

called the British abortion act a perfect analogy. "The change made by this act in the law was minimal, but even before the measure was through Parliament the number of medical abortions had begun to grow, and it swelled greatly afterwards; the reason was that the public debate in the Act convinced many doctors that abortion was a respectable operation to perform, supported by general opinion. . . . This shows that the importance of the proposal to legalize voluntary euthanasia cannot be measured in terms of the numbers of doctors who are at present prepared to end their patient's lives."

The Cook County Circuit Court ruled on March 18 to dismiss a grand jury subpoena against the AMA for refusing to reveal the essay's author, when Chief Judge Richard Fitzgerald announced that the State's Attorney had failed to prove that a crime was committed. We are chillingly reminded of Dr. Lundberg's statement that, with the essay's debate, "We've accomplished exactly what we intended."

Interview: Dr. George Lundberg

Dr. Lundberg is the editor of the Journal of the American Medical Association.

EIR: How would you say today's discussion on euthanasia compares to what went on with Hitler?

Lundberg: Well, I, of course, have no personal knowledge of anything that went on during the Hitler period.

EIR: It is well known that Hitler did charge his personal physician, Dr. Karl Brandt, with granting incurable patients a "merciful death."

Lundberg: I wouldn't have any comment on that at all. I have no personal knowledge of that history. I believe that if one were to get into that particular area of comparison and contrast, one would hopelessly muddy the waters because of the holocaust and all the horrid Nazi atrocities that I would guess would get all mixed up in any such discussion. So, I would not want to make any comments on that at all and I would caution you against it. Frankly, I think you would just muddy the waters.

EIR: Muddy the waters?

Lundberg: I just think that one should speak in terms of 1988, in terms of modern technology, in terms of human suffering and death, in terms of the growth of medical ethics as a very important field in the last 10 or 20 years. One must obviously learn from history, and I think the world uniformly condemns the Nazi atrocities in the strongest terms possible. . . . The discussions we are having today are unrelated to that.

EIR: Hitler's policy was based on economics. Is there a reflection of that in the policies we see today? Consider health-care rationing or the Office of Technology Assessment's recent report, "Life-Saving Technologies and the Elderly," where they propose using a computer to assess the severity of a patient's illness to decide if money can be saved by ending a patient's care, and food and water, if his prognosis is poor. The idea that a patient is not worth treatment is based on an economic policy.

Lundberg: Well I have not seen the report to which you refer, so I would have no comment.

EIR: Dr. Eric Cassel, a New York internist, recently wrote that patients experience significant cognitive changes when they face major operations, illnesses, or lengthy hospital stays. Because they are most vulnerable then, Cassel proposes that patients hold off on major decision-making until they return to full health. Is patient vulnerability and the "Do Not Resuscitate" policies enforced in hospitals, a hidden issue that should be raised? Would you like to comment on this?

Lundberg: Not particularly. Anyone who is sick is more vulnerable to influence or to actions of anyone, because if you're hurt or ill or confused, you become much more vulnerable. That's been known for hundreds, thousands of years. . . .

EIR: How does this affect situations like that in the Debbie essay, where the patient is asked: "Do you want us to resuscitate you?" Do you think this has to be raised in debate?

Lundberg: I would say sick people are very vulnerable to many influences.

EIR: Then you don't feel that it is just half of the debate that is going on right now. Is it a "merciful death" if a statement from a sick patient is taken seriously, as opposed to what the patient really wants?

Lundberg: Your statement is so obvious, it has no merit. It is perfectly obvious that at a time when a patient is in terrible pain, anguish, and knowing they're dying, their reaction is going to be different than when they are healthy, sound, happy, and painfree. . . .

EIR: It's obvious. However, the debate that is going on right now does not reflect that understanding, nor does it reflect to the general population that issue.

Lundberg: I have no comment.

EIR: Dr. Glanville Williams, a British law expert, used the bio-ethics debate to legitimize euthanasia among physicians. Does the euthanasia debate today serve to legitimize euthanasia in the eyes of those who would otherwise see it differently?

Lundberg: I have no comment on that.