

# After 10 years in the U.S., the hospice idea deserves to die

by Linda Everett and Nancy Spannaus

With all the talk of budget cuts looming for the Bush administration, there is little question but that the program of hospice care will be getting even more of a boost. "Hospices" are kinder and gentler death camps, where sick people go to die, or, alternately, a program of home care based on the idea that sick people will get no lifesaving treatment, and simply be prepared for their deaths.

The National Hospice Organization, which coordinates this growth business, is now celebrating its tenth anniversary in the United States. It has become an accepted part of "health care," due to the fact that it coheres with the increasingly dominant, popular belief that human life is not worth even ordinary efforts to save. In a world in which entire continents such as Africa, or entire populations such as those with AIDS, are simply being left to die, establishing a "health" program characterized by people committing themselves not to get health care, fits right in.

Hospices have powerful backers in the United States. After their philosophical rationale was established by the opinion-makers in Ivy League universities, they were promoted by the Kennedy political machine. Even more importantly, the major insurance companies in the United States—Blue Cross and Blue Shield—picked up the cause because it allowed them to cut costs. Gradually, the definition of people qualifying for hospice care has expanded, and it will expand even more under the austerity conditions ahead, unless there are radical changes in the values we hold.

One may ask, how such a virulently anti-American idea could have taken off during the "pro-life" Reagan years? The review of the spread of this death cult should help answer both that question, and begin to show us how it could be stopped.

## The child of Yale

The grandfather of the U.S. hospice movement is none other than the home of Skull and Bones, Yale University. It may be important that Yale is located in Connecticut, the heart of the insurance industry in this country. It was definitely important that Yale was a leading center for "death studies," which began to spread throughout the U.S. simul-

taneously with the malthusian Club of Rome ideology.

Throughout the 1960s, Yale played the host to several visits by the British founder of the hospice movement, Dr. Cicely Saunders. Saunders began her career in death at St. Joseph's Hospice in London, where she was involved in experimenting with the control of pain in cancer patients, through use of a "cocktail" of heroin, cocaine, and gin. She then founded St. Christopher's Hospice in England in 1967, from which she launched an international propaganda campaign for her idea.

The group at Yale which coalesced around the hospice idea included: Yale Divinity School professor Rev. Edward F. Dobihal, Jr., Director of Religious Ministries at the Yale-New Haven Hospital; his wife Shirley Dobihal, R.N.; Florence S. Ward, then Dean of Nursing at Yale University; Dr. Ira Goldenberg, Professor of Surgery at Yale; and pediatrician Dr. Morris Wassel.

In 1971, they established Hospice, Inc., with Dobihal as president. Members of the group visited Saunders' St. Christopher's in 1972, and Saunders was responsible for providing the group with its first medical director in 1973. St. Christopher's physician Dr. Sylvia Lack immediately went to work to get government funding for the program, and by 1974 the National Cancer Institute had awarded a \$790,000, three-year contract to Hospice, Inc. as the first formally organized hospice in the United States.

## Enter the government

Credit for putting the full backing of the government behind the hospice movement must go to Jimmy Carter's Secretary for Health, Education, and Welfare Joseph Califano. Califano first facilitated the grant of \$1 million to the Connecticut hospice facility. Then, during 1977 and 1978, the National Cancer Institute awarded three-year demonstration projects totaling \$4.9 million to three experimental hospices, with the proviso that they be free-standing institutions, so they would not be "swallowed up by busy, life-prolonging, high-technology hospital routines." They were Hillhaven Hospice of Tucson, Arizona; Riverside Hospice of Boonton, New Jersey, and Kaiser Permanente of Norwalk, California.

In May 1978, HEW Secretary Califano responded to a request by Senators Ted Kennedy (D-Mass.) and Robert Dole (R-Kans.) to issue a call for a Hospice Task Force. Three months later, Califano, Kennedy, and Dole teamed up with a Blue Cross-Blue Shield representative and luminaries from the international hospice movement to mobilize for the first annual conference of the National Hospice Organization (NHO) in Washington, D.C.

That founding conference brought together over 1,200 participants in October of 1978. Califano was one of the leading stars of the conference, since he took the occasion to announce a large federally funded demonstration project, which would determine whether the federal government would support hospices. Twenty-six existing hospices in 14 states were chosen.

The next step was to work on the government for provision of funds to the largely privately funded hospice movement. The NHO set up a National Hospice Education Project (NHEP), which would lobby for getting Medicare coverage. The NHEP drafted legislation for Medicare coverage of hospice, with the argument that one day of hospice care costs only 20-25% of daily hospital care. The bill, co-sponsored by Senator Dole and Rep. Leon Panetta of California, passed in 1982.

### **Cost-effectiveness or cheap death**

When interviewed, many leaders of hospice organizations will readily admit that they sell their idea on the basis of saving money. "For all our concern about humanitarian caregiving for dying patients . . . the bottom line of financial feasibility still looms," said Austin Kutscher, president of the Foundation for Thanatology. "On the balance sheet, presumed cost-effectiveness has been a most valuable ally of the hospice concept of patient care."

Dr. Josefina Magno, the head of the National Hospice Organization from 1980 to 1982, put it this way. "Hospice," she said, "would reduce costs because you don't do laboratory tests, and automatically you know you are going to remove a big part of the hospital bill. In a hospital, every time you admit a patient, you know the physician has to prescribe all kinds of tests. For the hospice patient, you don't need any of those work-ups. There are no life-saving procedures, so automatically you cut costs. It's intensive cost containment just from common sense alone."

It is not surprising to find Carl J. Schramm, president of the Insurance Association of America, on the board of directors of the National Hospice Organization.

Between 1981 and 1983, Blue Cross-Blue Shield conducted studies on the treatment of cancer patients over age 65 in hospices and traditional care settings. The hospice treatment had a relative savings of 39% over the regular care for the last eight weeks of life. The "savings" rose to 45% in the last four weeks, and to 50% in the last two weeks of life.

These "savings" are not surprising, because the whole

purpose of hospice is to eliminate medical intervention that saves the person's life. One means by which this is achieved is by mandating that 80% of the hospice care be given in the home, where high-technology medical care is not available.

As a physician from St. Joseph's Hospice in England once explained:

"When an ulcerated artery begins hemorrhaging, the patient is not given transfusions. . . . Instead he is covered with a blanket so he won't be frightened at the sight of his own blood and he is administered a sedative while someone sits close and holds his hand."

### **'New Age' barbarism**

The whole hospice movement is based on a "New Age" version of malthusianism, where the sanctity of life as a tenet of Judeo-Christian civilization is replaced with a notion of living within the limits of "nature" *as that is defined by the pro-death lobby at the time*. Forget all the gobbledygook about "living until you die"—the real aim here is to get you to end the fight for life at the point the patient's life is deemed no longer worth living. After all, you are told, you're going to die soon anyway—so concentrate on the "quality of life, not the quantity." Couldn't you just hear a struggling, exhausted mother in Bangladesh, overwhelmed with disease and hunger brought on by the recent flooding (which could have been prevented), saying to her starving children, "Now, dears, let's concentrate on the quality of our remaining days together, because we surely don't have many of them left"?

The pro-death crowd first decided life-sustaining treatment should end when a patient is diagnosed with a "terminal" illness. Then they expanded what it meant to be "terminal." Years ago, that meant a patient had just weeks to live. But as our capacity to save people increased, the diagnosis of terminal was expanded to mean those having a life expectancy of six months or less. Now, applied to AIDS victims who have numerous dire medical crises but who, with medical intervention, can live months, maybe years more (perhaps until a cure is found)—"terminal" may mean death within a year.

For victims of Alzheimer's disease, although they can live for 10 years with proper medical attention, the usual prognosis given is "terminal." In each case, once the patient is labeled "terminal," various court decisions and state laws say the patient, or his family for him, can exercise the "right to die" option, refuse medical intervention, and "let nature take its course." Several hospices, the Hospice of Northern Virginia among them, now admit patients with a life expectancy of a year (originally it was six months). So, society, properly manipulated, has accepted "natural death."

But, with a little more brainwashing, will society also choose the next proposal on the agenda, ending medical treatment for all those who reach their "natural" age limit of 60 years? Some policymakers concerned with immediate cost containment, say rationing of dialysis and heart operations

must begin—as in England—at age 50. Today, the people who led the campaign for your right to a “natural death” are the same policymakers who propose to “save” resources, reduce the population, and stay within the *new* limits of “nature” (actually, the new limits of their austerity budget), by killing off the elderly.

### All illness serves a function

Elisabeth Kübler-Ross, one of the earliest founders of hospice in the U.S., used cancer patients to kick off her “death and dying” movement, to serve as a basis for psychological profiling of medical students. It was a bit kinky, but she essentially reoriented the basic psychological problems of life (for which these patients received little or no help) and claimed they were all death-related.

All this served to mask her malthusian program and cynical hatred of modern medical science. As she stated in a 1980 *Playboy* interview, “What people don’t understand is that it would be the greatest tragedy to do away with cancer. Just visualize what it would be like if all malignancies were eradicated. People would live up to 100, 130, and all of them would have strokes. Every house would be full of paralyzed, incontinent old people unable to speak.”

“Don’t you think they would be better off having cancer, which helps them to make the transition” from life to death to reincarnation, she says “within a reasonable time?” Like Thomas Malthus before her, she proclaims, “All illness fulfills a function.” Behind her “unconditional love” facade, Kübler-Ross reduces man, made in the image of the Creator, to a pawn of nature.

Such cultural pessimism, along with her creed that “dying can be the most beautiful experience of life,” has been suspected of contributing to the increase in teenage suicide in schools where death and dying classes were taught. Students would “face” the reality of death with undertakers describing the embalming process, while other students got to write their epitaphs. Then a few committed suicide.

From her earliest days, Kübler-Ross hawked a sugar-coated “compassion” for only those patients who agreed to forego all life-saving interventions. In 1972, she complained to the U.S. Senate Committee on Aging that nurses were not sensitive to patients’ needs because of long work hours. Instead of fighting for better services and more nurses (which we desperately need today), Kübler-Ross “sensitized” the medical and nursing schools, 96% of which today include programs on death education using her deceptive approach.

In one curriculum developed for 60 medical schools throughout the United States in 1972, students were subjected to group dynamics and psychological manipulation to undermine their commitment to life-saving technologies, which are portrayed as emotionally damaging to the terminally ill. During the three-day course, students are immersed in the perspective of patients suffering from incurable illnesses. To keep the environment totally controlled, recover-



Chris Lewis

*A hospice in McKeesport, Pennsylvania: “kinder and gentler” death camps, when society decides it is no longer interested in healing the sick.*

ing patients or those determined to beat their illness were barred from participating. The seminar begins with a gory film, entitled “Dead Man,” that is a photographic essay of a male corpse lying on a morgue table. It ends with an upbeat film on St. Christopher’s Hospice—that is presented as a humane alternative.

### Feeding patients drains relatives

A key member of NHO’s National Board Ethics Committee is Father John Paris, S.J., a teacher of “ethics” at Holy Cross College, Worcester, Massachusetts. Compassion for patients or your “choosing” to die are not big issues with Father John. In the major U.S. euthanasia court case which he has been involved in, his “ethics,” like those of major health insurers, are rooted in what it costs to keep alive elderly, brain-damaged, or unconscious patients.

In a 1981 interview, Paris ranted about the “insanity” of keeping coma patients alive, it was “a waste of scarce medical resources.” Feeding such patients, he said, “drained relatives’ emotions, consuming time and resources of medical facilities and straining private and public finances. Insurance companies like Blue Cross pay the bills but pass the cost onto other subscribers.” The Clarence Herbert starvation case is equally compelling.

And last year, Boston Children’s Hospital elected to kill, by refusing to treat or hospitalize, a two-year-old girl whose chronic pulmonary condition required a ventilator several times throughout the year. When the hospital refused treatment, and lied to the mother that no other hospital would take

the child, Paris raved, "Thank God, at least someone had the courage to say *no*." (Ironically, the child did not die.) "Even if this child might die," Paris said, "we can't pull all our resources to bear for that child. This is a child who's profoundly brain damaged." He stated death is not the enemy, then asked, "More importantly, who's going to pay for all of this?"

### Dying is really healing!

Despite her ostensible opposition to giving active death help, Kübler-Ross taught thousands that if you "provide the correct loving environment for a sick or dying person, there will be no question when it's time to pull the plug." Now hundreds of her devotees at hospices like the Shanti AIDS Hospice Projects in California and other states, "practice" what she taught.

To serve 80% of the AIDS victims in San Francisco in 1985, volunteers went through "Death Personalization" sessions where they looked death in the eye, role-played their own death or a friend's from AIDS, and used "transcendental meditation" to "send love and forgiveness" to their illness to accept it.

One volunteer, Marty James, like Kübler-Ross, was also affected greatly by his mother's difficult death, and went on to become the executive director of the Los Angeles chapter of Shanti. Today, James, a former heroin addict, is being investigated for murdering several clients.

He admits to administering a massive overdose of pills to one client, a victim of AIDS, allegedly at the client's request, while James and the patient's roommate sipped champagne on New Year's Eve in 1983. Because the patient was still alive the next morning, his "deliverers" put a plastic trash bag over his head to finish him off. James also says he "delivered" at least six other AIDS victims as well.

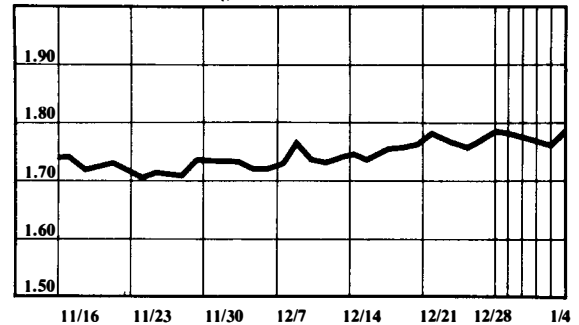
About these extermination services, James says, "There are hundreds of us across America." And indeed there are, each preying upon patients according to their personal idea of "helping" them. Whether those devoted to hospice "approve" of it or not, it is quite lawful that this monster was unleashed as a direct result of their eliminating the fight for life, the fight to cure terminal illness, and the fight to overcome chronic debilitating disorders with the best science has to offer.

Sadly, those devoted to hospice, believing that whether people have a right to kill themselves is a personal decision, have taken the nation out of that fight as well. Perhaps they do not understand that at the very center of each incredible medical breakthrough, there is true respect for those ordinary, everyday people, who have become a part of history by helping create new medical frontiers. What these patients offered was their fight against their disease. That, too, can be a personal issue, but one that touches every one of us; and one upon which many future lives and the advancement of our society depend.

## Currency Rates

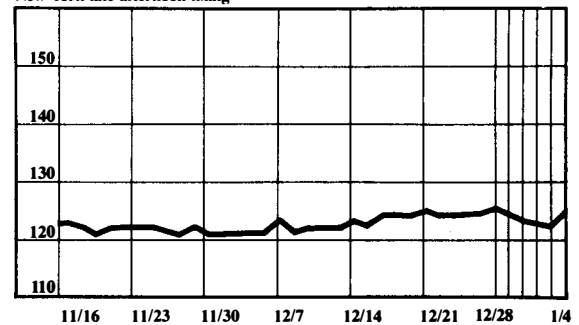
### The dollar in deutschmarks

New York late afternoon fixing



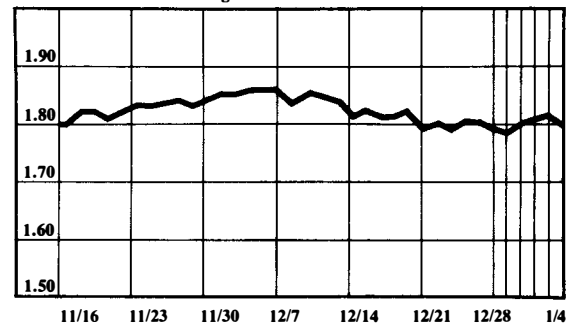
### The dollar in yen

New York late afternoon fixing



### The British pound in dollars

New York late afternoon fixing



### The dollar in Swiss francs

New York late afternoon fixing

