AMA: Don't 'muddy' euthanasia drive with Hitler comparison

by Linda C. Everett

EIR recently interviewed Dr. George Lundberg, editor of the *Journal of the American Medical Association* (*JAMA*,) about its notorious decision to publish an essay in which an anonymous young resident admits that he intentionally killed a patient with an overdose of morphine. Lundberg said that he relishes the idea that "the debate about mercy-killing or euthanasia has been tremendously increased by publishing the essay," since society is now faced with "what exactly should be done [with] patients who are terminal and who are allowed to live . . . by modern technology."

JAMA's readership is the largest of any medical publication in the world.

The author of the essay, "It's Over Debbie," describes how he was awakened in the middle of the night to assist a 20-year-old patient suffering with cancer. He hurriedly glanced at her chart, saw she had not slept or eaten for two days, and thought, "Very sad." The patient, whom he did not know, supposedly uttered five words to him, "Let's get this over with," whereupon he ordered enough morphine "to do the job." It did.

When the essay appeared in the Jan. 9 issue of *JAMA*, it created a firestorm of protests nationally. *JAMA*'s mail indicated a 4 to 1 opposition to both the resident's actions and *JAMA*'s decision to publish. The story prompted New York's Mayor Koch to demand that U.S. Attorney General Edwin Meese III investigate. With no indication of where, and if, a crime actually did occur, Cook County State's Attorney Richard Daly served the Chicago-based AMA with a grand jury subpoena demanding all records concerning the original article. But the AMA refused to reveal the name of the author, without a court order, and cited the Illinois Reporters' Privilege Act, which protects confidential sources from disclosure unless it is proven that there is no other available source for the information, and that the disclosure is in the public interest.

In the nine weeks that followed, the AMA defended its right to "debate" the cold-blooded murder—by claiming that euthanasia is an "urgent issue" and they did not want to be in the position of "preventing the free flow of information."

Since then, every conceivable nuance of the essay has been examined, detailed, and drooled over by euthanasia enthusiasts from coast to coast. The Reporters' Committee for the Freedom of the Press and several press law experts were interviewed on First Amendment rights and *JAMA*'s refusal to reveal the author. The U.S. Drug Enforcement Administration and the federal government's National Institute on Drug Abuse were quizzed on whether the dosage of morphine used to kill the patient was really a lethal dose. Pain specialists, among others, bickered about the story's veracity because of its tone and the outdated mode of treatment it cited. The same "ethicists" who have for years advocated killing patients who lacked sufficient "quality of life," showed mock "outrage" over the essay, because the physician did not know the patient. For "mercy killing" to be "ethical," the patient and doctor must have rapport. Death lobby physicians who routinely pull out patients' feeding tubes were "appalled" because what the essay advocates "will lead to a danger of active euthanasia." Derek Humphry of the Hemlock Society, who is running a campaign to make physician-assisted suicide legal, was troubled because of the "speed with which it happened." In Hemlock's bill, the patient can be injected as soon as two physicians "predict" the patient's death in six months.

The essay was reproduced in its entirety by MacNeil/Lehrer, the *New York Times, Los Angeles Times, Chicago Tribune,* and many of the 1,500 newspapers and 3,000 radio and TV subscribers of Associated Press. The *Washington Post* adorned the entire essay on the front page of its "Health" section with a lethal syringe and the question: "Should this doctor have killed this patient?" That paper then fueled the "debate" for weeks, with articles like: "Tales of Dying Patients," "A Safe Passage to Death," "A Patient's Note: Please Let Me Die," "Saving Lives, Ending Lives—Doctors Confront A Mercy Killing," "How Doctors and Patients Can Communicate About Dying," and "The Right to Die: How the Courts Have Ruled." Their how-to article on "Making Sure Your Last Wishes Are Followed," had a full size blow-up of the living will, and instructions from the Right to Die Society.

It is clear that the media barrage that aims to legitimize cold-blooded murder as "humane" for patients, also aims to wear down the physicians who still cherish the Hippocratic Oath. Over 30 years ago, Dr. Glanville Williams, a Rouse Ball Professor of Laws of England at the University of Cambridge, 1968-78, complained that lay people and physicians alike resisted euthanasia because they recalled the crimes of the Nazis. Glanville's solution was to initiate a "bio-ethics" debate in schools of medicine, theology, and philosophy. He

called the British abortion act a perfect analogy. "The change made by this act in the law was minimal, but even before the measure was through Parliament the number of medical abortions had begun to grow, and it swelled greatly afterwards; the reason was that the public debate in the Act convinced many doctors that abortion was a respectable operation to perform, supported by general opinion. . . . This shows that the importance of the proposal to legalize voluntary euthanasia cannot be measured in terms of the numbers of doctors who are at present prepared to end their patient's lives."

The Cook County Circuit Court ruled on March 18 to dismiss a grand jury subpoena against the AMA for refusing to reveal the essay's author, when Chief Judge Richard Fitzgerald announced that the State's Attorney had failed to prove that a crime was committed. We are chillingly reminded of Dr. Lundberg's statement that, with the essay's debate, "We've accomplished exactly what we intended."

Interview: Dr. George Lundberg

Dr. Lundberg is the editor of the Journal of the American Medical Association.

EIR: How would you say today's discussion on euthanasia compares to what went on with Hitler?
Lundberg: Well, I, of course, have no personal knowledge of anything that went on during the Hitler period.

EIR: It is well known that Hitler did charge his personal physician, Dr. Karl Brandt, with granting incurable patients a "merciful death."
Lundberg: I wouldn't have any comment on that at all. I have no personal knowledge of that history. I believe that if one were to get into that particular area of comparison and contrast, one would hopelessly muddy the waters because of the holocaust and all the horrid Nazi atrocities that I would guess would get all mixed up in any such discussion. So, I would not want to make any comments on that at all and I would caution you against it. Frankly, I think you would just muddy the waters.

EIR: Muddy the waters?
Lundberg: I just think that one should speak in terms of 1988, in terms of modern technology, in terms of human suffering and death, in terms of the growth of medical ethics as a very important field in the last 10 or 20 years. One must obviously learn from history, and I think the world uniformly condemns the Nazi atrocities in the strongest terms possible. . . . The discussions we are having today are unrelated to that.

EIR: Hitler's policy was based on economics. Is there a reflection of that in the policies we see today? Consider health-care rationing or the Office of Technology Assessment's recent report, "Life-Saving Technologies and the Elderly," where they propose using a computer to assess the severity of a patient's illness to decide if money can be saved by ending a patient's care, and food and water, if his prognosis is poor. The idea that a patient is not worth treatment is based on an economic policy.
Lundberg: Well I have not seen the report to which you refer, so I would have no comment.

EIR: Dr. Eric Cassel, a New York internist, recently wrote that patients experience significant cognitive changes when they face major operations, illnesses, or lengthy hospital stays. Because they are most vulnerable then, Cassel proposes that patients hold off on major decision-making until they return to full health. Is patient vulnerability and the "Do Not Resuscitate" policies enforced in hospitals, a hidden issue that should be raised? Would you like to comment on this?
Lundberg: Not particularly. Anyone who is sick is more vulnerable to influence or to actions of anyone, because if you're hurt or ill or confused, you become much more vulnerable. That's been known for hundreds, thousands of years. . .

EIR: How does this affect situations like that in the Debbie essay, where the patient is asked: "Do you want us to resuscitate you?" Do you think this has to be raised in debate?
Lundberg: I would say sick people are very vulnerable to many influences.

EIR: Then you don't feel that it is just half of the debate that is going on right now. Is it a "merciful death" if a statement from a sick patient is taken seriously, as opposed to what the patient really wants?
Lundberg: Your statement is so obvious, it has no merit. It is perfectly obvious that at a time when a patient is in terrible pain, anguish, and knowing they're dying, their reaction is going to be different than when they are healthy, sound, happy, and painfree. . . .

EIR: It's obvious. However, the debate that is going on right now does not reflect that understanding, nor does it reflect to the general population that issue.
Lundberg: I have no comment.

EIR: Dr. Glanville Williams, a British law expert, used the bio-ethics debate to legitimize euthanasia among physicians. Does the euthanasia debate today serve to legitimize euthanasia in the eyes of those who would otherwise see it differently?
Lundberg: I have no comment on that.