the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS by Robert S. Mendelsohn, MD

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THE ETHICS OF MODERN MEDICINE: Debating Mercy Killing; Redefining Death; Attacking Religious Exemptions, and Advocating Fetal Transplants

"It's over, Debbie"—trial balloon for mercy killings?

Who would have dreamed that the State's Attorney of Cook County, Illinois, would take on the Chicago-based American Medical Association over the issue of mercy killing? But that's exactly what State's Attorney Richard J. Daley has done.

As you must know by now, the *Journal of the American Medical Association* recently printed an anonymous essay, presumably written by a hospital resident physician. The young doctor reported that he was awakened in the middle of the night to see a young patient with ovarian cancer whom he had never seen before. Allegedly motivated by mercy, the doctor injected her with a lethal dose of morphine. "It's over, Debbie," he wrote.

Forces have begun to line up in favor of and opposed to the doctor's action. State's Attorney Daley wants the name of the doctor who wrote the letter as well as *JAMA*'s files regarding the AMA's discussions and actions—or lack of them—regarding that letter. So does a county grand jury, state law enforcement agencies, and the Justice Department. All of them want to know whether *JAMA*—and the AMA itself—committed a crime by not reporting and by concealing a criminal act.

A group of eminent doctors, led by Mark Siegler, M.D. of the University of Chicago, has come out foursquare against mercy killing and against *JAMA*'s involvement. So have many other doctors throughout the country.

On the other side, the cast of characters includes George Lundberg, M.D., *JAMA*'s editor-in-chief, who claims he published the essay to stimulate discussion on this issue. Lundberg refuses to reveal the source of the letter if indeed the letter was not a hoax. (You may remember reading not too many months ago, that this same Dr. Lundberg said that doctors with AIDS did not have to reveal this fact to their patients.)

Joining Dr. Lundberg in his refusal to reveal the identity of the letter-writer is the AMA's Executive Vice-President, James Sammons, M.D., who has announced his opposition to mercy killing. Supporting both Lundberg and Sammons is the American Civil Liberties Union, which already has announced its concern over any attempt to force journalists to reveal their sources, apparently on the grounds that writing about a crime has priority over doing something about a crime. (This raises some interesting questions, such as when is a doctor a doctor and when is he a journalist?)

While my set of moral values obviously positions me in opposition to Dr. Lundberg, I would like to suggest that even deeper issues are involved here. After all, the issue of mercy killing has been around for a long time. Theologians discussed it centuries ago. During the 20th century, England's Hemlock Society still tries to keep the issue in the public eye. But why did the editor of *JAMA*

decide to raise this issue of mercy killing in this particular time and place?

Why debate euthanasia now?

Cancer is nothing new. Nor, unfortunately, is painful death from cancer. Nor are sleep-deprived resident physicians in hospitals something we haven't all heard about. Nor are ordinary doctors whose heartfelt sympathy for patients motivates them to act on hard-to-interpret statements such as Debbie's "Let's get this over with." So why has the issue of euthanasia suddenly been propelled to center stage in medicine and in the public press? What events over the past several years might have been responsible for the violent eruption of a long-smoldering debate?

As of this writing, the answer I propose to this question is only one man's opinion—mine. Thus far, I have not been able to find anyone who agrees with me.

Is AIDS epidemic the answer?

My answer is, in a word, AIDS. Think about it. Over the past several years, the worldwide epidemic of AIDS—and particularly the epidemic in the United States—is claiming an increasingly large number of victims who die at comparatively young ages. The painful deaths characteristic of cancer and other diseases in older folks are regarded with special horror when they occur among the young. People, especially doctors, are less ready for intractable pain, dementia, death rattles, and all the other indices of agony that accompany the terminal stages of life when they occur in young people rather than old people.

Slow death in the elderly is not pleasant. In the young, it is even less pleasant—a prospect which both AIDS patients and their doctors anticipate with a unique kind of dread. But it doesn't have to be that way. The doctor can sanitize the dirty business of dying. Instead of mucous in the throat, fluid in the lungs, nerve endings tortured by painful stimuli, and the confusion and coma of dementia, the doctor can substitute the clean insertion of a clean needle containing a clean liquid in a clean syringe in a clean hospital.

Doctors sanitize life—why not death?

Modern Medicine is good at sanitary matters, especially when it comes to life itself. Look at the success doctors have had in sanitizing the beginning of life. No more of that messy sexual act with its mixing of such fluids as semen and vaginal secretions, its co-mingling of two people's sweat, its sharing of saliva if they should kiss intimately. In contrast, doctors now can join a woman's egg and a man's sperm using delicate sterilized instruments. They can substitute the deep freezer of sanitized *in vitro* fertilization for the heat of passion of the natural sex act.

Compare the messiness of even the most rapturous sexual union of a man and a woman with the immaculate nature of surrogate motherhood. In the case of Baby M, Mr. Stern didn't even have to touch Mrs. Whitehead. The doctor just handed him a sterile container—perhaps a test tube or a condom, undoubtedly with appropriate instructions to "spill his seed" into that clean vessel. (You can bet your life the doctor didn't use those words!) Mr. Stern's specimen then was introduced into Mrs. Whitehead's body under the most sterile of conditions.

When Mrs. Whitehead, or any other mother, reaches term, doctors have learned well how to sanitize pregnancy and delivery. Mothers in labor aren't allowed to eat messy food, but are nourished (or more correctly malnourished) by sterile intravenous fluids. The mother is not allowed to give birth in a dirty home; she must be moved to a sterilized hospital. The mother—struggling and pushing, exerting and sweating—does not deliver the baby. The doctor, clean, scrubbed, capped and masked and gloved delivers the baby. Today, the baby no longer even has to traverse the germ-ridden natural birth canal. Instead, he can exit by the sterile incision of the Caesarean section. And when he does, the sanitized nurse is taught to quickly remove the messy layer of vernix which covers and protects the baby's tender skin. I could go on, but you get my point.

Doctors are experts at sanitizing the beginning of life; given half a chance, there is no reason why they can't do just as well at sanitizing the end of life. And that sanitization of the death process may be just what the young AIDS victims, their families, lovers, friends and doctors are seeking.

When old folks and their families have looked for legitimatization of euthanasia, they have had limited success. But the coalition of young AIDS patients, and by and large, the young doctors who care for them constitutes a formidable juggernaut. The major community from which AIDS victims de-

rive—homosexuals—represents a highly articulate and influential group of people with easy access to the media.

If AIDS victims wished to promote sanitized death, the most obvious strategy first would be removal of the moral taboo which, throughout human history, has surrounded euthanasia. Instead, euthanasia would be made a controversial issue. The pros and cons would be pointed out; surveys would be taken, symposia would be held.

Modern medicine has shown great aptitude for carrying out this strategy on plenty of other ethical issues—abortion, birth control, masturbation, homosexuality, surrogacy. Having once given legitimacy to a broad spectrum of relative values, the next step is for Modern Medicine to change the language. Thus, abortion becomes "termination of pregnancy," "fertility regulation" or "post-conception planning." Homosexuality becomes "an alternative lifestyle" or "an alternative sexual preference." Mercy killing becomes "death with dignity."

Yes, doctors have shown great skill at manipulating language to help accomplish their goals. Just as Modern Medicine favored abortion on demand long before the feminists ever added their power to the debate, so doctors having long been tempted to act as agents of death at the end of life, now find their cause fueled by the AIDS epidemic.

In centuries past, doctors were protected against possible dark, murderous desire by the Hippocratic oath, one of the earliest and most successful attempts to separate the doctor as healer from the doctor as killer. But where is the Hippocrates of today? Most medical schools have dropped the Hippocratic oath because of its proscription of abortion.

I predict that the Lundberg-introduced controversy over mercy killing is just the beginning.

Medical ethicists pose threat to Orthodox Jews

Orthodox Jews beware! The Hastings Center is after you!

For those of you who have not been aware of the recent strange turns and twists in medical ethics, the Hastings Center was established almost 20 years ago to consider ethical problems in medicine and biology. This eminent think tank (225 Elm Road, Briarcliff Manor, New York 10510) carries out research in such areas as genetic screening, artificial reproduction, professional ethics and death and dying. Its latest report concerns itself with the "termination of life-sustaining treatment and the care of the dying."

Traditional criteria for determining death

The Hastings Center savants point out that persons used to be declared dead on the basis of cardiopulmonary criteria (i.e. the heart had stopped beating and the lungs had stopped conducting respiration.) But now, in most states "neurologic criteria" (brain death, flat EEG, etc.) have replaced the "older" common-law view.

So far, so good. But then a sentence on page 87 of the report caught my eye: "Although there is widespread agreement on the use of neurological criteria, the agreement is not universal. In particular, some religious groups, including Orthodox Jews, object."

I knew that. Four thousand years of Jewish legal tradition have quite firmly established cardiopulmonary criteria in determining death. Up until now, I have heard no objections from Orthodox Jews (or more properly, observant Jews) to neurologic criteria, as long as the concept of brain death was not used for them. After all, it's a free country, isn't it?

The very next sentence of the report underscores First Amendment rights: "Religious freedom and pluralism are important values in our society." For that I am reassured. The Hastings Center (like myself) still believes in the Bill of Rights. However, my reassurance is shortlived since, in the very next sentence, the Hastings Center scholars proclaim: "However, in many ways society is

forced to have consistent standards. We believe that the societal needs for consistency and clarity in determining death mandates as much uniformity as possible in the criteria for declaring death. Accordingly, when a patient meets the neurological criteria, the (Hastings) guidelines do not leave a declaration of death to the discretion of the health care professional, surrogate, family or others." In other words, the "good guys" at Hastings no longer trust the doctor to determine when a patient is dead, even if both the doctor and patient are observant Jews.

I thought perhaps this was a typographical or grammatical error, but then I read pages 137 and 138. In this section entitled, "Accommodating Religious Values and Beliefs," the Hastings Center admits "that these decisions have controversial theological implications . . . Some, on religious grounds, reject using neurological criteria for declaring death. This is one area where society's need should take precedence over individual autonomy and religious liberty. Allowing religious minorities to exempt themselves from society's criteria for recognizing and declaring death would create confusion; some patients would be considered alive instead of dead simply because of religious convictions. Uniform criteria, including neurological criteria, are necessary. In addition, the practice of allowing some dead bodies to be treated as if they were still alive, depending on the person's religion, could undermine confidence in the criteria for determining death."

Hastings Center suggests changing criteria—attacks Orthodox Jews

This cavalier attitude toward religious freedom so surprised me that I turned back to the beginning of the report to discover who wrote it. I thought that those involved in the report might be Christians who were unfamiliar with the practices and convictions of observant Jews. But that is not the case: Jewish-sounding surnames abound.

One certainly cannot accuse Jews, regardless of their religious affiliation, of unawareness of the practices of their observant Jewish brothers and sisters. A better question is whether the Hastings scholars are angry about unnecessarily keeping brain-dead Orthodox Jews on mechanical life support systems. Are they angry about losing an important source of transplant organs which will not be suitable if Orthodox Jews continue to wait for their traditional cardiopulmonary criteria for death?

Jehovah's witnesses also targeted

Although I am not used to Orthodox Jews being a target of modern medicine and its disciples in the Hastings Center, the Kennedy Institute and other bastions of medical ethics, I am used to attacks on Jehovah's Witnesses. Having testified as an expert witness in several Witness cases in order to show the controversial aspects of blood transfusions, I have had first-hand exposure to modern medicine's almost universal hatred for the Witnesses.

The Hastings Center does not contradict this perception; it does not disappoint me. In its section on "Treatment for Life-threatening Bleeding," the Center warns us that when the patient is a Jehovah's Witness, it may be necessary for the health professional to speak to the patient alone in order to determine if the patient is refusing voluntarily. Or, if the "patient is under pressure from family or others, he or she should be offered an opportunity to discuss the refusal of transfusion with a health care professional—in order to ensure a voluntary decision."

The report continues, "Sometimes a Jehovah's Witness may actually wish to have a court override his or her religious refusal. The health care professional should attempt to find out whether this is the case."

I can just see the scenario. The doctor orders the family and friends out of the room so that he can be alone with the isolated Witness. He says to him, "Is this really a voluntary decision on your part to reject my blood transfusion? Or are you just being pressured by family and friends around you?" It takes a pretty strong patient to stand up to this kind of grilling. Its purpose is that of covering for the Religion of Modern Medicine so that it can make the unethical ethical.

Immunizations violate rights?

Q The thought of injecting toxins (of fairly dubious origin) into my children, who have never known any illness more serious than an occasional cold, is absurd. I feel that a law which forces me to have my children vaccinated is a violation of my right to have a choice about what is the best alternative for myself and my family.

In this era of malfunctions of the immune system—cancer and AIDS specifically—our country would be better off spending its research money on learning about immune functions rather than picking at the sore. It makes me furious to see flu vaccines being dispensed for the sick and elderly when the logical solution would seem to lie in strengthening general health by providing good and wholesome food and a healthy psychological environment.

As with so many things that seem to be beyond my scope of influence, I can only do what I think is best for me and try to plant ideas in other receptive places. Thank you for listening.—J.M.

A It wasn't the lawmakers who initiated compulsory immunization laws; it was the doctors. A small group of vaccine-touting doctors actively pressured every state legislature in this country, while a much larger group of doctors who were uninformed about and often indifferent to vaccines insured passage of these laws by their own inaction. Only a handful of doctors spoke out against mandatory immunization.

Yet, despite all the laws, all the medical pressure, and all the media hype, plenty of parents have found ways to protect their children from vaccines. In almost half the states in the U.S., the law provides that parents can reject immunizations on the basis of personal convictions. (Since doctors seldom tell patients about this important provision, you may have to do a little digging—like calling up your governor's office—to get this information.)

Attacking religious exemptions

Many parents are taking advantage of the almost-universal religious exemption to immunization. They are learning about churches whose basic beliefs include prohibition of vaccines. This escape hatch has infuriated the vaccine enthusiasts, some of whom recently have mounted campaigns to get rid of the religious exemption. It will be interesting to watch the collision between the members of this movement and those who defend First Amendment rights.

For those who think that the effort to strike the religious exemption represents over-reaching on the part of the doctors, let me point out that doctors already have achieved a certain degree of success in limiting traditional American freedoms. In their fight against the malpractice crisis, they have been able to limit the amount of compensation a victim damaged by medical care can receive, and to even remove a citizen's right to trial by jury.

So, if doctors have been able, at least in part, to repeal the Magna Carta, why shouldn't they feel free to go after freedom of religion? But not to worry. As long as there are mothers like you—and there are plenty of you—there will be successful strategies for bypassing compulsory immunizations.

Attention! All you religious folks out there. The American Academy of Pediatrics is after you. Yes, you.

In an article in the *AMA News*, from January 15, 1988, headlined, "AAP Assails Religious Exemptions From Care," the AAP's Committee on Bioethics recommends the elimination of statutes which allow parents to reject medical care for their children because of religious or philosophical beliefs.

The kind pediatricians are greatly concerned about cases of illness or death in which parents have withheld medical treatment because of their religious

beliefs, even though they confess that the number of such cases is "difficult to ascertain." (Please note that the good doctors of the AAP fail to mention the number of cases of children who die because parents accept a particular medical treatment for them.)

I bring this to your attention because the pediatricians are engaging in an example of so-far-unrecognized religious warfare. Despite the tendency of doctors to call modern medicine an "inexact science" (an oxymoron, if I ever heard one), it is more accurate to say there is practically no science in modern medicine at all.

Almost everything doctors do is based on a conjecture, a guess, a clinical impression, a whim, a hope, a wish, an opinion or a belief. In short, everything they do is based on everything except solid scientific evidence. Thus, medicine is not a science after all, but a belief system. Beliefs are held by every religion, including the Religion of Modern Medicine.

By attacking religious exemptions from medical care, the Religion of Modern Medicine is attempting to establish hegemony over other religions. So you and your church leaders should be concerned about this drive for power on the part of the High Priests of the Religion of Modern Medicine.

M.D.'s have tried this kind of strong-arm tactic against chiropractors. As a matter of fact, they have tried their best to knock that healing system right out of the box. But Judge Susan Getzendanner of the Northern District of Illinois recently put a halt to that power grab. For decades, M.D.'s have been after Jehovah's Witnesses and have held Christian Scientists in less than high esteem. And recently, as I report on page three of this Newletter, M.D.'s and their (Hastings Center) medical-ethicist camp-followers have decided to go after Observant Jews for rejecting "brain death."

With this latest action of the AAP, will your church be next? Perhaps your own pastor, priest or rabbi—or maybe the president of your sisterhood—might want to get in touch with the learned Academy to find out how much those High Priests know about the First Amendment.

Fear of fetal transplants

Q I am enclosing an article from my hometown newspaper that I thought might be of interest to you. It talks about the new ethical issues involved in using the tissue of aborted fetuses for transplants to patients with Alzheimer's and Parkinson's disease, as well as leukemia, diabetes and radiation poisoning.

I think this is an issue to be watched closely. The profits to be reaped by the people involved and the changes it might bring about in our value system are really something! Can you image the ramifications of "fetus farms?"

I can't help wondering how doctors can justify taking a life to save a life. It's appalling enough to think that 4,000 children are killed daily; it's totally unthinkable that they should be sold as tissue transplants! And all in the name of progress! The doctors quoted in this article actually seem to think the fetuses are being wasted. Will women soon be persuaded to abort their chldren to save the life of a family member? Or to pay the bills?

I'm sure your readers, myself included, would be interest in hearing from you on this matter.—D. L.

A Thanks for sending me the article from *The Arizona Republic,* August 30, 1987, headlined, "Abortions May Save Lives."

I am fascinated by the evolution of doctors' views on abortion. Early on, abortion was perceived as a criminal act. Later, it was removed from the crime category, but it was not a medical procedure doctors approached with enthusi-

asm. In fact, some of them were so embarrassed by the word abortion that they referred to the procedure as "termination of pregnancy" or even "post-conception planning." Later still, doctors began to accept abortions as a legitimate service to women.

Now, in their lust for fetal tissue to implant into patients with the diseases you referred to in your letter, any leftover reservations the medical profession might have had about abortion are evaporating. Indeed, it won't be long before doctors will be hailing abortion as a humanitarian act.

Taking lives to save lives

The reason you are having trouble understanding how doctors can take a life to save one is because you still are laboring under the misconception that doctors follow the teaching of Hippocrates. But you are wrong: As I mentioned earlier in this Newsletter, years ago, medical schools gave up the Hippocratic Oath at graduation ceremonies because of its proscription of abortion. Even when I graduated from the University of Chicago in 1951, the Hippocratic Oath was not even mentioned.

Recently, when I appeared on a Christian Broadcasting Network television program, I pointed out that doctors had been in favor of legalizing abortion long before feminists favored such legislation. One other Hippocratic teaching—*primum non nocere*—also disappeared some time ago. It is the first rule in medicine, and it means don't harm the patient. Today's doctors are willing, sometimes eager, to kill the patient—in the name of "helping" another patient, of course. Not only are modern medical practices bad ethics, they are also bad medicine. When the results are finally in, fetal transplants, like practically every other "advance" in medicine, will turn out to harm more than they help and to kill more than they cure. Bad ethics is always bad medicine.

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Another View

by Marian Tompson

Fresh on the heels of JAMA's "It's Over Debbie" letter, Chicago newspapers reported the Illinois Appellate Court's decision to give the Cook County Public Guardian the right to discontinue food and water to irreversibly-ill people who did not want to be kept alive by artificial means.

Questioning the definition of food and water as "artificial" I telephoned the Public Guardian. His explanation was that food given by tube is considered artificial because such treatment would not have been possible 10 years ago, and those people would have died. This rationale struck me as curious, to say the least. "This is not mercy killling or euthanasia," were his parting words.

My confusion escalated as I sat watching a televised discussion about Debbie's abrupt death. An American Medical Association official was saying that the AMA is opposed to euthanasia, but contributing to the deaths of terminally ill patients through "benign neglect" is common practice. "How can neglect ever be benign?" I wondered.

So I turned to Herbert Ratner, M.D., family physician, philosopher and friend to help me sort through my growing bewilderment. Dr. Ratner, editor of *Child and Family,* drew national attention in the early 1960's with what were then considered his "radical" medical views.

"We physicians kill off enough patients unintentionally without asking us to do it intentionally," was Dr. Ratner's opening salvo. "If family members are so preoccupied with their own suffering at having to witness the other person's suffering, maybe we should consider alleviating the suffering of the family members instead."

"We spend an extraordinary amount of time, energy and money when an individual is lost at sea or trapped in a coal mine because universally we appreciate that it is wholesome for society to show its respect for the value of human life. And it should be comforting to a society to know that the State and in particular, doctors, are ready to keep patients alive even when the long term outcome is not clear. Even in a situation where we might feel the patient would be better off dead, we still cannot afford the corruption of the principle of a doctor's obligation to serve life, not death. Until recently we had many mistaken notions about the capabilities of the newborn infant. Likewise today, we know very little about the experience of the patient in the comatose state.

"It's of interest that, in the 5th century BC when there were meager means of controlling pain, Hippocrates still held that in no way should we practice euthanasia or assist in suicide. The notion that we cannot control pain is a bit fantastic in this day and age. It is a basic principle of medical treatment that, as long as the patient has pain, one can continue to prescribe opiates even though it increases the risk of a patient dying from them. Patients fear pain most when they are not certain they can get relief when they need it. Studies have shown that, when patients have the security of medictions placed at the bedside, they rarely use them.

"Death is a rich experience and like birth, belongs in the home. What is needed at the bedside is love and not the cold calculations of a stranger. Some of the best days in a person's life might be when a terminal illness steps in and increases the family's love and attention.

Dr. Ratner concluded, "In this day and age, when few are fully concerned about other people, it is a particularly bad time to even contemplate the notion of mercy killing because mercy isn't one of the great virtues found in our society today."

More food for thought is provided in a booklet entitled, "The Slide Toward Mercy-Killing," which includes Yale Kamisar's comprehensively researched study, Some Non-Religious Views Against Proposed "Mercy-Killing" Legislation. (This booklet can be obtained by sending $4.00 to Child and Family, Box 508, Oak Park, Illinois, 60303.)