

HEALTH & SCIENCE

Bioethics: Infanticide, Organ Harvesting and Euthanasia



“Thousands of medical ethicists and bioethicists, as they are called, professionally guide the unthinkable on its passage through the debatable on its way to becoming the justifiable until it is finally established as the unexceptionable.” (Richard John Neuhaus)

Wesley J. Smith wrote the following at *LifeNews.com* on September 7th and 19th:

“If you want to see what is likely to go awry in medical ethics and public healthcare policy, pay attention to the advocacy of bioethicists – at least those who don’t identify themselves as ‘conservative’ or ‘Catholic.’ In their many journal articles and presentations at academic symposia, they unabashedly advocate for discarding the sanctity – and equality-of-life ethic as our moral cornerstone. Instead, most favor invidious and systemic medical discrimination predicated on a patient’s ‘quality of life,’ which would endow the young, healthy, and able-bodied with the highest moral value – and hence, with the greatest claim to medical resources.

“Thanks to the work of bioethics, life-taking policies that a few decades ago were ‘unthinkable’ now are unremarkable. Withholding tube-supplied food and water from the cognitively disabled until they die – Terri Schiavo’s fate – is now legal and popularly accepted. The legalization of assisted suicide is a constant threat. (A reality now in 6 states.) Even where lethal prescriptions or injections cannot be legally provided, some of our most notable bioethicists urge that doctors be permitted to help elderly and others commit suicide by self-starvation – a process known in euthanasia advocacy circles as VSED (Voluntary Stopping of Eating and Drinking).” Some of the dangerous ‘advances’ being promoted in bioethics include:

Infanticide: “When German doctors were hanged at Nuremberg for committing infanticide, it was thought that killing disabled babies was an unrepeatable historical evil. But human memory is short...on September 4 of this year, Newsweek published an article promoting late-term abortion and infanticide in response to the Zika outbreak.” Cornell Law Professor Sherry F. Colb wrote, “Because bodily integrity may no longer be a plausible driver of the abortion right [at the late stage of pregnancy], the choice to terminate the life of the fetus or child truly becomes a form of euthanasia rather than abortion...the issue of euthanasia nonetheless lurks and beckons to us to answer the question: might some lives be better off ended than permitted to continue, given what is in store for them?” Smith concludes, “In the Netherlands, a checklist called the Groningen Protocol is used to determine which disabled or dying infants are eligible for infanticide. In our current bioethical climate, infanticide falls somewhere between ‘debatable’ and ‘justifiable’.

Killing for Organs: “The ‘dead donor rule’ which says that vital organs can only be taken from the certifiably de-

ceased, has been under steady attack for years. The latest example was just published in the *Journal of Medical Ethics* by bioethicist Zoe Fritz: “Where it is inevitable that an incapacitous patient is going to die – and specifically when it has been agreed through the courts that a patient in a PVS is going to have CANH [tube-supplied sustenance] withdrawn, it could be in a patient’s best interests to have a drug that would stop their heart and to have vital organs donated to a family member...By extension, it could also be in the patient’s best interests to donate their organs to someone else, if that was consistent with their previously expressed wishes.” Smith comments, “I can think of no faster way to destroy people’s confidence in organ donation than to kill people for their organs. Not only that, but if this were permitted, decisions about withdrawing care would quickly become intertwined with the issue of organ harvesting, transforming patients into organ farms. Killing for organs – which is not yet happening – is currently considered ‘debatable.’” Euthanasia laws are some of the most liberal in the world in the Netherlands and Belgium. More than 40 patients have already had their organs harvested after being euthanized in these countries.

“Futile Care”: “Medical futility, or ‘futile care,’ permits a doctor to withdraw wanted life-sustaining treatment from a patient based on the doctor’s perception of the patient’s quality of life – and, less mentioned, based on the cost of the patient’s care. Texas has a law that allows hospital bioethics committees to refuse service or discontinue treatment – even against a patient’s written advance directive. Many a patient has died after such forced removal of treatment. There has been abundant litigation surrounding the issue, with the bioethics movement leading the charge to allow bioethicists and doctors to decide when a patient should die. Despite this contentiousness, I believe that futile care is at this point considered ‘justifiable.’ These and other policies that view imposed or chosen death as the answer to human suffering and medical-resource concerns are the products of careful planning and promotion. In 1970, an editorial in *California Medicine* celebrated the ‘inevitability of death selection and death control’ in a project that would culminate in the ‘fulfillment and betterment of mankind in what is almost certain to be a biologically oriented world society.’ Back then, the very idea of death control was unthinkable. A mere forty-six years later – intellectually gestated by the bioethics movement – it is quickly becoming unexceptionable.”

Michael Cook reported at *MercatorNet.com* on Oct 29th that Stephanie Packer, 33, from California, has scleroderma, a terminal disease. She claims that her insurance company refused to pay for an expensive chemotherapy drug which could extend her life and give her more time with her children. However, the insurance company did agree to cover the cost of drugs for assisted suicide – and she would only have to pay \$1.20 in out-of-pocket costs. She says the State’s broken health care system must be fixed “so that people start to live instead of feeling that they have to choose to die.”

Submitted by Regina Carbonaro 631-243-1435