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by

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The term "physician assisted suicide" is an oxymoron. The education and training of a physician is directed to diagnosing and treating illnesses in an attempt to cure and save the life of his patient and to give comfort during periods of stress and bereavement.

(Emphasis throughout this paper is the author's.)

"Throughout the primitive world the doctor and the sorcerer tended to be the same person . . . With the Greeks . . . the distinction (between the healing physician and the killing sorcerer were made clear). One profession, the followers of Asclepius, were dedicated completely to life under all circumstances, regardless of rank, age, or intellect — the life of a slave, the life of the Emperor, the life of a foreign man, the life of a defective child. . .

This is a priceless possession which we cannot afford to tarnish, but society always is attempting to make the physician into a killer — to kill the defective child at birth, to leave the sleeping pills beside the bed of the cancer patient . . . IT IS THE DUTY OF SOCIETY TO PROTECT THE PHYSICIAN FROM SUCH REQUESTS."[1]

Definition of Medicine

"One way to define medicine . . . is to capture its center, to discern what it is most essentially . . . what is at the center." Some practices will be seen to be beyond the pale precisely because they contradict what is at the center. To seek the center, one begins not with powers but with goals, not with means but with ends. In the Hippocratic oath the physician states . . . "I will apply dietetic measures for *the benefit of the sick* according to my ability and judgement. I will keep them from harm and injustice."

In the words of Leon Kass, M.D.:

". . . Let me focus here only on the modest little phrase, 'the benefit of the sick.' The physician, as physician, serves the well-being only of the sick . . . He does not serve the well-being of the relative or the hospital or the national debt inflated due to medicare costs. Moreover, the physician serves the sick not because they have

rights or wants or claims, but because they are sick. The benefit needed by the sick . . . is health and wellness. The healer works with and for those who need to be healed, in order to make them whole.

"Healing is the central core of medicine: to heal, to make whole is the doctor's primary business. Despite enormous changes in medical technique and institutional practices, . . . , the center of medicine has not changed: It is still the same today as it was in the days of Hippocrates

(1) that the ill desire to be whole;
(2) that wholeness means a certain well-working of the enlivened body and its unimpaired powers to sense, think, feel, desire and move; and
(3) that the relationship between the healer and the ill is constituted, essentially, even if only tacitly, around the desire of both to promote the wholeness of the one who is ailing.

"The sickness may be experienced largely as belonging to the body as something other; but the healing that one wants is the wholeness of one's entire embodied being. Not the wholeness of the soma, not the wholeness of the psyche, but the wholeness of the anthropos as a (puzzling) concretion of soma-psyche is what medicine is finally about.

"Can wholeness and healing, thus understood, ever be compatible with intentionally killing the patient? Can one benefit the patient by making him dead? There is, of course, a logical difficulty: How can any good exist for a being that is not? "Better off dead" is a logical nonsense — unless, of course, death is not death indeed but instead a gateway to a new and better life beyond. But the error is more than logical: in fact to intend to act for someone's good requires their continued existence to receive the benefit.

"To say it plainly, to bring nothingness is incompatible with serving wholeness. One cannot heal — or comfort — by making nil. The healer cannot be the annihilator, if he is to truly be the healer. The boundary condition, 'No deadly drugs' flows directly from the center, 'Make Whole.'

"The present crisis that leads some to press for active euthanasia is really an opportunity to learn the limits of medicalization of life and death and to recover an appreciation of living with and against mortality. It is an opportunity for the physicians to recover an understanding that there remains a residual human wholeness — however precarious — that can be cared for even in the face of terminal and incurable illness.

". . . should doctors learn that finitude is no disgrace and that human wholeness can be cared for to the very end, medicine may serve NOT ONLY THE GOOD OF ITS PATIENTS, BUT ALSO, BY EXAMPLE, THE FAILING MORAL HEALTH OF MODERN TIMES."[2]

Effect of Human Secularism

The profound effect of human secularism, introduced by John Dewey in 1933, is today manifested by the death on demand segment of our society. Human secularism has bluntly declared that there is no God and that religious beliefs prevent progress. They essentially claim we can only be saved by science and rational thinking. Educational facilities teach that there are no values, that

THERE IS NO RIGHT, THAT THERE IS NO WRONG AND THAT THERE IS NO GOD, THAT MAN IS HIS OWN GOD.[3]

It is little wonder that our society has accepted abortion and now is pushing for assisted suicide and euthanasia. Once we accept the fact that innocent human life can be taken by abortion, there is no limit. Once you attack innocent human life from its conception to its natural end, there is absolutely NO MORAL, PHILOSOPHICAL, OR ETHICAL reason it cannot be attacked ANYWHERE WITHIN THESE TWO POINTS.

"The great educators have always understood that the formation of moral character is at the heart of a sound educational system; there are few things more dangerous than well-trained minds that have lost — or never had — any ethical bearings."[4] The replacement of the metaphysical view of man with the purely biological view is central to the totalitarian philosophy.

Dostoyevsky said "If God is not, then nothing is morally wrong. If man is not unique, there is no moral principal that commands us to treat all human beings as equal in their humanity. Members of the human race who are thought to be inferior to others — now, the unborn children, later imbeciles, the aged, and enemies of the state — may be exterminated as a matter of expendiency."

Rev. R.J. Rushdoony stated this even more succinctly "Either God's law prevails or man's law. If man's law is accepted, everything is open to question. When man plays God, man himself is the victim."[5]

The framers of the Fourteenth Amendment clearly intended to reverse *Dred Scott* by insuring that all human beings would be treated as persons. But the Supreme Court, in the 1973 rulings, chose instead the rationale used for the Nazi's extermination of the Jews: that an innocent human being can be declared a nonperson and deprived of life if his existence is inconvenient to others or if others consider him unfit to live.

The Court itself acknowledged in a footnote... that if the personhood of the unborn child were established, abortion could not be allowed, even to save the life of the mother. However, the Court solved this problem by defining the unborn child as a nonperson. Therefore he has no rights.[6]

In *Medical Holocaust,* the author William Brennan writes: "Although every Holocaust ever perpetrated is an unprecedented event in its own right, this should not detract from what all Holocausts share in common... the systematic and widespread destruction of millions looked upon as indiscriminate masses of subhuman expendibles."

Brennan maintains that the necessary cultural environment for a human holocaust is present "whenever any society can be misled into redefining individuals as less than human and therefore devoid of value."[7]

The Current Campaign for Legalization of Assisted Suicide

It is two decades since *Roe vs Wade* and again we find our country in an analagous situation. Many of the same folks who clamored for abortion are now in the forefront of this movement. A study of the literature reveals the same pattern as occured when abortion was being promoted — sweet sounding euphemisms; i.e. "death with dignity", "hard cases", or "elderly demented or comatose individuals."

Dr. Nathanson, who was one of the leaders in getting the law on abortion changed in New York, recalls his effort and warns us "There was only silence

from the opposition. We fed a line of deceit, of dishonesty, of fabrication of statistics and figures. We coddled, caressed and stroked the press . . . with the striking down of the New York law, and following it three years later, the Supreme Court's infamous decision, we had effected a social revolution, the consequences of which have polluted this nation perhaps MORE PROFOUNDLY THAN ANY SINGLE POLITICAL ACT OF ITS TIME IN America. That act, permissive abortion, was and is a singular specimen of that special brand of twentieth century MADNESS."[8]

Assisted Suicide and the Common Law

Rosenblum and Forsythe, writing in *Issues of Law and Medicine,* point out that "the current campaign for the legalization of assisted suicide runs directly counter to the long history of Anglo-American common law . . . the difficulty of penalizing the successful perpetrator was the foundation of American law's failure to penalize suicide.

"Did the emergence of the right to privacy have any bearing on suicide? . . . Viewed in the context of its relationship to the laws of homicide and suicide, the right to privacy did not encompass a right to suicide or to be free from intervention to prevent suicide."[9]

The common law has protected a right to refuse medical treatment. The so-called right to die is an unfortunate and inaccurate misnomer of very recent origin. As a phrase in increasingly common use, however, it reflects the abandonment of the traditional right to refuse medical treatment. That right of refusal connoted the right — not to seek death — but to avoid the imposition of a medical treatment that is simultaneously burdensome or painful and ineffective in averting imminent and inevitable death from a terminal illness. To transmute a right to refuse medical treatment into a "right to die", however, switches the focus from the burden of nonbeneficial treatment to the desire for death itself.

Rosenblum and Forsythe also state:

"In applying the traditional right to refuse medical treatment, courts attempted to distinguish between ordinary and extraordinary medical treatment. Some courts . . . have fostered the erroneous notion that the distinction relates to the frequency or novelty of the particular medical treatment. Rather, the extraordinary/ordinary distinction has always been related to the benefit and burden of the particular treatment to the patient in the particular circumstances.

"This balancing between the benefits and burdens of treatment inheres in traditional medical ethics and in day-to-day practice of the clinician. Maintenance of this distinction . . . is essential to prevent the burgeoning of euthanasia and suicide."[10]

The same authors citing cases of Eichner, Storar, Quinlan and Conroy state: "Even if the contention is accepted that adminstering food and water should be redefined as "medical treatment", application of extraordinary/ordinary distinction leaves food and water in the category of ordinary care. Withdrawing assisted feeding from incompetent patients with less extensive disabilities.

"Accordingly, the common law's rejection of suicide on any grounds demonstrates that common law has not protected the unfettered autonomy that

serves as the rationale for the recent campaign for legalized suicide. The common law's solicitous protection of vulnerable patients reveals its protection for the sanctity of human life at all stages and its respect for the dignity of human life without regard to physical condition."[11]

Philosophical Objections

Daniel Callahan, Director of Hastings Center, writing in the *Hastings Center Report* on active euthanasia, had several interesting and pejorative comments.

He stated: "The euthanasia debate . . . is profoundly emblematic of three important turning points in Western thought:

"The first is that of the legitimate conditions under which one person can kill another. The acceptance of voluntary active euthanasia would morally sanction what can only be called 'consenting adult killing'.

"The second turning point lies in the meaning and limits of self-determination. The acceptance of euthanasia would sanction a view of autonomy holding that individuals may, in the name of their own private, idiosyncratic view of the good life, call upon others, including such institutions as medicine, to help them pursue that life, even at risk of harm to the common good.

"The third turning point is found in the claim being made upon medicine: it should be prepared to make its skills available to individuals to help them achieve their private vision of the good life . . . it would overturn the traditional belief that medicine should limit its domain to promoting and preserving human health, redirecting it instead to the relief of suffering which stems from life itself, not merely from a sick body."[12]

Later he asks "How are we to make the moral move from my right of self determination to some doctor's right to kill me — from my right to his right? Where does the doctor's warrant to kill come from? Ought doctors be able to kill anyone they want as long as permission is given by competent persons? Is our right to life just like a piece of propery, to be given away or alienated if the price (happiness, relief of suffering) is right? And then to be destroyed with our permission once ALIENATED."[13]

Interestingly he answers these questions as follows: "I have yet to hear a plausible argument why it should be permissible for us to put this kind of power in the hands of another, whether a doctor or anyone else. The idea that we can waive our right to life, and then give to another the power to take *that,* life, *requires a justification yet to be provided by ANYONE."*

He continues: "Slavery was long ago outlawed on the ground that one person should not have the right to own another, even with the other's permission. Why? Because it is a fundamental moral wrong for one person to give over his life and fate to another, whatever the good consequences, and no less a wrong for another person to have that kind of total power. Like slavery, dueling was long ago banned on similar grounds: even free, competent individuals should not have the power to kill each other, whatever the circumstances."[14]

Finally, he notes "A fourth kind of argument one often hears in the Netherlands and in this Country is that euthanasia and assisted suicide are perfectly compatible with the aims of medicine. I would note at the very onset

that a physician who participates in another person's suicide already abuses medicine. Apart from depression (the main statistical cause of suicide) people commit suicide because they find life empty, oppressive or meaningless.

"Their judgment is a judgment about the value of continued life, not only about health (even if they are sick). Are doctors now to be given the right to make judgments about the kinds of life worth living and to give their blessing to suicide for those they judge wanting? What conceivable competence, technical or moral, could doctors claim to play such a role? Are we to medicalize suicide, turning judgments about its worth or value into one more clinical issue? Yes, those are rhetorical questions.

"Yet they bring us to the core of the problem of euthanasia and medicine. The great temptation of modern medicine . . . is to move beyond the promotion and preservation of health into the boundless realm of general happiness and well-being. The root problem of illness and mortality is both medical and philosphical or religious. 'Why must I die?' can be asked as a technical, biological question or as a question about the meaning of life. When medicine tries to respond to the latter, which it is always under pressure to do, it moves beyond its proper role."[15]

In the concluding paragraphs he notes . . . "As sensitive human beings, doctors should be prepared to respond to patients who ask why they must die, or die in pain. But here the doctor and the patient are at the same level. The doctor may have no better answer to those old questions than anyone else; and certainly no insight from his training as a physician. It would be terrible for the physician to forget this, and to think that in a swift, lethal injection, medicine has found its own answer to the riddle of life . . . The problem is precisely that, too often in human history, killing has seemed the quick, efficient way to put aside that which burdens us. It rarely helps, and too often simply adds to one evil still another. That is what I believe euthanasia would accomplish. It is self determination run amok."[16]

Dr. Christopher Hufeland (1762-1836) said "If the physician presumes to take into consideration in his work whether a life has value or not; the consequences are boundless and the physician becomes the MOST DANGEROUS MAN IN THE COMMUNITY." The profound wisdom of his remarks were clearly demonstrated beginning in Germany in 1920. A book written by Dr. Alfred Hoche and Dr. Karl Bunding, entitled *Permitting The Destruction Of Unworthy Life,* was the basis for exterminating "worthless patients" in Germany's leading psychiatric hospital by many of Germany's leading psychiatrists. This conditioned the Christian population of that nation to accept what subsequently happened under the Nazis.

Declaration on Euthanasia by John Paul II and the Congregation for the Doctrine of Faith

In 1980 John Paul II issued through the Congregation for the Doctrine of Faith the Declaration on Euthanasia on which stands as the first full and direct statement on the subject ever made by Pope or Council.

This statement maintains:

"'It is necessary to state firmly once more that nothing and no one can in any

way permit the killing of an inncocent human being, whether a fetus or an embryo, an infant or an adult, an old person or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity."[18]

The American Medical Association's Position on Assisted Suicide

The proof that it is an oxymoron to talk about the physician participating in assisted suicide has been expressed by the American Medical Association. The policy compendium of the AMA through 1991 stated on page 22 item number 140.968 "Physician participation in State Executions: The AMA urges all state medical societies to (1)

(a) reaffirm that physician participation in executions except to certify death, *is a serious violation of medical ethics and*

(b) examine their state criminal codes to ensure that physician participation in executions is not required by law, except to certify the cause of death.

(2) The AMA urges all state medical societies whose state criminal code involves active physician participation in executions to engage their state's legislative process to change the pertinent criminal code. (Res 163, A-91:400)[19]

Again in 1992 in the Code of Medical Ethics under Current Opinions on page 3, number 2:06 Capital Punishment. An individual's opinion on Physician Assisted Suicide, capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. A physician may make a determination or certification of death as currently provided by law in any situation."[20]

If the American Medical Association states it is unethical for a *physician to participate in the execution of a criminal, by what reason can any rational individual believe that an ethical or moral physician could assist in the killing of an innocent human being by assisted suicide or euthanasia?*

THE PAST IS PROLOGUE — WAKE UP AMERICA BEFORE IT IS TOO LATE.

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