

# Medical Nazis howl over artificial heart

by Kathleen Klenetsky

On Nov. 25, medical specialists at the Humana Heart Institute in Lexington, Kentucky performed an artificial-heart implant on William J. Schroeder, a 52-year-old father of six. Afflicted with multiple heart disease, Schroeder would have died in weeks without the implant performed by Dr. William C. DeVries.

The operation, the first of its kind since Dr. Barney Clark received an artificial heart two years ago, was a spectacular success. Schroeder has made what his doctors term an amazing recovery, holding out the hope that hundreds of thousands of others suffering from heart malfunctions which cannot be treated by more conventional methods will eventually be helped to live longer, healthier, and more productive lives.

## Medical technology 'too costly'

Instead of being a cause for rejoicing, however, the very success of the Schroeder operation has precipitated howls of outrage from a well-organized and vocal faction which contends that the United States can not only not afford to develop new medical technologies, but that it should also take drastic steps to reduce the quality and quantity of medical care currently available.

The argument that "cost considerations" require reversing the steady advance of medical technology and denying medical treatment to certain categories of patients is the same that the Nazis used to justify the extermination of "useless eaters." The Nuremberg Tribunal condemned this policy as a crime against humanity. Yet, it is now advocated by leading politicians, "respectable" media outlets, and the medical profession itself.

One of the first to decry the Schroeder operation was Richard Lamm, the Governor of Colorado who created a national furor last March when he declared that "we've got a duty to die and get out of the way with all of our machines and artificial hearts." In a Nov. 27 interview with CBS-TV's Morning News, Lamm ranted that operations like the one which is now keeping Schroeder alive are a "Faustian bargain" that could "bankrupt the country."

"I think ultimately what these [medical research] people are doing is that once they start it, inevitably the technological genie gets out of the bottle and then the government has to come in" and pick up the tab, Lamm complained. "We really have to ask ourselves . . . how many of these can we afford. There were a million and a half heart attacks last year in America. Can we give every smoker two or three hearts, can

we give every alcoholic two or three livers? We've got to ask ourselves because I think we're going to bankrupt America if we don't."

The *New York Times* ran an editorial the same day charging that the Schroeder operation as well as the baboon-heart transplant performed on Baby Fae raised "questionable ethics" of prolonging human life.

The same tendentious "ethics" is now heard in the medical world. Dr. Harvey Fineberg, Dean of the Harvard School of Public Health, charged that the mechanical-heart program is a costly "distortion" of research priorities. "The artificial heart, even if it were to work, would be a very expensive way to save lives," said Fineberg.

Dr. Lewis Thomas, president emeritus of the Memorial Sloan-Kettering Cancer Center in New York, went even further, calling into question the very idea of artificial and transplanted organs. Such procedures, he contended, represent an "insupportably expensive, ethically puzzling, halfway technology." And Kenneth Vaux, professor of "ethics" at the University of Illinois, declared: "We are going to have to decide as a society what we want from our biomedical projects. . . . We are going to have to temper our ambitions and learn to accept the inevitability of disease, the inevitability of death itself."

The arguments are absurd. New technologies actually tend to cheapen the cost of medical care, a point dramatically underscored by, for example, the CAT scan. The same principle applies to the artificial heart. As mechanical-heart inventor Dr. Robert Jarvik stressed in a recent interview, the cost of future implants "should be markedly lower" once they've been perfected for wider application. The money spent so far on the artificial-heart program, he said, is "money spent on learning. And what we learn allows things to be done much better. I think it's an essential investment in the future." And Dr. Denton Cooley, the trailblazing heart surgeon from Texas, has emphasized that even if the artificial heart ultimately fails, "spin-offs from that type of research would be invaluable. There would be development of new valves and so forth."

The Euthanasia Lobby has responded to the latest artificial-heart success by driving for legislative limits on medical technology. "Medical researcher" Barton Bernstein proposed one method of doing this in the November issue of MIT's *Technology Review*. Congress should take a greater role in dictating what medical research programs get funds, wrote Bernstein, and should start making decisions about the "larger issue . . . whether the technology is appropriate now or even likely to be appropriate in the future. . . ." Even before Bernstein's proposal appeared, "right to die" advocate Rep. Henry Waxman (D-Calif.),

al health subcommittee, introduced a bill in Congress to establish a National Council on Medical Technology Assessment, with the power to rule on the "appropriateness" of developing new medical technologies. The bill is expected to be reintroduced in the next Congress.