

Cranford bases his argument that PVS patients are “permanently unconscious” on the official position paper of the American Academy of Neurology, which states: “Persistent vegetative state patients do not have the capacity to experience pain or suffering. Pain and suffering are attributes of consciousness requiring cerebral cortical functioning, and patients who are permanently and completely unconscious cannot experience these symptoms.” The perspective of the academy’s testing is not to intervene to help the patient but to support the academy’s aim to eliminate them.

The academy gives three points as “evidence” that PVS patients are “permanently unconsciousness.”

1) “Clinical experience demonstrates that PVS patients do not demonstrate behavioral indication of awareness of pain.” This is nonsense. The Glasgow Coma Scale and other measures of recovery use behavioral indications like grimacing or withdrawing from pain as indicators of improvement. Were the patients whom the academy studied given aggressive sensory stimulation therapy or were they left in a state of sensory deprivation, which, in itself, is so damaging that doctors now insist the stimulation therapy begin as early as possible, even while the patient is in intensive care?

2) The academy claims that in all PVS patients studied to date, all post-mortem examinations “reveal overwhelming bilateral damage to cerebral hemispheres to a degree incompatible with consciousness or capacity to feel pain.” Even if this were true, the academy has ignored the research that has found some of the pharmacological keys to stemming that damage, as well as studies that indicate that the nervous system can overcome the damage caused by oxygen deprivation by sprouting new nerve fibers and rerouting messages (S. Varon, *Advances in Neurology*, 1988).

Equally ludicrous is the third point the academy makes: “Data utilizing Positron Emission Tomography (PET) indicate that the metabolic rate for glucose is greatly reduced in PVS patients, to a degree incompatible with consciousness.” The only legitimate question here is what is the baseline metabolic rate for life—not consciousness. But, if this were a legitimate question and if a patient fell below the metabolic rate for consciousness, then the focus for a physician must be to find the methods to reverse this state. One study using PET revealed the level of metabolic hypoactivity for PVS patients to be similar in nature to that which occurs during deep anesthesia. So we know the rate is not incompatible with living.

Despite the fact that Cranford was completely wrong when he said there was no hope for recovery for his comatose patient Sergeant Mack, the largest, most influential medical association in the United States, the American Medical Association, cited Cranford as their source in their *amicus curiae* brief in favor of starving Nancy Cruzan, a woman with severe brain damage, whose Missouri family demanded and received court permission to kill her. With no evidence supporting their claim, the AMA has asserted: “Vegetative state

German bishop denounced Nazi euthanasia policy

German Catholic Bishop Clemens August Galen gave a sermon at St. Lamberti Church in Münster on Aug. 3, 1941, discussing a Pastoral Letter of July 6, 1941 which had protested the Nazis' deportation and murder of mentally disabled persons. Here are excerpts:

There are cases where the use of force, even lethal force, is permitted or often even recommended, such as the killing of an armed enemy of the country. No, not because of such reasons do those unhappy sick have to die, but because they have been declared *unfit to live* by the testimony of some commission, because according to this testimony, they belong to the *unproductive* members of the nation. The verdict on them is: They can no longer produce goods, they are like an old machine that doesn't work anymore; they are like an old horse that has turned irreversibly lame; they are like a cow that doesn't give milk any longer. What do they do with such an old machine? It is thrown in the garbage. . . .

If it is permitted to kill the *unproductive* man, then all the invalids who have used up, sacrificed, and lost their strength and their healthy bones in the production process, are on the target list . . . then murder of all *unproductive* beings is permitted as a principle. . . .

Once man is given the right to kill the unproductive fellow-citizen, then the murder of us all when we turn old and weak, and therefore unproductive, is licensed. A secret decree were only required then, to extend the practice used against mentally disabled persons to other *unproductive* persons, and also to those that are irreversibly sick with pneumonia, the paralyzed aged, the invalid aged, the soldiers who were severely wounded in war.

Then no one's life will be safe any longer. Some commission can put on the list of the *unproductive* anyone, who, according to their verdict, has become “unfit to live.” And no police will protect him, no court will investigate his murder and give the murderer the sentence he deserves. Who can have confidence in his medical doctor? Maybe he will report his patient as unproductive and be ordered to kill him.

It is hard to envisage the barbarization of rules of life, the universal mistrust that will be carried into families, if this dreadful doctrine is tolerated, adopted, and carried out.