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President's Page: Lessons From History

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Lessons From History

by

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Psychiatrist Frederic Wertham, in the chapter about the Nazi euthanasia murders in his 1966 book “A Sign for Cain: A Study of Violence in Our Society”, quotes Dr. Christoph Hufeland (1762-1836): “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 state.”

The defeat of California Proposition 161 (which would have legalized physician-assisted suicide) in the November 1992 elections, and the recent pronouncement by the AMA Council on Ethical and Judicial Affairs opposing euthanasia could almost give us some cause for consolation, except that we are reminded by Dr. Carlos Gomez in his recent book “Regulating Death: Euthanasia and the Case in the Netherlands”, that Article 293 of the Netherlands Penal Code clearly prohibits euthanasia — and yet it is estimated that up to 16% of the mortality rate in the Netherlands is due to medical euthanasia!

As we learn from Nazi history and from the current unfolding of the abortion holocaust, it is evident that once a society begins to perceive “benefits” based on the premises of the anti-life mentality, law alone will not stem the cascade down the slippery slope.

As we approach the 25th anniversary of Pope Paul VI’s prophetic encyclical “Humanae Vitae”, I recall dissenting opinions put forth by some Catholic...
physicians (and theologians) in support of contraception (prior to 1973 and Roe v. Wade) based on the premise that contraception would help stop abortion by eliminating the burden of “unwanted pregnancy.” Experience proved that just the opposite occurred — the acceptance of contraception increased abortion precisely because it defined “unwanted pregnancy” as a burden that we somehow had a right to eliminate.

Today, some Catholic physicians (and theologians) argue that hastening the death of non-dying, permanently brain-damaged patients (so-called persistent vegetative state) by means of removing their nutrition and hydration is ethically acceptable in order to alleviate the demand for euthanasia, which would arise from the burdens that the continued care and life-support of such patients places on themselves, their caretakers and on society in general. It should be clear, however, that just the opposite will take place — Once it becomes acceptable to consider continued life in an “unwanted state of health” as a burden which we have a right to eliminate, euthanasia will become more acceptable as a “humane” way to achieve this relief.

I recall a Philadelphia television program where I debated against Dr. Kevorkian’s attorney. The host introduced me as representing an “extreme” pro-life position. The third participant was a professor from Thomas Jefferson Medical School whose views were supposedly “moderate” because he had withdrawn tube feedings from comatose patients but refused to give lethal injections. The host reacted with surprise when I agreed with the lawyer’s assertion that if the purpose of withdrawing the feedings was to allow death to occur, it would certainly be less painful, quicker and “more humane” to use a lethal injection. Neither one could see that it was the premise which allowed the choice of death that was unethical, rather than the choice of means.

Just as those who defended contraception were opposed to abortion (at least initially), Catholic theologians who defend the dehydration death of Nancy Cruzan are quick to point out that they are opposed to euthanasia, and claim that the issues at stake are merely such as the question of ordinary vs. extraordinary care, the definition of terminal illness, the principle of “double effect,” etc. However, in my opinion, some of the theological arguments used to justify this position are very dangerous and deserve a careful heeding of Dr. Hufeland’s warning above. This is an example from a 1988 Catholic Health Association pamphlet entitled “Development of Church Teaching on Prolonging Life,” by Father Kevin D. O’Rourke: “To pursue the spiritual purpose of life, one needs a minimal degree of cognitive-affective function. Therefore, if this function in an adult cannot be restored or if an infant will never develop this function, and if a fatal disease is present, it seems the adult or infant may be allowed to die because medical therapy is ineffective .... Declaring medical therapy to be ineffective when spiritual function cannot be restored seems to be the ethical responsibility of physicians .... If cognitive-affective function is irreparably lost, mere physiological function need not be prolonged because such therapy is ineffective to achieve the spiritual purpose of life.”

The same author, in the “participant manual” of an educational videotape entitled “A Matter of Life and Death” (which has since been withdrawn from
circulation by its producer [Pope John XXIII Medical-Moral Research Center, Braintree, MA]), states that “fatal disease” need not simply mean that a patient will die in spite of therapy, but also includes a condition that “...will cause death in the immediate future unless therapy or life support is utilized.”

I am a Catholic physician with no formal training in theology or ethics. However, I do know something about both my faith and the Hippocratic tradition. And if I have a patient whose “fatal disease” of being unable to swallow can be easily averted by the simple, painless, ordinary means of inserting a gastric tube, what right (not to even mention the term “ethical responsibility”) do I have to deny this patient food and water (without which any person would die) — for any reason whatsoever! — much less based on an arbitrary judgment about the patient’s fulfillment of his or her “spiritual purpose of life?” How is this different than the secularist “quality of life” argument? How can it be claimed that food and water delivered by such “artificial” means is any less effective or useful for this particular patient than it would be for one with equally disabling swallowing pathology but with normal cognitive function?

There is no doubt of the prophetic nature of Dr. Hufeland’s statement at the turn of the nineteenth century. Quietly and imperceptibly to the public at large, the tragedy of Nancy Cruzan is becoming common practice, even in Catholic institutions. History has shown that those who embraced contraception, even with the best intentions, were unable to effectively defend against abortion. Will history repeat itself when the inevitable euthanasia tide arrives?

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