

Reno okays Oregon's Nazi euthanasia

by Linda Everett

On June 5, U.S. Attorney General Janet Reno put her imprimatur on the state of Oregon's new euthanasia law, and in so doing, has demonstrated once again the urgent need for Americans to take up the political battle to clean out the corrupt permanent bureaucracy in the Department of Justice (DOJ). After months of reviewing the Oregon law, Reno announced that she will not let the Drug Enforcement Administration (DEA) take action against doctors who prescribe lethal doses of drugs to allegedly terminal patients, as allowed under Oregon's "Death with Dignity Act." Worse, the Attorney General opined that since Oregonians voted to make it legal, the act of "physician-assisted suicide," historically condemned as euthanasia and for which crime against humanity Nazi doctors were hung at the 1945 Nuremberg Tribunal, constitutes a "legitimate medical practice" in that state—and in any other state that favors similar laws. The DOJ ruling is being hailed as a major boost to the U.S.-British Euthanasia Society goal of "suicide" ballot initiatives across the United States.

The current imbroglio dates to the 1997 U.S. Supreme Court's rulings on "physician-assisted suicide," which, in a hideous abdication of the Nuremberg precedent against the Hitlerian ethic of eliminating lives "not worthy of life," left it up to the states to decide if such Nazi crimes are legal. This is exactly what Oregon voters did last November.

The *New York Times*, for example, which hailed the DOJ decision, editorialized that the judgment of Oregon voters "should not be subject to Federal interference." Reno's decision, it said, "allows voters in all states to act according to their values."

The LaRouche movement had warned, that the philosophy behind the Supreme Court rulings—such as that of Justice Antonin Scalia, that current majority opinion, not principle, should determine the law—would lead to precisely the danger now faced with the Oregon law.

Almost immediately after the Oregon vote, the Clinton administration warned that the Federal government would impose sanctions on physicians who prescribed lethal doses of drugs for the purpose of assisting in a patient's "suicide"—just as similar actions were threatened in the aftermath of the California ballot initiative to make the use of marijuana legal for alleged medicinal purposes. Doctors are licensed by states to practice medicine, but they must register with

the DEA (a division of the Justice Department) to prescribe controlled substances, including barbiturates, the drug of choice in "assisted suicide." The Controlled Substances Act (CSA) allows doctors to prescribe drugs for "legitimate medical purposes" only. According to DEA Administrator Thomas Constantine, a doctor's use of lethal drugs to help kill a patient is not a legitimate medical purpose.

Reno's decision overturns the DEA ruling. It says that doctors who kill in accordance with Oregon's law have full immunity from liability and any adverse disciplinary action. In her ruling, she cites a provision of the CSA that provides criminal penalties for physicians who dispense controlled substances beyond "the course of professional practice," and that revokes DEA drug registrations of physicians who engage in such criminal conduct or in other "conduct which may threaten the public health and safety." This, Reno contends, was meant to prevent trafficking in drugs, whereas Congress never meant for the CSA to "override a state's determination as to what constitutes legitimate medical practice in the absence of a Federal law prohibiting that practice." Since Oregon voters decided that physician-assisted suicide should be authorized, Reno says, the DEA would not prosecute doctors who are in compliance with Oregon's "suicide" law.

Unenforceable

Reno claims that the CSA could be enforced, "where warranted," against doctors who assist in suicides in states where the practice is banned. If so, where has the DOJ been for eight years, while a cottage industry of underground killers, such as Michigan lunatic Jack "Dr. Death" Kevorkian, has mushroomed? Kevorkian, who once told a judge that the "self-elimination" of "diseased and crippled lives . . . can only enhance the preservation of public health and welfare," has, so far, killed 120 people with gas, lethal injection, and cyanide. According to Oakland County, Michigan's Medical Examiner, Kevorkian's team "chopped out the kidneys" of their latest murder victim. Does this atrocity warrant DOJ intervention?

Reno also claims that the CSA could enforce the law against doctors who don't comply with state rules on who is eligible for "suicide assistance." But, in Oregon, the death mob actually wrote the law to make "infractions" unenforceable. No one, not the state or public health officials, not law enforcement authorities or medical groups, has any idea how many people are being killed, or if those providing "suicide help" are law-abiding.

For example, the Compassion in Dying (CID) group, which wrote the Oregon law, orchestrated its first publicized "suicide" of an allegedly terminal woman, who wanted to die because she could no longer do the things that she enjoyed, like gardening. The suicide law says a patient must see a counselor if her doctors think her judgment is impaired by depression—which is why two of her doctors turned down

her suicide request. She was, in their words, not a candidate for suicide. Her own physician, who knew her best and the longest, said she was depressed. But, Dr. Peter Goodwin, who never met the woman, decided she was just frustrated. Instead of getting help for depression, he sent her off to a pro-suicide doctor to get her the needed drugs. This “successful suicide,” the CID crowed, “went by the book.”

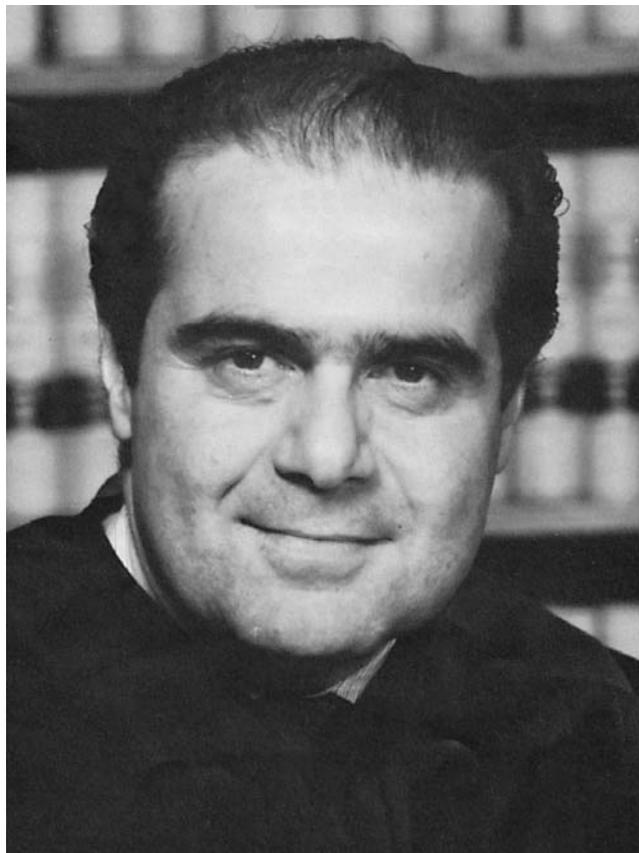
The other point, is Oregon’s own complicity in these crimes. The state’s Medicaid commission voted to pay for “assisted suicide” for its sick poor and disabled in Oregon’s Medicaid rationing plan, which denies them life-saving or life-sustaining treatments and medications, which creates a novel definition for the medical term “terminal.” And, the health maintenance organizations and managed-care companies contracting in the Oregon Medicaid plan are allowed to deny, or just not offer, those critical treatments whenever they decide the patient’s life is “not worth” their resources.

Among the institutions against the DOJ action are the Catholic Health Association and the National Conference of Catholic Bishops, which denounced the Justice Department for abdicating “its responsibility to protect vulnerable people from deadly harm.” Agudath Israel, a national Orthodox Jewish group, told *EIR* that they are “disappointed” with the Reno decision, and echoed their concern outlined in an *amicus curiae* (friend of the court) brief to the U.S. Supreme Court, about laws and judicial rulings that undermine pro-life principles.

Oregon’s Dr. Gregory Hamilton, president of Physicians for Compassionate Care, which fought the Oregon suicide initiative, said: “To medicalize suicide, treats some people like their lives are no longer worth living. That stigmatizes and discriminates against a whole class of citizens. The Federal government should not allow any state to stigmatize and discriminate against the seriously, perhaps terminally ill by treating their lives as if they were no longer worth living.” Congress, he said, must make it clear that “*using drugs to kill is not medical*. It never has been and it never will be” (his emphasis).

Federal ban proposed

In the wake of the Reno decision, U.S. Sen. Don Nickles (R-Okla.), referring to the Oregon suicide measure, wrote: “One state’s referendum rescinding criminal penalties for assisting a suicide does not magically transform a lethal act into a legitimate medical practice within the meaning of Federal law.” Nickles, along with Reps. Henry Hyde (R-Ill.) and James Oberstar (D-Minn.), have introduced “The Lethal Drug Abuse Prevention Act of 1998” (H.R. 4006 in the House), which would amend the CSA to prohibit the dispensing or distribution of drugs for “causing or assisting in causing, the suicide, euthanasia, or mercy killing of any individual.” This provision, however, appears to endorse the suicide “alternative” of arranged (by doctor, family, or patient) “terminal sedation,” where patients who are not necessarily “terminally ill,” are given enough morphine or other drugs to put them



Supreme Court Associate Justice Antonin Scalia. His legal philosophy, that majority opinion, not principle, determines law, is fostering the spread of euthanasia in the United States.

into a coma, until they die days later of dehydration. Oregon leads the nation in this “medical” use of morphine.

The amended CSA provision does not apply to the dispensing and distribution of drugs “for the purpose of relieving pain or discomfort (even if the use of the controlled substance may increase the risk of death).” The bill, prepared in consultation with the American Medical Association, the American Academy of Hospice and Palliative Medicine, and the National Hospice Association, also proposes to establish a Medical Review Board on Pain Relief. This has to be studied carefully, because there are many sophisticated pain relief methods available that are not medication-based and do not induce death, which pro-assisted-suicide groups largely do not use.

Despite President Clinton’s long-standing opposition to assisted suicide and the fact that he has signed a law banning the use of Federal funds for it, Reno says there is no evidence that Congress intended to assign the DEA the role of resolving the morality or legality of the issue. But, she has done just that, with a decision that makes *negotiable* the notion that each individual is made in the living image of God, and is therefore worthy of all of society’s benefits and protections.