

## The folly of the pragmatists

To this, many will doubtless respond: "Look, buster, I'm a practical man. I can't be bothered with philosophy. These political factions exist; you've got to deal with them realistically. What you propose will never work."

If such a critic is right, that what I propose will never work, then pack your bags and start running; what I have proposed is the only action by which our doomed nation might be saved from the alternatives of either Soviet imperial subjugation or, simply, some other hideous destruction. Time is running out. If the time is past, that the people of the United States will not act to return to the scientific culture of Western European Judeo-Christian republican principles, then that itself merely demonstrates that we have already passed the proverbial point of no return.

In any case, the action I propose is the only kind of action which might save this nation, and civilization as a whole. Anyone who is acting differently is occupied with a pathetic waste of time and efforts. For myself and my colleagues, we shall act as I have proposed through the very end; while the so-called "practical" men and women are continuing to behave in the same foolish, tragic way they have helped to destroy our republic, year by year, over the past 15 years or longer. At worst, my colleagues and I will at least go down honorably—meanwhile, there is more than a mere chance, I believe, that there is still time enough to win. At the worst, it is the only thing worth doing; those who disagree with us are behaving uselessly.

In our nation's capital, the obsessive commitment to the path of national obliteration assumes chiefly a very distinct, commonplace form: adherence to preestablished "policies, methods, procedures" and "established channels" of influence, the same policies, methods, procedures, and "established channels" which have been successfully used in the past to lead our nation to where we are today: at the brink of destruction. Science, truth, and elemental personal morality, are still admired among some circles in Washington, but as one admires a great painting from the past; whenever the mere word "politics," is mentioned, science, truth, and elemental personal morality are locked away in another room or the duration of the decision-making. We are governed, you see, by "practical men." Like men dressed down to the waist, ignorant that they are naked from the waist down, such "practical men" pride themselves on asserting that "philosophy" has nothing to do with their day-to-day decisions. "These were steadfastly 'practical men,' " would be the appropriate words for our Soviet conquerors to engrave on the tombstone of our nation. We tolerated British liberalism because we were practical men, and therefore we lost the moral fitness to survive, and, in due course, were, of course, destroyed.

Such is the probably tragic fate of men and women who measure the spectrum of political life in terms of "right, center, and left."

# Nuremberg Tribunal

by Kathleen Klenetsky

Just two weeks after Colorado Governor Richard Lamm publicly called for the elderly and terminally ill to "die and get out of the way," the most prestigious medical journal in the United States has published a package of proposals to implement Lamm's demand.

Appearing in the April 12 *New England Journal of Medicine* under the heading, "Special Article: The Physician's Responsibility Toward Hopelessly Ill Patients," the proposals range from withholding food and water from certain patients, to honoring a patient's desire to refuse medical treatment.

The article, which has received wide media attention, represents a significant step-up in the campaign already well under way to institutionalize euthanasia in the United States. Over the past year in particular, the "death lobby"—largely funded by the major insurance companies—has engineered a powerful and well-financed effort to convince the American population that with health care costs spiraling and the economic pie shrinking, it is now necessary to ration health care.

Their basic argument is that those whose so-called quality of life isn't up to snuff—for example, handicapped infants and children, the mentally retarded, people in the final phases of a fatal illness, and old people in general—should no longer be permitted to place an undue burden on society as a whole.

The fact that the renowned and respected *New England Journal* has now granted its imprimatur to this effort will significantly fuel the move for "living wills," "do not resuscitate" orders, radical cutbacks in health-care financing, quantum jumps in health insurance premiums, and related methods which have been devised to substantially increase the death rate of the American population.

## Today's Nuremberg criminals

It is a particularly bitter indication of the shift in morality today that in July 1949, the same *New England Journal of Medicine* published a landmark article by Dr. Leo Alexander, a U.S. physician who served as an official adviser to the Nuremberg Tribunal of Nazi war criminals. The article traced Hitler's "final solution" to the adoption by the German medical profession "of the attitude, basic in the euthanasia move-

# adviser: Lamm speech is 'pre-Nazi'

ment, that there is such a thing as a life not worthy to be lived." That article was directed to the U.S. medical profession, and in it, Dr. Alexander warned that the same utilitarian attitude toward human life which underlay the euthanasia drive in Nazi Germany was already making inroads in America, reflected particularly in the failure of American doctors to deal effectively with the needs of the chronically ill.

Today, just 25 years later, the *New England Journal of Medicine (NEJM)* article's authors use the same cost-benefit argument employed by the Nazis to justify their plan for murder: "As society tries to contain the soaring costs of health care," they write, "the physician is subject to insistent demands for restraint, *which cannot be ignored*. Financial ruin of the patient's family, as well as the drain on resources for treatment of other patients who are not hopelessly ill, should be weighed in the decision-making process. . . ." (emphasis added).

In an interview with *EIR* April 16, Dr. Alexander termed the *NEJM* piece "a terrible statement" and "a throwback to the pre-Nazi atmosphere in Germany." "I warned this would happen," he said, and placed the blame for the growing acceptance of euthanasia in the United States on the increasing tendency "to fixate on the economic cost of things." Alexander also slammed Governor Lamm's statements as typical of the thinking which prevailed in pre-Nazi Germany, and urged that a fight be waged to prevent the full horrors of Dachau and Auschwitz from being visited on the United States.

## The *NEJM*'s program

Though the *New England Journal* article drips with liberal rhetoric about "patients' rights" and "death with dignity," what it proposes to do to millions of Americans differs not one whit from the Nazi's euthanasia program, under which Germany's *Ballastexistenz*—the elderly, mentally and physically handicapped, and terminally ill—were systematically carted off to killing centers where their "nonproductive lives" were "mercifully" ended.

Explicitly intended to assure doctors that it's legally and ethically correct to pull the plug, even though their training

and conscience may dictate otherwise, the article endorses:

- decreasing or halting treatment if it "would only prolong an uncomfortable process of dying";
- respecting a patient's right to refuse treatment;
- dividing patients into four levels. Those in the fourth, the terminally ill, can ethically be denied antibiotics for pneumonia or other infections, any mechanical or surgical intervention, and food and water;
- shunting these patients off to die in hospices and other "less structured environments" on the grounds that they aren't worth more expensive hospital care; and
- not using the case of a patient who survived a specific disease as the overriding reason to continue treatment of another patient with the same disease.

Further, say the article's authors, when a patient is in a "vegetative state," or is "severely, irreversibly demented"—a category which includes the senile elderly—it is "morally justifiable to withhold antibiotics and artificial nutrition and hydration [food and water], as well as other forms of life-sustaining treatment." This is tantamount to a death sentence for the countless numbers of elderly people who are afflicted with bouts of temporary senility during which they may unconsciously reject food.

## How it was organized

The *New England Journal* article grew directly out of a meeting organized by the Society for the Right to Die, held in Boston in October 1982 for the express purpose of devising guidelines for implementing euthanasia. Formerly known as the Euthanasia Society, the New York-based group has spearheaded the drive for the enactment of "living wills" (explicitly endorsed by the *New England Journal* piece) and related measures.

The Society's president emeritus, Dr. Joseph Fletcher, a proponent of racist eugenics and murdering "defective infants" and the mentally retarded, wrote recently that "Good dying must at last find its place in our scheme of things, along with good birthing, good living, and good loving. After all, it makes perfectly sound sense to strive for quality across the board, as much in our dying as our living."

The meeting was chaired by Dr. Daniel Federman, professor of medicine at Harvard Medical School and past president of the American College of Physicians. Others who lent their efforts to this criminal enterprise include: S. James Adelstein, M.D., professor of radiology and dean for academic programs, Harvard Medical School; Ronald E. Cranford, M.D., of Hennepis County Medical Center, Minneapolis, and chairman, Ethics Committee, American Academy of Neurology; Edward Hook, M.D., Charles G. Moertel, M.D., chairman, Department of Oncology, Mayo Clinic and Medical School, Rochester, Minnesota; Peter Safar, M.D., director, Resuscitation Research Center, University of Pittsburgh Medical School; Alan Stone, M.D., professor of law and psychiatry, Harvard Law School; Helen B. Taussig, M.D., professor emeritus of pediatrics, Johns Hopkins University School of Medicine; Jan van Eys, M.D., University of Texas System Cancer Center and School of Medicine; Sidney H. Wanzer, M.D., Department of Medicine, Emerson Hospital, Concord, Massachusetts.

### Not just words

The *NEJM*'s policy recommendations have been implemented step by step throughout the country. Even seemingly adverse publicity has been geared to move this process forward. On March 25, just two days before Lamm's infamous speech, the New York press corps launched a sensational exposé of widespread euthanasia being carried on in two of the city's hospitals. The scandal, which had been investigated by a grand jury run by State Prosecutor Edward Kuriansky, involved LaGuardia Hospital in Queens and the world-famous Memorial Sloan-Kettering medical center. At the former, Kuriansky revealed, purple dots, indicating a "do not resuscitate" order—the order which demands that patients receive no care should they suffer cardiac arrest—were being routinely placed on the charts of terminally ill patients, without the knowledge of either the patient or his family.

At Sloan-Kettering, the grand jury had investigated and confirmed the existence of a blackboard listing all cancer patients, each name marked with one of four letters—A, B, C, or D. The system was a means of telling hospital personnel what level of treatment to give the cancer patients. Those unfortunates who were designated either C or D were to receive no intensive care if they ran into problems.

It was not the practice of triage against the sick which Deputy Attorney General Kuriansky objected to, however. What irked him was the fact that the death lists were kept secret from the patients, and not set down in the permanent record. This was reflected in a March 20 press release issued by Kuriansky's office, which stated that "according to the Grand Jury, although DNR [do not resuscitate] procedures are in widespread use and virtually unavoidable under the current advanced state of scientific and medical technology—wherein the dying process can be artificially prolonged against a patient's wishes and beyond any medical or ethical justifi-

cation—uncertainty as to the legality of 'no code' orders still persists among highly responsible members of the medical profession."

Further, stated the release, the Grand Jury "strongly recommended that the State expressly acknowledge that DNR orders are regularly given by responsible physicians in certain limited circumstances regarded as medically and ethically appropriate, and, further, formally recognize the prevailing legal view that carrying out such an order does not, in and of itself, constitute a violation of the civil or criminal law." Finally, the Grand Jury urged New York State to "regulate 'do not resuscitate' procedures for the terminally ill."

Governor Mario Cuomo responded immediately, ordering his state health commissioner, David Axelrod, to pull together a commission for the purpose of establishing under what circumstances "DNRs" are permissible.

The model which Axelrod is bound to follow is that provided by the still-active President's Commission on Medical Ethics. Established during the Carter-Mondale administration through legislation sponsored by Sen. Ted Kennedy, and headed up by New York lawyer Morris Abram, the commission has developed a highly controversial "uniform determination of death" statute, and has gone so far as to advocate the withholding of food and water from patients if the community, relatives, or hospital should decide that it costs too much to keep them alive.

Cuomo's quick response came as no surprise to those familiar with his record. A leader in the fight against "high-cost" advanced medical technology, Cuomo had issued a moratorium on new hospital construction in New York shortly after taking office, on the specious grounds that there were too many hospital beds. The liberal Democrat, who claims to represent traditional family-oriented values, had also actively intervened to prevent federal action on behalf of a handicapped child on Long Island, known as Baby Jane Doe. And his health commissioner, Axelrod, recently ruled against Sloan-Kettering receiving an advanced diagnostic device because it would "increase costs."

In this area, Cuomo is in the same camp as both Gary Hart and Walter Mondale, who have made health-care "cost containment" a major plank in their presidential platforms. Under the banner of keeping costs down, both of the candidates advocate measures—such as substituting paramedics for trained physicians, extending health maintenance organizations and hospices, and cutting back on advanced medical technology—which would dramatically reduce the quality and availability of health care.

The only way to prevent the murder of America's elderly, terminally ill, and handicapped is for the country to adopt economic policies that will result in an expanding pie. Both Hart and Mondale openly stand for the Malthusian proposition that we have reached the "limits of growth," and that the main item on the agenda is to reallocate or redistribute the limited resources available.