not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted, and finally all Germans. But it is important to realize that the infinitely small wedged-in level from which this entire trend of mind received its impetus was the attitude toward the nonrehabilitable sick.

One illustration of this point can be seen in the demands now emanating from various quarters to consciously *increase* the mortality rate among the elderly. At the May convention of the American Association for the Advancement of Science, for example, two leading gerontologists, Dr. Eileen Crimmins of the Andrus Gerontology Center of the University of Southern California and Dr. Leonard Hayflick, director of gerontological studies at the University of Florida, warned that the "historically unprecedented" decline in the death rate among older Americans could lead to "absolutely catastrophic" economic effects. This judgment was echoed by two economists from David Stockman's Office of Management and Budget, who warned that any further improvements in mortality rates will increase the "already ominous" growth in government programs for the elderly.

In a similar vein, economist Alan Greenspan, who aspires to replace Paul Volcker as head of the Federal Reserve Board, told a Texas audience in April that one of the main flaws in the Medicare program is that too much of its funding is going to keep "hopelessly" ill patients alive. Doctors and families alike, Greenspan said approvingly, are starting to question "whether it is worth it to spend large amounts of money to provide care for patients who are hopelessly, terminally ill when it means extending life for only a short time."

Father Paris prescribes for 'useless eaters'

The recent spate of court rulings justifying the withholding of food and water from patients would not have occurred had it not been for the activities of certain key institutions and personnel in propagandizing for this and other forms of legalized murder. One of the most insistent advocates of "death by starvation" is Father John Paris, a Jesuit "medical ethicist" based at Holy Cross College in Worcester, Massachusetts and at the Jesuit-run Kennedy Institute for Ethics in Washington D.C. The first Catholic priest in the United States to publicly advocate "living will" legislation, Paris has been particularly active as a pro-euthanasia "expert witness" in a number of precedent-setting legal cases. He appeared as a star defense witness at the preliminary hearing on the Clarence Herbert case, defending the decision of Drs. Nedjl and Barber to stop feeding the patient while at the same time acknowledging that the patient was not brain dead. Excerpts from Paris's testimony follow:

Is the withdrawal of treatment active killing? Some people . . . cannot make the distinction whatsoever between killing and letting die. . . . If you believe there is no distinction, and killing is wrong, then you will fall into the trap we cannot ever let an individual die; that is, we in medicine are responsible for doing everything to maintain life. . . . To withdraw treatment is not murder. . . .

What you really have to understand is that the physician's role is not to save lives. . . . If that's true [that the role of medicine is to save lives] then medicine is in each and every instance a total, colossal failure . . . because in each and every instance, despite the whole armament and arsenal of technology, medicine will fail. In fact, this is what Ivan Illich, who wrote a book of criticism on medicine, calls the medical nemesis, this mad dream of progress we have that somehow we are able to achieve salvation through science and immortality through medicine. He says what that is, is a denial of the reality of the human condition; that we are mortals, that we will suffer, and that we will die. And as a result of that kind of mindset, what we do is we trade in our freedom, we trade in our autonomy, we trade in our dignity to be plugged into machines in I.C.U. [intensive care] units and live in this anesthetized hell in which we become nothing more than a cog in some machine and we call it life. What the physician's role is, is not to save lives but to care. . . .

By feeding [permanently comatose patients] . . . you are sustaining them in the dying process . . . for a long period of time at an extremely high expense. . . . I agree with Dr. Arnold Relman, the editor of the *New England Journal of Medicine*, that the single most important political and social issue in the 1980s is cost. . . . We have an enormous pressure to reduce the costs, and the highest factor of inflation in our society is medical care costs.

The President's Commission [on Medical Ethics] mak[es] it very clear that as a matter of public social policy in the United States, that it is morally appropriate, that it is ethical, that it is good medical practice in patients for whom there is no hope, to remove respirators, to cease antibiotic treatment, to cease feeding treatment, and to cease any and all forms of intervention except those that preserve the dignity of the patient with good hygiene care.