

Death lobby targets Washington voters

by Linda Everett

On Nov. 5, the voters of Washington State will decide whether theirs will become the first state in the world to legally embrace euthanasia, the crime against humanity for which Nazi doctors were condemned and hanged at Nuremberg. The Hemlock Society, a national organization dedicated to making physician-assisted suicide and murder a fundamental constitutional right as well as routine "medical treatment," has brainwashed Washington voters to believe that its Initiative 119 will provide patients with just another treatment option called "aid-in-dying." That "option"—to be killed by doctors armed with lethal syringes—is the first step to establishing in this country Hitler's solution for victims of disease or disability and anyone perceived to be a burden to the economy.

Washingtonians are also falling for Initiative 120, which significantly expands abortion rights beyond *Roe v. Wade*, the Supreme Court decision which opened the floodgates for "abortion on demand." It allows women of all ages to have abortions up to the last 2-4 weeks of pregnancy, and can be performed by "anyone under the general direction of a physician." Initiative 120 would force every state agency that funds well-baby programs to fund programs that kill them.

Hemlock's political arm, Washington Citizens for Death with Dignity, will use Initiative 119 to amend Washington's Natural Death Act in several ways. It will redefine the definition of "terminal illness" to mean any "irreversible" condition which, in the opinion of any two doctors, who need not even be acquainted with a patient's illness, will result in death within six months. The initiative would let "terminally ill" patients refuse all medical treatment and food and water. Any patient in an "irreversible" coma or a post-coma level of consciousness called "persistent vegetative state" would be called "terminal."

This is absurd, as *EIR's Feature* story last week proved (Oct. 17, p. 20). Such patients can live for 30 years, if given proper treatment. But, under I. 119, instead of the quick aggressive intervention that often revives such patients, they will be starved to death. Finally, so-called competent, terminally ill adults can sign a request for doctors to kill them—called "aid-in-dying."

Each change Initiative 119 proposes is disastrous, designed to dupe voters into demanding death as a right. The labels "terminally ill" and "irreversible" are geared to an

ever-changing medical protocol that eliminates broader and broader layers of patients who would otherwise be treated and saved, but conditions of worsening fiscal constraint are perceived as having lives "not worthy" of the expense. "Terminal" once applied only to those within weeks of death. Now, courts call people with Alzheimer's disease—who can live for more than five years—"terminal," once they can no longer feed themselves, simply because they are expected to die—of starvation. Hemlock guarantees that only "competent" adults will get physician-assisted suicide. Really? It is well known that patients in intensive care, recovering from surgery or newly arrived at hospitals or nursing homes, are often depressed, disoriented, or delusional, with a diminished cognitive capacity. Yet, instead of protecting such patients, under I. 119, doctors would have to kill those who ask for death. Even in the nearly half-page *New York Times* ad that Hemlock Society founder Derek Humphry recently took out to proclaim that Hemlock does not support suicide for the depressed, he contradicts himself several times, saying: "Everyone has the right to suicide" and that his organization "supports suicide prevention in appropriate cases." What does that mean?

Selling suicide

Since its inception, Hemlock has been a magnet for experts who are shifting policy in their various health care fields to make suicide part of "care." Maggie Battin, philosophy professor at the University of Utah and frequent speaker at Hemlock events, says "suicide advocacy, like suicide prevention, is humanitarian at root." "What suicide advocacy stands to contribute to suicide prevention is a new sensitivity to the issue of when suicide prevention is no longer humane." Battin says society must reconsider whether suicide isn't "morally correct" and "obligatory" in old age. She proposes that it is unethical for society to stop suicidal patients with a poor quality of life from committing suicide.

Psychiatrist Allan Pollack told a Hemlock conference, "Everyone has the right to end their life—even a child. We can help them to consider and make the choice carefully, but no one should be stopped." Jane Boyajian, Washington State ethicist and ombudsman for long-term care, told members that her job is developing state policy that assures that AIDS victims receive "help" in dying like that Hemlock's Initiative 119 proposes—even if they are demented. Hemlock experts in Holland are forging new rationales to "voluntarily" kill patients to relieve everything, including "psychic" pain. The same Dutch experts propose that it is necessary to kill thousands of demented patients with AIDS or Alzheimer's disease for purely economic reasons.

The opposition to I. 119, from the Washington State Medical Society, the Catholic Church, and a lobby called "Initiative 119, Vote No!" is playing a losing game, because it endorses all the forms of killing that I. 119 proposes, except physician-assisted suicide.