Editorial

Physician-Assisted Suicide and Euthanasia: The Destruction of Morals, Ethics, and Medicine

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"I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art." This core tenet of the Oath of Hippocrates, dating back to between the fifth and third centuries B.C., has largely been rejected and replaced by a modern version. The modern version of the Oath states: "Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all I must not play at God."[1] A physician's decision to take the life of another human being, however, is playing God.

In our current national environment of increasing socialism, it is often the state playing God and using financially dependent physicians as agents of the state to promote and expand the culture of death. Medicare, for instance, now pays physicians for holding end-of-life care discussions with elderly patients, discussions which may include the option of physician-assisted suicide in the states where it is legal.

Only 14 percent of modern oaths prohibit euthanasia. Abortion is allowed by 92 percent of modern oaths. Only three percent of modern oaths forbid sexual contact between a physician and a patient.[1]

And, although modern oaths continue the tradition of respecting patient privacy, the vast majority of physicians have ignored this provision by virtue of using electronic health records.

The government has implemented financial incentives and punishments in the Medicare program to force physicians to comply with the state-sponsored destruction of patient privacy—coerced adoption of electronic health records. Government and private insurers have increasingly demanded more and more private information about patients, and physicians who use electronic health records enter this private confidential information into networked systems where there is no privacy. This is akin to a priest entering a parishioner's confession into a networked computer system where tens of thousands of people have access to it.

Legalizing and Medicalizing the Killing of Patients

Physician-assisted suicide has been legal in Oregon since 1997, in Washington State since 2008, in Vermont since 2013, in California since Jun 9, 2016, and in Montana since 2009 (legalized by a Montana State Supreme Court ruling).[2-4] In early November 2016, the District of Columbia City Council voted to allow physician-assisted suicide, and a final vote on the bill is pending.[5]

In 2015, 18 states were considering laws to allow physician-assisted suicide. These included: California, SB 128; Colorado, HB 15-1135; Connecticut, SB 668; Iowa, HF 65; Kansas, HB 2150; Maryland, HB 1021; Massachusetts, HD 1674; Minnesota, SF 1880; Missouri, HB 307; Montana, SB 202; Nevada, SB 336; New Jersey, AB 2270; New York, AB 02129; Oklahoma, HB1673; Utah, HB 391; Wisconsin, AB 67/SB 28; and Wyoming, HB 119.[3] These bills are being sold to the public using euphemisms like "death with dignity" and "aid in dying" and are peddled as acts of compassion. In reality, they represent state-sanctioned murder.

The Netherlands, Belgium, and Luxembourg have legalized physician-assisted suicide and euthanasia,[3] and Switzerland[3] and Germany[6] have legalized physician-assisted suicide.

The Liberal Party in Canada, led by Prime Minister Justin Trudeau, introduced a bill in April 2016 that would allow physician-assisted suicide in Canada. In 2015, Canada's Supreme Court overturned a criminal ban on physician-assisted suicide and ordered the House of Commons and Senate to pass new legislation to replace the old law. The new law was passed on Jun 17, 2016.[7,8] Quebec had already passed its own law allowing physician-assisted suicide.[8] Some have referred to Canada's legalization of physician assisted suicide as paganism based on a utilitarian view of an individual's worth to society.[9]

According to a Canada-wide survey of physicians and allied health professionals, 64 percent of physicians and 80 percent of allied health professionals who treat amyotrophic lateral sclerosis support the Canadian Supreme Court's decision to lift the criminal ban on physician-assisted suicide.[10]

The Vulnerable Are at Risk

The elderly and those suffering from severe debilitating illnesses, who may be depressed and lonely and who may not have the will or the energy to fight back to preserve their lives, are at risk. And if experience in other countries with physician-assisted suicide and euthanasia is any indication, those eligible for death-by-physician will expand to include the healthy and the very young as well. And, in those countries that have socialized medicine, the vulnerable will likely include those who are viewed as costing the system too much money.

In March 2014, the Netherlands legalized physician-administered euthanasia for "consenting" minors.[3] In 1996, two Dutch doctors were prosecuted for the non-voluntary euthanasia of disabled infants. Courts in the Netherlands acquitted them on all charges based on the argument of "medical necessity." According to a Heritage Backgrounder article, the Court reasoned: "If necessity justified ending the life of a suffering patient who requests it, it equally justifies ending the life of a suffering patient who cannot request

it."[3] Pediatricians in the Netherlands have subsequently developed a protocol for infanticide.[3]

Those in the Netherlands who have been euthanized include a 44-year-old woman with chronic anorexia; a 70-year-old woman who suffered from blindness; a 47-year-old woman who suffered from tinnitus, who was the mother of two teenage children; and a 54-year-old woman who had a psychiatric condition known as molysomophobia (fear of dirt or contamination)[3]

A law has also been proposed in the Netherlands that will allow physician-administered euthanasia in healthy elderly people who believe they have "completed life"[11] (note the similarity to the proposal in our country known as The Complete Lives System).[12] No minimum age to qualify for a "complete life" has been specified.

Death by the Numbers

Communist China has recently announced plans to assign each of its citizens a "social credit rating" based on the trustworthiness and loyalty to the Communist Party.[13] Low social credit ratings will bring sanctions. According to reporting in *The Washington Post*, the Communist Party seeks to "build a culture of 'sincerity' and a 'harmonious socialist society' where 'keeping trust is glorious.'"[13] It's all about "creating a new socialist utopia under the Communist Party's benevolent guidance."[13]

The history of "benevolent guidance" of communist countries includes the forced starvation of seven million people in Ukraine under the brutal dictator of the former Soviet Union, Joseph Stalin.

China's social credit rating system bears a striking resemblance to the Complete Lives System that has been proposed for our country. The Complete Lives System is a proposed system for rationing medical care based on a score that includes the individual's value to society (as determined by government bureaucrats). The system for government rationing of medical care was discussed at length in an article published in *Lancet* in 2009.[12] Dr. Ezekiel Emanuel, who is the brother of former chief of staff under the Clinton administration, Rahm Emanuel, is one of the authors of the article. Under the Complete Lives System, the probability of receiving medical care past the age of 55 falls precipitously. The Complete Lives system is a scheme that advances socialism in medicine.[14] Emanuel is currently 59 years old.

Safeguards Are Inadequate

The so-called stringent guidelines that are embodied in laws that permit physician-assisted suicide and euthanasia are often violated with impunity by physicians who are intent on killing patients. Those who violate these guidelines by administering death, of course, do not report their violations, except in anonymous surveys.

According to an article published by the Heritage Foundation: "In the Netherlands, several official, government-sponsored surveys have disclosed both that in thousands of cases, doctors have intentionally administered lethal injections to patients without a request and that in thousands of cases, they have failed to report cases to authorities."[3] In 2015, euthanasia in the Netherlands accounted for 5,516 deaths or four percent of all deaths in the country.[11] That, of course, includes only the reported cases of euthanasia.

As noted by Professor John Keown of Cambridge University, who has investigated physician-assisted suicide and euthanasia in the Netherlands, "the undisputed empirical evidence from the Netherlands and Belgium shows widespread breach of the safeguards, not least the sizeable incidence of non-voluntary euthanasia and of non-reporting."[3] A court in Ireland has also noted a very high incidence of non-voluntary euthanasia in countries that have legalized euthanasia: In October of 2013, three judges of the Supreme Court of Ireland voiced the same concern: "[T]he incidence of legally assisted suicide without explicit request in the Netherlands, Belgium and Switzerland is strikingly high."[3]

The Lethal Transition from Voluntary to Non-voluntary

Physicians killing patients, which was once unthinkable, has been transformed into an "option" and a "choice." Pro-death has become pro-choice. Physician-assisted suicide and euthanasia are initially sold to the public as completely voluntary acts of compassion and "death with dignity." Once in place, the next step is coercion. Vulnerable patients are told that they should not be a burden to their families and to society. President Barack Hussein Obama indicated that older people really may not merit lifesaving treatments and may be better off just taking a pain pill and going home to die: "End-of-life care is one of the most difficult sets of decisions that we're going to have to make. But understand that those decisions are already being made in one way or another. If they're not being made under Medicare and Medicaid, they're being made by private insurers. At least we can let doctors know—and your [elderly] mom know — that you know what, maybe this isn't going to help. Maybe you're better off, uhh, not having the surgery, but, uhh, taking the painkiller."[15] There, of course, is no comfort in knowing that government bureaucrats in Medicare and Medicaid and private insurance bureaucrats are already making end-of-life decisions for unsuspecting patients.

Following close behind government-sponsored coercion is the duty to die. In 1984, Colorado's Gov. Richard D. Lamm stated: "Elderly people who are terminally ill have a 'duty to die and get out of the way' instead of trying to prolong their lives by artificial means."[16] Lamm went on to state that those who choose to die without using artificial means to extend their lives are like "leaves falling off a tree and forming humus for the other plants to grow up…. Let the other society, our kids, build a reasonable life."[15] Those who have watched the movie *Soylent Green* will have a good understanding of the former governor's humus analogy.

Lamm also advocated that medical spending for major procedures should be cut off at age 65.[17] Lamm, now 81, supports government-sponsored population control, and has spoken out against a state amendment which would recognize the rights of unborn children, an amendment he has referred

to as a pro-life "monster."[17] It is noted that Colorado was the first state to legalize abortion in 1967, and that legislation was sponsored by then-state Rep. Richard D. Lamm.[17]

Others have also voiced support for a duty to die. "Baroness Mary Warnock, a leading ethicist in the United Kingdom, has argued, 'If you're demented, you're wasting people's lives—your family's lives—and you're wasting the resources of the National Health Services. Warnock went on to suggest that such people have a 'duty to die.'"[3]

Cost containment is a powerful driving force behind a duty to die. The founder of the Hemlock Society, now known as Compassion & Choices, has stated that the "pressures of cost containment provide impetus, whether openly acknowledged or not, for the practicalities of an assisted death…. It is impossible to predict exactly how much money could be saved…. Conservative estimates, however, place the dollar amount in the tens of billions." [3]

Project Death in America, founded by leftist billionaire George Soros, has collaborated with other organizations to spread the culture of death in medical schools in the U.S. and Canada. Project Death in America has collaborated with the Robert Wood Johnson Foundation, the Nathan Cummings Foundation, the Commonwealth Fund, and the Rockefeller Family Foundation to form Grantmakers Concerned with Care at the End of Life. By 2001, Project Death in America had funded 68 faculty scholars, representing more than 40 medical schools, to spread the culture of death to medical students and residents.[18]

Thanks to a physician-assisted suicide law passed in Vermont in 2013, ethical physicians cannot escape participation at some level in the killing of patients. The Vermont law, in conjunction with the Patient Bill of Rights, requires physicians to discuss the option of physician-assisted suicide with patients and either provide a lethal prescription to patients who request it, or refer the patient to another physician who will provide a lethal prescription. In effect, the Vermont law requires physicians to violate the Oath of Hippocrates in order to practice medicine in the state.[19]

The Corruption of Physicians

Too many physicians have adopted the premise that whatever is legal is moral. Physicians in states where physician-assisted suicide is legal likely feel pressure from certain patients and from the powerful forces promoting the culture of death to alter their long-standing opposition to participating in the killing of patients. All of this is occurring in an era of so-called modern bioethics, where increasingly physicians are being coerced to act for the good of society, conserving limited resources, even if that means not acting in the best interest of individual patients. The needs of society are placed above the needs of the individual patient.

Evidence suggests that many physicians are gradually moving in the direction of acceptance of physician-assisted suicide and euthanasia, though when it comes to actually providing lethal medications, some are still reluctant. A survey of physicians in California found that more than 60 percent of physicians surveyed supported physician-assisted suicide, although half of those who support it indicated they would not personally participate by prescribing lethal medications.[20]

AMA Studies Proposal to Drop Opposition to Physician-Assisted Suicide and Euthanasia

Despite years of strong opposition to physician-assisted suicide and euthanasia, the American Medical Association House of Delegates voted on Jun 13, 2016, to refer Resolution 015—Study Aid-in-Dying as End-of-Life Option—to the AMA Board of Trustees.[21] The resolution was introduced by Dr. Glenn Gordon, a retired surgeon and former advisory board member of the pro-death group Compassion & Choices of Oregon.[22] The resolution will be voted on at the AMA's annual meeting in July 2017.

The pro-death group, Compassion & Choices, has praised the AMA for considering a change in policy. Its hope is that a change in AMA policy may continue the "evolution of thinking in this area."[23]

In 2015, the California Medical Association abandoned its 28-year policy opposing physician-assisted suicide and adopted a neutral stance on physician-assisted suicide.[22] The Medical Society of the State of New York has stood by its strong opposition to physician-assisted suicide, and made its policy clear in a recent position statement: "Although relief of suffering has always been a fundamental duty in medical practice, relief of suffering through shortening of life has not."[2]

The Association of American Physicians and Surgeons remains steadfastly opposed to physician-assisted suicide and euthanasia, and at AAPS's 60th Annual Meeting in 2003, the organization passed a Resolution Affirming the Sanctity of Human Life: "The Association of American Physicians and Surgeons supports the right to life of all human beings from the moment of conception to natural death."[24]

Together with the American College of Pediatrics (ACPeds), American Association of Pro-Life OB/GYNs (AAPLOG), the Christian Medical and Dental Association (CMDA), the Catholic Medical Association (CMA), Physicians For Compassionate Care, the Florida Chapter of AAPS (AAPS-FL), and our national AAPS organization, a coalition has been formed called Physician Aid in Living (PAL). AAPS has signed a PAL coalition letter to the AMA president expressing deep concern and strong opposition to AMA's proposal to drop its opposition to physician-assisted suicide and euthanasia, and take a neutral stance. A neutral stance with respect to physician-assisted suicide and euthanasia represents tacit approval of physicians participating in killing patients. It is a position that is not compatible with physicians as healers.

Religious Organizations Push Back

The archbishop of Los Angeles, Jose H. Gomez, has made it clear that Catholic hospitals will not participate in physician-assisted suicide and euthanasia: "We are crossing a line—from being a society that cares for those who are aging and sick to a society that kills those whose suffering we can no longer tolerate."[20]

Cardinal Thomas Collins, Roman Catholic archbishop of

Toronto, said about physician-assisted suicide in Canada: "It changes our approach to human life, it changes our approach to human society…[and I am] 'deeply troubled' by the pressure the legislation might put on health care workers who object to assisted suicide."[6]

The President of the Catholic Medical Association (CMA), Dr. Lester Ruppersberger, has stated that the CMA "acknowledges the dignity of all human life from the moment of conception to naturally occurring death," and "opposes any manner of physician assisted suicide, either voluntary or mandated."[22]

Bill Donohue, president of the Catholic League for Religious and Civil Rights, has spoken out against AMA's proposal to change its policy opposing physician-assisted suicide: "Any change in the AMA's ethical policy on physician-assisted suicide will only corrupt the medical profession, and ultimately pave the way for suicide-on-demand…. To adopt such a policy would be to render schizophrenic the mission of doctors since a doctor's moral obligation is to save lives, not end them. The minute this commitment is blurred, the more compromised they become."[22]

Unfortunately, governments that have legalized physician-assisted suicide and euthanasia often seek to punish religious organizations that refuse to go along with the killing of patients. In Belgium, "a court fined a Catholic nursing home for refusing to perform euthanasia. Assessed "moral" damages were small, but a precedent was set."[25]

Conclusion

Physician-assisted suicide and euthanasia are destroying the long-standing core ethical principle that physicians should not harm or kill patients. Trust in physicians and in the patient-doctor relationship is being irreparably harmed by these pro-death initiatives. Ethical physicians must make their stand and refuse to participate in physician-assisted suicide or euthanasia, irrespective of what the law allows or demands.

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