

Maine law advances euthanasia drive

by Nancy Spannaus

On January 30, the state of Maine became the first jurisdiction in the United States to have introduced a law that would legalize "medically assisted death," or euthanasia. Should this law be enacted, it would take the United States another giant step toward legalizing the Nazi practice of ending lives considered "not worthy to be lived."

The Maine law comes under the innocuous title of "An Act Regarding the Terminally Ill," and contains statements declaring that "medically assisted suicide" "does not constitute, for any purpose, a suicide or homicide," and that the law "does not condone, authorize, or approve mercy-killing, euthanasia or suicide." Yet the establishment of a law permitting doctors to kill those who have given them written permission to do so, clearly is legalizing euthanasia—whether it is permitted to be called that or not.

The Maine law comes just a few months after a referendum authorizing the same practice was defeated in Washington State, although only by a margin of 54-46%. Similar drives are anticipated in other states, especially California and Oregon. One major test case is that of Dr. Jack Kevorkian of Michigan, who has carried out a number of highly publicized "assists," for which he is now under indictment for murder.

Polls publicized in the most popular magazines in the U.S. assert that in the range of 70 to 80% of the American population supports euthanasia—as long as the question is posed in the right way. The expression of such opinions masks the fact that substantial pressures are being applied throughout the U.S. health care system in order to force the acceptance of measures that limit or cut off life-saving treatment. One of the most stark examples of such pressure recently came to light in New Hampshire, where it was reported that county-owned nursing homes have a policy of denying admittance to any patient who refuses to sign an agreement not to seek resuscitation from cardiac arrest. This report is undoubtedly the proverbial tip of the iceberg.

The only surprising move on this issue recently, came at the meeting of the American Bar Association in Dallas, Texas on Feb. 3. There, the lawyers overwhelmingly rejected a proposal to support laws that would allow doctors to

"help" terminally ill patients kill themselves. The decision by the group is not binding, but the group has considerable influence among legislatures, given that a huge proportion of lawmakers are lawyers.

Heading toward Nazism

In the years immediately following the Nuremberg trials Dr. Leo Alexander, a participant in the prosecution of Nazi doctors, wrote the following analysis of the early signs and symptoms of the Nazi outlook:

"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 then 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."

From this standpoint, it is glaringly clear that the United States and, indeed, a good portion of the western and communist world have come a long way down the slippery slope toward the Nazi attitudes toward human life and toward Nazi treatment of human beings as well.

Dr. Alexander further elaborated the beginnings of the Nazi outlook by identifying it as utilitarianism, the idea that an individual is not worthwhile unless he or she is "useful" in the practical sense. It was his view in 1949 that this outlook was already dangerously infecting the medical profession. He also stressed that this idea had not arisen primarily from within the medical profession, 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. . . ."

Forty-three years later, we have taken that step. Oh, the advocates of euthanasia now defend themselves by saying that they are simply giving the opportunity to those who want to avoid pain, and that no one should be coerced to take his own life. And yet, one by one, the precedents are being established, such as those linking cheaper insurance rates to the "free" decision to forego treatment or be put to death by "active suicide"; or having state agencies make the "free" decisions for those who have ended up as wards of the state.

Had he lived, Dr. Alexander would have been in the forefront of defeating bills like that in Maine. There is a real question as to who will do so today.