

Euthanasia sought for six-year-olds

by Linda Everett

The "Right to Die" movement in the United States has taken new steps in the gruesome policy of euthanasia, for which Nazi doctors were hung at the Nuremberg Tribunal. The latest outrages include a plan that would authorize euthanasia for six-year-olds; a prestigious medical journal's "ethics" recommendations to kill patients; and a program passed by the Oregon Senate that makes abortion and euthanasia "health care priorities."

An 'academic' exercise

Third-year students of the University of Iowa Law School launched a new project this year—the emulation of Nazi euthanasia law. Eighteen students, enrolled in a seminar taught by Sheldon Kurtz and Michael Saks, drafted a "Model Aid-in-Dying Act," which would allow physicians, nurses, "telestricians," patients, or those designated by patients to administer life-terminating drugs. Terminally ill individuals, those needing dialysis or a feeding tube, or anyone who feels they have an intolerable condition, would qualify for death-on-demand.

The "model" bill makes a mockery of the principle of informed consent, since even a six-year-old child can demand and receive "aid-in-dying" with the approval of a parent or a legal guardian. Death can be requested "on behalf of" a patient who is incompetent, whether he asked for it or not; for minors over six years old who "request" it, even if their parents disagree. Death requests can be made for minors over and under six years of age if their parents disagree with each other about the decision, if both parents are unemancipated minors, or are dead or incompetent.

Requests go to an "aid-in dying" board set up by the state to oversee the killing. If the patient cannot speak for himself, the board decides if "a reasonable person" in the patient's condition would want to die.

The bill specifies, "No health facility may qualify as a conscientious objector [translation: refuse to kill] if the department of health determines that it is either government owned or substantially government funded."

Doctors as murderers

At the end of March, the *New England Journal of Medicine* proposed a new set of Nazi "ethical guidelines," with an

article on "Physicians' Responsibility Toward Hopelessly Ill Patients." According to the authors, dying patients have special rights and they should get special treatment—like drug overdoses if they ask for them—or maybe even if they don't. The article calls for more home and hospice care, in lieu of high-technology treatment. Should a dying patient (all patients are dying—if there is a decision not to save them) go to a hospital, he or she should be cared for in a specialized room which facilitates "comfortable interchange" with family and friends. But, the article states, "The presence of life-sustaining equipment would be inappropriate in such an environment."

Besides inducing all patients to sign living wills, the authors want nursing homes to insist that all patients sign similar directives. Nurses and doctors in intensive care units might get "hung up" about saving lives; if so, they should be told by others outside the ICU "to change the treatment goal"—i.e., let the patient die.

The article was based on a meeting held in October 1987 at Harvard. Many of the same authors met three years earlier to announce then that starving senile patients was "ethical." Both seminars were organized by the Society for the Right to Die. Over half of the 12 "prestigious" physicians who authored the *NEJM* article, are staunch advocates of the euthanasia lobby. Four are on the board of the Right to Die Society; and one is on the Concern For Dying board; another, neurologist Ronald Cranford, has spent much of the last decade testifying in courts around the country in favor of killing and starving patients.

Health care, Oregon-style

After just four days in the Oregon state Senate, S.B. 27, Sen. John Kitzhaber's (D) master plan to institute health care rationing, passed by a vote of 24-2. On April 3, Kitzhaber unveiled his list of those "health care" services that would be given priority: family planning services, genetic counseling, pre-conception counseling, abortion, reversible contraception, sterilization, and programs addressing "life-styles," like safe sex, drugs, alcohol, and smoking programs. These services, according to the bill, will shrink when the state budget shrinks.

The list was drawn up by a commission under the auspices of a Jesuit bioethicist, J.D. Golinski. The Oregon Medical Resources Foundation described the list as "based on public attitudes that quantify the trade-off between the length of life and the quality of life." Those "public attitudes" were shaped by the health insurance company-funded Oregon Health Decisions, whose document "Quality of Life and Allocation of Health Care Resources" was the basis for Kitzhaber's rate-setting project.

No one has raised the issue of whether, or when, Congress will waive the Medicaid rules that stipulate a certain level of health care must be provided by the states in order to qualify for federal funding. Such a waiver would be necessary for Kitzhaber's program to go into effect.