

Euthanasia: An Irresistible Wave?

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Before I get into my main subject, let me bring you some excellent news. I'm sure you have all heard, *ad nauseam*, the following argument: "Well, someday you may be able to forbid abortion by law, but if you do, all that will happen is that you'll drive it underground, women will again be injured and they'll die in back alley abortions."

Yes, we've heard it again and again. A somewhat recent example was when John McCain began his candidacy for the Republican nomination for President. He was asked whether he would support the reversal of *Roe v. Wade*. He said no, he would not because so many women would then be driven to the back alleys and be injured and die. Not an eye blinked. Everyone, at least in the media, took for granted that what he said was true.

But today we have the answer to that. The answer has come from the nation of Poland. Poland has approximately 40 million people. It was under Communist domination for over 40 years. During that time, abortion was legal, state-paid until three months. The number of abortions in that country ranged as high as 168,000 abortions a year. Last year, there were 151. Let me explain.

When the Communists left, a pro-life parliament was elected as well as a pro-life president, Lech Wa__sa. Mrs. Willke and I were in Poland at that time. They were preparing to pass a law to stop abortions. But the media, the Planned Parenthood types and, it seemed, all kinds of authorities went crazy. They said yes, you may have the political muscle now to pass a law to technically forbid abortions, but that won't do any good. Women will still get abortions. What will happen is that they will be instrumented on the outside and then come into your hospitals bleeding and infected and many will die. You think you'll have stopped abortions. Just wait until you have your hospitals overcrowded

with “miscarriages.” Well, they did go ahead and in 1993 passed a law to protect unborn children in the nation of Poland and, as I have mentioned, the number of reported abortions last year had dropped to 151.

My subject tonight is euthanasia and assisted suicide, and I’ve recently authored a book by that name. This book was translated into Polish, and I recently did a two-week book-tour in that nation. This gave me an opportunity, first of all, to compare it with what I saw there ten years ago. The change has been nothing if not dramatic. The country now looks like other Western nations. The streets are crowded with modern cars. The windows are lit up and full of consumer goods. The roads are good. Poland is a modern nation today, a far cry from what the Communists left ten years ago.

But I was interested in miscarriages, and so I asked them to give me the statistics on miscarriages. Here they are. Before 1955, the average was 59,000 miscarriages admitted to their hospitals every year. In 1999, it was 41,000. Not only did the hospitals not fill up with miscarriages, but they dropped by one-third.

Could it be that these things were happening but hidden elsewhere? I decided to look at the national figures on the number of women who died annually from what Poland groups under the category “pregnancy, birth, and confinement.” In 1990, 70 women died; in 1996, 21.

Still not satisfied, I asked about newborn deaths. We all know that when you have many abortions, you have cervical damage. Cervical damage means more premature births. Premies die more often. Therefore, this would be an indirect measure of how many abortions were being done. Here are the neonatal deaths per 1,000 live births: in 1990, 19; in 1998, just 9. I also checked on total gynecologic admissions and they were down about one-third. So, I finally asked, are these figures accurate? They explained to me that the new laws require annual reporting from three separate government bureaus, that these bureaus have been reporting, that these reports have been in the newspapers, that they have

been contested by pro-abortion people and shown to be accurate.

Conclusion. Until now, we have not really had an answer to this pro-abortion argument. To repeat, that argument says that if you forbid abortion by law, you will only drive it underground and end up with that resulting chaos of injured and dying women. So, here is a Western nation of substantial size that did exactly that, and we now have their track record. Not only did we not see the dire results predicted, but women in Poland today are substantially healthier, more of them are alive, fewer of them are having miscarriages, and more of their babies survive. So, we have an answer to that argument.

Let me add one other postscript here. I have also authored a pamphlet, *Never Again, Never Was*. It goes into considerable detail telling you the same story, with figures from the United States and five other nations. Let me now turn to my main subject.

EUTHANASIA, AN IRRESISTIBLE WAVE?

Certainly this question is being posed, and the demographic developments of the last decade or two give us real pause. We are seeing across the entire West, and to an increasing extent, in under developed nations, a dramatic drop in birth-rates. Most nations are not having enough babies to replace their present populations. The U.S. is just about doing that, but all of Western Europe is sharply under replacement levels of births.

All of these nations are growing older with fewer young people underneath to support them and to pay taxes. What will happen as time goes on? How will fewer young workers support all of these old people? Clearly, one answer will be euthanasia. And that's a rather scary thought. To start with, let's survey the worldwide scene.

AUSTRALIA

Australia is composed of a number of states and the northern territory. The northern territory is not autonomous but subject to

federal laws. This is important because it recently passed a law legalizing euthanasia. After a hard fought battle in their federal parliament, a law was passed reversing that permissive law and things are now back to where they were. The newest development is that the equivalent of their Jack Kevorkian, a doctor by the name of Philip Nitsckhe, is in the process of outfitting a Dutch boat, which he claims will be anchored outside the 12- mile limit, and that patients can come out to that boat to be euthanized. Time will tell whether this happens.

SOUTH KOREA

The medical society has passed a resolution, which is not yet finalized, that would allow the attending physician to discontinue food and water. They have adopted the same semantics that the pro-euthanasia people in the West use, stating that what they will discontinue is “artificial” nutrition and hydration. We should remind them that this is an incorrect factual statement. They can discontinue “artificially provided” nutrition and hydration but “artificial” is something entirely different.

COLUMBIA, SOUTH AMERICA

To almost everyone’s surprise, Columbia recently passed a law legalizing euthanasia. There has been, since that time, a developing major counterattack by pro-life people. One of the results of this is the book I’m holding which is a Spanish edition of my book on suicide. Let’s hope it is of value to them.

SOUTH AFRICA

When the ANC took control of the government, they announced that, like other Socialist and Marxist governments, they were going to legalize abortion. National polls were done that showed that over 80% of people opposed legalization. Nevertheless, they passed it before anyone really knew what was going on and South Africa now has abortion-on-demand. The next step has been a proposed law legalizing euthanasia, one that is worse than that of

the Netherlands. I was privileged to speak there last year. My partner Brad Mattes will be going there in another couple of months. One of the major complicating factors is the high percentage of people infected with the HIV virus. When such patients become seriously ill and near the end, there is a great temptation to save the state money and to kill these people medically. Happily, we have a strong pro-life movement there and two doctors who have been very forceful in leadership, Dr. Albu van Eeden in Durbin and Dr. Claude Newburg in Johannesburg. The latest news is, and I think that this is possibly because of their vigorous activities, the proposed law has been shelved at least for the time being.

FRANCE

The health minister there has publicly stated that he will now push for legalization of a law similar to the one in Holland. I recently returned from an Eastern European meeting in Warsaw and was able to consult with a lady who is setting up a major pro-life regional meeting in Paris this fall, Mrs. Suzanne Lux. She knows this gentleman and claims that he has come up with other “crackpot liberal ideas” before that have all been shot down. In her view, this is not a serious threat at the moment.

GERMANY

To put it mildly, any suggestion of the legalization of assisted suicide and euthanasia in Germany is met with horrified response. Germany has also flatly outlawed any type of fetal experimentation. An example of where they are now is the recent row over the use of embryonic stem cells. The premier, Mr. Schroeder, has tentatively stated that it would be very beneficial to their economy if this could be legalized. Their president, Johannes Rau, countered with a very positive public statement that simply said that economic advantages can never be used to justify a violation of basic human ethics. Polls in the country show that three out of four people support Rau.

SWITZERLAND

I am reasonably well informed on these issues internationally, but it was only a couple of years ago that I found out that there has been a long-standing toleration of physician-assisted suicide in this small mountain country. It apparently has been going on for some years. Their medical society opposes it, and it has never been practiced frequently. In fact, for the last year that is recorded, there are reports of only 100 such cases out of a total of 60,000 deaths.

BELGIUM

In late 2000 a coalition of Socialist, Marxist, and Green liberals took power in Belgium. They have announced that they will be legalizing euthanasia. To date that debate in parliament has progressed very slowly. What they have proposed is “doctor-administered suicide.” That is quite different from doctor-assisted suicide. When doctors administer, doctors are killing. A poll taken of the general public about six months ago had a rather biased wording but nevertheless showed 90% in favor of euthanasia. The news from Belgium is not good—it legalized euthanasia in 2002.

NETHERLANDS

Everyone has heard about the legalization of euthanasia in Holland. It began almost two decades ago. A lady doctor killed her ailing mother. She must have been a rather tragic case. The doctor was brought to court and accused of murder, but she was exonerated by the judge who said that this was mercy killing and should not be punished. The next year there was another case—then another, another, and another. And over the space of about a decade, judge-made law became the law of the land in the Netherlands. With each successive case, more exceptions were recognized and more regulations were set down.

How many die? In checking my rather voluminous records on this (as I am very well acquainted with this situation, having an

office there), I find one report of about 3,000 dead, another of 6,000, another of 12,000, and another of 26,000. These are out of a total of about 130,000 people who die there every year. Why the disparity? Because there are different ways of helping people to the great beyond. The smallest number are those killed by direct lethal injection. As we move up, we have people who are less directly killed. Most of the 26,000 are hospitalized, have intravenous lines opened, and are given a huge dose of morphine or some other poisonous drug to finish them off. Most of these are cancer cases, or others that the doctor thinks are hopeless.

Senior citizens in Holland carry cards in their wallet protesting that if they have an accident, they don't want to be killed. If you have gray hair and are admitted to a hospital in Holland, within a short time you will be visited by someone, and for a modest fee this person will watch your case so that your doctor doesn't kill you. I have just returned from Poland. While there I spoke to someone who was the penultimate image of a senior physician. Reasonably bald, with a full gray beard, in a three-piece dark suit, he could have been a professor anywhere. My friend, a local Dutch physician, had brought him into a patient's room in the hospital as a consultant. The woman in the bed absolutely panicked. Here was this forbidding, strange, authoritarian physician being brought in and she was sure that he was going to kill her. In my book, *Assisted Suicide and Euthanasia, Past and Present*, I detail a number of stories. Let me just give you one.

A friend of mine, a local general physician in Holland, had admitted a lady to the hospital. By Friday afternoon, they had decided that she had cancer and that it had spread. She had walked in and was not in pain. They kept her over the weekend, telling her that they would have consultants in on Monday to decide on medication, chemotherapy, and radiation. He left for the weekend. Coming back on Monday, he walked into the room to find a different lady in the bed. He sought out the resident physician and asked, "Where did you move Mrs. Vanderhorst?" "Oh," he said, "we euthanized her yesterday." "You what?" he asked incredulously. "She was not in pain, she walked in, we

hadn't even begun any treatment." "Oh, Doctor," he answered, "she had metastatic cancer and you know you weren't going to cure her." "But, but..." "Well, in any case, we needed the bed..." This was perfectly legal in Holland.

Let's look at the Dutch law. They have just passed a new one. In the Lower House, the vote was 104 to 40. In the Upper House, it was 46 to 28. What it basically did was to codify in legislative statute what has been being practiced routinely for the last decade or more. In one of the main discussions that held up the bill for a number of months, attention was given to the fact that the bill as originally proposed had given to a 12-year-old child the right to elect to be killed by euthanasia over the parents' objection. The final bill resulted in a "pro-life victory" when they raised the age to 16. Until the age 18, the parents have to be consulted, but they cannot veto this adolescent's decision.

I have watched this debate closely, read, listened on TV, and heard it discussed. There is a common thread that I find extremely distressing. We read and hear about all of the requirements that must be met before a doctor can administer euthanasia. Let me list them. A doctor must:

- Be satisfied that the patient has made a voluntary and carefully considered request, that this has been repeated, and that the patient is of sound mind.
- Be satisfied that the patient's suffering is unbearable and that there is no prospect of improvement, that pain cannot be controlled.
- That they have informed the patient about his situation and his prospects.
- That the doctors have come to a conclusion, together with the patient, that there is no reasonable alternative in light of the patient's situation and
- Have consulted at least one other independent physician who must have seen the patient and given a written opinion on due care criteria referred to above.
- That then the doctor must terminate the patient's life or provide assistance with suicide "with due medical care

and attention.”

- The doctor then must fill out the proper papers and notify the municipal coroner.

Those are the requirements. I know a number of Dutch physicians. My friends do not do euthanasia, but they know colleagues who do and they are unanimous in telling me that seldom are these regulations observed. The one that is most flagrantly disregarded is that over half of those killed did not know they were being killed nor did they consent to it. With this new law, the Dutch now have all of these “requirements” in statute law. None of my friends in Holland believe that this new law will make the slightest bit of difference. If anything, it will give doctors more leeway and more people will be killed.

Newborns? Yes, they too are killed. A few years back I interviewed the man who was then president of the Royal Dutch Pediatric Society. He told me that in practice, if a newborn child was judged by the attending physician to be handicapped and that if said physician was two-thirds sure that the child could not lead a normal fulfilling life, that the doctor could kill the baby without the parents’ permission.

To sum up the Dutch situation, euthanasia was administered to terminally ill patients and is now administered to the chronically ill. It was originally only done to people with physical illnesses, but now also to those with psychological illnesses. It originally was done only at the voluntary request of the patient, but now it is done without the patient’s knowledge or consent.

WORLD MEDICAL ASSOCIATION

The delegates of this organization met in May 2001 at Paris, and here we have some good news. They passed a draft resolution “reaffirming that WMA’s strong belief that euthanasia is in conflict with basic ethical principles of medical practice...” It “urged all national medical associations and doctors not to practice euthanasia even if national law allows or decriminalizes it under certain circumstances.” Their spokesperson further said that “the

nations here are unequivocally opposed to euthanasia with one exception,” and that was the delegate from Holland.

OREGON

Let's turn to the United States. Oregon has had physician-assisted suicide as legal since 1999. In the year 2000, 27 cases were officially reported by the Oregon Health Department, which stated that there were no problems, no complications. We should be quick to note that reporting is totally voluntary, and I, as a physician, would not expect other physicians to report if, in fact, a case went sour. So, there are obviously more people being killed. They are only reporting the good ones. It is important to note that across the board in all suicides, 95% are done by people with clinical depression. Clinical depression is a bio-chemical illness. There are drugs that treat this quite successfully. But in Oregon, only 19% of those killed had a psychological consult. It is rather interesting that the health department in Oregon fully funds drugs and other expenses related to assisted suicide but puts a very limited cap on what can be spent on pain control. For hospice care, they limit the funds available to \$1,000 per patient. Why did people elect to die in Oregon? Two-thirds of them gave as the reason loss of personal autonomy. One-third worried about pain to come, but none of them listed pain at present.

And there are problems with completion. In the *New England Journal of Medicine* of 24 February 2000, there was a detailed report from the Netherlands of 650 cases of euthanasia. It noted that there were “problems with completion” in 16% and “complications” in 7%. What is meant by this? Let's take a patient who wants to die. She is given oral medication. She then begins to convulse. She may vomit some of the medicine back up so that there is not enough in her system to kill her. She may become delirious and other things can happen, with the family gathered around expecting a peaceful go-to-sleep death. These are what are known as problems with completion. One such case that was publicized, one that the health department in Oregon did not report on, had such a problem. One of the attending family

covered her face with a pillow and sat on it until she died of asphyxiation. The local prosecuting attorney felt that this was an acceptable action and did not prosecute.

In Holland, when things like this happen, the answer is very simple, a needle in the vein and a lethal injection to kill her instantly. But did all of these people die quietly? Did they all even ask to die? Here's a report on one case that the Oregon Health Department also did not report on. It is from Dr. Greg Hamilton, who heads Physicians for Compassionate Care in that state:

Joan Lucas was sent by her assisted suicide doctor to a psychologist. That doctor bluntly told the *Medford Mail Tribune* on June 25th that he did this "to cover my ass." The psychologist sent her an MMPI. This is a lengthy psychological questionnaire. She could not travel to his office. There is no indication that the psychologist examined her in person. Her children read her the questions and filled out the form apparently as a group joke. "We were cracking up," they said. Based on such unreliable information, the psychologist declared that she was not depressed and could have assisted suicide.

All this was despite her having made a previous suicide attempt. The Oregon Health Department did not report on this case. Recall, they reported that there were no complications.

An interesting potential development in Oregon has to do with the Americans with Disability Act passed by Congress a few years ago. Because of this act, we have been leveling our curbs. We have put in wheel-chair lifts, and so on. How does it apply here? Take a patient with Lou Gehrig's disease who cannot move his arms and therefore cannot give himself these poison pills if he asks for them. Someone else will have to do it for him, but that is technically against the law. However, if someone with a disability brings this to court, the Disability Act will probably apply and instead of a law that, at least on paper, says the patient must do this himself, we will then have a break in the law that allows others to do it to him.

A ray of light has to do with the Drug Enforcement Administration, the DEA, and relates to the Controlled Substances Act. As a licensed physician, I still have my narcotics license. That

gives me the legal right to prescribe for you a controlled substance, perhaps a barbiturate, certainly pain-killing morphine, if I am your attending physician. This is a federal law that has always been tightly enforced. If a physician, for instance, is found to have been giving an inordinate amount of certain drugs to his patients, his license to practice medicine is jerked. He is guilty until proven innocent. Now, if this law were to apply in Oregon, it would prevent physicians from prescribing these lethal drugs. After the law passed, the DEA did make that specific ruling, but Janet Reno, then Attorney General, overruled this and stated that an exception could be made in Oregon. As of this time, we have a new Attorney General who could overrule Reno's ruling and we also have a move in the U.S. Congress to re-establish this. If either of these mechanisms come to fruition, Oregon will no longer have an assisted suicide law.

OTHER STATES

There have been statewide referenda proposing assisted suicide and euthanasia. Washington and California have turned these down by reasonably close margins. Michigan, by far the most organized, best financed, and best led pro-life state in the nation, turned such a proposal down by almost four to one. Most recently, the state of Maine defeated such a proposal 51% to 49%. In Maine, before the campaign began, polls showed a 72% approval, but that was turned around by an aggressive pro-life educational campaign.

NAZI GERMANY

We should also look back 50 years ago and recall that there was a difference between the German euthanasia program and the Nazi genocidal program in the concentration camps. The first gas chambers were not erected by the Nazis but rather by professors of psychiatry at major university teaching centers in Germany. They had made the decision that some lives were not worth living. They selected the patients who died in these original gas

chambers. These original victims were diagnosed as hopelessly insane, but as time went on, the price tag was lowered and by the end of the war they were killing World War I amputee veterans. With children, they began in an asylum in Berlin with children who were “hopeless idiots.” But by the end of the war, they were killing bed wetters and children with misshapen ears. Through this German euthanasia program, almost 300,000 pure blood Arians were killed because they were defective. There has never been, before nor since, a better example of what we term the slippery slope. A price-tag once applied by definition reflects a relative value. Price tags can be marked down and in this program the value of these human lives was progressively marked down. One week ago, I visited, for the third time, the Nazi extermination camps Auschwitz-Birkenau in Poland and again I had a problem sleeping that night. But back to our story. German citizens had become restive when their parents were dying so suddenly and the ashes were being delivered to them. And so Hitler ordered the gas chambers removed from the university hospitals. He reassembled them in his concentration camps. But having established that they could kill “defective people,” he then proceeded to try to kill off a “defective race.”

U.S. SUPREME COURT

The waters were tested federally in the United States. Laws against assisted suicide that had been passed in the states of Washington and New York were challenged in court and those cases went to the U.S. Supreme Court. A decision handed down 9-0 in June 1997 ruled that there was no federal constitutional right to euthanasia. These cases could have been the *Roe v. Wade* of euthanasia. Long in preparation, there were 45 pro-life amicus briefs submitted to the Court in these cases. The most influential ones were from the American Medical Association, whose briefs had almost 50 co-signers representing, almost without exception, all of the major medical organizations of the U.S. The AMA has had a pro-abortion policy since *Roe v. Wade*, but on this they are the exact opposite. The AMA opposes

euthanasia. The good news was that the Supreme Court turned down a challenge that could have established a federal right to euthanasia. The bad news is that they said any of the states could so legislate.

In the decision, Chief Justice William Rehnquist stated: “An examination of our Nation’s history, legal traditions, and practices demonstrates that Anglo-American common law has punished or otherwise disapproved of assisting suicide for over 700 years; that rendering such assistance is still a crime in almost every State; that such prohibitions have never contained exceptions for those who were near death; that the prohibitions have in recent years been re-examined and, for the most part, re-affirmed in a number of States; and that the President recently signed the Federal Assisted Suicide Funding Restriction Act of 1997, which prohibits the use of federal funds in support of physician-assisted suicide. In light of that history, this Court’s decisions lead to the conclusion that respondents’ asserted “right” to assistance in committing suicide is not a fundamental liberty interest.”

FLORIDA

Shortly after the U.S. Supreme Court handed down the above decisions, the Florida Supreme Court acted on a similar case there. This Court, well known for its liberal tilt, ruled that that State’s constitution did not authorize a right to die.

Let me itemize a few fairly succinct facts about the euthanasia problem. First of all, our terminology. We hear of active or passive euthanasia, direct or indirect euthanasia, voluntary, non-voluntary and involuntary euthanasia, and assisted suicide. In most cases, when discussing this, I would suggest that these qualifications merely muddy the waters and give people false rationales for allowing some euthanasia. I would suggest that we bluntly call it what it is. Euthanasia is when the doctor kills the patient.

PRICE TAGS

“You don’t want to kill the first one.” That is a truism in this case. As long as we view human life as an inestimable value, a sacred value, one beyond price, then we are all safe. But when we break that and say that in perhaps this unusual case, we will apply a price tag—but a very high one, for this life is not worth living; when we’ve done this, we have established the beginning of a slippery slope, for price tags can be marked down. I have just detailed how that has happened in Germany. We’ve seen how it has happened in Holland. We can recall what happened in abortion in most of our countries.

TUBES AND TUBES

One of their arguments is that we keep people alive too long needlessly and often in great pain. They will draw a picture of an elderly gentleman who is dying of cancer. Strapped down in bed, he has tubes in every natural body orifice and a couple of artificial ones. He is clearly beyond hope, in pain, which is not being relieved and those doctors are keeping him alive. Why don’t you let the poor devil go? I am sure this has happened at times. I am also quite sure that it does not happen very often and certainly not nearly as frequently as it did perhaps ten or twenty years ago. I travel fairly constantly. I have been in all of the 50 states any number of times and I have lectured in 68 countries. I talk to people about these kinds of conditions. The complaint I get is not of doctors keeping people alive, but rather of getting authorization from the HMO to give what they feel to be adequate treatment.

We do let people die. We do sign “Do not resuscitate” orders, and my colleagues are becoming, and rapidly so, much more competent in controlling pain. But, what of all those tubes? Well, if you listen in to a bridge table at a retirement center in the South, you’ll hear, “Oh my dear, when my time comes, let me go. I don’t want all of those tubes and things in me.” And all of the gray heads will nod. But consider a major study done a few years ago. This was of people who had undergone this kind of treatment in an intensive care unit. They were asked, “If it prolonged your life as perfectly as it could be for ten years, would you be willing to go

back into the ICU?” And 96% said yes. Then, the bar was lowered. “Would you be willing for five years? for two? for one? Would you be willing for just six months? for three months?” And 74% still said yes if it would give them one more month of life, even if at a reduced level of efficiency and competence. So, as far as all those tubes are concerned, I think we should ask people who have been there, not people who have not yet been there.

BIOLOGICALLY TENACIOUS

One phrase to remember is “biologically tenacious.” The goal of such legalization is what it is not because the pro-euthanasia people are worried about that old gentleman who is strapped down in bed. He’s going to die. They are really not too concerned about him. Their concern is for those whom somebody thinks ought to die, but who won’t. The patient in coma, the stroke victim, the person taking up a bed, the person who is only, as Hitler said, a useless eater. These are the biologically tenacious. They are the targets.

PAIN

Pain—this is the main frightening argument for the pro-euthanasia people. None of us wants to die in pain. None of us wants to have this kind of a miserable existence. A decade ago, when the first referendum was held in the state of California, the pro-euthanasia people sent around a fund-raising questionnaire. You know the type. Answer all of these questions and send it back, but, of course, include money. There were 20 questions and over half of them mentioned pain, agonizing pain, unremitting pain, prolonged pain, unrelieved pain, and so on. And yet, in the Netherlands, of those who asked for euthanasia, only 5% mention pain as one of the reasons. And in Oregon, of those who asked for assisted suicide, none were in pain. I have looked in more camera lenses than most and when this subject comes up I always look directly at the audience and say, “If you have a loved one who is in pain and that pain is not being relieved, get another doctor. Get a

doctor who knows how to kill pain, for it can be controlled. Kill the pain, not the patient.”

FOOD AND WATER

You can, at times, remove various supportive treatments and sometimes the patient will die, but if you remove food and water, the patient will always die. Food and water are necessities of life. We all indulge many times during each day. Food and water are not medicines, but in today's culture of death, this has become one of their clever ploys. They properly label these “nutrition and hydration” but then improperly speak of “artificial nutrition and hydration.” What they mean is artificially administered food and water. But by calling it what they do, they re-label this “treatment” and then proceed to remove treatment.

Jack Kevorkian now justifiably resides in jail and will probably stay there until he dies. We now know that a high percentage of the patients he killed were not terminally ill. In fact, some of them were not physically ill at all. Having looked at some of these, I have found an interesting common denominator. They were all alone in the world. None of them had family support. One case was of a husband who brought his wife to Kevorkian, who killed her. He then inherited quite a large estate and remarried within a very short period of time.

HAPPENING ANYWAY?

There is an argument that it is happening anyway and therefore, if we legalize it, we can control it. If there ever was a specious argument, this is it. Right now, if a doctor kills a patient, this is a felony and the doctor could go to the penitentiary. If we legalize it and do not even make it a misdemeanor, are we to assume that same doctor will obey these rules which carry no threat of punishment, when he disobeys them now under the present threat of a felony? I wonder if those who put this argument forth aren't smoking something. In any case, before the Supreme Court, the American Medical Association reported a significant study of their

own members which demonstrated that euthanasia by a doctor is extremely rare.

THE RIGHT TO CHOOSE?

But shouldn't she have the right to choose? This argument, of course, we are all familiar with. As it turns out, in Holland, it does not end up being the patient's choice at all. Who chooses here is the attending physician. The attending physician is given the total power to choose, to decide if, and when, and where and how. So, the patient in practice loses the right to choose.

NOT BY A DOCTOR

Some states have capital punishment by lethal injection. But in none of them does a doctor give the injection, for the medical societies had raised major objections, stating that doctors are there to save lives, not kill. So now technicians do the actual injection. This is how it should be if, in fact, euthanasia is ever legalized. By all means, hire an executioner. Please don't have a doctor do it.

COMPASSIONATE CARE

The answer here is compassionate care. Hospice is the embodiment of this. A patient who is surely going to die and who gets hospice care has her pain controlled, has time to seek spiritual consultation, to make right things with her family, friends, to correct past injustices, to visit with grandchildren or whoever and to finally die peacefully. A hospice death is a good death.

CONCLUSION

This whole thing, then, began with living wills that had nothing to do with living and that were not wills—we finally changed that name to “an advanced directive.” It then progressed to removal of food and water, thereby bringing death to the patient. During these two phases, it was difficult to arouse any major interest in opposition. But then the next inevitable step was doctor-assisted suicide and

progression to lethal injection. With this, the ink hit the fan. And with this, books are being written, court cases are being argued, seminars are being held, and the entire question is now being forcefully argued in the public arena. Such it should be. And so, in spite of the forbidding demographic problems that are encroaching upon us, with increasing numbers of elderly and fewer young people underneath to care for them, in spite of these forbidding developments, I remain somewhat optimistic. I believe we have learned how to combat this. We have been given effective tools and people have been increasingly alerted.

As a final note and let this be one of optimism, let me mention a personal experience. Yale University has what they call the Yale Political Union. This is an organization of students that splits itself into five political parties ranging from far left to far right. They invite a speaker who selects a subject. "Resolved..." The first time I went the resolution was that abortion should be made illegal. The format is an address by the speaker. This is followed by five-minute critiques by a selected student from each of these five political parties, then a question and answer period with the speaker, and finally a vote. I lost two to one. I called Bill Buckley, who I knew was an alumnus of Yale and told him of my ill fortune. His response was "Not too bad, that's better than I did last time." Well, over the last 20 years, I have been privileged to be there three times. The second was also on abortion, with similar results. This last time I suggested that my subject be euthanasia. Before I began, I noted my obvious connection to the pro-life movement and my opposition to abortion, but I asked that they set that aside since this was a different subject. I asked them to consider euthanasia on its own merits. I won by a vote of three to one in front of this very liberal audience. And so let the argument be joined and I hope you are all involved in it.