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Letters To the Editor

Catholic Physicians' Guild

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LETTERS . . .

To the Editor:

The May 1976 edition of *The Linacre Quarterly* contains an article on the preservation of life by R. A. McCormick, S.J., which takes issue with an editorial in *The Linacre Quarterly* of February 1976, by this writer concerning the dilemma encountered frequently by physicians in making a decision as to whether or not to recommend treatment for a seriously defective newborn or damaged adult, for that matter. Father McCormick's concerns are that I give no reason for my rejection of his view which is that such decisions should be made on the basis of the patient's prospective quality of life, and that my suggested method of making the decision solely on the merits of whether or not the projected therapy will be of benefit to the patient is equivalent to a prospective quality of life consideration.

In the first instance I do reject Father McCormick's prospective quality of life basis for making these difficult decisions because:

- (1) The application of an individual's prospective quality of life as a determinant as to whether or not to institute life-sustaining therapy implies a relative value judgment concerning the intrinsic value of that person's existence to either himself, society, or God — which, if pursued, will result in the permitted cessation of that life which has the lowest value in some other person's opinion. The other person may now be the parents who have a conflict of interest and will certainly eventually be society or the state. The individual's right to life will be abrogated.
- (2) The expectation that physicians or medical scientists will be able to predict with any degree of accuracy what the prospective quality of life will be for a par-

ticular individual, much less assign a relative value to that life, is completely without foundation or truth. Furthermore, such assignments are probably not permissible under our present legal system. To quote Justice David Roberts in the Houle case " . . . the Doctor's qualitative evaluation of the value of the life to be preserved is not legally within the scope of his expertise."

- (3) Societal experience with the application of a prospective quality of life ethic is nowhere more graphically illustrated than in the German experience which began with exactly what is proposed by Father McCormick; the failure to treat far advanced patients in a pediatric psychiatric hospital. It advanced by stages to include all counterproductive elements in the society in an active program of elimination.

Concerning Father McCormick's second major objection — I do not agree that considerations for therapy restricted only to those concerning possible benefit to the patient are equivalent to a prospective quality of life criterion. When the physician relieves pyloric stenosis in a mongoloid child he does it to preserve that child's life regardless of the individual's prospective quality of life. When he fails to do so in the anencephalic patient he does so because he knows that relieving the obstruction will not preserve the life of the child, not because of the individual's prospective quality of life. In cases in between these two extremes the application of therapy should be directed on an individual basis to preserve the life of the individual as a minimum if that is possible, and to improve the quality of that life if that is possible. But therapy which will preserve life should not be withheld merely because the quality of that life is on a very meager scale. I

believe that this is what Father McCormick in essence is proposing. Unfortunately, it is a method of eliminating suffering by eliminating the "sufferer." Criteria directed solely to the patient's benefit are not equivalent to a prospective quality of life ethic.

Father McCormick mentions two other criticisms; namely, the physician making the decision rather than the patient or the guardian, and his feeling that there is a difference between adult and newborn decisions. I feel that he has completely missed the mark in these areas since there is no question that the patient or his guardian always makes the decisions. The physician is only the patient's agent and health counselor. I completely dis-

agree with his thesis that there is a difference in the adult and newborn decisions because of a personalization of the adult decision and generalization of infant decisions. Each case must be considered on its individual merits.

In summary I reject Father McCormick's proposals for a prospective quality of life determinant in these difficult decisions as impractical. I reiterate that the fundamental questions go unanswered — what are the minimal elements of human personhood? — what are the minimal measures necessary for the sustenance of human life?

Sincerely yours,
Edward G. Kilroy, M.D.



Three Catholic physician-editors met at the Third International Congress, European Federation of Catholic Physicians' Associations in London, May 19, 1976. From left are Dr. C. J. Vas, Bombay, India, editor of the *Bulletin of the Indian Federation of Catholic Medical Guilds*; Dr. W. H. Reynolds, Newport, England, editor of the *Catholic Medical Quarterly*, and Dr. John P. Mullooly, Milwaukee, Wis., editor of *Linacre Quarterly*.