these policies of mass extermination, who has decided

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Doctors at Johns Hopkins University in Maryland are advocating the policies of euthanasia and sterilization for which Nazi war criminals were hung at Nuremberg. Hopkins Professor Emeritus Helen Taussig and eleven other physicians issued a call, at a meeting of the Society for the Right to Die, for medical treatment to be withheld from elderly and handicapped patients. Shown is an April 26 demonstration by the National Democratic Policy Committee.

to close down the factories and farms which could produce goods for the starving, who has rigged the world monetary system to serve as an instrument of usury and looting. Nor is it the doctor who has come up with the social policy of winnowing out our elderly and handicapped. What the average citizen and professional has done is to accept and adapt to the control of his culture by those dictating mass murder.

These genocidalists, the oligarchical families who run our international monetary system, insurance consortia, and grain cartels, were precisely the individuals who went scot-free during the first Nuremberg Tribunals. The Hjalmar Schachts (Hitler's economics minister), the British bankers, the U.S. financial interests who bankrolled and supported the Hitler regime, were the ones who designed the policies which led to the Nazi genocide programs. They wrote the laws, devised the propaganda, and dictated the economic "choices." They were not only morally, but also *causally*, responsible for the consequences of those policies.

Thus, when our founding editor Lyndon H. LaRouche, Jr. reviewed in the March 6 *EIR* the argument by which Federal Reserve official Henry Wallich is indictable under the Nuremberg principles, he was also outlining the case to be applied to the perpetrators of euthanasia. Most culpable, as he says, are those who don't merely directly violate the principle of the sacredness of the life of the human individual, but also attempt to destroy the *institutions of law* which afford the protection of that principle to individuals and nations.

As we show below, those institutions in the United States have been corrupted to the point of being increasingly indistinguishable in the area of medical care from those of the Nazi period. We are compelled to return to the root of the problem—that shift from the Judeo-Christian ethic of the sanctity of human life, to "utilitarianism." We are compelled to ruthlessly extirpate the philosophical roots of Nazism from our institutions. Should a citizens' movement arise with the necessary qualifications, we would do well to have a new Nuremberg Tribunal, under which the oligarchical *families* are finally put in the dock where they belong.

'What is useful is good'

Dr. Alexander's 1949 analysis of the beginnings of the Nazi doctrine of euthanasia proceeds from the standpoint of identifying the early signs and symptoms of the Nazi outlook in order to prevent its recurrence.

"Whatever proportions these 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, and finally all non-Aryans. But it is important to realize that the infinitely small wedged-in lever from which this entire trend of mind received its impetus was the attitude toward the non-rehabilitable sick."

Dr. Alexander presents a striking example of this subtle shift as it was attempted in the institutional framework of

medicine in Holland during the war. This shift, which has its parallel in such seemingly innocent developments as the promulgation of the "bill of patients' rights" in the United States in the 1970s, was an attempt to subvert the responsibility of a doctor under the Hippocratic oath, to the outlook that would lead in Germany to mass murder of "useless eaters."

The Dutch doctors were given an order which defined their responsibilities, in part, as follows:

"It is the duty of the doctor, through advice and effort, conscientiously and to his best ability, to assist as helper the person entrusted to his care in the maintenance, improvement, and re-establishment of his vitality, physical efficiency and health. The accomplishment of this duty is a public task."

What subtle change did this order attempt to effect? For one thing the doctors were told to put a priority on rehabilitation to "physical efficiency"—the utilitarian ethic of the labor camp. Second, the medical task was redefined as an obligation to the state. The Dutch doctors saw the seeds of the destruction of their profession in this order; en masse, they refused to sign, and many went to concentration camps instead. As a result there are no known cases of euthanasia and sterilization by the Dutch doctors; no Nazi medical apparatus could be established.

'Unwanted ballast'

In his 1949 article Dr. Alexander raised the question of whether American physicians had not already caved in to the infection of "Hegelian, cold-blooded, utilitarian philosophy." He concluded that the subtle shift had indeed occurred. We quote:

"Physicians have become dangerously close to being mere technicians of rehabilitation. The essentially Hegelian rational attitude has led them to make certain distinctions in the handling of acute and chronic diseases. The patient with the latter carried 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. . . .

"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 on the part of both the visiting and the house staff to suggest and apply therapeutic procedures that are not likely to bring about immediately striking results in terms of recovery. I wish to emphasize that this point of view did not arise primarily within the medical profession, which has always been outstanding in a highly competitive economic society for giving freely and unstintingly of its time and efforts, but was imposed by the shortage of funds available, both private and public. 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. Resources for the so-called incurable patient have recently become practically unavailable."

In other words, as soon as health is looked at merely in terms of utility, efficiency, and productivity, the principle that "what is useful is good" wins out. The killing center is only the *reductio ad absurdum* of health planning done on that basis.

No freedom to choose

Read the literature of the right-to-die movement and the legal decisions which have enabled it to flourish, and you will find up-front the issue of "freedom"—freedom of the individual to avoid pain, to "die with dignity." Purely hedonistic criteria are put forward—the classical calculus of Bentham and Mill.

What is avoided is the other side of the utilitarian philosophical framework. While the individual is "deciding" his relative pleasure and pain, the families who run society decide what costs they want to expend on his survival. The individual has about as much "freedom" within this predetermined framework as the prisoner who is allowed to choose his last fling before he climbs the scaffold to die.

Talk to the social policy makers in the insurance companies and the journalistic field, and it's perfectly clear that they understand this.

Richard Reeves, a syndicated columnist well known in the *Atlantic Monthly* circuit, who heartily endorses Governor Richard Lamm's point of view, recently put it this way: "The issues goes far beyond this [people who are vegetables]. My question is: when I am 85, will somebody want to pay $40,000 in taxes to keep me around? Eventually it is an economic issue."

Reeves was even more blunt about the future: Should society permit individuals to spend their own resources on medical care? "At this moment, as I am talking to you, I am looking out my window, and can see three nurses either wheeling or carrying along tiny shrunken women, who look like they are in their '90s," he said. "This is becoming an enormously expensive business. . . . And besides, these ladies who I am watching have probably accumulated large amounts of capital. Do we *want* that much of their resources to go into nursing care?"

The insurance company representatives are equally blunt. "But all this, Lamm, and so on, *does* mark the opening of the public policy question," said one. "Who shall receive costly services? . . . The thinking is that the extreme cost of heroic and intensive care means we have to think more seriously about cost-effectiveness."

Who will make the decisions over who should live and who should die? It will not be the pleasure-seeking, pain-avoiding individual, but the feudal oligarchs. Only a total revolution against the utilitarian philosophy will save us.