
Conference Report

Nazi doctors promote 'bioethics': murder of comatose patients

by Karen Steinherz and Wolfgang Lillge, M.D.

This report was originally published in the German weekly Neue Solidarität, and was translated by Edward Carl.

An international conference took place in Bonn on Dec. 8-9, 1995, at which physicians from several European countries promoted the practice of murdering their patients under the rubric of "active death assistance." The meeting was titled "Moral Questions Involved in the Treatment and Care of Comatose Patients." Supported by the Commission of the European Union (EU), the Deutsche Forschungsgemeinschaft (German Research Society), and the Stifterverbandes für die Deutsche Wissenschaft (Union of German Science Foundations), the gathering was sponsored by the Institute for Science and Ethics in Bonn, in collaboration with the Centre of Medical Law and Ethics of Kings College in London.

The conference was part of a bioethics research project on "The Ethical and Legal Issues Surrounding the Treatment and Medical Care of Human Beings in Comas," sponsored by the EU within the framework of its "Biomed" Project. The context for the conference (as well as of the Biomed Project), is an attempt to shape the outcome of a controlled "philosophical" debate among European neurologists, so that doctors would "know" the conditions under which there would be a "consensus" for killing comatose patients by denying them food and water.

An alliance among German, Dutch, Belgian, and British pseudoscientists tried to convince the audience that comatose patients ought to be killed by taking away nourishment, or by halting medical treatment and care. The issue that is supposed to be debated is no longer "whether," but rather "how" and "under what conditions."

British lead the pack

Distinguishing themselves as the leading protagonists of this pack of hyenas were the British participants. British courts have repeatedly ruled in favor of allowing comatose patients to be starved by having their feeding tubes removed. Pat Walsh, from the Centre of Medical Law and Ethics, openly acknowledged that he believes in this in his own practice, and tried to make a moral distinction between a patient being deliberately killed by his doctor and letting a patient die by

means of removing nourishment and water. Dr. John Keown, of Queens College in Cambridge, England, attacked the idea of the "sacredness of human life." This concept is likely to be "incorrectly understood," particularly by doctors, Keown complained. That concept should now make way for the introduction of "quality of life" criteria into medical practice, he intoned.

Professor Schotsmans of the Center for Biomedical Ethics and Law of the Catholic University of Louvain in Belgium, pilloried the "therapeutic obstinacy" of doctors, with respect to their "inappropriate medical treatment of potentially incurable patients." By this he meant not only comatose patients, but also those who might be found within intensive-care units, as well as cancer patients who might have exhausted all the standard therapies. "Excessive" diagnostic procedures or preventive therapy measures in cases of "relatively harmless disorders," must be henceforth avoided, he said.

It wasn't so long ago that standard medical practice was to preserve the patient's life at all costs. At that time, the physician had only a few options at his disposal for postponing death, Schotsmans argued. Today, on the other hand, there are many more such possibilities, and *for precisely this reason*, physicians should forgo their "excessive" utilization. The treatment of such patients, he said, has to be subjected to a cost-benefit analysis and a "quality of life" evaluation.

Schotsmans promoted the false contention, which was repeatedly refuted during the conference itself, that after even 3-6 months duration, a coma had to be considered "permanent." His recommendation after this time has elapsed? "It is logical for medical treatments to be progressively curtailed, beginning with aggressive therapies like antibiotics, in order ultimately to reach a normal level of care without any specific means of medical treatment, *including provision of fluids and food through infusion or feeding tubes. Provision of fluid and nutriment in this manner ought to be construed as medical intervention.*"

The withholding of food and water, i.e., the barbaric murder of a patient, was considered "an act of normal medical practice" by Schotsmans, and was a theme throughout the conference speeches. To wit, if you are ready to accept this, then you won't have to wait for the legal barriers still in effect

Club of Life rips Huxley and euthanasia

In the discussion at the Bonn conference concerning the treatment of comatose patients, Karen Steinherz, a representative of the Club of Life, took up the background of the so-called "bioethical sciences":

I am a Jewess and have studied Jewish theology. The contributions of this conference are especially unbelievable in respect to the history of euthanasia in Germany. I advise you urgently to read the book *Tödliche Wissenschaft [Deathly Science]*, by the Cologne geneticist Benno Mueller-Hill. There he writes that the so-called "science" during the period of National Socialism was nothing other than biological determinism in its most extreme form. The Nazis feared that the minorities in the country would propagate more rapidly than they, the Aryans. On account of this, they decided on extermination. Biological determinism is always the "political excuse" for such and similar acts.

In 1954, the British author Aldous Huxley wrote *Brave New World*, a collection of "scientific" essays in which he declared himself in favor of the elimination of the elderly, sick children, and the crippled. He received much support for the preparation of the book from neurologists in Great Britain and from Harvard, which today teaches and practices "eugenic science," as well as from the department of neuropsychopharmacology at the University of California. It was his aim to build up a three-class society, such as you are preparing today in Europe through the Maastricht Treaty. There would be an elite class, a small middle class, and an impoverished third stratum, who, with poorly paying jobs, would be provided with practically no medical services. This is the context in which this conference is to be viewed. . . .

You may be certain that we know what is behind your plans, and that we are communicating this to the population. I must add, that I am ashamed for the organizers and the European Commission, who use enormous sums of money to prepare criminal plans and conferences, instead of allowing this money to flow into the urgently required rehabilitation centers for coma patients.

to be cleared out of the way before you can practice euthanasia with utter freedom from constraint. "Active death-assistance" could then, as one participant expressed it, be carried out in practice perfectly "legally"—despite the fact that the law absolutely forbidding it is still on the books.

An example of the bioethicists' inhuman notion of man, was stated by Schotsmans: "The earthly life of a human being certainly has a fundamental value; however, the persisting and irreversibly vegetative life of a PVS patient no longer offers the necessary conditions for attaining higher human values such as love for his fellow man and for God.¹ If the prolongation of a life no longer offers any hope at all for [the patient] to realize these higher values, then the grounds for preserving this life by using artificial means are reduced."

'Now the killings can really get going'

The German representatives played no less a role in this matter than their British and Belgian colleagues; for example, Dr. (non-medical) Bettina Schöne-Seifert, from the Göttingen University philosophy department, who is considered to be a supporter of the Australian radical bioethicist Singer. The tenor of her speech was summed up by one conference participant: "Now the killings can really get going!"

Schöne-Seifert demanded a "professional 'consensus'

concerning when the diagnosis of a *permanent* loss of consciousness ought to be considered as established from a rational standpoint." The public is going to have to be steered into such a perception, she said, and the use of patients' living wills, and their recognition as legally binding in coma cases, must become widespread. "When there is no indication of how a particular PVS patient might have wanted to be treated, I personally see good grounds for presuming to go ahead and allow her or him to die (that is, as directed by the guidelines recommended in 1995 by the Swiss Academy of the Medical Sciences)."

Disagreements arise

Many of the approximately 100 guests, and even a few of the speakers, were unwilling to put up with these statements. The Club of Life clearly articulated its point of view at the beginning of the event, in a leaflet entitled "It Was Once Said: Euthanasia Never Again! Have We Forgotten Already?" In addition, representatives of preventive-care workers, the nursing field, and some doctors mutinied against the euthanasia plans being propounded. From the political domain, the only resistance came from the European Parliament delegate of the Greens, Hiltrud Breyer. Several participants walked out of the conference early, "in horror."

Other significant resistance came from the self-help group Schaedel-Hirmpatienten in Not (Cranial-Brain Patients in Peril). In their speeches, its chairman, Armin Nentwig, and the neurosurgeon and coma expert Dr. Andreas Zieger, drew the comparisons to Nazi Germany. They made it clear that

1. Although the term "persistent vegetative state" (PVS) may be widely used (especially by advocates of non-rehabilitation or killing of comatose persons), in fact, this term is scientifically meaningless. Its use is inherently misleading, and tends to demean and confuse.—*Translator's note*

they did not come in order to participate in a “dialogue” about killing comatose patients, but, quite the contrary, in order to defend those patients’ right to live. Both powerfully got their point across that comatose patients, with timely and targeted treatment (constant sensory stimulation), can for the most part be rehabilitated, and even integrated back into their occupational activities. The real problem, they pointed out, is the scandalous dearth of the required rehabilitation facilities. (In Germany there are only 700 early-rehabilitation facilities, with a total capacity of about 2,270 patients.)

Significant opposition arises whenever the intentions of the euthanasia lobby are explained to the public. Nevertheless, at no point did pro-euthanasia organizers ever engage in discussion, or dispute even their most vehement critics. Rather, they only wanted to find out what level the debate within the public has reached (a debate the euthanasia-advocates themselves have been steering to a significant extent), and just how far the limits of tolerance of physicians now extend.

Given the kind of monetary and political resources that the EU has at its disposal, as well as the wide degree to which the EU’s entire “Biomed” bioethical framework has infiltrated medicine, then, despite the active opposition from the population, arms will be twisted to ensure compliance, despite the many decisions in non-public committees. Add to this the fact that rehabilitation of comatose patients is very expensive. In the face of empty coffers, and the refusal of politicians to lay hold of the appropriate political-economic measures for economic recovery, there exists an acute danger to the lives of comatose patients in Europe. One can only admit that union spokesman Nentwig is right, in suspecting that Biomed aims at a European-wide standard for how comatose patients are to be dealt with. If the killing of comatose patients were once again to become legally and socially accepted, this would then be extended, step-by-step, to other “expensive” categories of patients.

Documentation

Starving people is murder

Extracts from the written remarks submitted by Dr. Andreas Zieger, a neurosurgeon and coma expert who is advising the federal self-help association Cranial-Brain Patients in Peril:

I am acquainted with around 50 survivors of long-standing of the so-called “vegetative” state. . . . I have gotten to know patients who were given up on by their doctors and, in spite of the poor prognoses of their doctors, have survived. Many of them were denied any attempts at rehabilitation, and suffered

under the contemptuous opinion of their doctors, who thought their lives to be “without value,” or thought them to be “medical refuse.” . . . These shameless and cynical opinions were thoroughly disseminated, and, I believe, these terrible views often say more to us about the psychic defense and emotional helplessness of the doctors than about the actual condition of the patients. . . .

It appears as if nothing had been learned from the experience of the [Nazi] T-4 campaign and other “euthanasia” programs in Germany during the Second World War. At that time, handicapped persons were killed with lethal injections. Nowadays, the removal of feeding-tubes and other forms of “suicide assistance” are intended as a new euthanasia movement, and as the beginning of a form of European biopolitics! . . .

The removal of feeding-tubes causes starvation unto death. It is the murder of a human being. In the face of dwindling economic resources in the western world, this bioethical thinking is subjecting human life and the dignity of man to strictly utilitarian criteria.

Patients group says ‘no’

Armin Nentwig, chairman of Cranial-Brain Patients in Peril, presented the results of a questionnaire prepared by members of his association at the Bonn conference. Nentwig documented an impressive display of charity toward one’s fellow man, notwithstanding the fact that people who are involved with or concerned about comatose patients find themselves facing the most extremely difficult and challenging situations, sometimes protracted over years.

In the questionnaire, 71.5% of the respondents were relatives, 5.3% were themselves formerly comatose patients, and 23.5% were health-care aides, nurses, doctors, therapists, psychologists, and social workers. Following each question is the percentage response:

Is it permissible to put into question the right to life of a human being in a coma? No: 94.1%.

Will you accept the early termination of treatment for a human being in a coma? No: 96.8%.

. . . That nourishment is removed, i.e., that active death-assistance is performed? No: 95.0%.

Is it permissible for doctors alone to decide that timely treatment is to be terminated for a patient in a coma? No: 98.5%.

Should a court alone be permitted to decide this question? No: 94.4%.

Do concerned persons, relatives, and those caring for coma patients have to have the right to object, if doctors want to break off rehabilitation or therapy? Yes: 86.5%.

Should the right to life for patients in a coma be legally protected? Yes: 86.5%.