

States, courts clamor for euthanasia solution

by Linda Everett

As the economic crisis intensifies, state officials, judges, and lawmakers are exhibiting a willingness to relinquish any state's interest in preserving life, in favor of laws and policies that enforce involuntary euthanasia. Behind the media focus on myriad state prescriptions to expand access to health care are scores of state proposals that increase the ways medical facilities can kill anyone who allegedly "wants" to die through advance directives, and which expand the authority of physicians and facilities to kill outright any patient they think ought to die.

While the nation is still being brainwashed by prime-time television movies that canonize those who arrange a parent's suicide (Patty Duke in "Last Wish") and families who starve their relatives to death (Frontline's "The Death of Nancy Cruzan" on PBS), county-owned nursing homes in New Hampshire are rigorously enforcing a policy that denies admittance to indigent elderly patients who refuse to sign a "no code" or do-not-resuscitate agreement. The policy saves county funds by forgoing staff training and equipment needed in cardio-pulmonary resuscitation. County officials say they wanted to give residents the best choices for a good quality of life. This translates to no choices, as the staff stand by while patients arrest, gasp, turn blue, and die. Indicative of the trend is New Jersey's State Bioethics Commission, which has initiated "study" on how the state can make death-by-starvation decisions for legally incompetent patients in state institutions.

Avalanche of death bills

The sheer breadth, numbers, and sweeping enforcement powers of pro-death bills flooding state legislatures signal one thing: Desperate officials have gone into a malthusian frenzy, willing to utilize as many ways as politically feasible to eliminate whole layers of their own constituency. This is

no exaggeration. Under the euphemism of "patients' rights," some legislatures have proposed eight or more bills that call for patient starvation, involuntary euthanasia, lethal injections, prohibiting emergency personnel from resuscitating certain patients, having one's living will noted on one's driver's license, killing wards of the state, and giving health maintenance organizations and community group homes the right to oust patients who insist on medical treatment. In the process, the United States has come the closest it has ever been to enacting laws that would enforce the same Nazi practices that even Adolf Hitler knew could not easily be voted into law.

Iowa, New Hampshire, and Maine all had bills introduced in the current session to make legal physician-assisted or medically-assisted "suicide"—exactly what the post-World War II Nuremberg Tribunals condemned as genocide. Where bills do not pass, they serve to create a public forum for Hemlock Society activists to acclimate voters to a Nazi perspective. If the death mob can persuade you—and the medical profession—that illness makes your life less "useful" or "worthy," you'll not fight state or court policy to kill those with a "poor quality of life." More importantly, such bills serve to legitimize "mercy" murderers like Michigan's Jack Kevorkian.

Other states are adapting their existing "living wills" or "durable power of attorneys" statutes to President George Bush's "Patient's Self-Determination Act," which went into effect December 1991. The Bush law mandates that every health facility receiving federal funds must "educate" new patients about the facility's and state and federal "right to die" policies. The Euthanasia Society, known as the Society for the Right to Die, worked with federal agencies to develop the brainwashing guidelines. Beneath the "rights" rhetoric is the testimony presented for this law that expressly states

that while patients and their families can refuse any and all medical treatment, doctors have no obligation to provide what they consider “unethical” or “futile” treatment. This loophole handily converts “right to die” into a duty to die, and is the basis for the latest round of state legislation.

Virginia—most advanced euthanasia law

Early in 1992, Virginia Gov. Douglas Wilder announced a plan to tax hospitals in the state .5% of their gross receipts—*not profits*—taken in over the next two years to help to avoid, as he put it, having to throw the disabled on the streets. While that plan collapsed, the Virginia Assembly proposed another. Despite vigorous opposition, the Assembly passed the most advanced euthanasia law in the country. Should Governor Wilder sign the Health Care Decisions Act, a new era of state law will have begun, one which mirrors directly Hitler’s October 1939 euthanasia decree, giving doctors permission to kill institutionalized patients “considered incurable according to the best available human judgment” (Hitler’s words).

Under the new law, the extermination of severely handicapped individuals, including wards of the state, can be carried out by the same doctors, guardians, and committees charged with protecting them. The bill specifically says it is applicable to patients in psychiatric and mental retardation facilities, who are incapable of making their wishes known and who have no “reasonable expectation of recovery.” That sweeping category could encompass a myriad of conditions brought on by disease, head trauma, stroke, or age. That’s not surprising: Virginia, after all, has a history of allowing such barbarities, including sterilization of persons deemed genetically inferior, during the 1920s’ heyday of the American eugenics movement. The bill is so blatant about targeting incompetent patients, that the Feb. 20 lead editorial of the *Richmond Times-Dispatch* said in “Who Chooses Death?” that with this bill, “. . . the state may be on the verge of endorsing—with scarcely any debate—involuntary euthanasia.”

Virginia already has a Natural Death Act that lets individuals, besieged by horror stories about terminal illnesses, sign directives to indicate what medical treatment they do or don’t want should they become incompetent, or to appoint an agent to carry out those treatment wishes. People think leaving a directive with explicit instructions for life-saving treatment and daily nutrition will guarantee they’ll receive it. Not so: Even those who choose not to sign a directive, assuming that decision will signal that they want life-saving treatment, are not safe, because this bill, like others, explicitly rules out that assumption. Once patients are diagnosed as “terminally ill” or in a “persistent vegetative state,” their instructions to withdraw or withhold treatment are activated. But no matter how much a patient or family wants life-saving or life-sustaining treatment and daily nourishment, this bill allows doctors to deny it if they feel it “medically or ethically inappropri-

ate” to treat or feed the patient. The ethic of saving human life is supplanted by the “ethic” of cutting state costs or making managed care and health maintenance organization profits.

Washington state—again!

Just months after voters defeated the Hemlock Society’s assisted suicide initiative in November, Washington legislators amended the state’s Natural Death Act. Contrary to its alleged protection of patients’ medical treatment rights, the bill lets anyone deny life-sustaining and life-saving treatment, including food and water, to patients with directives. Like the Virginia law, it promotes policies that constitute outright medical fraud. When a patient is called “terminal,” this no longer indicates that a patient’s death is “imminent.” Now, it means the patient is “in the process of dying”! Anyone, because of accident, disease, or disability, who is comatose, unresponsive or in a non-communicative state, is labeled “terminally ill”—and “in the process of dying.” People with severe handicaps, who laugh at jokes, respond to commands, or use devices to signal what they want, are often misdiagnosed or wittingly labeled as “permanently unconscious,” “hopeless,” or in a “persistent vegetative state”—all medically unscientific terms meant to discourage treatment and influence you to see them as inhuman. As has been documented (“Medical Advances Expose Euthanasia Lobby Lies,” *EIR* Vol. 18, No. 40) these people do recover if allowed—and if fed. With appropriate rehabilitation, they even flourish. Yet the Washington bill states that the “permanently unconscious condition may cause loss of patient dignity”—so, it suggests such patients be starved to death to spare them the indignity of their condition!

Involuntary euthanasia laws will move rapidly with court rulings like that of Massachusetts’ highest court. On Jan. 6, the Supreme Judicial Court upheld a lower court ruling giving a state hospital ethics committee permission to starve to death a 34-year-old profoundly retarded ward of the state. “Jane Doe,” a 24-year resident of a state facility was diagnosed in a “persistent vegetative state”—the catch-all phrase used by the death mob to pronounce a person “not worthy of life”—or, in this case, of the state resources to sustain it. The decision comes just as Massachusetts has started to shut down more than a third of its state hospitals that care for patients like Doe.

Doe was never capable of making any decision about her care, but the justices “substituted” their “judgment” for her, saying if she were competent, she’d want to be starved to death. Therefore (as ludicrous as it sounds), maintaining a feeding tube against her wishes “robs her of the right to determine her course of care.” And, “Doe’s right to self-determination must prevail over the state’s interest in preserving life for all.” One has to agree with one of the three dissenting justices, who stated: “If this is not involuntary euthanasia, or worse, it is hard to know what it is.”