

# Kennedy's 'bioethics' and the Karen Ann Quinlan case

by Dr. Ned Rosinski

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*Whatever proportions [Nazi-doctor] 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 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, the racially unwanted and finally all non-Germans. 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 nonrehabilitable sick.*

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The author of this quote is Leo Alexander, an American medical doctor who was special advisor to the chief counsel for war crimes at the Nuremberg Tribunal trials of Nazi doctors. The quote is from an article Alexander wrote for the *New England Journal of Medicine* in 1949, in which he detailed the crimes of the Nazi doctors, including experiments on efficient methods of mass murder, murder by freezing, and murder by exposure to low air pressure (high altitude simulation) to test the limits of human endurance. More than 270,000 people were killed in the experiments.

Under the subtitle "The situation in the United States," Dr. Alexander had this to say:

The question that (the facts on how the Nazi policy of euthanasia began) prompts is whether there are any danger signs that American physicians have also been infected with Hegelian, cold-blooded, utilitarian philosophy and whether early traces of it can be detected in their medical thinking that may make them vulnerable to departures of the type that occurred in Germany...

Hospitals like to limit themselves to the care of patients who can be fully rehabilitated, and the patient whose full rehabilitation is unlikely finds himself, at least in the best and most advanced centers of healing, as a second-class patient faced with a reluctance on the part of both the visiting and the house staff to suggest and apply therapeutic procedures that are not likely to bring about immediately striking results in terms of recovery. I



*Human beings, or "useless eaters"?*

wish to emphasize that this point of view did not arise primarily within the medical profession, which has always been outstanding in a highly competitive economic society for giving freely and unstintingly of its time and efforts, 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...

The trend of development in the facilities available for the chronically ill outlined above will not necessarily be altered by public or state medicine. With provision of public funds in any setting of public activity the question is bound to come up, "Is it worthwhile to spend a certain amount of effort to restore a certain type of patient?" This rationalistic point of view has insidiously crept into the motivation of medical effort, supplanting the old Hippocratic point of view...

There can be no doubt that in a subtle way the Hegelian premise of "what is useful is right" has infected society, including the medical portion.

### **Kennedy's health bill**

The trend toward cost-cutting and budget consciousness in American medical practice that frightened Dr. Alexander shortly following his Nuremberg experience with the horrors of Nazi medicine has today, three

decades later, virtually captured the federal government's outlook toward health care planning. Cost-accounting is the focus of Senator Edward Kennedy's national health insurance bill, a piece of legislation that is dominating debate over the future direction of U.S. health care. In the senator's own words: "budgeting is at the heart of the Health Care for All Americans Act."

The Kennedy health bill would close hospitals, constrict vital medical research and development, add a mountain of bureaucratic red tape onto medical establishment operations, and in the very short run vastly diminish the quality and intensity of health care enjoyed by all Americans—all in the name of cost-effectiveness. In fact, the bill's zero-growth provision that the growth of the national medical bill not exceed the growth in the Gross National Product, would ensure deep cuts in medical care expenses under current conditions of economic collapse. To stay within budget guidelines, doctors would soon be faced with gruesome choices: for example, euthanasia through the denial of advanced treatment to chronically sick elderly citizens, such as Earle Spring whose case made national headlines recently, or the denial of prenatal care to pregnant women.

The quicker, cheaper way to die that Kennedy is peddling on the presidential campaign trail, however, is not of his personal invention. The formulations basic to the legislation, and the thinking behind it, come from the Georgetown University Center for Bioethics, which was founded in 1971 with a grant from the Joseph P. Kennedy Jr. Foundation.

### **Target: medical profession**

The Center is part of a larger Kennedy Institute at Georgetown which includes, in addition to the Bioethics Center, a Population Center and a human reproductive biology laboratory. The Population Center was set up in 1962 with Ford Foundation money as a think tank for zero growth economics. Ted Kennedy is president of the Kennedy Foundation, and his sister, Eunice Shriver, wife of Sargent Shriver, is executive vice president.

Various founding members of the center, such as the Jesuit Richard McCormick and Dr. Robert Cooke, began the public relations job of legitimizing "bioethics" in the mid and late 1960s by using issues such as abortion and experimentation on humans as the subject of well-funded conferences. In the late 1960s the overall amount of medical services provided in the United States began to increase rapidly, following the passage of Medicaid and Medicare in 1965. At this point, the underlying policy of the Kennedy Institute and the Bioethics Center began to emerge more clearly as antitechnology, antiprogress, and zero growth. Coming under particular attack were new methods of treatment and life support which utilized advanced technology, such as heart monitors.

The Bioethics Center simultaneously served as a think tank for the various attacks on the medical profession at that time. The antitechnology argument was couched in the utilitarian ethic, "greatest good for the greatest number" arguments demanding that the "nonrehabilitable" be sacrificed so that "scarce medical resources" could be conserved.

The medical profession was a prime target of Bioethics Center propaganda for good reason. Following the 1971 financial crisis and the abandoning of the NASA effort, the medical profession was virtually the only organized lobby for progress in the United States which combined the qualities of scientific commitment, respect by the public and by Congress, and a powerful financial clout.

The 1976 New Jersey Court case of Karen Ann Quinlan was central to the Bioethics Center's evil efforts to dissuade Americans from their commitment to progress in medical care. Although there were no substantive legal issues or issues of medical ethics involved in the case, it dominated coast-to-coast headlines for month after month, hammering away at Americans on the question of whether Karen Quinlan's parents should "pull the plug" on their comatose daughter. Supreme Court Justice Morris Pashman stated as much during one hearing on the question: As he told State Attorney General Hyland, the case "doesn't belong (in court), it should never have been started."

### **The case of Karen Quinlan**

In April of 1975, Karen Quinlan, 21 years old and from a deeply religious Catholic family, stopped breathing temporarily and fell into a coma for reasons which were never ascertained. During the next several weeks her condition changed to what is described as a chronic vegetative state. Even though Karen Quinlan has measurable brain waves to this day, however, it is generally presumed that she has no thinking functions or even conscious perception of stimulation as such. Doctors believe that the reason for this is that the "higher" portions of the brain, the cerebral structures, have been destroyed (in this case by oxygen deprivation), while the "lower" portions responsible for reflexes, temperature regulation, and so on, have been spared.

During the early phases of Quinlan's treatment she had not been able to breathe on her own and so was placed on a respirator. Over the first several weeks attempts to wean her off the respirator by taking her off for short periods of time failed. In addition to the respirator, she was treated with tube feedings through a nasogastric tube and intravenous antibiotics for recurring bouts of pneumonia.

After several months of no improvement, the Quinlan

family accepted the doctor's opinion that reversal of the condition was highly unlikely, and requested that the doctor remove the respirator, as her mother Julie described it, "that grey console called the respirator, with its lights blinking on and off like some giant electronic computer, making hissing and gurgling noises as it endlessly pumped air down into a hole in Karen's throat." (*Karen Ann, The Quinlans Tell Their Story*, Bantam Books, 1977). Julie Quinlan, however, did not want her daughter's tube feedings to be stopped. "That's her nourishment,"

want Karen to die. I just wanted her back in her natural state. If God wants her to live in a natural state, she'll live. If he wants her to die, she'll die."

The doctor refused to take her off the respirator, most likely due to the highly charged malpractice atmosphere that had been developing since the late 1960s due to precedents set by California Governor Jerry Brown and his insurance regulators. Instead of simply changing doctors, the family got a lawyer. And instead of advising changing doctors, the lawyer, Paul Armstrong, a graduate of the Jesuit Loyola Law School, went to court, knowing what he would put the family through.

The petition to the court asked that Joe Quinlan be made Karen's legal guardian "with the express power of authorizing the discontinuance of all extraordinary means of sustaining the vital processes of his daughter, Karen Ann Quinlan." Nothing in the petition implied that the doctors were being forced to comply with the request. The doctors however, objected to this unnecessary intervention. They won in the lower court.

Armstrong, however, prepared to continue the legal battle. He put his case together with the help of the largest law firm in the world, Shearman and Sterling located at 53 Wall Street. The firm is one of the principal banking law firms. One of the key senior partners in the firm is Michael Forrestal, a member of the Council on Foreign Relations, who was on the White House National Security Council staff under McGeorge Bundy, and who is now an advisor to Jimmy Carter. Armstrong and another member of the firm who helped him on the Quinlan case, James Crowley, were given "secretarial assistance, clerical supplies, printing and duplicating services—and the use of Shearman and Sterling's offices as a headquarters for preparation of the briefs," all donated by "the senior law partners, Henry Harfield and Myles Wayland," according to Armstrong.

### **Help from the Kennedy center**

After losing the lower court case, Armstrong appealed to the State Supreme Court. Before the hearing, Armstrong went to the Kennedy Bioethics Center and for four days "held intensive dialogue with the priests,

physicians, lawyers, and ethicists on the moral, constitutional, and religious issues which formed the heart of the Quinlan plea."

Chief among these experts was Richard J. McCormick, S.J. Next, Armstrong conferred with Robert Veatch of the Hastings Institute, a bioethics think tank in New York. After these meetings Armstrong stated: "Our minds were well-honed for the tasks ahead."

During the months between the lower court ruling and the appeal, the world was inundated with an unending series of vicious headlines such as "Father Seeks Legal Right to Let His Gravely Ill Daughter Die," "Family Wants to Pull Plug."

The fraud was finally exposed in the appeal hearing. There, Armstrong admitted under questioning that he had originally not asked the Quinlans simply to find another doctor who would honor their request to remove Karen from the respirator because he wanted the court to "provide guidelines," to "make new law" in the tradition of "the evolution of common law, since its inception in England." He neglected to mention the relevance of the U.S. Constitution with regard to legislative powers of the courts. Despite this public display of legal absurdity, the court ruled unanimously to allow Joe Quinlan to request the discontinuation of the respirator. After some weeks, the doctors successfully weaned Karen off, and she is still alive now in a nursing home, her state of consciousness unchanged.

The rest of the world, however, is quite changed. For eight months daily headlines identified advanced medical technology as "extraordinary" and therefore not "ethically required," pushed cost-benefit analysis in a time of "limited resources", charged doctors with an imperious "disregard for the rights of the patient," and waged psychological warfare against the Catholic Church based on perverting Pope Pius XII's 1957 definition of "extraordinary" as damaging to the "spiritual life," to mean unusual or expensive.

### **The right to die**

In the immediate aftermath of its successful mass brainwashing with the Quinlan case, the Kennedy Bioethics Center stepped up its other efforts to eliminate advanced medical science in America.

In late 1976, Andre Hellegers, founder and director of the Kennedy Center, joined the advisory council of the National Committee on the Treatment of Intractable Pain to demand the use of heroin for pain treatment. With Hellegers on the council were Rev. Lawrence J. Madden, S.J. vice president of Georgetown University; and Norman E. Zinberg, M.D., a Harvard psychiatrist and member of the Advisory Board of the National Organization for the Reform of Marijuana Laws.

Dr. Peter Bourne, special advisor to Carter on drug abuse and an advocate of marijuana decriminalization, was quoted in an Intractable Pain Committee brochure as saying "I think you can rest assured...that there is a good deal of sympathy with the concerns of your organization within the federal government." Pressure from the committee, along with the willing compliance of House, Education and Welfare head and Council on Foreign Relations member Joseph Califano, forced through National Institute of Health funding for several large heroin testing programs, one of these at New York's Memorial Sloan-Kettering Cancer Research Center. As the doctors had predicted before the experiments began, heroin was no better than the standard therapies such as morphine, so its use was not recommended after the testing programs. However, as with the Quinlan case, the effect on public opinion was nevertheless real: if doctors are experimenting with heroin, then it can't be all that bad for you.

A second operation coming out of the Quinlan case was the "living will" law passed in California, which allows healthy persons to sign a "living will" stipulating that they be put to death if they ever become incurably sick. A complementary effort is the cost-cutting hospice movement, pushed by Kennedy Center advisor Elizabeth Kubler-Ross, who did the original studies of the dying which served as the basis for hospices, and who claims she has talked to the dead!

It is important to recall that the Council on Foreign Relations economic shutdown policies had made the nation "ripe" for the case.

The overall economy was in a severe downturn due to the manipulated oil hoax of 1973-74. Medical costs were rising, but predominantly due to the increase of needed medical services in the Medicaid and Medicare programs, services which had resulted in a plunge in infant mortality and increase in the life expectancy of the elderly.

Kennedy criticizes these increased services as "wasteful."

The Kennedy Bioethics Center today has directly or indirectly set up courses in bioethics in more than half of the nation's medical schools over the past five years. Hundreds of hospitals, including most of the nation's major medical centers, have defensively set up "bioethics committees" to decide on plug-pulling policy. Members of the Kennedy Center and allied think tanks staff a special President's Commission on Bioethics in the White House and a bioethics oversight committee in the National Institutes of Health. The Center has supplied the "ethical justifications" for every one of Ted Kennedy's attacks on the health care system, including his arbitrary budget caps, his attempts to cut back technology, and his bill to stifle pharmaceutical research.