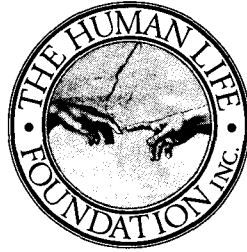


the HUMAN LIFE REVIEW



WINTER 1994

Featured in this issue:

William Murchison onBad Boy Charlie Murray
Faith Abbott onCloning Howard Stern; *Not*
John Muggeridge onCanada's Death Wish
Wesley J. Smith onNo Simple Suicide
Rita Marker on'Dr. Death' Finds a Mouthpiece
Thomas Sullivan onIs Professor Rachels Right?
William McGurn onPeople-Power Politics
James Q. Wilson onAbortion as a Moral Issue

Also in this issue:

Mona Charen • Steven Hemler, Richard Wilkins & Frank Fischer
• Fawn Vrazo • Ray Kerrison • Debra J. Saunders • Sen. Brian
Harradine • plus Chapter 6 of Rita Marker's *Deadly Compassion*
(the story of Ann & Derek Humphry and the Hemlock Society).

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ABOUT THIS ISSUE . . .

. . . herewith the 77th issue (Vol. XX, No. 1) of this review; not bad, considering that, in late 1974, the editor decided to “put out an issue, and see if we can sell it.” Some five million printed words (but nary a line of advertising) later, we are still going strong, despite the fact that we always manage to just miss our deadline, and finish each number without having any idea of what might be in the next one. But there seems to be an inexhaustible supply (the dumbest question we ever asked was our very first: “Can we find enough good copy to fill it?”), especially since our “single issue” of abortion now seems to get involved in so many of the new controversies—in this issue, Faith Abbott reports that abortion is being called the “300-pound gorilla” in the cloning controversy (see page 24).

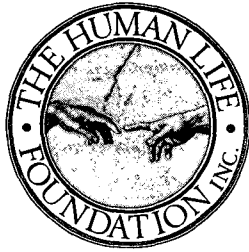
Special thanks for this issue go to Wesley J. Smith, for doing a masterful job on the New York *Times* piece, and to Rita Marker, for not only writing about “Doctor” Kevorkian, but for allowing us (with William Morrow & Co.) to reprint a chapter from her book, *Deadly Compassion*. Thanks also go to John Muggeridge, for reporting on the complicated state of “pro-death” struggles in Canada; Professor Thomas Sullivan, for coming through with the story about his text-book debates with Professor Rachels; and to William McGurn, for interrupting his Christmas trip to do us a fine piece on the Philippines.

We would also like to thank *Commentary* and James Q. Wilson for allowing us to reprint “On Abortion” (p. 79), and we recommend to our readers Wilson’s book, *The Moral Sense* (Free Press).

Finally, we again thank *National Review* for granting us permission to reprint the Hemler, Wilkins and Fischer piece, and the Philadelphia *Inquirer* for permission to reprint Fawn Vrazo’s article. We are pleased to reprint Debra Saunders’ piece: we regularly read her San Francisco *Chronicle* columns, but had no idea she was also Wesley Smith’s wife until he mentioned it—quite an on-target couple, we’d say.

We hope you enjoy the cartoons, courtesy of *The Spectator* (London), and we wish our readers a healthy and prosperous New Year.

MARIA MCFADDEN
MANAGING EDITOR



the HUMAN LIFE REVIEW

WINTER 1994

Vol. XX, No. 1

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INTRODUCTION

THIS ISSUE BEGINS the twentieth year of our journal. When we began, barely two years after the Supreme Court handed down its fateful *Roe v. Wade* decision, the talk was of constitutional amendments to reverse *Roe*; it seemed perfectly reasonable to think that so radical a departure from traditional morality would not stand, and so we busied ourselves with the best means of restoring what was commonly called the sanctity of human life.

Twenty years after, hopes of reversal have faded, replaced by a bitter political standoff between the ardent on both sides, surrounded by a majority of their fellow Americans who—although they are willing to call abortion murder—remain unwilling to *will* a solution to the greatest moral issue of our time.

It is instructive to look back on a time roughly that long before *Roe*. In 1951, the movie *Detective Story* (based on a successful Broadway play) was a box-office hit. The bitter hero, Kirk Douglas, was a no-compromise defender of the Old Morality; his childless wife, Eleanor Parker, was his symbol of pure goodness—but, it transpires, she once had made use of the peculiar services provided by a doctor who had lost his license for providing them to women who had what we might now call “problem pregnancies.” As Douglas says when he makes the horrifying discovery, “I get the picture.” So, of course, did the audience: they didn’t need *taboo* details to understand why Kirk called the man “that butcher” who did his dirty deeds “For a fee, a fat fee”—but the times were still so tender that, when he redundantly confronts Eleanor with “What happened to the baby?” she sobs “It died at birth”—the awful and obvious truth that it died *before* “birth” went unstated. The “public” wasn’t ready to hear *that* kind of thing.

As it happens, the movie was also memorable for Roman Catholics: at the climactic moment, the shot-and-dying Douglas cannot get through his Act of Contrition, so his partner Bill Bendix picks up the rote words and finishes it for him, even to “and amend my life, *amen*.” It was utterly believable to the generations raised on the Baltimore Catechism, and it made many proud of what was then called “the Catholic difference.”

We know, because by chance we saw a re-run on TV the other night. The striking difference *now*, of course, is the quantum change in the abortion ethos: How did we move from the unspeakable crime implicit in that 1951 movie all the way to *Roe* on January 22, 1973? True, the Pope of Rome still calls

it unspeakable, but American Catholics nowadays hardly differ from their fellow citizens in ambiguity about abortion. Yet we must remember that, at the time, *Roe* was indeed perceived as shockingly radical: even ardent promoters of abortion expected only another incremental advance, *not* the gift of total victory; with one *fiat*, the Court gave this “nation under God” the world’s most “liberal” abortion law—the pedantics about “trimesters” and “viability” only masked the reality of abortion on demand anytime between conception and birth.

Back then, stunned anti-abortionists predicted dire “slippery-slope” consequences, including euthanasia and even infanticide (it was too early to predict what consequences legalized abortion would have on the nascent “science” of reproductive technology). They have been proved quite right, of course, and far more swiftly than they themselves imagined—Jack “Doctor Death” Kevorkian surely personifies the grotesque reality? But a counter reality has also evolved, albeit more slowly: an inchoate agreement among “concerned” Americans that things have indeed gone terribly wrong, and must be put “right” somehow. Trouble is, we no longer have a commonly-shared sense of what *is* right: abortion is but *one* by-product of the Sexual Revolution of the ’Sixties; its other progeny, e.g., fatherless families, also plague us, and diffuse attempts to restore a sense of moral sanity. Worse, Americans are notoriously prone to think that whatever is legal must be *moral* too. Thus, twenty-one years later, *Roe* still stands, not as a landmark advancement of our “rights” but rather as a forbidding redoubt standing athwart the road back to a moral consensus.

Whew: that long-winded preface is intended to prepare you, patient reader, for all that you will find in this issue—because *all* of it bears on one or another aspect of our complex moral dilemma, including its most immediate manifestations. Thus, in our lead article, William Murchison takes on the current agitation for a solution to the problem of illegitimacy—an “old-fashioned” word that had lost all serious meaning until the intrepid Mr. Charles Murray made it fashionable again—suddenly “everybody” is agreeing that “something must be done” to halt our head-long tumble into the chaotic squalor caused by “out-of-wedlock” (remember *that* one?) births.

Murchison pictures Murray as the new neighborhood “bad boy” throwing bricks through the comfortable platitudes that maintain the “welfare” fantasy. In fact, Murray has been saying much the same thing for a decade; his “breakthrough” came only when he pointed out that *white* illegitimacy was tracking the same course as the long-deplored black rate, which has now reached the disaster stage (i.e., more than *two thirds*, with the “inner-city” rate near 90 per cent!).

Needless to add, abortion looms large in the picture: Is it by sheer chance that Planned Parenthood *et al.* concentrate their *abortoires* in “minority” areas? The “population-control” advocates are quick to praise the “savings” abortion can make in welfare costs, but the perception changes when “them” begins to

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include “us”—without doubt, Murray has hit a raw nerve. Still, the big question remains: Will Murray’s drastic solution even be tried? For he wants us not only to stop subsidizing illegitimacy *via* welfare but also to bring back its *stigma*—hardly the politically-correct answer. But as Murchison sees it, Murray has already helped make the “old civilizational values, grounded on responsibility and obligation, look more and more appealing”—the vaunted “ferment” of the ’Sixties may be turning into *reverse* fermentation of those old values.

Next, our dauntless Faith Abbott goes on another foray, this time to find out how the “scientifically challenged” layman can understand cloning and other current wonders of Genetic Research. Her path leads through *Jurassic Park* (the book, not the movie) and much else, wherein she discovers that startling new things are happening at an accelerating pace. Nobody can guess how far new technologies can take us—or how fast—yet it’s all going on virtually without legal or moral restraints (in the U.S., says one expert, we lack “any sort of federal, state or local oversight”). Why? Because “Any discussion of reproductive technology means you have to talk about conception, embryos and yes, abortion. And that’s a 300-pound gorilla that makes government officials take a classic ostrich-like pose.” With good reason: the “right” to abortion is, after all, based on the proposition that “an unborn baby is not *really* a baby unless the mother *wants* it”—it’s her “choice” because it’s her “property.” But surely genetic material is *somebody’s* property, to be used or disposed of at will? The “horrors that logic conjures up,” Abbott concludes, might well turn the argument against “choice unlimited,” *including* unrestricted abortion.

We note that, although she wrote her article only days before deadline, there has already been another stunning development: as we write, the news from Britain describes a new “technological process” that would implant the eggs of a ten-week-old female fetus into an infertile woman. Thus “it” could become a mother without ever having been born!

Our old friend John Muggeridge keeps us up to date on what’s happening up in Canada where, it seems, the “life issues” are reflections of our own: “assisted suicide” is currently the subject of rapt public attention. One Sue Rodriguez, 43, in the final throes of Lou Gehrig’s disease, demands the “right to control her own body”—meaning to end her life—but she cannot manage it without assistance. A philosophy professor reasons that, as Mrs. Rodriguez didn’t *choose* to get the disease, “failure to provide her with some means of overcoming this handicap is to discriminate against her on the basis of the handicap”—the cure is in the killing. The Supreme Court of Canada did not agree, albeit by a narrow five-to-four vote; the majority opinion cited the bad example of Holland, where the “relaxation of the absolute prohibition takes us down ‘the slippery slope’ ” to *involuntary* euthanasia (notoriously true, the Dutch have lost all control of the killing season). How long the Court’s wisdom will hold is another matter: polls indicate that over 75 per cent of Canadians favor assisted suicide *and* “active” euthanasia.

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Who is qualified to “assist” at a suicide? One would think that it would follow the abortion precedent: a matter between the “patient” and a doctor—but as with abortion, the paradigm can be expanded, to include even a newspaper reporter pursuing the story she *wants* to write. Mr. Wesley Smith here describes in detail just such a story, which recently appeared in the *New York Times Magazine*. In the event, the reporter (one Lisa Belkin) wasn’t the only “non-medical person” who played a part in the drama; others included a Minister available to “alleviate unnecessary suffering” plus a friend who conveniently turns up to “support” the woman’s decision—even her own mother tries “to do right” by the victim, who does indeed die, however reluctantly—she couldn’t bear to disappoint them all? It all makes a rather ghoulish story but, as Mr. Smith makes clear, it’s really a mere *vignette* on the margin of the new and burgeoning Suicide Industry.

Willy-nilly, the “retired Doctor” Jack Kevorkian has become the *premier* salesperson for the new industry (proving that there’s no ghoul like an old ghoul?). At first glance, “Doctor Death” and his obsessive antics seem to be no more than a bizarre blip, another “15 minutes of fame” that will soon be replaced by another freakish persona. But he evidently clowns for a receptive audience: recent polls indicate that Americans are (for once?) following their northern neighbors in developing a morbid fondness for what Kevorkian is selling. So there may be nothing better to do but laugh at him, and Rita Marker has a good laugh here, both at the bad doctor and his flamboyant young lawyer, Geoffrey Fieger, who indeed seem meant for each other. But perhaps you’ll want to have a snack handy: if Kevorkian can un-nerve people into wanting his Rube Goldberg Death Contraption, his “I’m starving” act just might induce hunger pangs between guffaws. But his legal mouthpiece plays it all with a very straight face, the better to sell his client as the “brave and brilliant” crusader he manifestly is *not*. Indeed, the attention-grabbing suicide machine masks goals—e.g., human “experimentation” and organ scavenging—that conjure up Nazi comparisons, which lawyer Fieger simply refuses to discuss. But he’s met his match in Mrs. Marker, who is expert on the details, not only of Kevorkian’s record but also of the whole international euthanasia *apparat*, about which she has written a great deal. After you enjoy the present article, you’ll be glad to know that we have more from Mrs. Marker in this issue (see below).

Euthanasia advocates are by no means all “activists”—there is a strong academic contingent (as Mr. Muggeridge has already shown us) busy making the case for the “morality” of what the American Medical Association used to forbid as the “intentional termination of the life of one human being by another” (the AMA has since revised such Hippocratic terminology). Is it possible that these “mercy killing” proponents have allies in, say, the textbook industry? Well, years ago we ran an article by Professor Thomas Sullivan (“Active and Passive Euthanasia,” *Summer*, 1977); it was later reprinted in an anthology for students—but hardly as the “last word” on the subject, as you

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will see. The result was, the students got only half of the debate (and the wrong half at that, we'd say), so we're pleased to have Sullivan complete his argument here—we, er, *assume* that the textbook publisher will include it in an updated anthology. Meanwhile, you get his answer to the vital question: Is there any difference between letting someone die, and killing him? Indeed there is, but like so much else we knew for certain before *Roe*, there is no longer a consensus on a "Yes" answer.

There is another international *apparat* that has already achieved enormous power: "population control" agencies now operate worldwide, under the "cover" of the UN and with strong governmental support—and *money*—especially from the U.S. As we write, the Clinton Administration is vowing to greatly increase the already-large contributions to International Planned Parenthood and the UN Population Fund (notorious for its support of still-Red China's forced-abortion and infanticide "policies"). The goal of all these "population" efforts is of course world *de*-population, especially in "backward" Third World countries, of which the Philippines is considered a prime example: too many babies supposedly produce economic disaster, and so on. True, the once "advanced" island nation is in poor economic shape, but that may well be *because* the de-populators have been so "successful" there.

Our far-flung correspondent William McGurn (now based in Hong Kong) has recently been to the Philippines, and we asked him for an eye-witness report, which he has kindly supplied *via* FAX. (It's still a strange feeling to stand at a smallish machine that is spewing out copies of originals which, just minutes before, existed only half way round the world—it makes us wonder if our trusty old Royal manual may be getting somewhat obsolescent?) What he saw and heard makes fascinating reading—it's not at all like what you get from our "politically-correct" media, which depict de-population as an unmitigated *good*. In fact—quite aside from the widespread corruption involved—the victims often see things differently. More, the fanatic focus on birth rates misses the glaring truth: population is not the problem—stunningly-successful Asian economies are now found in "over-populated" countries. People not only consume "resources" but also produce *more* of them when set free to do so—a lesson the current leaders of the Philippines refuse to learn.

When we began this journal, we hoped to make it a kind of "permanent record" of the abortion controversy by including not only the best articles we could find but also important pieces published elsewhere. Our final offering is certainly one of the latter. James Q. Wilson is a distinguished author of many books and articles. His recently-published *The Moral Sense* has been widely praised, e.g., the Rev. Richard John Neuhaus called it "a beautiful book" by "one of the most morally astute social scientists of our time." Wilson's stated purpose is to help Americans "recover confidence" in "the tug of our better nature" because "most of us have a moral sense" even though

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“some of us have tried to talk ourselves out of it.”

In his article “On Abortion” (reprinted here in full from *Commentary* magazine), Wilson opens with a definitive “Abortion is a moral question,” and proceeds to re-structure the “philosophical framework” of the argument as most Americans now see it, that is, as primarily a matter of “rights,” *not* morality. He holds the Supreme Court responsible: in deciding *Roe*, it “went to great lengths” to avoid an interpretation “that might seem even vaguely moral”—a “doctrinal position” that has given us a “policy” far more radical than virtually any in Europe, where abortion is “either sharply limited” or “surrounded with constraining regulations in the later months.”

Wilson’s suggested “alternative” would draw on the “natural respect” most people have for “innocent life”—but we’ll let you, dear reader, hear him out, and make your own judgment as to how effective his proposals might be. Those committed to the “sanctity of life” tradition will no doubt find them less than ideal; some might even wonder why this journal would include them—Do we endorse Wilson’s “solution”? Obviously not. But he makes a critical point: so long as the argument is focused on “rights” rather than on the *humanity* of the “fetus” there will *be* no acceptable solution.

As we’ve said, the abortion issue remains in a political Limbo but, in our judgment, the committed anti-abortionists have won a strategic victory: they have indeed made abortion “the issue that will not go away.” The result is, *uncommitted* but seriously-concerned people are now seeking (groping for, if you will) *tactical* solutions that may command majority support. So long as they posit the humanity of the unborn, are we not bound to welcome them, however “imperfect”? Alas, the perfect is all too often the enemy of the good; only a return to the all-but-abandoned ideal of a “good society” can bring the abortion dilemma back into the “moral sense” needed to resolve it.

* * * * *

As it happens, our first three appendices bear on that proposition. In *Appendix A*, Columnist Mona Charen puts Mr. Wilson’s argument into a broader anti-abortion perspective in which, as she says, it is “nothing new”—but still a very welcome addition to the growing movement in the right direction. *Appendix B* proposes yet another solution that is hardly new—ban abortions after, roughly, the first “trimester” based on accepted medico/legal definitions of brain function used to determine the end of born life—the three authors emphasize the “educational impact” such a “solution” could produce, because the “vast majority of Americans would undoubtedly be surprised to learn that the vital signs of life are present as early as eight weeks.” Quite true.

Is all this “concerned citizen” agitation having an impact on the Abortion Industry itself? *Appendix C* swings our focus abruptly around to a view from the pro-abortion side. In York, a medium-sized town in southeastern

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Pennsylvania, it took the local Planned Parenthood clinic two-and-a-half years of frustrated searching to find doctors willing to do its abortions—and elsewhere in non-metropolitan America “the picture is much the same,” reports Miss Fawn Vrazo in the Philadelphia *Inquirer*. That kind of thing is of course *good* news for anti-abortionists; it demonstrates the widespread “moral-sense” resistance to legalized abortion.

On the other hand, the bad news about *abattoirs* that ought to be reported somehow gets over-looked by the “Pro-choice” media, although not by Ray Kerrison, the highly-regarded columnist for the New York *Post*, who has been covering the atrocities regularly for years. In *Appendix D* you get a stiff dose of the kinds of questions Kerrison asks; you aren’t likely to see the answers on your TV screen.

Then we have another feisty columnist, Miss Debra Saunders, who is based at the San Francisco *Chronicle*. (In “real life,” she is the wife of Mr. Wesley Smith.) In *Appendix E*, she too writes about the ineffable Dr. Jack Kevorkian, adding more comic details to those you already have from Rita Marker (obviously Doctor Death’s fame as a fraud is a nationwide joke?). But she also makes a serious point about the *moral* of the story.

In *Appendix F*, you get the promised more from Mrs. Marker; it’s another tale that needed to be told—the “inside story” of the final days of Ann Humphry, second wife of Derek, and co-founder of his Hemlock Society. It is indeed a sad story, and proof positive that Mr. Humphry is concerned for things more worldly than alleviating the suffering of the dying.

Our final offering (*Appendix G*) adds to Mr. McGurn’s report; Senator Brian Harradine is well-known in Australia and beyond for his opposition to the costly (in both lives *and* money) “population-control” programs that plague “poor” nations worldwide. And the Independent Senator from Tasmania knows how to put his opposition into effective action: last October he single-handedly managed to halt Australian support of several Third World de-population programs (the government needed his support to pass its budget). We hope to have more from him in due course.

We also expect to bring you a lot more on all these life and death controversies in coming issues. If indeed our High Court believed that *Roe v. Wade* was the “final solution” to the abortion dilemma, it has been proved resoundingly wrong, as we have enjoyed demonstrating for Lo these 20 years. That there *will* be a solution we have never doubted, even though, to be sure, God only knows what it will be. Meanwhile, we will go on welcoming to these pages the brightest and best new ideas we can find.

J. P. MCFADDEN
EDITOR

You're a Bad Boy, Charlie Murray

William Murchison

Down the sidewalks of big-city journalism, where everybody who's anybody (or wants to be) identifies racism and sexism as our national blights, saunters the neighborhood bad boy. He extracts from his briefcase a brick.

The bad boy—Charles Murray by name—weighs the terrifying instrument in his palms, whistling thoughtfully, then lets fly at the nearest plateglass window. Out rush the merchants to inspect the damage. Oh, the wretch! Won't he leave comfortable platitudes alone?

No. He won't. And a good thing, too, it turns out. The platitudes that have become Murray's special targets are dangerous in the extreme. Murray's 1984 opus, *Losing Ground*—a veritable wheelbarrow full of bricks—identified welfare as the primary cause of family disintegration among blacks. Now comes the latest brickbat—an essay in the *Wall Street Journal* (October 29), titled, “The Coming White Underclass.” “Every once in a while,” Murray begins, “the sky really is falling, and this seems to be the case with the latest national figures on illegitimacy”—68 per cent among blacks, but among whites—get this—22 per cent and, in inner cities, probably twice that high.

White illegitimacy? We are not used to thinking of such a thing. When we do think of it, we are supposed to smile tenderly at the likes of Candace Bergen's Murphy Brown and her upscale baby, or archly at those who, like Vice President Dan Quayle year before last, find something wrong with a woman's decision to bear a child out of wedlock. We think of Annette Bening and Warren Beatty and their famous, er, love child; or of Jessica Lange and Sam Shepherd who, just because they have brought into the world three children, see no reason to subject themselves to a bourgeois entanglement like marriage. Such gestures are supposed to be charming and, of course, modern.

The neighborhood bad boy isn't buying. His attention isn't on Murphy Brown but rather on the kind of white women Murphy never encounters, indeed probably never even hears of down at the television station. Murray notes that heretofore there hasn't been

William Murchison, our contributing editor, is a columnist at the *Dallas Morning News*.

WILLIAM MURCHISON

a white “underclass,” disordered and violent, “because the whites who might qualify have been scattered among the working class.” That’s changing. A 22 per cent illegitimacy rate is barely lower than the illegitimacy rate of 25 per cent for blacks in the mid-1960s, the period in which “black crime, dropout from the labor force, and illegitimacy all shifted sharply upward.” Murray sees the white illegitimacy rate “approaching that same problematic 25% region at a time when social policy is more comprehensively wrongheaded than it was in the mid-1960s, and the cultural and sexual norms are still more degraded.” As illegitimacy—“the single most important social problem of our time”—grows among whites, Murray projects rapid deterioration of behavior, ending doubtless in Hobbesian authoritarianism.

The bad boy then gets down and dirty. He would stop “all economic support for single mothers.” All! Thus the government would strip away official succor and protection for the wrongheaded, if immemorial, desire to conceive and give birth to illegitimate babies. The mother, under Murray’s new dispensation, would have to “enlist support from her parents, boyfriend, siblings, neighbors, church or philanthropies.” Murray would encourage adoption and, as a final resort, government-financed orphanages. What we want to do, he says, is stigmatize illegitimacy. We want people to think of it as bad and hurtful. That’s the way to have less of it instead of more.

You might expect 1990s America to descend *en masse* upon the bad boy and take him by the ear. Many choose instead to wring his hand. His brickbat has achieved the desired result: people want to talk about what he has to say. All sorts of people, from William Buckley to William Raspberry.

Buckley, to no one’s consternation, argues in his column for obliging pregnant teenagers “to feel the disappointment, and indeed disgust, one would show toward a teenager who gave evidence of race prejudice.” The Washington *Post*’s William Raspberry—who may have to surrender any liberal credentials that remain to him if he keeps on opening his mind—calls for “a desperately needed debate” on the bad boy’s assertions. “Murray,” says Raspberry, “begins where you are and drags you, often kicking and screaming, much closer to where you thought you’d never go. Even when you see where his train of thought is headed, you may fail to find a convenient stop at which to exit.”

The President of the United States himself got in the act. “The number of young women giving birth to children out of wedlock is sweeping the country, upward and offward, upward and all across

racial lines,” said Bill Clinton in his weekly radio broadcast. “We have to be concerned that without the structure, the discipline, the love of families, too many children face a future stripped of hope.”

Nationally televised talk shows, such as *Crossfire* and *This Week with David Brinkley*, have played host to the bad boy. The interplay is fascinating to watch. Critics do not challenge Murray’s premise that illegitimacy is worrisome. At least to date I haven’t heard of anyone’s proclaiming, Murphy-Brownishly, “Mr. Murray, you’re wrong—illegitimacy is joyous and liberating; in fact we need all of it we can get.” The stated objections are to Murray’s linkage of illegitimacy and crime and, naturally, to his radical remedies.

For instance, here is David Liederman of the Child Welfare League of America, on *Crossfire*: “The notion that illegitimacy is causing crime, is causing poverty, is causing homelessness is ludicrous. It’s the other way around. AFDC rates go up because we’ve been in a deep recession, and it’s hard to get a job, and consequently more people go on AFDC. There’s a direct relationship between illegitimacy and poverty, homelessness. All of the problems of urban America are the things that are causing young women to have babies, because their lives are not together.” (Oh, yeah? Then why did illegitimacy begin its sharp upturn during the go-go ’Sixties? Why didn’t it plunge during the roaring ’Eighties?)

As for how we should cure illegitimacy, Surgeon General Joycelyn Elders, appearing on *David Brinkley*, has the answer: a “comprehensive health education program.” We know this all the better because the Surgeon General mentioned the need for such a program nearly every time she answered a question. Schools aren’t teaching the sexual basics nearly enough to suit her. If only the kids knew, if only they understood, if only the government could be commissioned to tell them!

But *don’t* they know? Are they so blinkered as the surgeon general implies? Dr. Elders’ case, which certainly isn’t new, went down more easily a generation or two ago, when illegitimacy rates were, by present standards, negligible (less than 5 percent for whites in the early 1950s). With four out of five inner-city black women bearing illegitimate babies, it’s hardly persuasive to say the poor young things don’t know what happens when they assume the prone position. A few younger ones actually may not; the rest clearly do—or at least have some strong suspicions. The problem, Murray would

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emphasize, is that the great majority of moms in question don't care. Why should they care? What's going to happen to them if they surrender their virtue? Nothing.

To begin with, the larger society doesn't care. "Victorian hypocrisy," as liberals used sweetly to label moral scruples, is dead as Marley's ghost. Mom isn't going to get excited. She herself may have been an unwed mother. In fact, this likelihood increases in proportion as the number of unwed mothers increases. Does Dad care? Dad, as Charles Murray's research for *Losing Ground* makes plain, is unlikely even to inhabit the same premises as the family. The welfare system makes him a superfluous character. Does teacher care? Unlikely. Modern schools allow pregnant students to attend class right alongside the non-pregnant—who are the likelier themselves to regard teenage pregnancy as normal, what with all the pregnant classmates they have. Today's public schools are in fact a great desensitizing institution; the varied lifestyles they exhibit, if not encourage, are moral novocaine. The more one sees, the more one takes as a matter of course. The long and the short of it is, hardly anyone—at least in the inner city—gets greatly worked up when one more susceptible girl gets in the family way. Even outside the inner city, with Murphy Brown and the like whooping it up for single motherhood, the bearing of illegitimate children hardly seems the encumbrance it did, say, to Tess of the D'Urbervilles. There is no stigma.

Indeed there are positive rewards for bastardy, to breathe life into a politically incorrect, therefore generally abandoned, label. The single mother participates in the Aid to Families with Dependent Children (AFDC) program. She receives food stamps. She qualifies for subsidized housing and Medicaid. All this just for letting nature take its course! Not bad. And yet not good from the standpoint of discouraging the behavior that so much alarms Charles Murray. Milton Friedman's dictum is endlessly useful in cases of this sort. If you want more of something, Friedman likes to say, you subsidize it; if you want less, you tax it. This is just good old common sense. To subsidize bastardy—even if accidentally—is to encourage it.

Imagine the reverse state of affairs: the federal and state governments give welfare benefits and subsidized housing to intact, two-parent families whose oldest children were born nine or ten months after issuance of the marriage license. Under such a program as this, welfare offices could count on throwing open their doors to hordes of dreamy-eyed young people showing off wedding bands and making goo-

goo eyes at each other. A black market in phony marriage licenses would likely spring up.

Of course Murray proposes nothing of this character. The kinds of families referenced above tend to be sturdy and individualistic, fearful if not scornful of dependence on non-family resources. The conventional married couple undertakes Holy Matrimony with a view to having something of its own. The condition of dependence which prevails in socialist or welfarist societies defeats this worthy objective. We all like something for nothing, but deep down most of us know that no such beast roams our jungle.

So the rewards go, perversely enough, to those who have engaged in otherwise unrewarding conduct. The mildest thing this does is confuse the beneficiaries as to what society—the entity that writes the checks—values, and what it doesn't value. The larger effect—almost Pavlovian—is to encourage the kind of conduct that prompted the original reward. Beyond that, of course, is the effect that might most conveniently be described as cultural demoralization: the breakdown of individual responsibility, the severance of those personal and social connections that result from the assumption of responsibility. In the 'Seventies scholars like Christopher Lasch began talking nervously about the new culture of narcissism—the culture of me, my, and mine; of Big I and Little You.

Readers of this journal will quickly discern that the consequences of sexual self-absorption play out in different ways. On the one hand, illegitimacy flourishes in a climate where community standards are downgraded to mere preferences. On the other hand, abortion, too, flourishes in such a climate. One mother chooses life, another opts for the extermination of life in its "preborn" state. There might seem a contradiction, but really there is not one. If outcomes (illegitimate birth vs. abortion) differ widely, the reasoning process is the same.

The process starts here: I am what counts; I, the mother. My womb, my biological processes are my own. I am the proprietor.

There is certainly a half-truth here. Certainly the biological processes belong—physically—to no one else but the individual mother. Whom else should a womb "belong" to, Congress? The difficulty arises when physical ownership is made the sole, or at any rate most urgent, criterion of use. The mother becomes gatekeeper, setting to her own taste the conditions of entry into life. Perhaps she's not "ready" for a baby. In that case, go away, kid. Or, say, the unborn child

lacks a father connected with her, the mother, in any sense other than the biological. The mother may waive that objection. The womb is hers, the baby hers. Come on in, says she.

Proponents of the right to life will rejoice whenever such a decision is made in preference to the decision to “terminate” a pregnancy. There is something of love here, something of unselfishness. But, unfortunately, not enough. The bearing of a fatherless baby entails needless risk—chiefly to the baby, who, according not just to the wisdom of the race but nearly all the available evidence, needs profoundly those human connections that marriage establishes and maintains. In other words, better a living bastard than a dead “fetus.” But, far, far better still, a baby connected by the law of man and God to two humans who have pledged to him lifelong devotion and concern.

As Barbara Dafoe Whitehead wrote in *The Atlantic* half a year before Murray’s article came out, “Children in single-parent families are six times as likely to be poor. They are also likely to stay poor longer . . . children in single-parent families are two to three times as likely as children in two-parent families to have emotional and behavioral problems . . . Compared with children in intact families, children from disrupted families are at a much higher risk for physical or sexual abuse . . . Children who grow up in single-parent or step-parent families are less successful as adults, particularly in the two domains of life—love and work—that are most essential to happiness.” Mrs. Whitehead’s article is fetchingly titled “Dan Quayle Was Right”—a scholarly, even-tempered so-there to Murphy Brown’s outraged defenders.

That something should be done to discourage illegitimacy seems plain enough. That Charles Murray has a provocative remedy is equally clear.

One thing that makes the Murray proposal interesting is the Friedmanesque common sense behind it. “If you want to get the stigma [of illegitimacy] back,” he said on *David Brinkley*, “you have to make this behavior punishing again, and it has to be punishing for someone. It has to be punishing for the parents, it has to be punishing for the boyfriend who’s faced with a shotgun from somewhere, it has to be punishing to the community. And until you’re ready to restore these walls of penalties that used to constrain sexual behavior, you aren’t going to get stigma.”

The bad boy is exactly right. That’s how life operates. But there remains a very open question: Is America ready to face up to the fact that that’s how life operates? Or are today’s comfortable fantasies

likely to smother the nightmares about next week and next year? The distorted incentives of the welfare system spring from a distorted but oh-so-modern view of (as we would nowadays say) humankind. It's been a long time since America believed—believed officially, I mean, and with all its heart—in the elaborate web of personal responsibilities that enmeshes successful societies and their individual members. Responsibilities, after all, are restraints of a sort. They hinder freedom of action. That sense of maternal autonomy which underlies both abortion and illegitimacy is clear evidence of how long and arduous any journey of moral recovery will prove. What Murray is saying to illegitimate mothers, actual or prospective, is: you're not in charge; you can't have it your way. And worse: you should feel bad about what you're doing. Feel bad? Why, why . . . it's the most un-American feeling one can have. The spirit of autonomy instructs us to feel good about ourselves. Public schools exist in part to reinforce self-esteem. Guilt is so old-fashioned—so theological! And that makes it presumptively unconstitutional; at least if you ask the American Civil Liberties Union.

Murray's message about responsibility is hugely civilized; the question is whether we are in the mood for civilized messages. If we are not, no such plan as Murray proposes is likely to win enactment; it would fly in the face of conventional wisdom—not least conventional *political* wisdom. To cut off welfare for single mothers, legislators have to want to cut it off. The political process wars against such a wish. Murray proposes taking away something that people have now; this is a hard enterprise compared with giving them something they don't have now (e.g., other people's money, in the form of health-care benefits). It's infinitely more fun to play Santa Claus than Scrooge—or Jeremiah, shouting of retribution to come.

Congress, in these latter times, has become a political Sotheby's—a venue warmed by escalating bids for voter favor. The winner wins personally. He gets elected to Congress, or, if there already, he looks forward to staying a while longer, enjoying the parties and the perks.

Consider, by contrast, what kind of a Congress it would take to put teeth—sharp ones—in Charles Murray's plan: namely, a brave Congress, and a stern one; one that worries about the next century instead of the next election; one a majority of whose members are willing to do what's right, damn the torpedoes.

This sounds like a bleak environment for such reforms as Murray

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intends. But you never know. The spirit of the age commends personal choice—license really—as over against personal responsibility. Spirits have changed before. The necessity for this one's changing is almost too manifest to note. But why so—because of elaborate reasonings? Rather, because of simple results and consequences. Criminals enjoy unfettered choice. In my own part of the world recently, an inner-city gang, venturing into a regional shopping mall, exercised choice by blazing away with revolvers at two youths who had declined to make way on an escalator. This venture in self-expression took the life of a young father who was eating pizza with his family. Speaking of pizza, another group of teenagers one day last year ordered a pizza and, when the deliveryman showed up, robbed and tried unsuccessfully to murder him. This, at the address given the pizza company for delivery, the first place the man would be sought when he failed to turn up.

Might it be said that something is wrong with the expectations we adults enforce on our youth? If “enforce” is the word? Expectations in general seem low: for grades, for work, for behavior, for belief. Autonomy, of the sort that has gripped us since the 'Sixties, is not doing the job. The old civilizational values, grounded on responsibility and obligation, look more and more appealing. Congress will turn around and do the right thing when the people demand that Congress turn, which demand so far has not coalesced. But to repeat: you never know. An article like Charles Murray's, appearing in our leading financial journal, is a sign of what the 'Sixties liked to call ferment. Reverse ferment, in the present case. The great ideas of 30 years ago—when, for instance, the welfare system was given its present, responsibility-draining form—have proved less than great. In fact, they have proved mendacious and destructive.

Whatever is destructive ends sooner or later—sometimes amid the racket of collapsing pillars in the temple, sometimes amid the bracing smell of new mortar and fresh wood, as the inhabitants, just in time, sense their danger and undertake, at last, those things that need doing.

Thank You for Not Cloning Howard Stern

Faith Abbott

Recently I saw an editorial cartoon which showed two scientists with rapt expressions; one is staring at a test tube, the other is peering into a microscope. The lettering on the door says "Genetic Research." On the lab table there is a rat, sniffing its way around slides and petri dishes. On the wall there is a picture divided into six squares, in each of which is an identical rat face, and a large sign reading "Thank you for not cloning Howard Stern."

I know just enough about Howard Stern to agree that one is more than enough. What I *didn't* know much about was cloning, which is something we're all supposed to know about since those two scientists at George Washington University made headlines by claiming to have cloned human embryos. When I mentioned to my sister in Florida that I didn't know much about clones or cloning, she asked: Have you read *Jurassic Park*? No, nor had I seen the movie. I had heard that it was frightening, and now that I *have* read the book, I understand why. And if the idea of secretly cloning prehistoric creatures to create a theme park is scary, the idea of cloning *people* is far more so. True, it's only fiction. On the other hand, human cloning *was* considered fiction, or at least "futuristic," until the future came right down to the present.

How can the "scientifically challenged" layman understand cloning? The drawing that illustrates Barbara Ehrenreich's essay in *Time* magazine ("The Economics of Cloning," November 22, 1993) is amusing—there's a baby lying atop a Xerox machine, watching multiple copies of herself roll out—but it's not that simple. For cloning you need DNA, which is easier to spell than to pronounce: deoxyribonucleic acid. DNA is in every cell of our bodies; it's a genetic code, a sort of blueprint of every human being. We've heard a lot about DNA since its structure was "deciphered" in 1953 by two British researchers. In Michael Crichton's *Jurassic Park* the scientists got DNA from dinosaur bones—in order, of course, to clone dinosaurs. For this they needed the entire dinosaur DNA strand, which they found in ancient insects that had been trapped, millions of years ago, by running

Faith Abbott, our contributing editor, has inadvertently become our Instant Expert on cloning.

tree sap, otherwise known as amber. (“One finds all kinds of insects in amber—including biting insects that have sucked blood from larger animals . . . They watched as he inserted a long needle through the amber, into the thorax of the prehistoric fly.”)

Now remember, this is fiction. Or is it? The other day I was in a doctor’s waiting room, glad to have an absorbing book—*Jurassic Park*—for distraction. At one point I glanced over at the waiting-room magazines, and saw this on the cover of the May, 1992 issue of *Scientific American*: “Seeking DNA in the dry bones of Neanderthals.” The article is about the only known mummy from the ice age, discovered in the summer of 1991. In this “freeze-dried Iceman” DNA was well preserved.

Far from being mute, ancient remains bear eloquent testimony to those who know how to listen. Within the past decade, biochemists have discovered how to wrest the molecules of life from organic residues one step removed from mere dust. Proteins and nucleic acids have been recovered from plants that lived millions of years ago and animals that lived tens of thousands of years ago . . . Workers now seek and find such molecular clues not only in preserved bodies but also in dry bones, providing a vastly greater vista of the past.

In a box on that page I read this: “Nucleic acids and proteins trapped in ancient mummies and still more ancient bones can serve as time capsules of history. Molecular biologists are beginning to unlock their secrets.”

But the recent furor has more to do with mummies than with mummies. Presumably the George Washington University scientists had the best of motives: helping infertile couples by providing them with extra embryos for implantation. To get these extra embryos you have to split single human embryos into twins or triplets. The *Washington Post* ran a long piece about the GWU research (November 16, “Furious Debate Over Ethics”) and one column has helpful graphics aptly titled “How To Clone An Embryo.” The steps are numbered:

- 1) What looks like a child’s drawing of the sun, with all the lines radiating from it, is a human egg; the rays are sperm heading toward it. The text reads: “A human egg is fertilized by sperm in a test tube.”
- 2) “The resulting embryo is allowed to divide into two, four or eight cells.” The graphic looks like two poached eggs on a round plate.
- 3) “Individual cells, each containing complete and identical genetic instructions, are separated from each other.” The poached eggs have left the plate and look like two eyeballs.

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- 4) "Each cell is coated with a protective gel . . ." (the eyeballs now look like two fried eggs, sunny-side up)
- 5) . . . and cell division continues for several more rounds." Now we see two double-yolk fried eggs: the white, with tiny black dots, has expanded to accommodate the increase.

In a New York *Times* article (October 30), Peter Steinfels writes that the notion of cloning human beings "became a lightning rod for moral debate" in the 70s, when it was theorized that genetically-identical individuals could be produced by inserting the nucleus of a human cell, with its full complement of genetic information, into an egg cell obtained from another source and stripped of its own genetic material. And the *Post* article tells us that researchers have cloned animals since the 80s, that similar work with human embryos has progressed steadily since then, and that *in vitro* fertilization specialists have been splitting apart human embryos for years—not just in research labs but in fertility clinics too. In some cases, these specialists remove one cell from an eight-cell human embryo grown in the lab, check its sex, test for various genetic defects, then implant the remaining seven cells into a woman's womb "where they develop into a normal baby."

"Given these precedents," says the *Post*, "the GW research was, if not routine, then hardly startling. So why did the news cause such a stir when it was reported last month?" That it "caused a stir" is an understatement. Once the news was out (the story broke on the front page of the New York *Times* under the headline SCIENTIST CLONES HUMAN EMBRYOS, AND CREATES AN ETHICAL CHALLENGE), it "flew around the world" (*Time* magazine, November 8) "with the speed of sound bites bouncing off satellites." GWU's switchboard logged 250 calls from the press that first afternoon; by next day calls and faxes were flooding in from as far away as Spain, Sweden, South Africa and Australia. Other countries wasted no time: a spokesman from the Japan Medical Association found the experiment "unthinkable" and French President François Mitterrand pronounced himself "horrified." The Vatican's official newspaper, *L'Osservatore Romano*, ran a front-page editorial by the paper's moral theologian, who said that the United States must regulate unscrupulous scientists who "venture into a tunnel of madness" and that the aim of providing children to childless couples "does not justify a means that is intrinsically perverse."

And why, asked the *Post*, did so many people—including many scientists—feel “as though they’d suddenly been transported into the future?” Well, answers the *Post*, “according to many medical experts and ethicists” the surprise came because neither physicians nor the general public were given an opportunity to consider the implications of the work during the years that it was under development. And the failure to keep everyone informed of the scientific goings-on is, says the *Post*, “rooted in an acrimonious political stalemate of four years ago that triggered the dissolution of the nation’s primary forum for bioethical debate.” Whatever the reasons, it *was* a “surprise” and, if we can believe what we read, it seems the two GWU scientists were the most surprised of all: it’s as though they were two precocious kids experimenting with a chemistry set in the basement, with no adult supervision.

In his *Times* article, Steinfels notes that when the field of bioethics was in its infancy, two decades ago, theologians and ethicists had fierce arguments. An American scientist wrote in a leading American medical journal: “Cloning is the aspect of genetic intervention that most requires public discussion today.” But there wasn’t public discussion, and certain theologians who argued that no first-time attempts at *in vitro* fertilization or cloning should ever take place (since who could tell whether the outcome would be badly damaged individuals) lost some credibility when the first test-tube baby, Louise Brown, turned out to be normal (so far, anyway). But what really killed the cloning debate, writes Steinfels, was not the test-tube baby: it was the 1973 Woody Allen movie “Sleeper,” in which Allen and Diane Keaton find themselves 200 years into the future, expected to clone a replica of a Big Brother who had been blown up by an assassin. Only his nose (maintained on a life-support system) has survived. In the finale, hero and heroine overthrow the regime by taking the nose hostage.

Then in 1978 a book titled *In His Image* was published: it was a science writer’s account of a purported real-life experiment in which a baby boy was produced by cloning a single cell from an unmarried millionaire named Max. The author said he had seen the duplicate Max alive and well, but in 1982 a federal district court in Philadelphia ruled that *In His Image* was a “fraud and a hoax.”

By that time, says Steinfels, “human cloning had already become just too frivolous a topic for serious-minded bioethicists. They left

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it to science-fiction writers for the production of dinosaurs.” But, he continues, “the news this week of an elementary experiment in human cloning should be a jarring reminder that science-fiction fantasies—or nightmares—cannot be shoved into an indefinite future. If there is a scientific door to be opened, sooner or later someone will push at it.”

In *Jurassic Park*, Dr. Ian Malcolm says: “Scientists are actually preoccupied with accomplishment. So they are focused on whether they can do something. They never stop to ask if they *should* do something. They conveniently define such considerations as pointless. If they don’t do it, someone else will. Discovery, they believe, is inevitable. So they just try to do it first.” Of the numerous characters in the book, Malcolm is obviously the one we’re meant to pay the most attention to. He is a special kind of mathematician: a skeptic but also something of a philosopher. He was convinced from the beginning that the theme park idea would turn out to be a disaster—that it was “an accident waiting to happen.” Science is destroying itself, he believes:

As it gains in power, it proves itself incapable of handling the power. Because things are going very fast now. Fifty years ago, everyone was gaga over the atomic bomb. That was power. No one could imagine anything more. Yet, a bare decade after the bomb, we began to have genetic power. And genetic power is far more potent than atomic power. And it will be in everyone’s hands. It will be in kits for backyard gardeners. Experiments for school-children. Cheap labs for terrorists and dictators. And that will force everyone to ask the same question—What should I do with my power?—which is the very question science says it cannot answer.

As for the GWU scientists, they weren’t going to do any *real* cloning. They hadn’t planned to go very far with their experiments; the embryos used were genetically flawed because of having been fertilized by more than one sperm, and so could not have developed for more than a few days.

Dr. Jérôme Lejeune, the world-famous French scientist who first identified the gene that causes Down syndrome, has commented that the experiments represent “not a breakthrough of science but a breakdown of common sense.” And the Pope has warned that scientists have embarked on a path toward manipulation and “self-destructive madness.”

But Barbara Ehrenreich, in her *Time* essay, feigns great surprise about the anti-cloning furor: any normal species, she says, would

be delighted at the prospect of cloning. Why, there'd be no more "nasty surprises" like Down syndrome or sickle cell—"just batch after batch of high-grade and, genetically speaking, immortal offspring! But representatives of the human species are responding as if someone had proposed adding Satanism to the grade-school curriculum. Suddenly, perfectly secular folks are throwing around words like sanctity and dredging up medieval-era arguments against the hubris of science." She says there is hypocrisy in the anti-cloning fervor, because "we're already well down the path leading to genetic manipulation," and she has a point when she says that any culture that encourages *in vitro* fertilization has no right to complain about a market in embryos. About the absolute uniqueness of each individual human being, she writes that if we truly believed in it "there would be none of this unseemly eagerness to reproduce one's own particular genome." She asks: What is it that drives people to *in vitro* rather than adoption? and answers "Deep down, we don't want to believe we are each unique, one-time-only events in the universe. We hope to happen again and again."

But there she's wrong: I for one do not hope to happen again and again, and I do believe in the absolute uniqueness of each of my children, and who would want their kids to "happen" to another set of parents? This sounds far-fetched, but so did a lot of things, not so long ago. Human embryos, states Ehrenreich, are life forms and there's nothing to stop anyone from marketing them now, on the same shelf with the Cabbage Patch dolls. So why couldn't there be a market for clones? You could get the brightest and the best.

In her syndicated column (which ran in the San Francisco *Chronicle* on November 2nd under the title "Clones in The Freezer") Ellen Goodman writes that at some point most parents have thought about how they could do child-raising differently, if they had a second chance. But one of the "givens" of life, she says, is that children are unique: "We know that we can't raise a son or daughter one way, then start all over again with the same exact genetic material. Or can we?" Goodman writes that "normally" she doesn't belong to the Jurassic Park school of the scientifically anxious: she doesn't worry about mad scientists creating human monsters in their labs. Still, she says, "you don't have to believe in Frankenstein to worry about the effect of having a clone of your own in the freezer. For the moment, the mass producing of people is still in its embryonic stage. But this latest scientific surprise reminds me of the line from

an old song: 'There will never be another you.' . . . Don't be too sure."

Frozen embryos as a commodity is not science fiction: we learned that from the Davis case in Tennessee. You'll remember that Mr. and Mrs. Junior Davis had an infertility problem, and sought treatment at an IVF clinic; multiple extra-corporeal embryos were created and frozen. Then the Davises got divorced, and there was a highly-publicized legal fight over whether their frozen offspring were children, entitled to a custody hearing, or merely "property." (*Time* magazine reports that there are already 10,000 frozen embryos floating around in liquid-nitrogen baths in the U.S., stuck in a kind of icy limbo as their would-be parents sort out the options.)

More recently there's been The Case of the Frozen Sperm. Fifteen vials of it, from a man who bequeathed it to the woman with whom he'd been living, for insemination after his death (by suicide). The two adult children of the deceased were furious. In court papers they said that the desire to father children after one's death was "egotistic and irresponsible" and that the birth of such a child (or children?) would "cause emotional and financial stress on the family." The California Supreme Court has ruled that the sperm is a legal part of the man's estate, but appeals are going on and the children are contesting their father's will, which they accuse the woman of "unduly influencing." They also accuse her of "participating in the events that led" to their father's death, so they are suing her on the grounds of "wrongful death." You see how messy these (unprecedented) cases can become.

It's not hard to understand why a grown son and daughter wouldn't want to share their inheritance with a half-sibling born of a woman they obviously despise. It's also not hard to see the widening gap between New Reproductive Technology and moral responsibility. As this case illustrates, even *potential* life can be considered a commodity, a part of a will, so that something not even *there* yet can be a threat to financial security. I guess we should be grateful that the man who committed suicide hadn't put anything about *cloning* in his will. By the way, there are already catalogs that list the characteristics of sperm donors—including one made up of Nobel prizewinners.

But *back* to cloning: Dr. Edward L. Marut, medical director of the *in vitro* fertilization clinic at Chicago's Michael Reese Hospital, says: "You have to draw the line somewhere . . . it's a dangerous turn, trying to create the perfect child and then duplicating it. What

do you do if you don't like the first child? Throw the cloned embryo away?" (Barbara Ehrenreich writes: "If you like a movie scene, you can rewind the tape, so when Junior gets all pimply and nasty, why not start over with Junior II? Sooner or later, among the *in vitro* class, instant replay will be considered a human right.") Declares Dr. Arthur Caplan, director for the Center for Biomedical Ethics at the University of Minnesota: "We simply cannot go forward allowing technologies capable of allowing us to design our descendants to evolve without having any sort of federal, state or local oversight." The American Fertility Society echoed this position by issuing a statement saying that "this subject is of such grave importance that relevant guidelines should be established at the national level."

Which brings to mind this question: Why should strict government regulations be imposed on the cloning of human embryos but not on their destruction through abortion? Indeed, abortion is the very issue that—surmises the author of that *Washington Post* article—"rides the coattails of any discussion about genetic screening or reproduction technology." And Patricia King, a Georgetown law professor, agrees: "Everybody says we need to talk about these issues, but everybody's afraid because all this borders on the subject of abortion. We have a consistent pattern of recognizing the need for having some national review of these topics, and we also have a consistent pattern of avoiding these reviews." Dr. Caplan also agrees, in vivid language: "Any discussion of reproductive technology means you have to talk about conception, embryos and yes, abortion. And that's a 300-pound gorilla that makes government officials take a classic ostrich-like pose." (Later I saw Dr. Caplan on TV; he repeated that line—except the gorilla became a 900 pounder.)

Quite true: "officially," abortion, *in vitro*, and artificial insemination are considered "private" matters, "between a woman and her doctor," etc. Now suddenly there's this new reproductive possibility that has many people—pro-abortionists included, with the possible exception of Ms. Ehrenreich—in a state of badly-suppressed hysteria. Why? Perhaps because it's too Orwellian, and George Orwell has been proved something of a prophet. Or because of the obvious possibilities, which go well beyond "privacy." There's Aldous Huxley, too. Think what could happen in the Brave New World of Reproduction Technology. Women would be seen as wombs-for-rent (until science perfects an artificial womb, which they are no doubt working on right now); men would be reduced to mere commercial suppliers

to fertility clinics. Babies could be made in assembly-line fashion and embryos could be cloned and frozen for future harvesting of parts.

Will fertility clinics begin to offer cloning services? Dr. Marut says he can't imagine that, *but*—since the *in vitro* business has become highly competitive—some clinics *might* see a reason to offer cloning: he is quoted in the *New York Times* as saying “it will have a huge price tag, I'm sure.”

Dr. Mark Sauer of the *in vitro* fertilization program at the University of Southern California says “I'm sure it will be done in the future.” And a Boston University medical ethicist, noting that the United States is “one of the few countries in the world where you can sell sperm and eggs,” thinks it will be only a matter of time before entrepreneurs attempt to market the embryos of *celebrities*. (Please, *not* Howard Stern.)

Susan Jacoby, who writes on medical ethics and reproductive issues, had an article in the *New York Times* (November 1, “Entitled to the Embryo?”) in which she writes “The debate pits the so-called right of people to control their own embryos—and to have children in any way they desire—against society's need to protect itself from those who would cheerfully clone and sell endless multiples of human beings so long as there was a profit to be made.” (In the context of abortion, couldn't it be said that the debate pits the so-called reproduction rights of women against society's need to protect itself from those who would cheerfully condone the termination, in the womb, of its future citizens? And of course there is “a profit to be made.”)

There was certainly a profit to be made from an amusement park featuring not rides but live dinosaurs; the book and the movie about the disastrous experiment made lots of money and may even turn out to have been “profitable” in terms of wising people up to what can happen when science splits from conscience. Back in 1987, a Catholic Church document about reproductive technologies stated that science without conscience can only lead to man's ruin, and “Our era needs . . . wisdom more than bygone ages if the discoveries made by man are to be further humanized. For the future of the world stands in peril unless wiser people are forthcoming.” And last October 31, Pope John Paul II—while not specifically referring to the GWU experiment—said in his Sunday blessing that today's culture is giving evasive and misguided answers to such basic questions as when the

human being begins to exist as a person, adding “The ethical relativism does not stop even at the identity and dignity of every human life, thus opening the way to illicit and disturbing experiments.”

After I’d finished reading *Jurassic Park*, I turned back to author Michael Crichton’s Introduction to see if I’d missed any nuggets. This is how he begins:

The late twentieth century has witnessed a scientific gold rush of astonishing proportions; the headlong and furious haste to commercialize genetic engineering. This enterprise has proceeded so rapidly—with so little commentary—that its dimensions and implications are hardly understood at all.

And he adds:

Biotechnology promises the greatest revolution in human history. By the end of this decade, it will have outdistanced atomic power and computers in its effect on our everyday lives. In the words of one observer, “Biotechnology is going to transform every aspect of human life: our medical care, our food, our health, our entertainment, our very bodies. Nothing will ever be the same again. It’s literally going to change the face of the planet.”

He then gives three reasons why the biotechnology revolution differs from past scientific transformations, the third of which is: “The work is uncontrolled. No one supervises it. No federal laws regulate it. There is no coherent government policy . . . most disturbing is the fact that no watchdogs are found among scientists themselves. It is remarkable that nearly every scientist in genetics research is also engaged in the commerce of biotechnology. There are no detached observers. Everybody has a stake.”

Ironically, it may be the “Pro-choicers” who have the biggest stake: they have won acceptance—at least from the Supreme Court—of the devilish proposition that an unborn baby is not *really* a baby unless its mother *wants* it; otherwise it is merely her “property.” Surely the embryos are likewise merely the property of anyone who wants to clone them—to be finally disposed of at will or whim? The horrors that logic conjures up could turn the argument around—and *against*—“choice unlimited”?

Anyway, Thank you for not cloning Howard Stern . . . thank you for not cloning, *period*.

The Great Canadian Death Wish

John Muggeridge

Who says there isn't a slippery slope? Ten years ago moderate social reformers were still distinguishing between passive and active euthanasia. Unplugging Karen Ann Quinlan's life-support system, they used to argue, was simply letting Nature take its course; giving her a lethal injection would have been first-degree murder.

Not any more. This November 13, Ann Landers herself plumped for active euthanasia. To "85 and Waiting," who had voiced his hope "that in the not-too-distant future people would be allowed to exit this life [i.e. get put to death] in a painless, dignified manner," she replied: "What you have suggested is a sane, sensible, civilized alternative to existing in a nursing home, draining family resources and hoping the end will come soon. Too bad it's against the law."

This is ominous. The only causes Ann Landers ever endorses are fashionable ones. You can't blame her. She is not a prophetess, but a newspaper columnist, who has to keep on the right side of her readers—or, rather, on the left side of them. No doubt she uses their letters to decide where next she should surrender to the reigning libertinism. What her columns do is make such surrenders (on divorce, for example, thirty years ago, and more recently on "gay parenting") seem wholesomely American.

But how do you make geriatricide seem wholesomely American? By pretending to talk about its victims while actually referring to their survivors. All euthanasiasts go in for this sort of rhetorical ventriloquism. Miss Landers, for example, calls a parent's life-time savings "family resources," thus implying that for their owner to spend them on a hospital bed for himself is to do his children out of their rightful inheritance. So euthanasia becomes a matter of equity. Also an act of parental kindness. For it is not occupants of extended-care units who are, in Landers' words, "hoping the end will come soon"—nobody knows what they are hoping—but rather their ever more sorely-taxed next of kin. The latter are the ones who find "existing in a nursing home" most wearisome. (On the floor where

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my mother is, I hear them talking to the charge nurse: "How is he?" "Much the same"; "Oh, well.") Knowing that their obstinately undying ancestor had at last "been allowed to exit this life in a painless, dignified manner" would bring the most merciful of releases.

Often this voice throwing is so convincing that the ancestor himself begins to feel guilty about his longevity; perhaps by going on living he really *is* inflicting cruel and unusual punishment on his heirs, not to mention taking money out of their pockets. It's a bit like the husband desirous of a double income saying that no wife of his is going to be bare-foot and pregnant in the kitchen, which, when the first baby arrives, makes the wife that he does have even more worried about wanting to stay home with it. *Lansing, Mich.*, for example, writes to Ann Landers: "I am not afraid to die. What I really fear is dying by inches and having my family wiped out financially . . .," while *Springfield, Va.* tells us how his bed-ridden mother "is distressed because the inheritance she planned for her grandchildren is slipping away," and *Amarillo, Tx.* refuses "to spend years drooling in a nursing home, bankrupting my family."

Killing parents to put offspring out of their misery is one thing. In Canada, right-to-die enthusiasts are now demanding active euthanasia to make all of us feel better about ourselves. The symbol of our collective hardness of heart they have most recently hit upon is Sue Rodriguez. She is a forty-three-year-old housewife from British Columbia in the final throes of Lou Gehrig's disease. By the time these words appear God will more than likely have called her. Poor creature. On the very edge of eternity she is demanding the right to control her own body. More specifically, she wants to be able to quit it at a moment of her own choosing. And why not? Over twenty years ago our Federal Parliament took suicide out of the Canadian Criminal Code. But not *assisted* suicide. Here's the problem. If Miss Rodriguez is to go on doing her own thing to the bitter end, in order to exercise her right to kill herself she will need help. The press, like Ann Landers, never averse to pushing society further into the secular-humanist abyss, put us most piercingly in the picture by printing one photograph of Rodriguez as a young woman rock-climbing, and another of her as she now is, having to have someone put her lipstick on for her. Get the point? Through no fault of her own, access to the good life is being closed to her.

In modern Canada this fact alone entitles her to redress. The

handicapped, together with ethnics, blacks, non-Christians, women, and the elderly, are a constitutionally-protected minority. Section 15 of the Canadian Charter of Rights and Freedoms gives “every individual . . . the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on . . . age or mental or physical disability.” Doctor Eike-Henner Kluge, a philosophy professor at the University of Victoria in British Columbia, writing in the *Canadian Medical Association Journal*, puts it this way: since Rodriguez did not choose to contract Amyotrophic Lateral Sclerosis, “. . . failure to provide her with some means of overcoming this handicap is to discriminate against her on the basis of the handicap.” The only way to remove that source of discrimination, so Kluge and Rodriguez’s other media supporters contend, is to allow someone legally to exterminate her.

Need I say that they also want her autonomy and personhood respected? Kluge argues that suicide is an act “which respects [a person’s] . . . right to self-determination without unjustly infringing on the rights of others.” Rodriguez could legally perform it now, except that she does not want to—yet. When the quality of her life is such that she does decide to quit it, owing to the progressive nature of her disease, she may well be unable to do so unassisted. This will leave her no choice but to involve someone else in criminal behaviour, an outcome which, to the civic-minded Rodriguez, is intolerable. *Ergo*, to quote Kluge: “the current law forces Rodriguez to buy her autonomy at the price of an earlier and as yet unwanted death.” The prohibition against assisted suicide, Kluge concludes, violates section 7 of the Charter, which guarantees everyone “the right to life, liberty and security of the person . . .” For surely the first time in the history of man’s struggle for political freedom, under Canadian law as Kluge interprets it, the right to life now includes the right to be put to death on request.

Above all, argues Kluge, a law which lets people kill themselves when they want to is respectful of individual differences. In this connection he invokes “the principle of beneficence” which, as he sees it, obliges us to do good for others, even when that good is defined “not by us but by those who are affected by our acts.” In other words, however strong our disagreement with Rodriguez, we may not oppose her demand to be exempted from the current law on assisted suicide because such opposition would involve us in

doing good for her against her will, thus implicating us in what Kluge calls "professional paternalism." Ah, now there's a social sin with a familiar ring to it: paternalism. Dumping industrial waste into Lake Erie, wiping out beluga whales, keeping Indians on reservations: we're all guilty. It's the same with Sue Rodriguez. Forcing her to undergo natural death is just another way of imposing our values on her.

But the crowning argument for active euthanasia is one that sooner or later supporters of every "progressive" cause listed in the New York *Times* Index resort to: you can't put the clock back. Listen, for example, to John Williams, director of ethics and legal affairs for the Canadian Medical Association (someone who must have played a leading part in both getting Kluge's pro-euthanasia article into the *Canadian Medical Association Journal*, and ensuring that the only replies to it would come in that journal's letter column), use words which George Orwell, had he heard them, would have kicked himself for leaving out of *Nineteen Eighty-Four* to express his belief that: "The initial resistance to physician-assisted suicide has begun to yield to the efforts of reformers." It has indeed. Kluge points to a survey (the results of which, incidentally, the *CMAJ* published two months *after* he used them) showing that 51% of doctors in the province of Alberta approved of active euthanasia. He also concludes, from the failure of the CMA to censure the Royal Dutch Medical Association's pro-euthanasia stand, that our doctors tacitly approve of it. If euthanasia is ethical in Holland, he wonders, why not in Canada? And what about the report of the British Columbia Royal Commission on Health Care and Costs, frighteningly entitled *Closer to Home*, which, says Kluge, devotes an entire section to physician-assisted suicide, and recommends exactly the same changes to the Canadian Criminal Code that Miss Rodriguez does?

Then there is last year's public opinion poll which found that 77% of Canadians favour assisted suicide and/or active euthanasia. Clearly Ann Landers' plea for a sane, sensible, civilized alternative to keeping one's bed-ridden parent alive has struck a responsive chord. Of course there is a big difference between being in favour of something like euthanasia and actually making it happen. Marilynne Seguin, leader of Dying with Dignity, is perhaps a little too hopeful when she claims (in an interview for *Chatelaine*, a Canadian women's magazine) that physician-assisted dying in Canada happens all the time and that "145 terminally ill people" that she knows of committed

suicide, “some with the help of their doctor,” but obviously such homicides are occurring.

Alberta is generally regarded as Canada’s most conservative province; the media delight in depicting it as a hotbed of rightwing politicians, Christian fundamentalists and anti-gun-control lobbyists. Nevertheless, of the 1055 out of 2002 of its doctors who returned questionnaires in connection with the above-mentioned survey, 538 said they wanted a law permitting active euthanasia, and of these, 258 admitted to having received death requests from their patients.

Whether they acted on any of these requests, of course, we don’t know. The CMA, however, is determined that they ought to be allowed to do so. “Clearly,” so it ends its study of medical opinion on euthanasia in Alberta, “major educational programs for the public and the medical profession should be established before legislative changes about active euthanasia are permitted in Alberta and, perhaps, the rest of Canada.” What it does *not* have in mind is any major educational program for the public and the medical profession designed to marshal public opinion *against* legislative changes on active euthanasia.

One revealing conclusion reached by the Alberta survey: “. . . those who identified themselves as Protestants, Roman Catholics or religiously active were significantly more likely than those without religious affiliation or religious activity to reject the morality of active euthanasia and the practice of it.” What the CMA is saying here is that religiously-minded doctors are more likely to shut their eyes to the virtues of euthanasia than irreligious ones, or, in other words, euthanasiasts listen to reason while their opponents believe in God. In one sense, of course, this is a pleasing match up. At least it reminds us that Christianity and euthanasia don’t mix.

Not surprisingly, among all the doctors surveyed in Alberta, no Roman Catholic reported having been asked to kill anyone. What does make one’s heart sink, however, is having to face yet another decade of TV news footage showing radicals squaring off against bigots—this time outside post-natal death clinics—interspersed with sanctimonious editorializing about the need for Christian charity on both sides of such an emotionally charged issue.

In media reality, of course, it’s the bigots who need to examine their consciences; radicals get justly emotional, and from a secular-progressivist point of view, who wouldn’t? They are being forced to watch their creed-blinded fellow citizens hold up the dawn of

truth. No wonder Dr. Kevorkian goes in for such antic behaviour, and Henry Morgentaler, Canada's most distinguished abortionist, develops near apoplexy whenever he so much as sets foot on a public platform. Such men, as depicted on CNN and in the *New York Times*, are being tried beyond their powers of endurance; in unleashing their obscenities at religious dogma, all they are doing is shooting back. And, anyway, even if they do go too far at times, as the media will be sure to make clear, it's in the right direction.

That is to say, towards delegitimizing Christianity, and replacing it with humanism. Here is a dirty little secret about euthanasiasts seldom made much of on the six-o'clock news: they themselves are religious dogmatists.

A glance at *The Humanist in Canada* or at its American parent, *The Humanist*, reveals that this is so. Euthanasia is as much a life issue in those journals as being against abortion is in *L'Osservatore Romano*. Sue Rodriguez received the Canadian Humanist of the Year award "for her courage and tenacity in helping to create a more caring and humane society." Exempting her from the law against assisted suicide, then, is not just a matter of doing justice to her as an individual; it will help bring about the moral regeneration of Canada. Professor Kluge's tone is as resonantly non-materialistic when he puts into humanist language a reversal of the Christian injunction to love thy neighbour as thyself: "Personal autonomy . . . is fundamental to the ethics of respect for people."

But the account, prepared by Herb Fears, president of the British Columbia Humanist Association, of the ceremony at which Rodriguez received her award, exudes an even headier religiosity:

All of the theatre's stage lights were off except a single spot on the actor who sat motionless in the chair—the only prop. His eyes were closed, head slumped forward to convey to the hushed audience that his character had realized the end he had longed and fought for. A death when he wanted it, and one with dignity.

It was only a play, Fears goes on to reassure us, put on to raise money for "the slender woman" sitting "virtually immobile in her wheelchair in the wings" who, throughout the play, had intently observed the actor "finally realize for his character (a quadriplegic) what she wanted for herself, and for others who might wish it: the right to determine the time and the nature of the end of their lives." Later, the "slender woman" revealed herself to be Sue Rodriguez; she was wheeled forward to accept her award and then, to a standing

ovation, propelled offstage again by the president of a local right-to-die association. In a letter to the *Canadian Medical Association Journal*, Doctor David Falk thus muses on this scene: "It is as though Rodriguez is no longer being caringly led by the hand; instead, she is being pushed, as the photograph in Kluge's article so aptly portrays, by the ideologies of extrinsic advocates."

The trouble is that in Canada the ideologies referred to by Doctor Falk now enjoy official status. Humanism is our state religion. Its reign over us began when Canada's latest constitution went into effect in 1981. The fact that this political metamorphosis took place so recently means that Canadian conservatives have no "original understanding" of their country's founding documents to go back to. What butterfly bothers with his chrysalis once he's out of it? There would, in any case, be no point in our engaging in constitutional debate. We have nothing to base our arguments on. The Liberal government which happened to be in power under Pierre Trudeau in the early eighties drew up a document embodying its idea of what Canada should look like, got Her Majesty the Queen to sign it, and here we are—without our history.

One thing, for example, that Trudeau succeeded in doing was to keep God out of the main text of the Charter of Rights and Freedoms. As a slight concession to this country's non-atheist majority, he allowed into a preamble the words: "Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law," but what constitutional force could this sentence possibly have? Officially speaking, we Canadians have been endowed by our Creator with nothing. A good lawyer could no doubt prove from the 1981 Constitution that we evolved. Our rights are guaranteed not from the fact that God made us, but simply by virtue of the *Canadian Charter of Rights and Freedoms* which lists them.

However, there is one small ray of light. Most Canadians are older than the Charter. A majority of us can remember what Canada's constitutional landscape once looked like. There is, of course, no question of moving back into it. The sort of revolution that we now live on the far side of cannot ever be entirely reversed. Even amending our present constitution (let alone ditching it) involves a procedure so cumbersome and unlikely of success that the most determined traditionalist would quail at having to activate it. Trudeau made sure of that. Yet our pre-humanist past is not entirely dead.

Section 1 of the Charter says that the rights set out in it are “subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.” Well, we were a free and democratic society *before* 1981. Maybe Canadian history isn’t finished after all.

Certainly it isn’t as far as Mr. Justice John Sopinka of the Supreme Court of Canada is concerned. In a decision handed down this September 30, five out of the nine Supreme Court justices accepted Justice Sopinka’s arguments against exempting Sue Rodriguez from Canada’s law against assisted suicide. In his ruling Justice Sopinka looks beyond the Charter to Canadian society as a whole. He believes in the existence of “a consensus . . . that human life must be respected” and warns us to be careful “not to undermine the institutions that protect it.” For him, one of these institutions is the current law against assisted suicide, which “has as its purpose the protection of the vulnerable who might be induced in moments of weakness to commit suicide.” The purpose of such a law, he asserts, is to reflect “the policy of the state that human life should not be depreciated by allowing life to be taken.”

And in Justice Sopinka’s opinion human life *will* be depreciated if that law allows exceptions. He used the example of Holland, where active euthanasia remains technically illegal, but established guidelines allow doctors to practise it anyway, and already the incidence of active *involuntary* euthanasia—not allowed under the guidelines—is increasing. This “worrisome” trend, says Justice Sopinka, “supports the view that a relaxation of the absolute prohibition takes us down ‘the slippery slope.’”

This is non-humanist talk, and Justice Sopinka’s ruling is peppered with examples of it. He makes a *second* reference to “the slippery slope,” as well as one to “the sanctity of human life.” He defends palliative care and quickly rejects the claim often put forward by advocates of euthanasia that no serious difference exists between giving a patient drugs to kill him and giving him them to relieve pain, but killing him in the process. The question is: Do you *mean* to kill him? In Justice Sopinka’s view—and here he most clearly reveals himself as a pre-humanist—“distinctions based upon intent are important, and in fact form the basis of our criminal law.”

But do they *still* do so? What about no-fault divorce, no-fault car insurance and invitational pedagogy? Or the notion, floating in the back of even the most resolutely anti-modernist mind these

days, that at least some crimes are more like diseases than sins? We give psychiatric treatment to child-abusers but not to embezzlers. Are we saying, then, that, unlike lust, larceny is incurable? Perhaps one day they *will* find a cure for it, in which case, given the proper safeguards, stealing itself could be decriminalized.

Certainly it did not take long for Chief Justice Antonio Lamer, who wrote the minority opinion in the Rodriguez case, to dispose of Justice Sopinka's worries about laws on suicide sending the wrong message to Canadians. The Chief Justice dismisses as irrelevant "the philosophic and theological considerations fuelling the debate on the morality of suicide or euthanasia." The *Charter*, he rightly argues, "has established the essentially secular nature of Canadian society and the central place of freedom of conscience in the operation of our institutions." He should have written "freedom *from* conscience." For, although he admits that a law allowing assisted suicide would be open to abuse, he still refuses to justify depriving "a disadvantaged group of the right to equality . . . solely on such speculative grounds, no matter how well intentioned." For Lamer, then, intention is *not* the central issue in Canada's current debate on whether or not to legalize assisted suicide; upholding the equality rights of the handicapped is.

Canada's "pro-life" newspaper, *The Interim*, greeted Justice Sopinka's whisker-thin victory with a "Disaster avoided" headline. "The Supreme Court's resolution in the Sue Rodriguez case has not settled the euthanasia issue," warns Sabina McLuhan, whose clear and sensible coverage of the case in *The Interim* should be required reading for all serious students of current social issues in Canada. "These," she concludes, "are perilous times for the medically vulnerable in our society." And so they are—especially since the avowed socialist and homosexual Svend Robinson (who managed to stem the anti-leftist trend in western Canada by getting returned for a Vancouver district in this fall's federal election) has taken up the Rodriguez case and now threatens to introduce a private member's bill decriminalizing assisted suicide.

And if his doesn't get passed, another's will. Why shouldn't it?

O that this too too sullied flesh would melt,
Thaw and resolve itself into a dew,

cries Hamlet in a moment of suicidal despair

Or that the Everlasting had not fix'd
His canon 'gainst self-slaughter. . . .

JOHN MUGGERIDGE

Modern Canadians need have no such hangups. Indeed, if Ann Landers, Professor Eike-Henner Kluge, the Ethics and Legal Affairs Committee of the Canadian Medical Association, Chief Justice Lamer and Svend Robinson have their way, we will be able to get doctors to do our self-slaughtering for us, even, as happened thousands of times in Holland last year, without our having to ask them.



'Please — I come here to forget my troubles.'

THE SPECTATOR 15 May 1993

Euthanasia and the Media:

“There’s No Such Thing As a Simple Suicide”⁹

Wesley J. Smith

On November 14, 1993, the prestigious *New York Times Magazine* featured the cover story “There’s No Such Thing as a Simple Suicide,” the sad saga of a dying woman who killed herself. She had the active assistance and moral support of one Ralph Mero, a Unitarian minister and co-founder of the pro-euthanasia group, Compassion in Dying, an offshoot of the Washington State chapter of the Hemlock Society (although the organizations are separate legal entities). The lengthy article was written by Lisa Belkin, a former *Times* reporter and author of a book about medicine and ethics, *First Do No Harm*.

The story is presented as melodrama, taking the reader on an emotional roller-coaster ride through an assisted suicide, complete with a cast of heroes and villains, and a life-and-death plot. To make matters more compelling, we are told that the tale is true, with only the dying woman’s name changed to protect her family’s privacy.

The cast of characters in *No Simple Suicide* (for short) is a diverse group:

Louise: a woman dying of an unidentified, degenerative disease of the brain;

The Mother: A woman who wants to do right by her dying daughter;

The Minister: Ralph Mero, a man who describes himself as only wanting to alleviate unnecessary suffering;

The friend: A medical assistant who befriends Louise so as to support her decision to undergo assisted suicide;

The Doctor: She prescribes the drugs that are to be used to kill Louise and offers moral support;

The Reporter: A woman invited to observe the work of Compassion in Dying and chronicle Louise’s assisted suicide. She not only reports the event but ends up promoting it;

The Villains: People who oppose legalizing assisted suicide and euthanasia. They never appear on stage but their dirty work adds to Louise’s suffering and pain.

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The Plot

No Simple Suicide chronicles the last few months of Louise's life. We learn early on that Louise suffers from an unidentified degenerative brain condition. Her doctor, described as "a warm, down-to-earth woman" informs her that she has only months, perhaps just weeks, to live. Louise is afraid of dying in a hospital, hospice or other "facility," a scenario her doctor bluntly tells her is quite likely. Louise says that rather than die in a cold, impersonal facility, she would rather kill herself. The doctor is immediately supportive and agrees to prescribe the drugs for Louise to take. No mention is made in Louise's chart of her plans.

The doctor had previously "cooperated" with another patient's suicide, but there had been difficulties. So, she contacts Ralph Mero at *Compassion in Dying* to elicit his help and active assistance in facilitating Louise's death. The doctor later tells reporter Belkin: "I was ecstatic to find someone who's doing what he's [Mero] doing. I loved the fact that there were guidelines. It made so much sense. This was a human being who could help, not some book."

A few days later, Mero visits Louise, who lives with her mother. Mero tells Belkin that during the interview, Louise appeared relieved when he didn't flinch or judge her desire to kill herself, and that she asked Mero to be with her when she died. He agreed, reminding her that the decision was her own.

"I do not want to die in a hospital," Louise is said to have replied. "I want to do this at home."

Louise has asked her friends to attend her suicide. But none will. When a medical assistant of one of her doctors hears that Louise's "trusted friends" have backed away, she befriends the ill woman and supports her in her self destruction.

Mero, the medical assistant, Louise, and her mother become a cohesive group with one goal: Louise's assisted suicide. They meet to discuss how the self-termination shall be performed. All agree to follow Mero's written guidelines: the deadly drugs will be mixed with a small amount of food and anti-nausea medication so that it can be kept down. Louise is to be monitored as she dies and the assistant is to administer anti-pain medication if she seems to be suffering. After the death, the doctor will report to the authorities that the deceased was terminally ill and that the death was from natural causes after a prolonged illness. In that way, no autopsy will be conducted. The doctor is also to falsify the death certificate

as to the actual cause of death.

Weeks pass. Louise grows ever weaker. Yet, the frail woman does not kill herself. She wishes to live quietly in peace for as long as possible.

Mero becomes alarmed. He calls Belkin to inform her that he and the group have been told by the doctor that Louise is running out of time within which to kill herself. It is feared that the disease may soon render Louise mentally incompetent. Indeed, if Louise does not take action soon, her “window of opportunity will slam shut.” (Compassion in Dying’s guidelines for assisting suicides requires that the person die while mentally competent. There is also the fear that Louise will be unable to self-administer the deadly drugs.)

Belkin drops everything and flies to Seattle to speak with Louise. Louise tells her she wishes to conclude some business and spend some more time with her mother. This upsets the reporter who blurts out the doctor’s prognosis: Louise does not have much time within which she will be capable of killing herself.

Yet, for all of her stated desire to commit assisted suicide, Louise still does not act. Some time later, the friend tells the group she will talk to Louise to see if she can get the suicide back on the front burner. She asks the dying woman: “I kind of want to get an idea of what your time line is. Where do we stand?” Louise’s eyes brim with tears and she tells the medical assistant that she does not want to talk about it. The woman apologizes. Louise says she wants to wait until Mero returns (he’s out of town) to get his opinion of her condition. The friend replies that it’s a “bad idea” because Mero might not notice subtle changes in her condition.

Still, Louise does not kill herself. Mero withdraws, checking in by phone but keeping the conversations short. He tells Belkin that he wants to remain in the background so as to not influence the outcome.

Then Mero gets a message. Louise is finally ready. The group assembles. Louise eats poisoned ice cream and apple sauce that has been prepared pursuant to Mero’s previous instructions and immediately falls asleep on the couch, clutching a Teddy Bear. Hours pass as Louise sleeps. The group waits for her to die. She does not. Mero worries that he might have to help the process with a plastic bag. Louise’s breathing slows, and she finally expires. Mero contacts the funeral director and leaves.

As the article concludes, we are informed that Louise’s death was not listed as a suicide and that her friends and relatives were told that she “died in her sleep with her mother at her side, as she had wanted.”

No Simple Suicide as propaganda

Every drama is intended to elicit a response from the audience. *No Simple Suicide* is no exception. On its face, the article appears to be an objective piece of journalism: Belkin does not praise or criticize the people involved or the events that occur, nor give her personal opinion on the merits of Mero's cause. Scratch beneath the surface, however, and the piece can be seen as advocacy journalism—an advertisement for legalizing assisted suicide and euthanasia.

What leads to this conclusion? First, there is the manner in which the article came to be written. Belkin didn't find the story, the story found her. As Belkin appropriately reveals, she was contacted by the Board of Directors of Compassion in Dying, who invited her to observe their usually-secret suicide assistance activities.

There is nothing illegal, immoral, or unusual about a reporter being contacted about a story; it often happens. However, it is safe to assume that Mero and the Board had more in mind than merely illustrating the emotional difficulties surrounding terminal illness. Surely they hoped to further their cause through the article? If so, it is likely they would choose the writer with great care in the hope of finding one that could be expected to take a positive view of their work. As this deconstruction of *No Simple Suicide* will demonstrate, they seem to have chosen well. (I do not contend that Belkin was a shill for the organization. However, her sympathies are easy to discern. She exhibits an uncritical acceptance of the methods and motives of Mero, the doctor, and the friend, and writes sympathetically, sometimes breathlessly, about the people and events she describes.)

Beyond the issue of whether Belkin approached her work with a pro-assisted-suicide bias, there is the more important matter of the powerful *message* communicated by *No Simple Suicide*. Bluntly stated, whether Belkin intended it or not, the article is propaganda for the pro-euthanasia cause which seeks to persuade the reader of several things, specifically that *assisted suicide is an acceptable act*.

Proponents of legalizing assisted suicide and euthanasia are ever about the task of proselytizing the public, seeking converts to their cause. The more we are exposed to depictions of assisted suicide, the more commonplace it will seem and then, the more acceptable. Through this process, we become desensitized. Practices that we once found abhorrent begin to seem like a normal part of life (or, more precisely, death). Proselytizing is designed to break through

the age-old social stigma that views assisted suicide and so-called mercy killing as reprehensible and wrong. *No Simple Suicide* serves this purpose in several ways:

1) *Implement the Either-Or Strategy.* One of the tools used by pro-euthanasia advocates when arguing for legalization is to create a false “either-or” argument: either we provide “deliverance” to people suffering from terminal illness or they will be forced into cruel and unnecessary suffering. Either they die peacefully and painlessly now, or in agony later. It is an argument cast in classic black and white, ignoring the rest of the color spectrum.

The basic premise of *No Simple Suicide* is similarly cast in the presumption of either-or. We are told that Louise was forced to choose between two horrible options; assisted suicide or a horrible, out-of-control death at a “facility.” Not once is the reader (or Louise as far as we know) informed that hospice and palliative care could probably have *mitigated* most, if not all, of Louise’s pain and discomforts. Not once is the reader (or Louise) told that the hospice experience is designed to provide love, comfort and support *for the patient and the family* supplied by medical and mental-health professionals and volunteers. Not once is the reader (or Louise) told that hospice care can be supplied *in the home*. Not once is the reader (or Louise) told that the very purpose of hospice care is to *facilitate a gentle and peaceful transition* from life to whatever comes next. The fact that the truly compassionate option seems to have gone virtually unexplored speaks volumes about the article’s intent—and the intent of Louise’s doctor and Ralph Mero.

2) *Create the impression that euthanasia is a loving rather than a violent act.* The suspicion that there was an unspoken agenda behind *No Simple Suicide* is supported by the striking art work which was chosen to illustrate many of the scenes described in the text. These illustrations (which appear to be oil paintings or water colors) are powerful and moving. They depict Louise as a woman in her thirties, her youth adding to the tragedy of her condition. (The article doesn’t tell us Louise’s actual age or what she looked like.) In one picture, Louise is curled up peacefully asleep on a couch after eating the poisoned ice cream. She is holding a teddy bear as her gray-haired mother sits beside her, the older woman’s hand resting lightly upon her dying daughter’s leg. In another picture, we see Louise and Rev. Mero in a counselling session. He is a strong presence, solid and

dependable, with his white beard and black suit, a striking contrast to the frail Louise who has a blanket wrapped around her shoulders. In another picture, Louise's mother is pictured leaning over her daughter, who is so weak the older woman can barely hear her speak.

The paintings have been created in the warm colors of autumn so as to invite us in, to linger, as if we were standing in front of a crackling fire, indeed, to enter and become intimate participants in the unfolding drama. Someone has a purpose in using such powerful images. The paintings grab our hearts and rivet our attention solely and exclusively and in extreme close-up on the suffering of the dying woman. In that way we are less likely to think critically, to look beyond Louise's tragedy to the broader implications of what is occurring. Also, by making the scenes seem gentle and warm, we are far less likely to recoil in horror at the events that take place.

3) *Create the impression that Louise's assisted suicide was a necessary choice.* The article supports Louise's assisted suicide on several levels. Belkin's prose creates the impression that Mero and the others are compassionate pioneers leading the country toward an enlightened view of facing and overcoming the ravages of terminal illness. In fact, according to Belkin, that is how the group viewed themselves, writing that each saw Louise's pending assisted suicide as a "poetic expression of control, a triumph over the indignities of disease." That is a typical view of pro-euthanasia activists and no doubt the view Mero hoped would be accepted by the reader.

Belkin came to a less romantic but equally erroneous conclusion about the affair. In the only personal opinion she expresses in the article, the reporter describes Louise's assisted suicide as a "second choice" to not being sick, and as the "most acceptable" of the dying woman's "unacceptable options." But that is a distinction without a difference. Whether euthanasia is pushed as a heroic statement of control or a rational choice between the lesser of two evils, the result is the same: a premature death caused by the hand of man.

4) *It should be easier to help people die.* Louise's assisted suicide took place in the underground, amidst the shadows of people who lied and broke the law in order to facilitate her so-called death with dignity. The attitude of the article is implicitly critical that this subterfuge was necessary. The reader is given a subliminal message often voiced out loud by assisted-suicide advocates that goes something like this: See? See, you unreasonable people who refuse to allow

others to control their own destiny, see what you put a poor dying woman through? See how your cruel social attitudes caused Louise's friends to abandon her when all she wanted to do was control the time and place of her own death? See how you increased Louise's and her mother's suffering? See how you have prevented a caring doctor from actively participating in her patient's final treatment by forbidding lethal injections? See how you have forced a compassionate clergyman to risk imprisonment in his pursuit of providing care and comfort to the suffering? How could you be so thoughtless, so insensitive, so cruel?

A Bum's Rush to Suicide

The bitter irony is that it was the members of the little group surrounding Louise and their pro-euthanasia agenda who were the ones who were thoughtless, insensitive and cruel. More than that, they gave Louise the bum's rush into killing herself.

Item: Louise was unable to give informed consent to her suicide because she was denied information about hospice care. From what is revealed in the story, both the doctor and Mero allowed Louise to believe the either-or scenario that she would have to die in a "facility" unless she killed herself at home. Apparently, neither discussed the option of hospice care with Louise, or described the palliative care that could have reduced her discomfort. Thus, it appears that Louise was presented with a false premise from which to choose how to proceed. Nor is there any mention of the "warm and caring" doctor doing anything to relieve Louise's and her mother's grief and emotional distress. As far as we know, they were not referred to grief counselors or a mental health specialist who might have been able to diagnose and relieve depression. Nor, it appears, did the doctor call on anyone but Mero—an activist for the euthanasia cause—to serve as a source of strength and support for the family. Thus, at the end, Louise is surrounded exclusively by people who believe she should kill herself.

Item: The medical assistant pushed Louise into going forward with the assisted suicide. The so-called friend who suddenly embraced Louise is suspect. Was she part of a pro-euthanasia group? Did she have an agenda? We are not told. (Wasn't Belkin even a little curious about this?) Regardless of her motives, the friend is a powerful actor throughout the drama, urging Louise on to self destruction. For example,

when it was clear that Louise was delaying and appeared not to want to go forward, the friend grew impatient and confronted the ill woman: "I kind of want to get an idea of what your time line is. Where do we stand?"

Then, when Louise says she doesn't want to talk about it but would rather wait for Mero to return to give his opinion, the friend tells her it is a "bad idea," urging her not to wait because Mero may not be able to notice "subtle changes" in Louise's temperament and thus might give the wrong advice. Clearly, the friend wanted Louise's assisted suicide, the sooner the better.

Item: Ralph Mero's compassion was only available to Louise if she carried out her designated role. This is the most insidious part of the story. It is important to remember how emotionally vulnerable someone who is terminally ill can be as the end of life approaches. Louise was no exception. Then, along comes "compassionate" Ralph Mero, a minister no less, who tells Louise "I'll be with you and I'll support you." From that point on, it seems clear in the article that Louise has become dependent on the moral judgment and emotional support of Mero, to the extent that she even wanted to rely on him for *medical advice* as to how far her decline had progressed.

Note that throughout the early part of the process, Mero was there for Louise. He held her hand. He patiently and gently went over the guidelines for the assisted suicide. He presented himself as a source of strength, a rock to lean on in this difficult and emotional time. But when Louise hesitates and refuses to be pressured into the suicide, what does this altruistic man of compassion do? Does he hold her hand and discuss alternatives, such as hospice care? Does he pray with Louise so that together they could seek God's guidance? (He is a minister, after all.) Does he assure her that whatever her choice might be, he was her friend and he would be there with her to the end? No. He withdraws! The article tells us:

Over the next few days, Mero checked in with Louise and her mother by telephone, but kept the conversation short. "I was measuring my phone calls," he says. He wanted to remain in the background and allow Louise to control the timing and pace. Her growing dependence on him was making him uncomfortable, and he needed to keep it clear in her mind, and his, that she was the driver and he was just along for the ride.

Mero was along for the ride, all right, but only if the ride took Louise to where he wanted her to go! When she seemed to be choosing a different course, his absence made it clear that without the suicide,

Louise was on her own.

Put yourself in Louise's place. Imagine how she must have felt when her mentor, the man she was leaning on for strength and guidance, was suddenly out of her life—especially after being so intensely a part of it just a few weeks before. This was nothing less than emotional manipulation on Mero's part, passive-aggressive behavior that communicated a harsh and powerful message to the dying woman: kill yourself and I am your man, decide to stick it out to the end and I am out of here. That pressure appears to have been more than Louise could bear for shortly thereafter Louise decided to submit.

A Breach of Ethics?

As if all of that isn't disturbing enough, what are we to make of the reporter, Lisa Belkin, and her participation in these sad events? Recall when the doctor informed Mero and Belkin that Louise was likely to slip quickly and become mentally incompetent, and therefore become unable to kill herself or receive Mero's assistance. Belkin immediately flies to Seattle, unaware that Louise has not been told of this prognosis. During an interview on that occasion, Louise tells Belkin that she wants to wait a week or so before killing herself. Belkin is appalled. Again, from the article:

I was surprised, confused and extremely uncomfortable . . . Without thinking, I blurted out a question: "Your doctor feels that if you don't act by this weekend, you may not be able to . . ."

My words were met with a wrenching silence. Louise blanched, her pale skin turned even paler. I was horrified with myself.

"She didn't . . . she never . . . I didn't know that." Louise said sharply looking at her mother.

"That's what she told me," her mother offered gently.

Louise became silent. . . .

"It's O.K. to be afraid," her mother said.

"I'm not afraid. I just feel as if everyone is ganging up on me, pressuring me," Louise said. "I just want some time."

Indeed, Louise was being pressured, now even by the reporter who at that point crossed the line from observer and chronicler of events *to a participant in them*.

The question must thus be asked: Was this a breach of journalistic ethics? The *New York Times*, for which this article was written, had previously published an eight-page, single-spaced conflict-of-interest policy which governs the work of its journalists. The code states in part:

The integrity of the *Times* requires that its staff members avoid employment or any other *undertaking*, obligation *relationship* or investment *that creates or appears to create a conflict of interest* with their professional work for The *Times* or otherwise compromises The *Times's* independence and reputation. [Emphasis added.]

The Society of Professional Journalists, the premier trade association for reporters and journalists, has a similar (albeit less detailed) code of ethics, similarly proscribing actual or apparent conflict of interest.

Did Belkin's stated unhappiness with Louise's decision to put off the suicide, and the reporter's revelation of the doctor's prognosis to the dying woman, cross the line? Did this constitute conflict of interest? After all, no assisted suicide, no story—no story, no prestigious cover in the *Times Magazine*.

This question was put to Steven Issacs, a journalism professor at Columbia University. In Professor Issac's opinion, Belkin came close to unacceptable behavior. However, in his view, the fact that she revealed her possible transgression in the article mitigated whatever breach had actually occurred. On this point, Professor Issacs said: "As a general rule of thumb, if one participates in a story, you had better say so. Once you do, you've done your ethical duty, especially if the story is for a magazine."

But isn't that standard too lax? After all, this was literally a matter of life and death, not some journalistic exercise for students in a class room. Belkin's statement was clearly designed to dissuade Louise from waiting to kill herself, and in fact, according to Louise's own bitter complaint, became a form of pressure on her. In that moment, whether intentional or not, Belkin became a part of the group advocating Louise's assisted suicide. That was wrong regardless of whether Belkin technically breached ethical guidelines.

The Truth about Euthanasia

No Simple Suicide presents a one sided version of assisted suicide. Except for one brief sentence, opponents of legalization are not heard from. More importantly, what is omitted from the discussion are the reasons why opponents of euthanasia are so devoted to their resistance efforts.

Opponents believe in the time-honored ethic that views assisted suicide and euthanasia as morally wrong. This has always been considered a basic premise of enlightened civilization. Look at the past. Even at a time when many people died in agony, euthanasia

was never considered an option because it would be immoral to kill a fellow human being.

Today there is even less excuse to accept euthanasia. Now, few people are doomed to die in agony thanks to the tremendous strides that have been made in the science of palliative care, with the promise for even greater pain control coming in the near future. Is it not ironic that just as so much suffering is so close to being eliminated from the world, that euthanasia advocates are making such deep inroads into the public's consciousness?

But there is another worry beyond the decay of simple morality. Legalizing assisted suicide for the terminally ill would be bad public policy. The ripple effects that would inevitably follow legalization would destroy the fabric of society, taking the nation toward a depraved public policy reminiscent of the eugenics practices undertaken in Germany by the Nazis (and even *before* them). Known generically as the "slippery slope" argument, opponents fear the following cause-and-effect process:

⊙ Current proposals for "reform" focus primarily on legalizing assisted but self-administered suicide. This is the approach taken by the most infamous advocate of assisted suicide, Dr. Jack Kevorkian (his victims self-administer carbon monoxide poison supplied by "Doctor Death"). This is also the level at which Compassion in Dying works, as evidenced by *No Simple Suicide*—Louise put the poison in her ice cream and fed it to herself. As I write, it is reported that proponents of euthanasia in Oregon are preparing an initiative that would legalize self-administered assisted suicide.

⊙ Nothing happens in a vacuum. Should society take the unprecedented leap backwards of legalizing self-administered assisted suicide, the next step—authorizing outright euthanasia (death administered by a physician or other third party)—becomes a mere hop, skip and jump. After all, proponents will ask, if it is legal and proper for a competent but terminally-ill person to commit suicide with assistance but by self-administration, why should those unable or afraid to do the deed themselves not be allowed to choose to be "delivered" by a physician through an injection? What's the difference so long as the patient requests the procedure? Besides, they will argue, allowing a medical expert to supply the "treatment" will eliminate the chance for error. (This type of proposal is currently being considered by the Wisconsin legislature. It was also proposed

in the unsuccessful California and Washington initiatives but is now seen by euthanasia advocates as having tried to go too far too fast. Thus the current tactic of writing a more restricted Oregon initiative.) Should assisted suicide ever be legalized, proposals to authorize euthanasia of the terminally ill can be expected to multiply like mildew in a bath tub.

- Should lethal-injection euthanasia become legal for the competent terminally ill, the next step will be to make it “available” to the incompetent terminally ill, the chronically suffering, and those whose lives are deemed without quality. Coma patients, people suffering from a persistent vegetative state, the severely disabled, would be the next ones to “benefit” from legalized euthanasia. (Jack Kevorkian, Derek Humphry, the Hemlock Society and others already advocate permitting such people to be euthanized.)

- From there, it will be on to old people who live in nursing homes (a proposal already sanctioned by columnist Ann Landers—Derek Humphry is another proponent who believes euthanasia should be available to those suffering from what he calls “terminal old age”). Also vulnerable will be children born with birth defects, and others whose long-term-care will be deemed too expensive to justify, and the mentally ill.

- Next will come the elimination of undesirables from the gene pool: people with genes likely to cause disease; people with genes that cause physical deformities, people with genes likely to pass on traits considered “unwanted.”

Those who support legalization of assisted suicide loudly deny that there would be such a slippery-slope effect. But they are demonstrably wrong. The slippery slope is already slip-sliding away. For example, here in the United States, a quiet revolution has occurred in the treatment of the profoundly disabled. Providing food and fluids to dependent people used to be considered “basic care,” along with other necessary patient services such as bathing and catheterization. In a quiet revolution, feeding and providing fluids have recently been redefined as “medical treatment.” This is a distinction with a tremendous difference. Basic care cannot be legally withheld, unless it would actually harm the patient. (Sometimes, when a person is on the brink of death, their bodies cannot assimilate food so it may be withheld.) On the other hand, medical treatment can be withdrawn if it is believed that it will not lead to an improvement in the patient. As a result, profoundly

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disabled people who are not terminal, are being starved and dehydrated to death with the blessing of courts of law.

Then there is the experience of the Netherlands. In *No Simple Suicide*, Belkin mentions in passing the acceptance of euthanasia by the Dutch. (Technically euthanasia remains illegal in Holland.) This omission is key for it omits from the discussion important facts which illustrate how far down the slippery slope the Dutch have already travelled.

In 1990, the Dutch government commissioned a study on the practice of euthanasia in the nation. Here are some of the very disturbing facts based on the findings of the commission, published in 1991 and commonly known as the Rummelink Report:

- ⊙ Over nine per cent of all Dutch deaths are by euthanasia (intentional lethal overdoses or fatal injections);

- ⊙ An average of three patients per day are being euthanized *without* their knowledge and consent. Fourteen per cent of these euthanized patients were fully competent but were not consulted. Seventy-two per cent had never given any indication that they would want their lives terminated. In eight per cent of the cases, doctors performed involuntary euthanasia despite the fact that they believed alternative-care options were still possible.

- ⊙ Forty-five per cent of all euthanasia occurring in hospitals was done without the patient's consent.

- ⊙ These figures do *not* include cases in which life-sustaining treatment was withheld without the patient's consent or cases involving disabled newborns, children with life-threatening conditions or psychiatric patients.

- ⊙ The most frequently cited reasons given for ending the lives of patients without their knowledge or consent were "low quality of life," "no prospect for improvement," and "the family couldn't take it anymore."

In addition, consider these facts not mentioned in the Rummelink Report: In the *entire nation* of Holland (as of June, 1990) there were only *two* hospices. Moreover, the British Medical Association found that pain control techniques are poorly developed in Holland. (After all, why take the time and effort to reduce pain and care for people when they can be killed?) It gets worse. In July, 1992, the Dutch Pediatric Association announced that it was formulating

specific guidelines for *killing severely handicapped newborns*. Then there's the recent case of the woman who was in understandable anguish because her children had died and her marriage had fallen apart—she, however, was physically healthy. Her own psychiatrist helped her kill herself!

These facts lead inexorably to a very disturbing question: If the pro-euthanasia public policy of the Netherlands has already gone as far as it has, what will stop the same thing from happening here in the United States? Readers of *No Simple Suicide* were not bothered with such disturbing questions. It might have led them to consider the big picture rather than the immediacy of the drama. And that might have lead them to conclusions contrary to those solicited by the article.

Conclusion

At one point in the article, Mero describes his work for Compassion in Dying as an experiment to “show, demonstrate, prove, that when people make a claim for humane treatment, it can be provided in a way that does not jeopardize vulnerable people or pose a threat to the social fabric.” Leaving aside the perversion of the word “treatment” in that sentence, we can assume Mero hoped that by inviting Belkin to observe his work, his vision would be accepted by her readers.

But as this analysis of *No Simple Suicide* demonstrates, what actually happened to Louise was just the opposite: a sick and vulnerable woman *was pushed* by those she trusted into suicide in order to further their political and social agendas. First, Louise was apparently never fully informed about the truly compassionate option of hospice care. Then, when she delayed killing herself, she was repeatedly pressured into committing the act. Moreover, her doctor is revealed as a liar who prescribed the drugs that killed Louise knowing that they would be used to kill rather than treat the woman, undermining the integrity of the medical profession. The doctor also lied to the coroner's office and on the death certificate, thereby falsifying the public record.

What happened to Louise was more than a mere “threat to the social fabric”—it was, in fact, a rending.

Finally, there is this disturbing truth: if pro-euthanasia advocates win their fight to legitimize killing the weak and dependent instead of caring for them, the slide down the slippery slope will eventually lead to a very high cliff. Then will come the fall. Waiting at the

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bottom will be modern-day eugenicists, ready to expand the twisted ethic of our Brave New World into as yet unthought-of horizons too dark and chilling to contemplate. That would be a catastrophe from which the world might never recover.



The Ghoulish Gadgeteer:

“Doctor Death” Finds a Mouthpiece

Rita L. Marker

Last December 3, I had the second opportunity in less than a month to “debate” one of Dr. Jack Kevorkian’s attorneys. Whatever one may think of him and his premier client, Geoffrey Fieger of the law firm of Fieger, Fieger and Schwartz does a yeoman’s job of trying to sell the idea that an unemployed pathologist with an obsession for the macabre is really a great humanitarian with qualities similar to those of Mother Teresa and Florence Nightingale. Fieger lets nothing, particularly the truth, stand in the way of pitching his client.

The show, CNN’s *Crossfire*, co-hosted by Pat Buchanan and Juan Williams, took place three days after Kevorkian had been jailed a second time for violating Michigan’s law against assisted suicide. For three days he had been on another self-imposed hunger strike. (A Kevorkian hunger strike consists of fruit juices, vitamins, and massive doses of publicity.)

As the program opened, Fieger was asked the condition of his client. “His skin has a yellow pallor,” he responded, in a manner calculated to convey that the grim reaper was knocking at the jail cell door.

Jack Kevorkian really is an amazing guy. He can apparently experience symptoms of starvation faster than anyone else in the Western hemisphere.

Only one month earlier, he’d conducted his first orchestrated, accelerated slip toward the grave. On a Friday afternoon in November, he’d been jailed after refusing to post a \$2,000 bond. By Saturday evening, Fieger told the press that Kevorkian showed signs of deteriorating. The flamboyant attorney who, at one time, had wanted to be an actor, said, “I don’t think Jack has long to live. He’s very, very weak.”

Good old Dr. Jack, who had presumably eaten breakfast on Friday morning and immediately started a fruit-juice-and-vitamin-only diet that afternoon, was “diagnosed” by Fieger the very next day as

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close to death by starvation. That, in itself, is unbelievable. But even more incredible was the fact that Fieger made his claim with a straight face. (Maybe the guy really is an actor after all.)

It is a bit disconcerting to realize that it's Fieger who always describes the medical condition of Kevorkian's latest victim to the media. Anyone who says that a fruit juice and vitamin diet leaves one close to death in thirty-six hours obviously has a bit of a problem making medical diagnoses. Maybe this is why one of Kevorkian's "patients" whom Fieger assured the world was suffering from a painful, incurable medical condition was found, on autopsy, to be free of any disease.

Not a Scofflaw?

Meanwhile, back on *Crossfire*, Fieger went on to declare that his client is "not a scofflaw."

Really?

It's Kevorkian who said "You pass any law against assisted suicide and euthanasia, and I will disobey it."¹ It's Kevorkian who has made good on that threat and who, when charged with breaking the law, taunted: "You know what's on trial? Your civilization and your society."

It's Kevorkian who has said that, if he's put in jail, he'll starve himself to death. This threat is vaguely reminiscent of a childhood tantrum. A four-year-old who is told he'll have to go to his room if he misbehaves, will shout "If you send me to my room, I'll hold my breath. And you'll be sorry." Kevorkian, when informed he'd have to go to jail if he gassed anyone else to death bellowed that, if sent to jail, he'd starve himself.

Fieger has backed up the threat. "Society has a choice now. Dr. Kevorkian's life or Michigan's assisted-suicide ban," he said. "If this immoral 'law' and the fanatics behind it win, we had all better weep. Not so much for my client and my brave and brilliant friend, but for ourselves."²

But in order to garner support with this kind of emotionalism, the main character must evoke sympathy. That's a bit of a problem when the considerable attitude problem of Fieger's "brave and brilliant friend" is not kept under control.

When ordered to jail the second time, he shouted at a detective, calling him a liar; responded "Go to hell!" when the judge raised his bond, and then, when asked if he was upset by the amount of the \$50,000 bond retorted, "No, I shouldn't come this cheap. It should have been a million."³

Clearly, Fieger needed to do some damage control. This was definitely not the image he'd been manufacturing for his client.

So, on *Crossfire*, Fieger set about some reconstructive work to patch the chips in the façade.

Not Out for Publicity?

According to Fieger, the good doctor is not out for publicity. After all, he explained, Kevorkian isn't selling a book; he's only helping people after he has carefully screened them.

Not out for publicity? No book sales at stake? Screening for whose purposes?

As a matter of fact, there are a couple of books that have been in the balance for quite some time. Earlier this year a Chicago paper reported that a proposed book about Kevorkian, titled "The Mercy Machine," was proving to be a hard sell. If and when it's marketed, though, half of its revenues will belong to Fieger who, according to the article, "figured to choreograph a terrific production" by bringing together the tentative book's author and the predatory pathologist.⁴

And then there's Jack's own book, *Prescription Medicide*, that he said he'd written to take on the "stone-age ethics of space-age medicine."⁵

The 268-page tome gives more than a little insight into just how publicity-seeking its author really is. In it, Kevorkian acknowledged how he selected his first subject (a word he often uses for his victims and potential victims) with care. Describing the need to get the best possible publicity for the first subject's death, Kevorkian wrote: "I knew that it would take a 'bull's-eye' to establish the new specialty."⁶

Candidate Screening

Kevorkian does indeed "screen" his "candidates," but the process used to select the first candidate made it abundantly clear that the screening was done for Kevorkian's benefit. Several candidates were considered. For various reasons their auditions led to rejection. They failed to qualify for the finals from which one would be selected as the first memorable corpse upon which subsequent dead bodies could be heaped.

Kevorkian explained to one woman that "she was not a suitable candidate for the first use of the Mercitron" because her situation wouldn't garner favorable publicity for what he was trying to do. He told her he expected a "storm of criticism" to follow the "initial

event” but that if the first case was under ideal conditions it would blunt any condemnation in subsequent cases.⁷

(When the woman’s relatives learned what was going on, they “whisked her off,” preventing Kevorkian from using her later for his purposes.) This was not the only case in which family members were horrified by what was being proposed.⁸

Following the “initial event” in June of 1990, Kevorkian carried on with his lethal hobby but, it seems, he neglected one thing in the selection process of subsequent victims. By the time the toll had risen to eight, commentators began to remark about the fact that all of his “patients” were women.

He evidently took the criticism to heart, becoming an equal opportunity killer the following month. On January 20, 1993, Jack Miller became the first man to receive the services of the ghoulish gadgeteer.

Challenging the Ban

Care, similar to that which went into the “initial event,” was employed when plans were made to carry out the first “final action” (as the Kevorkian-designed report form calls the killings) after the passage of Michigan’s ban on assisted suicide. Meticulous attention appears to have been given to both the victim and the venue.

The victim was Thomas Hyde, a thirty-three-year-old man with Lou Gehrig’s disease, one of the most heartbreaking maladies known. The location selected for Hyde’s death was Wayne County where the prosecutor favors assisted suicide and has voiced support for Kevorkian’s activities.

Using people and events to gain the greatest publicity is, indeed, one of Kevorkian and Fieger’s strong suits.

Several times during the program, Juan Williams—cast in the unenviable position of being the co-host who was to side with Kevorkian—indicated that he wanted to move the discussion away from Kevorkian. In an effort to do so, he side-stepped the entire issue and brought up the Quinlan case, saying that “her parents literally went to the Catholic Church and asked Pope Pius XII for his permission to remove those extraordinary means that were keeping Karen Ann Quinlan alive.”

Given the fact that Karen Ann Quinlan’s case didn’t begin until 1975, a full seventeen years after the death of Pope Pius XII, either the Quinlans have some interesting contacts or Williams has some shoddy researchers.

Williams' inaccuracies are one thing, but it's unlikely that misinformation is the source of Fieger's difficulty with the truth.

For example, when co-host Pat Buchanan asked Fieger about Kevorkian's statements, calling the Nazi medical experimentation "not absolutely negative experiments," Fieger said "No," and launched into a discussion of capital punishment.

Buchanan then quoted a Kevorkian statement that society would be enhanced if disabled people would self-eliminate. Fieger flatly denied it, saying, "He never said that."

Yet Kevorkian's paper trail is clear.

In a 1986 article Kevorkian not only referred to the Nazi medical experiments as "not absolutely negative" but wrote that "practical value for mankind did result" from them.⁹ His denigration of the Jewish Holocaust was also clear from a 1993 interview in which he compared the Holocaust with the experiences of his Armenian relatives during World War I. "I wish my forefathers went through what the Jews did," he said. "The Jews were gassed . . . They have had a lot of publicity but they didn't suffer as much."¹⁰

As with the disavowal of his client's comments concerning German medical experiments, Fieger's denial of Kevorkian's bigotry toward people with disabilities can be refuted with Kevorkian's own writing. In a long, rambling statement to a Michigan judge, Kevorkian wrote: "The voluntary self-elimination of mortally diseased or crippled lives can only *enhance* the preservation of public health and welfare."¹¹

The Ultimate Aim

Yet, on the program as elsewhere, Fieger consistently denies that Kevorkian has in mind anything other than helping suffering people. As he said in the column that appeared in the *New York Times* the morning of the program, "Jack is a physician first and foremost, and he believes the duty of every physician is to relieve suffering and provide a soft landing out of this world, if necessary."¹²

That's a nice public relations statement but it bears no resemblance to Fieger's client.

Even before he lost his license, Kevorkian had been an unemployed—not retired—pathologist who hadn't practiced clinical medicine in over thirty years. He has no training in psychiatry to assess the mental or emotional state of vulnerable people. But he does have an agenda. And providing "a soft landing out of this world" is not even near the top of it.

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He has written (there's that annoying paper trail again) that infants, children and others incapable of giving direct or informed consent are among the "potential candidates for the humane killing known as euthanasia." He calls it "suicide by proxy."¹³

He has, in fact, specifically stated that alleviation of agonizing pain and torment is only a "minor benefit" in his overall scheme of things.¹⁴ He has made it clear that the "right thing" to do is to establish well-equipped suicide centers where "merciful killing" would be supplemented "with the enormously positive benefit of experimentation and organ donations."¹⁵

His "ultimate aim," as he has described it, is "not simply to help suffering or doomed persons kill themselves." That activity, he said, "is merely the first step, an early distasteful professional obligation" which will lead to his goal. "What I find most satisfying," he said, "is the prospect of making possible the performance of invaluable experiments" and other undefined "medical acts."¹⁶

This is the man whom Fieger characterized on *Crossfire* as "one of the warmest, brightest, and most compassionate men I've ever known."

Does he really believe that?

I'm inclined to think he doesn't. But whether he does or not isn't the issue. The important thing is whether Fieger can persuade the public to believe it, because he is trying his case in two courts—the court of law and the court of public opinion. It's the latter where acceptance or rejection of Kevorkian's "ultimate aim" will eventually take place.

However, a recent court decision can—and should—sound a warning about the true nature of the agenda being set forth.

Quality of Life, According to Whom?

On December 13, Wayne County Circuit Judge Richard Kaufman issued a ruling striking down Michigan's law banning assisted suicide. The ruling was not unexpected and, from a legal perspective, it was not a major decision. After all, Kaufman is just one of sixty-two Wayne County judges. His decision may affect only one case involving Kevorkian. And Kaufman was the fourth, not the first, lower court judge to rule on the statute. Two judges had previously upheld it and one had found parts of it to be unconstitutional. In addition, the matter is now before the Court of Appeals and will likely go further, perhaps even to the U.S. Supreme Court.

But even though Kaufman's decision was relatively unimportant

in the judicial arena, it has taken on prominence far exceeding its legal consequences. As is often the situation, it is the rationale—the “why”—in a court’s decision that is of far greater importance than the “what.”

Kaufman’s written opinion makes that abundantly clear. And it absolutely illustrates what is at stake behind all of the hype, image building and grandstanding in the person of Jack Kevorkian for, buried on pages 27 and 28 of the 41-page decision, is the lynch pin of Kaufman’s contention that assisted suicide is a “quality of life” issue. It is there that he states:

Although some cases have suggested that the state interest in preserving life should be blind to the quality of life, a number of cases suggest that the state’s interest in preserving life does have a qualitative component. *Cruzan*, again, is such a case. More to the point is *Buck v. Bell*. . . . The court found that the state in that case had a sufficient interest to avoid the creation of certain life because the state concluded the quality of such life was too low and too much of a burden on society to permit. . . .

Kaufman’s reliance on *Buck v. Bell* as a reason to declare assisted suicide a “right” is a travesty. That case epitomizes the brutality which can be inflicted by the state on vulnerable people for the benefit of society. It is viewed now by virtually all legal scholars as a blight on the otherwise distinguished career of Justice Oliver Wendell Holmes who authored the 1927 majority opinion.

The words of Justice Holmes’ decision reflected the bigotry of the time when he wrote:

It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. . . . Three generations of imbeciles is enough.¹⁷

The case revolved around Carrie Bell, the daughter of a prostitute. As a teenager, she lived in a foster home where she became pregnant after being raped by a relative of her foster parents. To spare the family from shame over her condition, her foster parents had her declared “feebleminded” and placed in the State Colony for Epileptics and Feebleminded of Virginia.

After 18-year-old Carrie gave birth to her child, doctors at the asylum sought to have her sterilized but also decided to use her case to test a Virginia statute allowing involuntary sterilization of institutionalized “mental defectives.” The statute was found to be constitutional and, as a result, an estimated 60,000 “feebleminded”

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men and women were involuntarily sterilized. Many of those thousands, including Carrie Buck, were later found to have been of normal intelligence. They had, however, had the misfortune of being among the poor who, at that time, were targets of eugenicists wishing to cleanse the gene pool of “undesirables.”

Kaufman’s approving use of *Buck V. Bell* leaves little doubt that the cruel arrogance of yesterday’s eugenicists, who sought to improve “quality of life” for society’s benefit, is not dead. It has only shifted its focus to the other end of life’s spectrum. And it expresses itself best in those chilling words of Geoffrey Fieger’s client: “The voluntary self-elimination of mortally diseased or crippled lives can only *enhance* the preservation of public health and welfare.”¹⁸

NOTES

1. Speech given by Jack Kevorkian to the National Press Club, Washington, D.C., October 27, 1992.
2. Geoffrey Nels Fieger, “Kevorkian’s Crusade,” *New York Times*, December 3, 1993.
3. “Kevorkian Jailed, Vowing not to Eat,” *New York Times*, December 1, 1993, p. A10.
4. Bill Brashler, “Tale of the Terminator,” *Chicago Tribune Magazine*, February 21, 1993, pp. 14-15.
5. AP, August 11, 1991.
6. *Prescription Medicide*, Prometheus Books (1991), p. 215.
7. *Prescription Medicide*, p. 219.
8. *Prescription Medicide*, pp. 219-220.
9. *Medicine and Law*, (1986), Vol. 5, p. 183.
10. Brashler, p. 15.
11. Written statement by Jack Kevorkian, submitted to Circuit Court Judge Alice Gilbert, August 17, 1990, p. 11.
12. “Kevorkian’s Crusade,” *New York Times*, December 3, 1993.
13. *Prescription Medicide*, p. 200.
14. “Medicide: The Goodness of Planned Death: An Interview with Dr. Jack Kevorkian,” *Free Inquiry*, Fall 1991, Vol. 11, No. 4, p. 15.
15. *Prescription Medicide*, p. 201.
16. *Prescription Medicide*, p. 214.
17. *Buck v. Bell* 274 U.S. 200, 207 (1927).
18. Written statement by Jack Kevorkian, submitted to Circuit Court Judge Alice Gilbert, August 17, 1990, p. 11.

Is Professor Rachels Right?

Thomas D. Sullivan

The question never seems to go away.

The first time I heard it posed was in 1975, just after Professor James Rachels had made his stunning charge in *The New England Journal of Medicine* that with respect to euthanasia traditional medical ethics was not only misguided, but cruel. Rachels targeted the statement of the House of Delegates of the American Medical Association as representative of the confusion and heartlessness of traditional medical ethics. As Rachels read it, the statement piously forbade all intentional killing, but allowed passive euthanasia, smiling on such atrocities as refusing a simple life-saving surgery to a withering and dying Down syndrome infant. My friend Norman Virnig, a distinguished neonatologist, then president of the Great Plains Association for Perinatal Care, asked me what I thought of Rachel's charge. "Does Rachels have it straight? Is it true that when we let patients die, as sometimes we physicians feel we must, that what we do is the moral equivalent of intentionally killing?"

I told Norm what I thought—that Rachels had failed to make cognitive contact with the actual position. At Norm's invitation, I soon found myself debating Joseph Fletcher on Rachels's point before about 500 doctors and nurses. "*Situation Ethics*" Joe Fletcher. Fletcher took Rachels's side. Of course he approved of everything Rachels said. Why not? Hadn't Fletcher himself said it first? Fletcher observed that we've got to take charge of the end of life the way we have taken charge of the beginning of life. There was a time when most people thought that we had to just let babies come, wanted or unwanted. Now we know better. We know how to put a stop to their untimely arrival or development, and we know that to do so is right. Similarly, Fletcher argued, there was a time when it was thought that we just had to let people die if they were beyond our help, but now we should realize that the traditional precept against killing the innocent is just a taboo. If people want to die—or if we may assume that they do—then we do them a service by painlessly terminating their lives. Traditional medical ethics about killing the innocent has to

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go. In its place, we need a responsible, situation ethics, an ethics that bravely takes charge of both life and death.

After the debate, I wrote up my response to Rachels (and by implication Fletcher) and sent it off to the *Human Life Review*. About two years after it appeared, the question came up again. "What would you say to Rachels?" This time it came from my office-mate, Fred, at St. Thomas. I was a bit surprised. Fred, I thought, had read my reply to Rachels in *HLR*. And so he had. But, as I was soon to learn, Rachels had written a reply to me, "More Impertinent Distinctions." Rachels's celebrated "Active and Passive Euthanasia," followed by my criticisms of the piece, followed by Rachels's new essay, had been circulating in two widely-used anthologies, *Biomedical Ethics* and *Social Ethics* (McGraw-Hill), both edited by Mappes and Zembaty. For two years students across the country had been reading Rachels's reply to me in these popular anthologies, and I didn't even know my article had been reprinted. But there it was sandwiched in between Rachels's two attacks on traditional morality.

Rachels: "Active and Passive Euthanasia"

Sullivan: "Active and Passive Euthanasia: An Impertinent Distinction?"

Rachels: "More Impertinent Distinctions"

I called Jim McFadden at *HLR*. What happened? How did our side end up with *one* shot, theirs with *two*?

It turns out that in the midst of the usual rush to get an issue of *HLR* to the printers, Jim received a request to reprint my article. Assuming that the request came, as most do, from friends of the cause, Jim gave permission to Mappes and Zembaty to reprint the piece. He didn't even collect his usual small fee. Anything to help proliferate.

Some proliferate. Mappes, Zembaty, and McGraw-Hill could not bring themselves to allow me a reply to Rachels, even though nowhere else in their anthologies had they given two opportunities to the author on the attack, and one to the author on the defense.

So there matters stood through half a dozen or so new editions of these anthologies. Year after year hundreds, if not thousands, of students read Rachels's original complaint that the tradition is confused and cruel, followed by my response that Rachels's "Active and Passive Euthanasia" is a spectacular *ignoratio elenchi*, followed by Rachels's "More Impertinent Distinctions," which abandons the old charge in favor of a new indictment, followed by—*Nothing*.

So the question keeps coming back, from teachers and from students. "Is Rachels right?"

Fifteen years later I suddenly find myself with a good opportunity to answer Rachels's second indictment of the traditional medical ethics. Yet another anthology, *Killing and Letting Die* (Fordham University Press), edited by Norcross and Steinbach, will include my reply, "Coming to Terms," along with the first three articles.

What follows, after a bit of stage-setting that takes us back to the starting point, is a condensed version of that article.

Active and Passive Euthanasia

As noted, the occasion of Rachels's first attack on the tradition was this statement by the House of Delegates of the American Medical Association on Dec. 4, 1973:

The intentional termination of the life of one human being by another—mercy killing—is contrary to that for which the medical profession stands and is contrary to the policy of the American Medical Association.

The cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent is the decision of the patient and/or his immediate family. The advice and judgment of the physician should be freely available to the patient under the immediate family.

The trouble with this statement and the tradition it represents, as Rachels sees it in "Active and Passive Euthanasia," is that it sanctions the idea that killing someone is somehow inherently worse than letting an individual die. But, Rachels argues, it is not. He asks us to compare two cases. Smith stands to gain a large inheritance if his cousin should die. Smith drowns the child in his bath, making it look like an accident. Jones also stands to gain in the same way. He sneaks into the room, intent on murder, but finds the child, who has bumped his head, floating face down in the water. Jones simply stands there and lets the child die. "If the difference between killing and letting die were in itself a morally important matter, one should say that Jones's behavior was less reprehensible than Smith's. But does one really want to say that? I don't think so." (AP¹, p. 63.)

One might agree. But what follows? Rachels reasons that what follows is a general lesson about what he terms "active and passive euthanasia." Passive is no better than active. Letting people die is no better than intentionally killing them. You can tell yourself, if you like, that you only let a Down syndrome infant die; you did not kill it. But this is self-deceptive talk. The omission is on a moral par with the act. The lesson to be learned is not that letting people

die is always wrong, for sometimes we must let people die. The lesson is rather that letting people die is morally equivalent to killing them. And so since it is sometimes right to let people die, it is also right sometimes intentionally to terminate their lives.

Traditional morality is thus hopelessly confused. It is time for my friend Norm to start using a lethal needle.

Active and Passive Euthanasia: An Impertinent Distinction

Rachels was surely right about the murderous cousins and about the doctors who refuse to treat a Down syndrome infant just because it has Down syndrome. But, I argued, it certainly does not follow that he was right about traditional morality. The reason is simple. The tradition had never sanctioned such behavior. The targeted AMA statement representing traditional morality invokes neither the terms “active and passive euthanasia” nor the corresponding concepts. The question addressed by the statement is not whether killing is always worse than letting someone die. And nowhere does the statement support the idea, central to Rachels’s whole argument, that letting people die was always permissible. The AMA talked not in terms of active and passive euthanasia, but in terms of “intentional killing” and the use of “extraordinary” (in contrast to “ordinary”) means to keep a person alive. The point of the statement is that one cannot intentionally kill. One way to intentionally kill is to omit ordinary means of support. Only extraordinary means can be omitted. Ordinary means, as standard definitions had it, are medicines, treatments, and operations that offer a reasonable hope of benefit to the patient and which can be obtained without excessive expense, pain, or other inconvenience. Extraordinary are those medicines, treatments, and operations that fail to meet these criteria.² Denying a simple, life-saving surgery to a Down syndrome infant that would be given an otherwise healthy infant is denying *ordinary* means. Refusing to lift the head of a child floating face down in water is denying *ordinary* means. Rachels’s examples of refusing ordinary help demonstrated not the insensibility of traditional morality, but his failure to come to terms with the actual position.

More Impertinent Distinctions

Unable to deny that he had completely ignored the key provision in the AMA statement limiting omission of help to the extraordinary (heroic), Rachels quietly dropped the old charge in favor of two new charges: that the traditional morality is profoundly confused

(1) about the role of intention in morality and (2) about the application of the concepts of ordinary and extraordinary means.

How so?

The Role of Intention: In my reply to Rachels I had stressed the fact that the AMA statement speaks about intentional killing. Why bring in intentions? Why not just say that one must not kill? For several reasons.

First, mere happenings, such as earthquakes, are not subject to moral evaluation, though they do plenty of harm. Even if what happens is in some way the act of a human being, it does not follow that it is a moral or immoral act. Slipping on the ice is ordinarily³ neither right nor wrong. Typically, what gets evaluated are intentional actions, actions performed with the intention that such and such state of affairs comes into existence.

Second—and this is the point that is most immediately germane to declarations about euthanasia—it is necessary to distinguish between what is intended and what is foreseen. The reason is this. If morality were to forbid any act or omission leading to death, whether death is intended or not, then a doctor could not withhold extraordinary means without running afoul of the prohibition. Given that sometimes we cannot help but deprive someone of extraordinary assistance (in triage situations, for example), the unqualified rule would condemn acts and omissions that are unavoidable.⁴

But, Rachels claims, the difference between foreseeing and intending is morally insignificant. Intentions do not count *at all* when it comes to evaluating an act, but only when evaluating someone's moral state. To bring this out he invites us to consider the case of Jack and Jill. Both visit their old and lonely grandmother, but for different reasons. Jack loves Grandmother; his only intention is to cheer her up. Jill wants to work her way into Grandmother's will. She's manipulative. Still, they both do the same thing, they both visit Grandmother. If it is right for Jack it should be right for Jill; the differences do not show that one did the right thing and one did the wrong thing.

The traditional view [says Sullivan] says that the intention with which an act is done is relevant to determining whether the act is right. The example of Jack and Jill suggests that, on the contrary, the intention is not relevant to deciding whether the *act* is right or wrong, but instead it is relevant to assessing the character of the person who

does the act, which is very different. (MID, p. 72.)

The claim that no intention is ever relevant to the evaluation of acts is exceedingly strong, but nothing less will serve Rachels's purposes. For if only some intentions are irrelevant, then it is by no means obvious or even plausible that deadly intentions are among the intentions irrelevant to the evaluation of deadly acts. So, as Rachels appears to recognize, he has to say intentions are *never* relevant. But can this be true?

It is hard to see how it can be. To begin with, the paradigm cases of acts we evaluate as morally right or wrong are intentional. Feeding the downtrodden, comforting the sick, visiting the lonely—these good acts are all intentional. And so are the wicked acts of embezzlement, murder, and rape. We certainly do not begin by thinking that the fact that an action is intentional has nothing whatever to do with its rightness or wrongness. Typically, acts we subject to moral evaluation are chosen acts, and there are no intentionless choices. Further reflection supports the initial judgment that intentions are relevant to the morality of an action. If we draw out of an act *all* of the motivating intention, the residue seems not to be the same act, if it is, properly speaking, any act at all. If we drain a lie of its intention to assert falsely, what remains is not a lie. If we rid the event of all remaining intentions, such as the intention to communicate, what remains is no more a human act susceptible of moral evaluation than talk in a coma. Furthermore, establishing intent is crucial to the prosecution of criminal acts in courts of law. That intent should nonetheless be utterly irrelevant to the morality of an act seems, to say the least, hard to swallow.

Nor is it easy to see how Rachels's examples overturn the initial assumption that intentions are relevant to evaluating at least some deeds. We are not asked to consider a situation in which Jack and Jill *accidentally* wind up in the same room with Grandmother. We are rather asked to consider their visiting, entertaining, cheering up—all *intentional* actions. Drained of their intentionality, the acts vanish. The residues are unsusceptible of moral evaluation. "Your body's being in a room at the same time another person's body is in the room—right or wrong?" The question is senseless.

What, then, do Rachels's examples show if not that intentions are irrelevant to the morality of an act? At most, that *not every* intention is relevant to the evaluation of a particular act. We can distinguish between Jill's intention to visit her Grandmother and

her *further* manipulative intention to work her way into Grandmother's will. Then, abstracting from this *further* manipulative intention we can ask whether she did the right thing by visiting Grandmother. This *may* show that *some* intentions are entirely irrelevant to evaluation of *some* moral acts. But it certainly does not demonstrate the point at issue, for it does not show that *all* intentions are irrelevant to *all* acts.

So, nothing Rachels says effectively casts doubt on the assumption that at least some intentions are relevant to the evaluation of a moral act. Murder is wrong because it involves the intention to kill an innocent human.

Ordinary and Extraordinary Means of Treatment: Rachels begins his attack on the tradition for its use of the concepts of "ordinary" and "extraordinary" by remarking impertinently that the distinctions "are crucial to orthodox Catholic thought." (MID, p. 74). The American Medical Association is hardly renowned for promoting orthodox Catholicism. The definitions of "ordinary" and "extraordinary" means I invoked for the purpose of defending the AMA statement were taken from a standard medical ethics textbook by Paul Ramsey, a Protestant.

Moving on to the task at hand of showing that, besides being contaminated by association with Catholicism, there is something actually wrong with the distinction, Rachels comes up with the idea that you can't apply the ideas without circularity.

We cannot by using the definitions identify which treatments are extraordinary, and then use that information to determine whether the treatment may be omitted. For the definitions require that we must *already* have decided the moral questions of life and death *before* we can answer the question of which means are extraordinary! (MID, p. 75.)

Really? Recall the cited definitions. *Ordinary* means are medicines, treatments, and operations that offer a reasonable hope of benefit to the patient and which can be obtained without excessive expense, pain, or other inconvenience. Extraordinary are those medicines, treatments and operations that fail to meet these criteria.⁵ Now suppose you can live for three more days if you submit to a treatment which for those three days will burn like white-hot fire. It seems fairly clear that the good achieved is not worth the personal cost. The treatment in the traditional language (though the *terms* are unimportant) is extra-ordinary. And *so*, you reason, you need not go through the

treatment. Why should anyone assume that you must *first* ascertain whether you are obliged to go through the ordeal *before* you can figure out whether the gain is greater than the loss? It quite clearly seems to be the other way around.

Rachels's summary statement of his reason for thinking that the concepts cannot be applied without circularity is this:

Again, in order to decide whether life-sustaining treatment is a benefit we first have to decide whether it would be a good thing for the life in question to be prolonged. (MID, p. 76.)

But note the ambiguity the passive voice introduces. What is it *precisely* that we must decide first? On one reading, (A), it is the value of *the life* (prolonged). Is such a *life* worth living? On another reading, (B), it is the value of *the act of prolonging*, the act of providing assistance. Is the *prolonging* good? Granted, to get the reasoning started we have to do something like what (A) specifies, that is, determine the value of life lived under the envisioned conditions.⁶ Once we do, we can then go on to do what (B) specifies, evaluate the act of prolonging a life to be lived in those conditions. But we need not do what (B) prescribes before we do what (A) prescribes.

With the distinction between (A) and (B) in mind, let's consider a case involving ordinary means. A dying girl's life can be quickly restored to perfect health by using an inexpensive and painless remedy. Let's take the reasoning step by step.

In accord with (A), we first determine that:

- (1) The life lived in the expected condition is certainly a good life for the one living it.

From which we infer:

- (2) The treatment is a great benefit to the patient.

And we further note:

- (3) The treatment imposes no heavy burdens on others.

And, invoking the principle:

- (4) If a treatment is a great benefit to the patient and imposes no heavy burdens on others (i.e., if the treatment involves only ordinary means), then the doctor should treat this patient.

Thus we arrive in accord with (B) at:

- (5) The doctor should treat this patient.

Where is the alleged circularity? Why should we think that we must determine whether (5) is true, that the obligation is in place,

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before determining the truth of the premises that state the benefits and burdens? How *could* we possibly do this? How could we determine the factual questions about the effectiveness and cost of a remedy by first determining what a doctor ought to do?

Of course, sometimes it will be hard to say whether a treatment offers much of a benefit or whether to provide it imposes disproportionate burdens on the patient or on others. But as the existence of twilight does not prove there is no difference between night and day, so the existence of borderline cases does not show that there is no difference between ordinary and extraordinary means.

So neither Rachels's celebrated "Active and Passive Euthanasia" nor his reply to me gives any grounds for doubting that it is wrong intentionally to bring about the death of an innocent human being.

NOTES

1. AP refers to "Active and Passive Euthanasia;" MID refers to "More Impertinent Distinctions." All references are to articles as they appear in Thomas A. Mappes and Jane S. Zembatty, *Social Ethics*, 3rd ed. (New York: McGraw-Hill, 1987).
2. Paul Ramsey, *The Patient as Person* (New Haven and London: Yale University Press, 1970), p. 122. Part of Rachels's trouble may be that he understands "ordinary means" as means that we are obliged to use. But this is not the stated definition. The definition does not refer to an obligation to use the means.
3. A qualification: One may of course be faulted in some circumstances for not taking sufficient precaution.
4. Some moralists hold that the distinction between the intended and foreseen is bogus psychology. If you intentionally do A and believe that by doing A you will bring about B, then you intentionally bring about B. Intentions diffuse over anticipated effects. Applied to some situations this seems right. If I bring my fork to my mouth and drop the 12th meatball into my mouth, I can hardly with any degree of plausibility maintain that I did not intend to stuff myself. But as a generalization, the Diffusiveness of Intention Principle (as Chisholm terms it) is certainly false. On the Diffusiveness Principle, a chronic stutterer who rationally believes he will stutter while trying to make a good speech will end up with contradictory intentions. Since he intends to make a good speech and tries not to stutter, he intends not to stutter. But since he believes he will stutter to some degree, he must, given the Diffusiveness Principle, also intend to stutter. In very many such circumstances, we need have no intention to bring about the unwanted, but foreseeable side effects of our acts. For an argument against the Diffusiveness Principle see Joseph Boyle, Jr. and Thomas D. Sullivan, "The Diffusiveness of Intention Principle: A Counter Example," *Philosophical Studies* (Holland), 31 (1977), pp. 357-60. I elaborate the connection between the psychological and intentional in "Malum Vitandum: The Role of Intentions in First-Order Morality" (with Gary Atkinson), *International Journal of Philosophical Studies*, 1 (1993), pp. 99-110.
5. Paul Ramsey, *The Patient as Person*, op cit. see note 2.
6. Some will not want to grant Rachels this much, but for the point at issue, it is harmless to let it stand.

The Politics of People Power

William McGurn

Ninoy Aquino Airport, the Philippines

Although smiles are almost always the order of the day in the Philippines, today, just three days before Christmas, there is something different in the air. It's not just the holiday cheer, which has brought us here in the first place. As my wife and I head down to the baggage claim, we find beautiful Filipinas serenade us with carols and drape us with sea-shell necklaces. Even President Fidel Ramos is here, arms outstretched.

Of course, President Ramos has not come all the way out to the airport to greet us. As we soon learn from the papers, he is here for political reasons. For among the many *balikbayans*, or homecomers, are thousands of overseas contract workers: i.e., Philippine citizens working overseas. President Ramos greets them as heroes, and threatens the recently-resurrected death penalty for any corrupt airport staffer who might want to shake these returnees down for some hard-earned Christmas goodies they are bringing home to their families (like so many other things in the Philippines, many of the airport services are run by a crime syndicate). There are even special lines marked "OCW," or overseas contract workers, to help them get through more quickly.

Our Cathay Pacific flight from Hong Kong, for example, was full of Filipinas returning home for the holidays, mostly maids working in oft-trying conditions to support their families back home. Only ten years ago there were but 24,700 Filipina maids in Hong Kong. Today the number has ballooned to more than 90,000, with no end in sight. Many of these women have university degrees. Almost all have a sister, cousin, or, not infrequently, mother there too, working in some other apartment, raising some other person's children, so that their own might eat. On Saturdays and Sundays you see them in Statue Square, thousands of them, squatting on the sidewalks, enjoying their native dishes, trading gossip and squeezing in a bit of shopping on their one day off.

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The Hong Kong Chinese are not always appreciative. Over the last few weeks there has been an uproar over signs up at Trenguntar Towers (where monthly rents go for more than U.S. \$7,500), banishing both maids and dogs to the service lifts, calling to mind the infamous (and mythical) "No Dogs or Chinese" sign said to have hung from the municipal gardens in colonial Shanghai. But as tough as these women have it, they consider themselves the lucky ones. For the laws in Hong Kong are fair and reasonably well enforced, and Filipinos working in lands farther afield (e.g., construction workers in Saudi Arabia) come back with gruesome tales of rape and worse.

But why the presidential welcome? It turns out that these Filipinos abroad, some two million of them, sent home revenue amounting to \$2 billion over that year alone. To put that in perspective, it represents about 10% of the country's foreign debt and about 15% of the national budget just signed by President Ramos, who knows quite well that without the foreign exchange sent back by these Filipino exiles the country would go under. In many ways it is a testament to the sacrifices of the Philippine people for their country. And President Ramos has acknowledged it.

But there is something of a contradiction here. For these Filipinos are not going abroad because they *want* to, but because they *have* to. Only a generation ago, the Philippines was the wealthiest nation in the region after Japan, but today it has been reduced to the "sick man of Asia"—this despite an abundance of natural resources, a talented, English-speaking workforce and a strategic location smack dab in the center of the most vibrant economic region in the world. But instead of blaming corruption, cronyism, or protectionism for this sorry state of affairs (as Singapore's Lee Kuan Yew did during a 1992 visit here), the Ramos administration has pointed its finger at a curious scapegoat: babies.

That's right, babies. Filipinos, the president believes, are having too many of them, and it is this that has caused the country's economic woes, not the dictatorship of Ferdinand Marcos or the do-nothingism of Cory Aquino or the abysmal economic structure this has left.

"What is involved here is the highest national interest of the country," said Ramos in August. "It is very clear that our rate of population growth is now much more than our rate of economic growth and therefore the quality of life of Filipinos may deteriorate further unless we manage the population problem properly." The irony seems to have completely escaped him. An administration that came in under

the glorious banner of "People Power" has now concluded that the problem is simply too many Filipinos.

Although President Ramos has given the issue a prominence it never had under Mrs. Aquino, population control is by no means new to the Philippines. Ever since the World Bank's Robert McNamara declared population growth the "gravest threat" to the world outside nuclear war, both public and private American institutions began to devote themselves to curbing its growth, especially in the Third World. No cost was too high in this crusade. Although Mr. McNamara went on to say that no government really wanted this to mean coercion, they simply could not afford "to let population pressures grow so dangerously large." In China this philosophy would lead to forced abortions and other outrages. Mr. McNamara himself visited India at the height of its forced-sterilization program in 1976 to congratulate the government for its "political will and determination."

The Philippines became a particular focus of American interest because of the presence of U.S. bases such as Clark Field and Subic Bay. Indeed, back in the 1970s control of foreign populations was considered essential to U.S. security; a document written in 1974 but declassified only recently (National Security Study Memorandum 200) concluded, for example, that "wherever a lessening of population pressures through reduced birth rates can increase the prospects for such stability, population policy becomes relevant to resource supplies and to the economic interests of the United States." This same report identified 13 "key countries," among which was the Philippines.

The result was millions of dollars poured into Manila and the elevation of population control to a national priority. Out in the field, the incentives were mostly bribery, such as free transistor radios for men who had vasectomies. But far more pernicious was the legacy it left, poisoning the Philippine debate even today. Because Marcos was eager for the development money it brought, he gave the international aid brigade more or less free rein, even to the point of writing into the Constitution a state mandate "to achieve and maintain population levels" (which clause was eliminated with the Aquino Constitution). Indeed, a USAID officer once boasted to me that his organization had got then-President Marcos to transfer a Philippine cabinet officer, Placido Mapa, to the Philippine National Bank after Mr. Mapa had proved a stumbling block to implementing the population programs.

Although population programs in the Philippines never reached the fever pitch of China or India, it spawned an entire industry with its own vested interests, to the point where an oft-cited defense for keeping the programs intact was to keep the population workers employed. For if the Marcos government was initially reluctant to make itself more unpopular by adopting population control, the carrot of untold millions in development assistance—much of which became tied to population control measures—soon changed all that. Over its last five years of Marcos rule, for example, the Population Commission spent more than 1.19 billion pesos (\$94.5 million at then conversion rates), of which a good chunk came from USAID, the World Bank, and the U.N. Fund for Population Activities. In a country where the per capita income even today is barely \$700 a year, this was a staggering amount. Yet an internal study commissioned in 1987 showed that for all this money and energy, the program was a flop. No study was necessary to show that it didn't do much to alleviate poverty, either.

“The story of population reduction in the Philippines is of a hypothesis that people wanted to believe, and so they put so much money into it, so much effort, and worked themselves up to the point where they now think the problem is they haven't done enough,” says a former executive director of the Commission on Population, Sonny de los Reyes. “They ascribed the failure to every possible factor except the one that the product they are selling is wrong.”

Certainly population control was considered unsavory in the Philippines. Mrs. Aquino's Secretary for Social Welfare, Mita Pardo de Tavera, once told me that it was interpreted by common people as “babies for the rich, but not for the poor.” They were not far off the mark. Even proponents shun the words population control, preferring to talk about creating options for women or AIDS prevention, and sneaking population reduction in the context of an overall welfare package. Yet these efforts, and the general lack of success, point to one overriding fact: ordinary Filipinos resist these measures.

At first the hope was that the election of Mrs. Aquino would reverse these policies. As in so much else, however, Mrs. Aquino was characterized by indecisiveness here. In part this may be because she remembered that her husband, Ninoy, was the senate sponsor of the original legislation setting up the country's Population Commission. But it was also likely that she was torn between religious convictions that told her population control is wrong and an uneasy suspicion

that in the real world this conflicted with what needs to be done to get the Philippines back on its feet.

For although the government did eliminate the population passage from the Constitution and insert another guaranteeing the life of the unborn, in significant areas the Aquino administration proved as bad as the one it had toppled. The government's Medium Term Philippine Development Plan 1987-92 established zero population growth as an official goal. Moreover, the multilateral aid agencies continued their lobbying unabated, convinced that development was only another billion condoms or another billion-dollar grant away. It is an unquestioning faith untouched by facts, not least of which would be one of USAID's own studies: the 1989 Woods Report, which scored planners for their adherence to population control and noted the failure of American aid over the past two decades to help even one recipient country move into the ranks of developed nations.

Nor were the Aquino administration's dealings on the issue absent Marcos-era intrigue. Again, U.S. money played a prominent role. At a board meeting of the Population Commission on April 17, 1990, then-Health Secretary Alran Bengzon surprised everyone by springing a full-blown, five billion peso population scheme (about \$185 million) for which he demanded immediate approval. This itself was highly irregular, not only because the board had not had time to review the plan but because there were questions about whether the proper representatives were in attendance and whether those present had the authority to give approval.

The American hand was prominent here. Mr. Bengzon was a notorious opponent of the U.S. bases in the Philippines, and so it looked like trouble for Uncle Sam when he was put on the panel negotiating their future. But then a funny thing happened. AID came up with \$40 million in population funding for his department. Here too the approval process was not completely kosher. The program was rammed through a cabinet meeting on a Wednesday; the signing took place that Friday, and Monday morning the negotiations began on the bases.

In the cabinet meeting discussing the AID grant, Mrs. Aquino remained silent.

Enter President Fidel Ramos, who squeaked ahead of six other candidates in the presidential elections of May 1992. Along with Juan Ponce Enrile, then-General Ramos had rallied his troops to support Mrs. Aquino's claim against Marcos just six years earlier

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in what became known as the People Power revolution. Unlike Mr. Enrile, Mr. Ramos did not split with Mrs. Aquino and in fact went on to become her chief of staff, and put down a number of coups against her. In style the West Point graduate has been likened to George Bush—plodding and without strong convictions—reflected in one of his nicknames: Steady Eddie.

But if Mr. Ramos is vague in other areas, in population he has been quite clear. In Manila this comes as no surprise. His sister, Senator Leticia Ramos Shahani, has been the foremost political advocate of population control. In 1988 she was defeated in an attempt to get through a resolution on population that essentially would have restored the state mandate from the old Marcos constitution. With her brother in office, Senator Shahani naturally has far more influence on this administration, and a number of population bills calling for more money are now making their way through the Philippine Congress.

Because Mr. Ramos is a Protestant in this overwhelmingly Catholic country, he has wisely chosen not to take center stage on this issue. Instead he has delegated the task to his Health Secretary, 58-year-old Dr. Juan Flavio. It was a wise choice.

For one thing, Dr. Flavio is a Catholic himself. For another, he has experience in the rural parts of the country. But Dr. Flavio's most important asset has nothing to do with his credentials: he is simply funny.

Rather than make the mistake of getting into heated fights with the clergy and other opponents of his programs, Dr. Flavio has relied on his wit. In response to the Church's insistence on abstinence, Dr. Flavio cites the ABC formula: A is for abstention and B is for being faithful. If these two fail, then it is time to move on to C—for condom.

Dr. Flavio has patterned his approach on another well-known Asian Health Minister: Thailand's Meechai Viravaidya. Mr. Meechai has been photographed all over Thailand giving out brightly colored condoms, and Dr. Flavio has now brought the act to Manila. Indeed, when Dr. Flavio was first appointed, Mr. Meechai sent him a bouquet of condoms containing this message: "Mr. Secretary, you are a bright star in the dark days of ignorance in the fight against AIDS."

When cornered, Dr. Flavio retreats to his clown act, and reporters love it. He is especially popular in the international press, which has little regard for Philippine Catholicism and thus champions the Health Secretary as the leading force for progress in the country.

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"I've been condom-ed without trial," he likes to say to reporters. Give him his due, Dr. Flavier is most effective and comes across as far less stuffy and pedantic than many of his opponents.

For all his fun, however, Dr. Flavier has not been entirely honest about his program. For as usual the m.o. has been to introduce population control as part of a greater health-care effort. In this case, the ostensible push is against a prospective AIDS epidemic. With tens of thousands of Filipinas working as prostitutes and others bringing in the disease from abroad, the fear is that AIDS could explode as it has in nearby Thailand.

Now the Philippines certainly has its own sex industry and certainly enough reason to worry about it. But the question is whether they are being honest about the degree of the threat. Right now the Philippines has about 500 documented cases of AIDS, but Dr. Flavier estimates that there may be as many as 100 times that amount. The point is that this is an estimate, and a highly questionable one at that. Each time a new case is recorded, the good doctor ups his figures. Thus, while only a few months back wire service stories were using the figure of 37,000 AIDS carriers, today the number is up to 50,000. And these are the people who talk about having science on their side.

The portrayal of the Church has likewise been dishonest. While the Philippine Catholic Church certainly has strong conservative elements, it is by no means the hidebound institution portrayed so often in the press. Mr. Ramos, after all, owes his life and his job to Jaime Cardinal Sin, whose 1986 call for his flock to take to the streets to protect the rebellious soldiers made the People's Power revolution. In recent months the Cardinal has been highly critical of the Ramos administration's population push, and although Dr. Flavier has not been mentioned by name it is fairly clear to whom the Cardinal is referring. Indeed, the Catholic Bishops Conference in June issued a pastoral letter on the subject, calling the government's program "an abrasive act of insensitivity" and expressing their opposition to what it called "the actions of the government and its instrumentalities which work towards the destruction of the Filipino family." As in the American debate over federal funding, the Philippine debate has been deliberately muddied over the issue of subsidy: not in their wildest imagination do Church leaders believe they will make contraception illegal. Three years ago, Cardinal Sin told me that was not his intention.

What does rile the Church is both the public monies dedicated to—and especially the state imprimatur given to—the population control ideology. In mid-July, Ramos told a gathering of bishops that he would implement the population plan as part of his economic recovery. “If we are ever to provide adequately for our people, if we are ever to catch up to our neighbors in Southeast Asia . . . we must at this particular time harness our forces and cut where we should, that is, in the area of population growth,” he said. Since then he has repeated that his target is for a fertility rate of 2.0, below replacement level. But the Church has kept up the attack and President Ramos, not wishing an all-out confrontation, has instructed Dr. Flavio to keep a lower profile.

Unfortunately, the debate thus far has been largely at cross purposes. Proponents of population control assume that measures are necessary if the government is to develop, while opponents, especially in the Church, attack it as immoral. Few take on the planners where they are weakest: on the economic issues themselves. The result is that the two sides tend to argue past each other, tacitly ceding the economic and development argument to the pro-control side.

This is a travesty for the Philippines, because not only will population control do nothing to solve their economic problems, it is part of a mindset that contributes to them. In the 1960s and early 1970s, accepted wisdom had it that development was impossible without first curbing population. But this is a view that sees government as the primary provider and people as mouths rather than minds. That is true in a socialist state, where each additional person becomes an additional burden for the state (it’s no secret that the countries said to have the most grievous population pressures today are also socialist states, i.e., India and China). But in a capitalist society, each additional person is a net *producer*, by definition producing more than he and his family consume. What ended the population “problem” in most of East Asia was not the governments’ sometimes strong efforts to reduce the rate but something far more potent: affluence.

The Philippines does indeed have problems related to population, but they have nothing to do with the growth rate. Rather, they have mostly to do with the government’s heavy involvement in the economy, the protectionism enjoyed by the top segment of society from foreign competition and the perverse incentives this breeds. As Senator Francisco Tatad points out, what most regard as a population problem is actually

a problem of urbanization. For while the Philippines is still one of the least densely populated nations in the world, Manila is one of the most crowded cities. Because the country has not developed, people flock to the city for opportunity, giving Manila a density rate several times that of Hong Kong's.

The traditional protectionism extended to Philippine big business—part of a Filipino First policy that has brought the Philippines from the top of Asia to the bottom in a generation—also plays a role. For without foreign investment there will be no jobs, and consumers will pay higher prices for goods and services. The government, including Mr. Ramos, likes to point out that the birth rate is much higher than the increases in gross national product. What they miss is that foreign investment could turn this around almost overnight, as it did in the rest of East Asia. Indeed, such has been the success of its neighbors that all of them—Hong Kong, South Korea, Taiwan, and Singapore—have shifted gear and are now desperately trying to encourage their people to have more, not fewer, children.

Unlike President Aquino, whose tenure left people pining for Marcos, President Ramos appears to understand that his country needs to take stock of itself if it is ever to enjoy the economic growth that makes the rest of East Asia the most dynamic region in the world. Accordingly he has made a number of positive moves, from liberalizing foreign-exchange rates to taking on the phone monopoly. In this context, however, the emphasis on a population control program is a throwback to the past. It is especially debilitating for nations like the Philippines because it shifts the focus to a losing, zero-sum game at a time when national energies would best be spent unshackling the many chains that keep People Power from demonstrating its economic potential—a potential that every foreign businessman, no matter how badly he has been mauled by the country's market, believes the Philippines has.

“Population reduction deflects responsibility from the government by allowing them to say “the problem is too many people, not us,” says Sonny de los Reyes. “But if you have zero productivity it doesn't matter whether you divide that zero by two, four or eight. Instead of trying to figure out how many people we should be dividing the pie by, we should be asking why the pie is so small.”

Fortunately for Filipinos, the 1992 closure of the last U.S. base on the islands has forced their government to make some of the

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hard decisions that were easy to put off so long as the money tap remained open. Even on population control, there is a silver lining. For although the direction and language of the Ramos administration's population plans recall the heyday of such efforts in the 1970s, the money simply is not there. Mr. Ramos doesn't have it. Bill Clinton doesn't have it. And even organizations like the World Bank are finding their sails trimmed by an American Congress increasingly unwilling to fund them, and a recession-plagued Japan equally strapped for cash.

The best hope for the Philippines lies in Mr. Ramos' efforts to pry open his economy. Were he to liberalize its economy along the lines of, say, Hong Kong, it would undoubtedly set off a boom that would make people forget all about the country's birth rates and put an end to the situation whereby a university-educated Filipina can make more as a housemaid in Hong Kong than as a bank executive in Manila. For at its heart the chicken-in-every-pot and condom-in-every-pocket approach to development is a confusion about economics, not population. It sees only half the equation—people consuming valuable resources—and gives no thought to the nature of resources themselves and their relation to the people that ultimately create and give them value. It assumes wealth is fixed and channels its effort into redistribution, when releasing those energies for productive purposes would leave everyone richer. And thus it makes war on babies when it should be going after bureaucracy. It comes as no surprise that such an ethos would be embraced by a Marcos. But how sad that it should find a home in an administration dedicated to People Power.

On Abortion

James Q. Wilson

Abortion is a moral question. Most people, regardless of how they feel the question should be answered or who should do the answering, will agree with this. There may be some extreme pro-choice activists who maintain that the decision of whether to carry a fetus to term is purely a matter of taste, but I doubt there are many such persons or that, if confronted with the choice themselves, they would make it in the same spirit in which they decide where to spend their vacation.

Were abortion not a moral issue, then infanticide would not be one, either, because the difference between a 265-day-old fetus and a newborn infant is a matter of but a few hours. We recoil in horror at the thought of deliberately killing a newborn infant, though we may recognize a few circumstances in which that might become a tragic necessity. We must, therefore, recoil in equal horror at the thought of killing an infant that does not differ from the newborn in any respect other than that it receives oxygen and food via an umbilical cord instead of through its nose and mouth. I know of only one philosopher who defends both abortion and infanticide. I find his arguments not only unconvincing but monstrous; I suspect that almost everyone would react in a similar fashion.

The moral debate over abortion centers on the point in the development of the fertilized ovum when it has acquired those characteristics that entitle it to moral respect. This issue is sometimes framed to require one to define a "person" or to decide when "life" begins. I hope to show that it is so difficult to supply a persuasive answer to these questions as to raise the possibility that they are the wrong questions. Each implies that there is a moment at which life has not begun or a person does not exist and then, immediately following it, a moment at which life has begun or a person has come into being. In other aspects of our daily affairs, we do not accord moral respect on the basis of such precise off-on, no-yes distinctions. Rather, we grant greater and greater degrees of moral respect to

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people to the extent that they conform in their conduct and manner to widely shared standards of what it means to be human. A deranged homicidal maniac who is stalking the streets killing innocent victims is alive and a person, but we have few qualms about the police shooting him down on sight. An elderly man who has been a devoted husband and father but who now lies comatose in a vegetative state barely seems to be alive; an elderly woman who was once a loving wife and mother but who now acts bizarrely under the influence of advanced and irreversible Alzheimer's disease barely seems to be a person—yet we experience great moral anguish in deciding whether to withdraw his life support or confine her to institutional care.

The moral qualms we have about abortion arise, I think, chiefly from the instinctive appeal of the infant, a feeling of compassion and attachment that is as natural as any sentiment that ever enters the human breast. Whatever we mean by life or the value we attach to it, few if any of us are likely to deny that our judgment is at root a moral one or to say that it is irrelevant to the position we take on abortion.

That is not, in general, how the courts see the matter. Though passionate debates and angry confrontations over the morality of abortion are commonplace, the legal rules governing abortion scarcely refer to these moral issues. In *Roe v. Wade*, the decision that legalized abortion, the Supreme Court acknowledged that the state had an "important and legitimate interest in potential life," but did not define that interest as a moral one. On the contrary, it went to great lengths to disavow any interpretation of those words that might seem even vaguely moral.

The Court majority ruled that during the first trimester a woman had an unqualified right to terminate her pregnancy at will; during the second trimester the state could regulate abortions only to protect the mother's health; and during the third trimester, when the fetus was viable, the state, "in promoting its interest in the potentiality of human life," might *choose* to forbid abortions, unless the woman's health or life were at risk. Now, if the Court were concerned about protecting life on *moral* grounds, one might suppose that it would not only allow a ban on third-trimester abortions but would insist upon it. But no. In fact, by defining "health" to mean a woman's "well-being," the Court virtually assured that any state law that tried to ban even third-trimester abortions would be open to challenge.

The reason seems clear: if the Court's position were to be even

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arguably defensible on constitutional grounds, it had to maintain that the fetus was not a person within the meaning of the Fourteenth Amendment. That amendment instructs the states that they may not deprive “any person of life, liberty, or property.” As Justice Harry Blackmun, who wrote the majority opinion in *Roe v. Wade*, readily acknowledged at the time, if a fetus were a person, then its right to life would be guaranteed. Hence, to uphold a right to abortion, the Court would have had to show that at some stage during its development a fetus was not a person. When it became a person, which surely had to occur some time before birth, an abortion would be an unconstitutional deprivation of life—in short, murder. Since the Court could not establish when a fetus changed from a nonperson to a person, it could not allow the fetus ever to be defined as a person, for then abortions would always be murder. Determined to create a right to abortion based on the assumption that the mother was a person with a “right to privacy” and the fetus was a nonperson with no rights at all, the Court when it came to defining what a state might do during the third trimester allowed the government to “regulate, and even proscribe, abortion,” but it did not insist that it do either.

This rights-based view of abortion held sway for two decades and, until somewhat modified by the Court in *Casey* (1992), was reiterated and extended by a series of decisions which not only implicitly denied that abortion was a moral question but struck down almost any state attempt to confront a pregnant woman with either practical or moral arguments about the possible consequences of abortion. In 1983 the Court overturned an effort by the city of Akron to impose a mandatory 24-hour waiting period between an application for an abortion and its performance. In 1986 it overruled a Pennsylvania attempt to require that a woman asking for an abortion be informed about the availability of prenatal care, child-support programs, and adoption agencies. An interesting feature of the Akron ordinance was that it supplied the woman with materials on the physical features of the fetus so that she would know what she was confronting.

In all these cases, the unifying theme of the Court majority was that abortion was a right that a woman alone was entitled to exercise; the state not only could not make that decision for her, it could not even try to influence how she made it.

The result of this doctrinal position was, as Mary Ann Glendon

of the Harvard Law School has shown, to make abortion policy in the United States more radical than that in any other industrial nation, with the possible exception of the People's Republic of China.

In virtually every European nation, the right to abortion is either sharply limited or, if generally permitted in the early months of pregnancy, surrounded with constraining regulations in the later months. And in most of these nations, a woman alone cannot decide the matter. In England and Switzerland, for example, two doctors must certify the existence of legal grounds for an abortion. In Greece and Germany, a woman must seek a second opinion from a doctor other than the one who is to perform the abortion. When the abortion is to occur late in the pregnancy, many nations oblige the woman to present her case to a committee or board for approval. In Israel, an abortion is permitted in the first trimester, but only when approved by a doctor and then only when the woman is under seventeen or over forty years of age, the child was conceived out of wedlock, there is a risk of a genetic defect, or it is necessary to protect the mother's health. Even Sweden allows more regulation than does the United States; there, abortion on demand is available, but only until the 18th week of pregnancy, while here it is available for at least 24 weeks.

The difference between the American and European approaches to the issue arises from how the decision was made and the philosophical framework in which it was cast. Here, the courts decided the matter; abroad, the legislatures decided it. Here, the issue was defined in terms of individual rights; there, it was often defined in terms of moral responsibility. Here, the legal rules were at odds with public opinion; there, they more closely approximated it.

Americans have made it clear in repeated opinion polls that they oppose both abortion on demand and a prohibition on all abortions. A majority will support abortions under carefully defined circumstances, such as a pregnancy that endangers the mother's life or is the result of rape, particularly (and possibly only) during the first trimester. There has been little change in these views since *Roe* was decided. They seem to reflect an underlying belief that the fetus is entitled to some degree of moral respect, especially after it has developed for a few weeks, a degree of respect that does not preclude taking into account important competing considerations, such as the health of the mother. In short, Americans are philosophically at odds with the justices who have fashioned their abortion law.

That gap was reduced somewhat by the *Casey* decision in 1992. Then, a bare majority of the justices reaffirmed *Roe* but changed its meaning and application. Speaking through Justice Sandra Day O'Connor, the Court reasserted that a woman has a "constitutional liberty" to "some freedom to terminate her pregnancy." But the state is now allowed to place restrictions on this right, even when the fetus is not yet viable, provided those restrictions do not impose an "undue burden" on its exercise. For the first time, the Court seemed to uphold such restrictions as a 24-hour waiting period, a requirement that teenagers obtain the consent of their parents (or, in special circumstances, a judge), and the mandatory provision of written materials about alternatives to abortion.¹ Though the practical effect of the acceptance of these restrictions is uncertain, it is clear that for the first time the official opinion of the Court acknowledges the possibility that the fetus is entitled to some degree of state protection.

But protection on what grounds? There are two possibilities—that the fetus is a person who, like the mother, has rights, or that the fetus is a form of human life that is intrinsically entitled to protection. In a recent book, Ronald Dworkin of Yale and Oxford has made this distinction and assessed its implications.²

Dworkin argues that if we think a fetus is a person with constitutional rights, then American opinions about abortion are inconsistent. In particular, the exceptions for rape and incest make no sense. If it is wrong to kill a person, and the fetus is a person, then it is as wrong to kill a fetus that is the product of rape or incest as it would be to kill a newborn infant who was conceived in that manner. If a fetus is a person with rights, then it has those rights whether it is in its first trimester or third and whether it is healthy or deformed.

If, however—Dworkin goes on—our views about abortion are shaped, not by the logic of rights but by the value we attach to human life, then American opinions become more coherent. As a fetus grows it becomes more lifelike, and the more lifelike it is the greater claim it has to our moral respect. If it is horribly deformed (owing, say, to a chromosomal abnormality or a prenatal injury),

¹I say "seemed to hold" because these restrictions were accepted by Justices Sandra Day O'Connor, David Souter, and Anthony Kennedy, but apparently rejected by Justices Harry Blackmun and John Paul Stevens, whose partial concurrence with their three colleagues was necessary to produce the five-to-four verdict reaffirming *Roe*. What state restrictions will in practice pass constitutional muster remains to be seen.

²*Life's Dominion: An Argument About Abortion, Euthanasia, and Individual Freedom*, Knopf, 288 pp., \$23.00.

then it is less human and exercises somewhat less claim on our moral respect. Dworkin argues, I think correctly, that when the great majority of people think about abortion, they think in terms of the value and meaning of life, of the nature of humanity, and not in terms of individual entities asserting rights against one another.

Since Dworkin is a celebrated philosopher who has been strongly identified with “rights talk”—his first book was called *Taking Rights Seriously*—this modification of his views itself deserves to be taken seriously. Most academic political and moral philosophy is about rights; by contrast, most conversations among ordinary people about political and moral issues are not about rights, but about decency, duty, and self-control. As I have argued in *The Moral Sense*, the disjunction between how philosophers define philosophy and how people think philosophically constitutes a major strain in contemporary culture.

It is thus a noteworthy event for one of our leading academic philosophers to suggest that abortion under some circumstances may be wrong because it insults the intrinsic value of human life. But of course this leaves two large questions to be answered: When does the fetus acquire a life that has intrinsic value? And what role shall the government play in protecting that value?

I do not find Dworkin’s answer to either question very persuasive. Like most supporters of a woman’s right to abort, he finds no clear line that determines unambiguously when life begins. As I have already indicated, I agree with this judgment. Life emerges, or more accurately, the claims that developing life exert upon us emerge, gradually but powerfully. Everyone recognizes the force of this emergence because everyone (or, I suppose, nearly everyone) recognizes that aborting a fetus near the end of its term is morally a far more serious matter than aborting one shortly after it has become implanted in the womb. Similarly, a mother will usually grieve more deeply over the death of her three-year-old child than over the death of her newborn infant, and more deeply over the latter’s death than over the miscarriage of an embryo.

Dworkin explains these near-universal reactions by the concept of investment. The death of an infant is worse than that of a fetus because a greater investment has been made in the former than in the latter. The investment is of two sorts, biological and social.

I think this is too narrow a view of the matter. It may be true, as Dworkin suggests, that the death of an adolescent girl is worse than the death of an infant because the adolescent’s death “frustrates

the investments she and others have already made in her life.” But I doubt that this is the whole story.

The greater grief a mother experiences at the death of an infant than at the death of a ten-week-old fetus does not arise, I think, from the mother’s feeling that her carrying the fetus to term was more costly or constituted a greater waste of resources than carrying the fetus for only ten weeks. I obviously cannot speak for mothers, but I would imagine from what they say that their feelings on the occasion of the death of an actual or potential child do not reflect lost investment but lost humanity: the newborn infant is distinctly human, a person whom the mother loves and of whom she expects a full and mutually rewarding life, while the fetus is somewhat less fully human. Moreover, the mother sees the infant but not, ordinarily, the fetus. There are bonds in both cases, but the bonds are far greater and the loss far more poignant when the infant has been held in her arms.

Dworkin rejects this line of reasoning. Unaccountably, he writes that the greater gravity of a late-term abortion than of an early-term one cannot be explained “on the ground that fetuses more closely resemble infants as pregnancy continues.” To him, “increasing resemblance alone has no moral significance.” He gives no reason for reaching that conclusion, one that strikes me as wholly at odds with everything that could plausibly be surmised about a mother’s feelings. Suppose a woman has had, on different occasions, both an early miscarriage and a late-term one; suppose that she looked upon the two fetuses: can anyone doubt that the greater grief she would feel in the second case would to an important degree be caused by the close resemblance between the late-term fetus and a live infant?

Nor can the investment theory explain why a young mother might be willing to sacrifice herself for her young child (if, for example, both are in a burning building and only one can be rescued) or how onlookers would react to her refusal to make that sacrifice. There is greater investment in the mother than in the child, but I conjecture that many mothers would tell the rescuers to take her infant first even if that materially increased her chances of dying, and I further conjecture that if she did the opposite—insist that she be taken first and the infant second—most onlookers would feel she had acted wrongly, even cruelly. The onlookers’ criticisms would not be moderated by her later explaining to them that nature and society had made a greater investment in her.

I want to assert that it is precisely the degree of resemblance between a fetus and an infant that is of moral significance. We should focus on this point if we believe, as both Dworkin and I do, that because society has an interest in making certain that the intrinsic value of human life is respected, it also has an interest in “maintaining a moral environment in which decisions about life and death are taken seriously and treated as matters of moral gravity.”

Before turning to the policy implications of that view, let me take up on general terms what Dworkin thinks the government is entitled to do. Here he makes what, if I understand him correctly, is an astonishing claim.

To him the moral issue concerning abortion has to do with the intrinsic value of human life. I, and I think most people, agree. To him, human life can only have intrinsic value if we think it is, in some sense, sacred. On this, many people will agree, some will disagree. But if fetal life enjoys some degree of moral respect because it is sacred, then, he says, the government of the United States cannot regulate abortions, at least in the early months of pregnancy, without violating the First Amendment prohibition on the enactment of laws respecting the establishment of religion. Since our disagreements about the value of life are at bottom spiritual, the legislature cannot, without violating the separation of church and state, impose one concept of the spiritual on people who have a different concept.

Lest I be accused of misrepresenting Dworkin, let me quote him:

A state may not curtail liberty, in order to protect an intrinsic value, when the effect on one group of citizens would be special and grave, when the community is seriously divided about what respect for the value requires, and when people’s opinions about the nature of that value reflect essentially religious convictions that are fundamental to moral personality. . . . I conclude that the right to procreative autonomy, from which a right of choice about abortion flows, is well grounded in the First Amendment.

But abortion is not the only case that invokes our concern for protecting the intrinsic, perhaps sacred, value of human life. We also oppose infanticide and homicide for these reasons. Why do we allow the legislature to pass laws prohibiting them? Given the criteria Dworkin sets forth in the statement cited above, it can only be that “the community” is not “seriously divided” about these matters. But suppose it were. Suppose this were 1944, not 1994, and lynchings were commonplace in certain parts of the country. People were then “deeply divided” over what respect, if any, was

due to the life of a black man. Some people genuinely believed that only vigilante justice could maintain a society based on the (to them) necessary principle of white supremacy. Should people who disagreed with this view—who felt that the life of a black man was entitled to as much respect as the life of a white one—have been forbidden from enacting their views into law because to do so would have violated the separation of church and state?

Or suppose that a legislature is trying to decide whether to enact the death penalty. The legislators will be deeply divided over the issue. Some will think that all human life, even that of convicted murderers, is sacred; others will argue that the life of a victim deserves great respect and the life of the murderer none at all. Lest there be any doubt as to the religious basis of some of these views, both sides will quote from the Bible. Can the legislature vote for the death penalty (or even vote against it!) without violating the First Amendment? If the views of former Justice William Brennan opposing capital punishment had prevailed, would he have been placing the Eighth Amendment (barring cruel and unusual punishment) at war with the First Amendment?

Suppose, finally, that American armed forces were to conquer a nation in which many people practiced infanticide. (There may not be many such places now, but at one time there were.) Suppose, further, that the conquest was defensible on moral and legal grounds. If the President were to order his commanding general to make infanticide illegal in the occupied land and to stamp out its practice by whatever means seemed appropriate, would he be acting contrary to the spirit of the First Amendment to the Constitution?

There is perhaps one legal doctrine that may appear to be analogous to Dworkin's position on abortion. The courts have refused to allow the government to conscript as soldiers men who are, on religious grounds, conscientiously opposed to war. In doing this, the courts have given the widest possible meaning to the phrase "religious grounds," so that it is not necessary that the objector actually believe in God. But this is not really analogous at all. The courts have not held that war and conscription are impermissible because the community is deeply divided over the rightness of war and that this division reflects spiritual attitudes toward life. Nor have the courts struck down on these grounds any declaration of war.

I believe that the reason Dworkin is unwilling to allow legislation

restricting abortion (except, perhaps, in the last trimester) is that, contrary to the implications of his moral argument, he is at heart a person who sees this issue entirely in terms of rights. A woman's right to "procreative autonomy" is trumps. He suggests that this right ought to be exercised with due regard for its moral seriousness, but then rejects virtually every legislative enactment that would have the effect of stressing its moral seriousness or heightening a woman's moral awareness. Though he allows in principle for some (unspecified) pre-abortion restrictions before the fetus becomes viable, in practice he is against almost every law that has been passed with the intention of influencing—just influencing, mind you, not dictating—how a woman should make her decision. Dworkin opposes a requirement that the spouse be notified or that a waiting period occur before the abortion takes place. (He supports a required waiting period before buying a gun, but not one before having an abortion!) Even a 24-hour waiting period might, in his view, make it more costly for some women to have an abortion and thus might deter them from doing so; therefore, such a brief period must be unconstitutional.

I wish to take more seriously than Dworkin the moral approach to abortion and see where it might lead us. To some people, it requires one to ban all abortions because life begins at the moment of conception. This position has the apparent virtue of drawing a bright, clear line. But I am not convinced that such a bright line can in fact be drawn because I am not convinced that there is such a thing as the "moment of conception."

Long before conception, each female egg and each male sperm is alive and each contains within it, encoded in DNA, human life. Though the production of a human being cannot begin until the egg and the sperm are united in the zygote, the elements (some would say the blueprints) of human life already exist. Conception does not summon forth life where none existed before; it permits life to begin developing toward its infant form. If the penetration of the egg by the sperm is the crucial moment, then one must oppose not only abortion but many kinds of contraception, since some of these—such as the IUD and some birth-control pills—prevent the already fertilized egg from becoming implanted on the wall of the uterus. That is the position of the Catholic Church, and it has the merit of complete consistency.

It is consistency purchased at a high price, however, for it requires one to believe that contraception is immoral. I do not think most

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people anywhere believe that or can be made to believe it. Nor do I believe it. A sperm and an egg, whether separate or just joined, do not arouse the moral sentiments that we associate with human life. It is just as well that people feel this way, because not every zygote becomes an embryo. Many fail to implant on the uterine wall; of those that do implant, perhaps no more than half survive for two weeks. According to one expert (Arthur Hertig), only about one-third of all zygotes survive. Nature flushes away a large fraction of fertilized eggs. If we think that it is the moment of conception at which sacred life begins, then we should be searching for ways to induce more frequent implantations and expressing our anger at how an unfeeling nature is defying our moral beliefs.

But if the line is not drawn at conception (or implantation), then where? Surely it must be drawn well before birth, since the fetus is viable many weeks before a normal delivery. Yet I doubt that a sharp line can be drawn at all. Embryonic and fetal development does not proceed by crossing lines; it is a continuous process governed by no fixed blueprint but by the iteration of many succeeding cell divisions, the outcome of which it is impossible to foretell.

But life in general is filled with circumstances in which the alternatives are not clearly defined. I cannot define twilight, but that does not mean that I cannot tell the difference between night and day. Our inability to draw a line should no more disable us from making moral judgments about a fetus than it prevents us from making such judgments about children or adults. We cannot specify in advance, for all cases, when a promise is so binding that it must be obeyed whatever the circumstances and when circumstances permit one to ignore it. We have an obligation to act fairly, by which I mean treating equals equally, but we cannot draw clear lines that specify over all or even most cases what constitutes an equality of condition that requires equality of treatment. Though we cannot make the specifications, we nonetheless feel, and usually feel quite strongly, that keeping promises and acting fairly are moral obligations.

Though no line can be drawn, we can identify, I think, the rough state in embryonic development when, if we are made unmistakably aware of it, our moral sentiments begin to be most powerfully engaged. People treat as human that which appears to be human; people treat as quasi-human that which appears quasi-human. Imagine a room on the walls of which are arrayed, in chronological order, exact color photographs of the human embryo, suitably enlarged, from

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first fertilization, through early cell divisions and implantation, through the emergence of various human, or human-like, features, and on to the complete fetus the day before normal delivery. There would be 266 photographs in all, one for each day of embryonic or fetal development. Suppose we then ask a variety of people, but perhaps especially women, to examine these photographs and to tell us in which one, or in which small cluster of them, they first see what appears to be “a baby.” Having examined such pictures, most people, I speculate, would select those that represent life at around seven to nine weeks after conception.³

In the first and second weeks of pregnancy, all that is visible, and just barely visible, is a fertilized egg, or zygote. By the fourth week, some organs begin to appear and function, but in no recognizably human form. In the fifth week, a creature is visible, but one that is not materially different from a mouse or pig. By the seventh week, distinctly human arms and legs are evident and not only the eyes but the eyelids are visible. In the eighth, though the fetus is but an inch and a half long, the fingers are distinct and the genital organs, though still unsexed, have appeared. At the end of the eighth week, doctors stop calling what they see an embryo and begin calling it a fetus. By the tenth week at the very latest, the fetal face has a clearly human appearance.

It would be even better to view motion pictures rather than stills. A pregnant woman will feel fetal movement after eighteen or nineteen weeks of pregnancy—a feeling, I am told, that is an inexpressible source of wonder and joy—but in fact the fetus has already been moving—flexing, jerking, and hiccuping, too gently for the woman to sense it—since the ninth or tenth week.

Now, my speculation may turn out to be incorrect. At the very least, the viewers’ responses to these pictures will cover a range, with a few saying “it’s a baby” as early as the fifth week and a few withholding that judgment until perhaps the tenth week. I would be astonished if any withheld that judgment for as long as the end of the first trimester (roughly, the twelfth week).

Suppose, now, that a woman considering an abortion were brought into this room and shown these pictures. She would be told something of this sort: “You are X weeks pregnant, as near as we can tell. The embryo now looks about like this (pointing). In another week

³Readers not familiar with the magnificent color photographs of embryos and fetuses made by Lennart Nilsson should examine his *A Child is Born* (Dell, 1990).

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it will look like this (pointing). You should know this before you make a final decision.”

Some will complain that this exercise would put a woman under moral pressure. Yes, it would; that is exactly why I think it should be done. The problem with deciding on an abortion without a visual encounter with the fetus (or embryo) is that one is relieved, to a degree, of any sense of the extent to which another life may be at stake.

I do not propose this exercise because I am convinced that no woman, seeing the pictures, would agree to an abortion. There are many considerations that will enter into her decision, and some will, on balance, lead her to abort. Nor do I assume that most women now make this decision lightly or unthinkingly. I propose this procedure because it is likely to induce every woman to make a fully informed moral decision.

She will, of course, already be generally aware that abortion is a grave step and vaguely aware that another life may be at stake. But these sentiments will, of necessity, be somewhat vague or unfocused. She will be keenly aware of whatever is at stake in her personal circumstances—her married or unmarried status, her career plans, her economic or social position—that may incline her to abort. She will not be as keenly aware, I suspect, of what is at stake in the development of the fetus. We all find it easier to prefer an outcome we value and can visualize to one that we value but cannot visualize. Being required to see—literally, see—both sides of the issue makes the moral issue clearer and heightens the sense that the choice is, inescapably, a moral one.

All of us are in asymmetrical moral positions of this sort at one time or another. We worry more about a stray cat when it is at our doorstep than when it is out of sight. We may have a policy about giving to a beggar, but no policy quite prepares us for a personal confrontation with one. A pilot will find it easier to drop a bomb on a building in which women and children are hiding than to place a bomb in that building having first seen the women and children in it. A soldier may find it less troubling to shoot an enemy he cannot see than one with whom he has suddenly come face to face. A business executive finds it simpler to “downsize” his firm than to fire a veteran employee who is standing before him. For our moral sentiments to provide a useful guide to our actions, it is often necessary

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for us to experience, and not simply imagine, those sentiments and the conditions that evoke them.

Some abortion clinics defer to—or play on—this asymmetry in the woman's feelings. A woman goes to a clinic for a pregnancy test; a day or so later she telephones to get the result. The clinician begins by asking, "Will pregnancy be good news or bad news?" If the woman says, "Bad news," the clinician will immediately ask, "Do you want to terminate?" The stage of fetal development is never mentioned. The word "abortion" is never used. She is simply scheduled for a "procedure."

The alternative that I am suggesting is, in effect, followed when a doctor has reason to think that a woman is carrying a seriously deformed fetus. In a famous case in 1962, Sherri Finkbine of Arizona followed this procedure when, knowing she had taken thalidomide, she saw pictures, or at least heard vivid descriptions, of the horribly deformed babies that had been born in Europe to women who had also used the drug; unable to obtain an abortion in Arizona, she got one in Sweden. (The fetus was badly deformed.) My procedure does not prejudge the outcome; it only clarifies the moral choice. I suppose some women (I imagine very few) would abort what appeared to them to be a normal human baby. But at the very least they would not do it in feigned innocence or real ignorance.

The theologian Paul Ramsey once described what the current situation now entails:

In this instance, the darkness of the womb makes unnecessary resort to a mortician's art to cover the grim reality. As long as we do not see the deaths inflicted or witness the dying, the direct killing of nascent life has only to be compared with the greater or lesser convenience of other solutions in an antiseptic society.

Shine the photographer's light into the dark womb, and things change, not perhaps as much as Ramsey would have liked—he was a stern and uncompromising foe of abortion—but to some material degree. Even after viewing the photographs, a woman might elect an abortion long after the fetus had become distinctly baby-like. Her life might be in serious danger, or delayed fetal abnormalities might appear. But I believe—or, at any rate, I very much hope—that only such grave circumstances would lead to abortions much beyond the eighth week.

And that includes abortions when the mother has been the victim of rape or incest. In a purely rights-only perspective on abortion, a pregnancy resulting from rape violates a woman's right not to

become pregnant against her will. That violation would justify an abortion even at a late stage in the pregnancy. But a moral perspective would suggest that, if there is to be an abortion, it ought to be before the fetus appears human, which is to say precious, innocent, vulnerable, appealing; if the woman waits beyond that point, then a moral perspective would suggest that the baby, however conceived, should be carried to term and, if the woman wishes, put up for adoption.

Some readers will note that my position on abortion is rather similar to that of certain philosophers, such as Aristotle, and medieval theologians, such as St. Thomas Aquinas, who suggested that a fetus does not become a person until it is "ensouled" or "vivified." Aristotle suggested that movement, or quickening, occurs in the male fetus after about 40 days and in the female one at about 80 days, although he immediately added that this was only a rough estimate. Apart from the questionable distinction between the two sexes, it is my conjecture that Aristotle, who was the greatest biologist of premodern times, based his judgment on an inspection of actual fetuses. According to modern embryological research, Aristotle was roughly correct to find that the fetus acquired human features and began to move at (to take the midpoint between 40 and 80 days) 60 days: about 8 or 9 weeks.

Aristotle's view on this matter influenced Aquinas, though the two thinkers came to very different conclusions. Aquinas argued that the human, rational soul was not present immediately after conception. Drawing presumably on Aristotle's concept of quickening, Aquinas suggested that only a human form with human organs could contain a human soul. Before a fetus was a person, it was an animal. A newly conceived embryo was alive, but to Aquinas and those who followed him it did not become a rational, divinely created being until it had been formed by the soul, much as soft wax is formed by a seal. Thinkers holding this view might regard the abortion of an unsouled fetus as a sin, but only the abortion of a souled one as murder.

This was the theory of "mediate animation," which gained the approval of many Church authorities. As early as the 4th or 5th century, long before the time of Aquinas, St. Jerome had written that "seeds are gradually formed in the uterus, and it is not reputed homicide until the scattered elements received their appearance and members." Jerome, like St. Augustine, did not claim to know for certain when the fetus received a soul; only God could know that.

But aborting an ensouled fetus was regarded as far more grave a matter than aborting an unsouled one. By the 12th century, both the theologian Gratian and Pope Innocent III were prepared to say that it was not homicide to kill a fetus until after it had been ensouled. This view received the support of Gregory IX in his decretals, but at the same time he made clear that aborting any fetus, however young, was a sin for which penance was required. Some Catholic theologians even suggested that killing an unformed fetus in order to save the life of the mother might not even be a sin, much less a homicide.

By the 19th century, however, Church doctrine on this matter had begun to harden. The reasons, it has been suggested, were twofold. First, modern biological science was casting doubt on Aristotle's theory of embryological stages; in the newer view, the embryo was biologically alive from fertilization on. Second, abortion was apparently becoming more commonplace; rare events might be met with equivocal theology, but routine events required clear rules. One by one the exceptions permitting abortion were eliminated and the penalty of excommunication was extended to women who procured an abortion. By the end of the 19th century, abortion was being condemned, and one Vatican ruling even suggested that an ectopic, or tubal, pregnancy (which physicians knew constituted a serious threat to the life of the mother) could not be surgically ended.

In 1930, Pius XI issued an encyclical that denied there were any grounds for allowing abortion at any stage in fetal development. The Bible does not mention abortion, but to Pius it seemed clear that killing a fetus violated the commandment against killing; every life was sacred, and since embryos were alive, every embryo was sacred. When uncertain knowledge and rare events permitted complex judgments, the Church uttered them, but when events—greater knowledge, common events—forced its hand, the Church drew a clear line and stuck to it.⁴

⁴Jewish teachings about abortion are at least as complex as Catholic thinking. Though some people speak confidently of "the Jewish position," my amateur reading of the summary accounts reveals considerable differences among the authorities. It seems clear that abortion to protect the life of the mother is permitted. Abortions for other than therapeutic purposes are treated as morally grave matters, but there is no codified position as to what constitutes "grave." One modern rabbinical authority describes elective abortions as "akin to homicide," while another would permit them if there were a good reason. Among such reasons is the anguish of the mother at the prospect of a deformed child. See the *Encyclopaedia Judaica* (1971), Volume I, pp. 98-101, and David M. Feldman, *Marital Relations, Birth Control, and Abortion in Jewish Law* (Schocken, 1974), chaps. 14-15.

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But was drawing such a line really necessary? John T. Noonan, Jr., a profound historian of Church doctrine from whose writings I have drawn much of the account that appears above, thinks it was. The central question is, "How do you determine the humanity of a being?" To Noonan there is only one possible answer: if you are conceived by human parents, you are human. He recognizes that for several centuries some important Catholic theologians and even some popes gave a different answer, but on reflection all these other answers had fatal weaknesses. Viability is not a guide to an embryo's humanity, since viability can be determined by the skill and resources of modern science; in principle, any fetus might be made viable. Nor is the capacity for having sensory experience a determinant of humanity, because the fetus long before birth has such experiences, and some adults, owing to neurological damage, might stop having experiences without ceasing to be human. I agree with these views.

Noonan also rejects the test I have proposed, but for reasons I do not find convincing. He acknowledges that the grief of a woman over the miscarriage of a fetus is not as great as the grief she would feel over the loss of a child, but he opposes any test based on such feelings because "feeling is a notoriously unsure guide to the humanity of others." He grants that a mother is more attached to an infant she can see than to a fetus she cannot, but says that "sight is even more untrustworthy than feeling in determining humanity." He reaches these conclusions by way of this analogy: since people are known to discriminate against others on the basis of color, race, religion, and language, then feelings and sight are unreliable guides to what is human and thus deserving of respect.

But this is not, I think, a proper analogy. There is no doubt that our feelings about others are sometimes hateful or that seeing the other person does not always draw us to him. But these consequences of the natural human tendency to prefer our own kind do not apply, except in the rarest of cases, to our own offspring. Quite the contrary: that we are led by nature to prefer our own kind, and especially our own children, is the surest reason for believing that we will cherish them, and cherish them the most when we can see and touch them.

Many couples give birth to infants who are not like them in color, configuration, or expression. The Mendelian laws of inheritance ensure that many blond parents will have a black-haired child and many

dark-skinned parents will have a fair-skinned one. It may be that some parents become especially fond of babies who are “just like them,” but I am aware of no evidence that parents are inadequately attached to infants who differ physically from them. Indeed, I am forcefully struck by how many parents will lavish care and affection even on babies born with terrible deformities or incurable illnesses. Far from being an unreliable guide to affection and moral respect, sight and touch, and the feelings they generate, are the surest possible guarantees of love and care when it comes to infancy.

In sum: saying that a human being with full and absolute claims on our moral respect exists from the “moment” of conception is not consistent with either modern science or natural sentiments; the Catholic Church itself long recognized that a difference exists between a formed and an unformed fetus; whether the forming of a fetus has natural or supernatural causes does not alter the greater feeling a parent has for a fetus the more fully formed it is; and the struggle to sustain a clear, simple line as the sole basis for a judgment about the morality of abortion does not accord with either the sentiments or the practices of most decent people. Therefore, one should try to clarify the moral issue in ways that draw on the natural respect people have for innocent life by making them, and especially pregnant women, more fully aware of the presence of that life and of the claims it makes on us.

I have yet to discuss how, if at all, the law should take account of this position. If my experiment were carried out and there developed a consensus as to when an embryo became a baby, should the law recognize this and ban abortions after that period? I believe that it should, provided there were exceptions for grave and special cases (such as a severe deformity), and even then only after the woman had obtained the advice and consent of disinterested and expert parties. But before voting for such a law, I would prefer to wait and see what would happen if my procedure were followed.

For it to be followed, the Supreme Court would have to change its position. The necessary changes are prefigured in the language of the *Casey* decision. It rejected the trimester framework of *Roe*; it reaffirmed the state’s legitimate interest in “the protection of potential life”; and it explicitly held that even though a woman alone must choose whether to abort before the fetus is viable, the state is not prohibited “from taking steps to ensure that this choice is thoughtful and informed.” Even in the earliest stages of pregnancy (I would

have said, *especially* in the early stages), the state “may enact rules and regulations designed to encourage her to know that there are philosophic and social arguments [I would have said, moral arguments] of great weight that can be brought to bear in favor of continuing the pregnancy to full term,” but having said that, the Court then went on to rule out any regulations that would create an “undue burden” or present “a substantial obstacle” to a woman seeking an abortion. I suspect that my procedure would fail the undue-burden test, though I can find no philosophical argument in *Casey* as to why it should.

II would much prefer the Court to give greater latitude to state and federal legislatures to define a policy in this area, one that takes as its first principle the protection of human life. This is what the French statute, passed in 1975, does. It states that “the law guarantees the respect of every human being from the commencement of life. There shall be no derogation from this principle except in cases of necessity and under the conditions laid down by this law.” The law goes on to specify the circumstances under which the principle can be violated, describing them as matters of “necessity.” As it turns out, “necessity” means that a woman who, during the first ten weeks of pregnancy, finds herself in “distress” is entitled to terminate her pregnancy after she has received government-mandated counseling. But the final decision is hers.

Mary Ann Glendon has endorsed the general principles of such an approach, pointing out, rightly, that it elevates moral considerations over purely personal preferences or individual rights, and that even though an elective abortion remains available during the first ten weeks, “the way in which we name things and imagine them may be decisive for the way we feel and act with respect to them.” Her Harvard colleague, Laurence Tribe, dismisses such a view; to him, a policy that is a mere formality is a meaningless hypocrisy, whereas one that has any effect “disempowers and disrespects women.” To him, even a moderate regulation of abortion “trivializes women.” This is too much even for Ronald Dworkin, who chides Tribe for being a prisoner of his rights-only mentality.

Several people, including President Clinton, have said that abortions ought to be safe, legal, and rare. So long as the issue is dominated by pro-choice activists like Tribe who see the matter largely if not entirely in terms of women’s rights, abortions will be safe, legal, and commonplace.

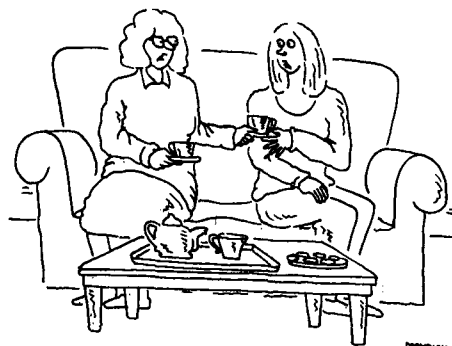
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No restrictions at all will be possible because, by constraining a woman's choice, they will "disempower" or "trivialize" her.

I do not think that there is any possibility of a consensus among pro-and anti-abortion activists, and as long as the matter is defined in terms of rights, the pro-abortion activists will win. For hardly any politician is willing to vote against "rights." By contrast, the American people are less preoccupied with rights and more respectful of life. Even though they are ultimately willing to let a woman make the final decision, they want to ensure that it is a morally constrained and fully informed decision.

I wish that this nation could start afresh, formulating *de novo* a legislative policy on abortion based on the fundamental premise that abortion is a moral question but not one that invariably admits of only one answer in all circumstances. Most other nations have done just what this country seems incapable of doing. This is the price—and I think it a very heavy price indeed—we have paid for turning so important a matter over to Justice Blackmun and his colleagues.

What kind of people are we that we cannot say, legislatively, that human life is precious, that an infant's life is perhaps the most precious of all, and that we want to ensure that women are placed in a "moral environment in which decisions about life and death are taken seriously and treated as matters of moral gravity"? Many women, perhaps most, already treat this matter as a morally grave issue, but many do not—it is for them a form of birth control—and even those who do may not always clearly see, and thus fully sense, what is at stake. Let them see it.



'When are you going to settle down and start a single-parent family?'

THE SPECTATOR 23 October 1993

APPENDIX A

[The following column appeared in the Washington Times on January 6, and is reprinted here by permission of Miss Charen and Creators Syndicate (© 1994, Creators Syndicate).]

Venturing into the affray

Mona Charen

The January issue of Commentary magazine has broached the subject of abortion. James Q. Wilson, author of the recent book "The Moral Sense," argues that thinking about abortion in terms of competing rights, as the Supreme Court has done, obscures the moral question that lies at the heart of the controversy.

For those who follow the abortion debate, Mr. Wilson's argument is nothing new. But the publication of an anti-abortion article in this magazine is significant. Commentary is the flagship of the neoconservative movement. Some of the most crucial arguments against affirmative action, political correctness and accommodation of the old Soviet Union have appeared in its pages over the past 20 years. If Commentary is now weighing in on the subject of abortion, neoconservative indifference to the issue may be a thing of the past.

They are most welcome to the fray, because the cavalier taking of fetal life in America is helping to make us a callous, irresponsible nation. Neoconservatives needn't share the ironclad position of the Catholic Church to agree that abortion on demand throughout the nine months of pregnancy is a morally corrupt policy. (And one, Mr. Wilson points out, that is the most "liberal" in the world, with the exception of China.)

That much having been said, Mr. Wilson's argument is an unsatisfying one. He begins, promisingly, by noting that if abortion is not a moral issue (merely a matter of the mother's rights) then infanticide isn't either. For what is the moral difference between a 265-day-old fetus and a newborn baby? Only a matter of a few hours (he could have said seconds) and the fact that a baby breathes through her nose and mouth instead of through the umbilical cord.

Every honest discussion of the morality of abortion begins here. But Mr. Wilson then veers off in a direction that cannot be called moral but is instead functional. Most people's sympathy and compassion are aroused by the sight of something that appears to be human, Mr. Wilson states. Accordingly, pregnant women ought to be confronted with the actual visual images of embryos and fetuses at various stages of development. Once face to face with the reality of the human-looking form within them, few women would be able, in conscience, to choose abortion after the seventh or ninth week.

"A moral perspective," writes Mr. Wilson, "would suggest that, if there is to be an abortion, it ought to be before the fetus appears human, which is to say precious, innocent, vulnerable, appealing..."

Mr. Wilson's case is really not a moral one at all if it relies on the mother's or society's subjective feelings toward a fetus to determine its status.

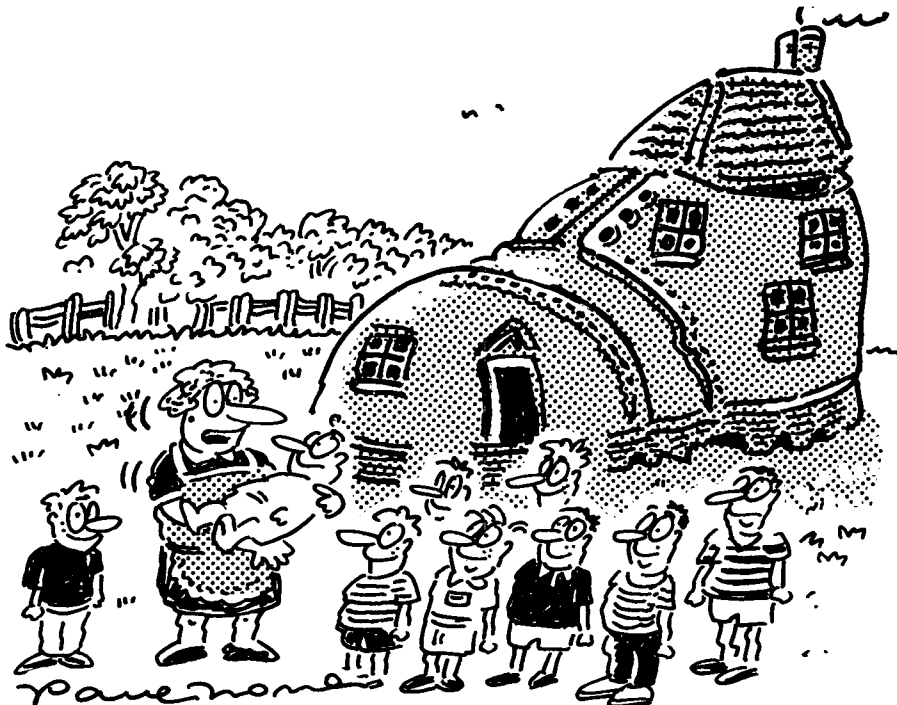
APPENDIX A

A mother, Mr. Wilson writes, does not mourn an early miscarriage the way she would the death of an infant. True. But neither would a woman mourn a stillbirth as bitterly as the loss of a 4-year-old. That does not mean infanticide is less morally serious than child-killing.

Many people regard those of different races or those with deformities as less than fully human. Does that make those so regarded less human? Less deserving of protection? Taken to extremes, Mr. Wilson's argument suggests that it is less morally reprehensible to abort an ugly baby than a cute one.

There is little doubt that the world would be a more humane place if women were confronted with the image of their unborn babies. Indeed, pro-life groups have been trying to do exactly what Mr. Wilson suggests for many years now. He has obviously never seen a pro-life demonstration, which almost always features pictures of unborn babies. Some pro-lifers wear lapel pins in the shape of tiny baby feet, the actual size of those of an eight-week-old fetus. For this, they are scorned and reviled by liberals.

But the moral case against abortion rests on the fetus' humanness, not on our feelings about it. That doesn't mean that all abortion is murder. But it does mean that every abortion, even those in the early weeks, when the embryo looks more like a fish than a baby, is the taking of human life.



'No, Mummy wasn't involved in a fertility programme.'

THE SPECTATOR 29 May 1993

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[The following article appeared in National Review (Dec. 27, 1993), and is reprinted here with permission. Mr. Hemler was the founding president of the Tri-Cities chapter of the Tennessee Volunteers for Life. Mr. Wilkins is a professor of law at Brigham Young. Dr. Fischer is a physician with the Children's Clinic PC in Kingsport, Tennessee.]

Abortion: A Principled Politics

Steven R. Hemler, Richard G. Wilkins, and Frank H. Fischer, MD

There are several lessons to be learned from Republican George Allen's stunning victory in the Virginia gubernatorial election, but one of the most important is how a conservative can handle the divisive abortion issue.

In 1989, the Republican gubernatorial candidate, Marshall Coleman, wavered in his pro-life position when confronted by a staunchly pro-choice opponent, Doug Wilder. Vacillation cost him precious support—without gaining him any votes from the other side—and he lost a very close election. The candidate this time, Mr. Allen, facing a radically pro-choice Democrat, Mary Sue Terry, took a moderate position on abortion, stuck to it, and won.

In addition to favoring parental rights and informed consent, Mr. Allen's position was that a woman should be allowed to have an abortion only until the point in pregnancy when there is medical evidence of a heartbeat and brain activity. While a position like Mr. Allen's is not satisfying as a long-term goal to those who oppose abortion for moral reasons, it has the advantage as a short-term goal of being acceptable to the majority of Americans.

Polls consistently show that between 15 and 25 per cent of the public are on each extreme of the abortion issue. That leaves 50 to 70 per cent of Americans in the middle. In the end, this majority will play the decisive role in determining the outcome of the abortion controversy.

According to a recent Gallup survey, 73 per cent of Americans support a prohibition on abortion after the first trimester of pregnancy (about ten weeks after conception). This survey shows that 82 per cent of those who are strongly pro-life, as well as 82 per cent of those in the middle, would support such a proposal. More surprisingly, even 46 per cent of those identified as strongly pro-choice agree that abortion should be limited to the first trimester.

Other polls have consistently shown that, while a majority of Americans support a woman's right to choose an abortion in the early weeks of pregnancy, a majority also believe that at some point the government acquires the right to intervene to protect the life of the unborn child. But what should that point be?

The universally accepted medical and legal definition of the end of life is the irreversible cessation of all functions of the brain, as measured by a flat electroencephalogram (EEG). Conversely, the presence of brain-wave activity is a "vital sign" of life. Brain-wave activity is consistently present by eight weeks after conception. (The heart has already been beating since three weeks after

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conception.) Thus the eight-week-old fetus is undeniably alive, according to the most widely accepted definition of life.

Furthermore, eight weeks is designated by scientists as the end of the embryonic period and the beginning of the fetal period. By then, every internal organ and external feature found in an adult human being has been established. The heart, kidneys, liver, stomach, and other organs are functioning, and all external bodily parts are formed.

The educational impact of trying to accord legal protection to unborn children with both vital signs of life (heartbeat and brain-wave activity) should not be underestimated. The vast majority of Americans would undoubtedly be surprised to learn that the vital signs of life are present as early as eight weeks.

Furthermore, this proposal does not contradict the pro-life tenet that human life begins at conception. It merely establishes the most currently attainable point for beginning *legal* protection.

Of course, the Supreme Court would have to recognize that an eight-week limitation on access to abortion is constitutional. In its most recent abortion decision, *Planned Parenthood v. Casey*, the Court overturned *Roe v. Wade*'s "rigid trimester framework." Nevertheless, the Joint Opinion by Justices O'Connor, Kennedy, and Souter reaffirmed *Roe*'s "central" holding that "the Constitution protects a woman's right to terminate her pregnancy in its early stages."

However, the Joint Opinion defined "early stages" of pregnancy as any point prior to fetal viability: "Viability marks the earliest point at which the State's interest in fetal life is constitutionally adequate to justify a legislative ban on nontherapeutic abortions." Viability is declared to be "the point at which the balance of interests tips" away from personal liberty and toward fetal life. However, fetal viability now occurs at 23 to 24 weeks' gestation. That is the end of the *sixth month* of pregnancy, an extreme definition of "early stages"—especially since the Joint Opinion said it was merely recognizing the "constitutional liberty of the woman to have *some* freedom to terminate her pregnancy" (emphasis added).

The Joint Opinion asserted that the Court "must justify the lines we draw. And there is no line other than viability which is more workable." A line drawn at eight weeks, however, could be seen as being precisely more workable than a line drawn at viability because it can be justified by applying to the beginning of legally protected life the same medical and legal criteria now used to define the end of legally protected life. Furthermore, with modern ultrasound technology, physicians can easily delineate this eight-week point.

Nor would this new line place an "undue burden" on a woman's ability to make an abortion decision; it would leave ample time for her to decide whether or not to abort. A woman can easily discover she is pregnant, using an over-the-counter pregnancy test, by two weeks after her first missed menstrual period, corresponding to the fourth week after conception. This would leave her at least a four-week window to secure an abortion.

The *Casey* Joint Opinion concluded that a change in constitutional principle is

an appropriate response to “facts that the country could understand, or had come to understand already, but which the Court in an earlier day, as its own declarations disclosed, had not been able to perceive.” Several facts regarding abortion apparently have not yet been “perceived” by the Court.

To begin with, over 70 per cent of Americans believe that abortion should *not* be permitted during the second and third trimesters. This is something that the country has “come to understand already.”

Second, the Joint Opinion justified its result, in part, on the ground that abortion must be available “in the event that contraception should fail.” This was premised on the assumption that “abortion is customarily chosen as an unplanned response to the consequence of unplanned activity or the failure of conventional birth control.” The available data, however, indicate that abortion has instead become a primary method of birth control. In 1978, 41 per cent of the women seeking an abortion in Utah reported that they had omitted their contraception or did not use contraception at all. By 1985, that number had risen to 66 per cent and by 1989 to 68 per cent. These statistics are typical. By providing unrestricted access to abortion throughout the first six months of pregnancy, *Roe* (and now *Casey*) discourage women and men from exercising sexual responsibility.

Finally, it is certain that a fetus will—at some point long before birth—feel pain. The purposeful dismemberment generally involved in abortion would clearly inflict pain on a being with a functioning brain and central nervous system. Surely we are a compassionate enough society to seek to err on the side of the “little ones” (Latin meaning of “fetus”), by prohibiting abortion after the onset of brain-wave activity.

Public policy on abortion can only move in tandem with public sentiment. Public policy which reflects one extreme or the other in the current debate will only continue to polarize our society.

It is surpassingly important that we begin to move to some common ground—however uneasy—on this difficult issue. An eight-week limitation on abortion access represents just such a common ground. The time is now ripe to seize the initiative and lead our country to a creative response on this emotional issue.

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[The following first appeared in the Philadelphia Inquirer, November 9, 1993, and is reprinted here with permission. Miss Fawn Vrazo is an Inquirer Staff Writer.]

Abortion doctors are getting harder to come by

It took Planned Parenthood in York 2½ years. There were many frustrations and fights along the way.

Fawn Vrazo

Quietly, almost secretly, the Planned Parenthood clinic here is scheduled to introduce a new service to its patients today.

That service is abortion, and it has taken the clinic 2½ years—marked by frustrated searching, repeated turndowns and burgeoning local controversy—to find two physicians willing to perform abortions one day a week.

“It has been a frustrating process for us,” clinic director Lois Backus said.

The clinic’s staff members directly or indirectly contacted nearly every one of York County’s more than a dozen OB-GYN doctors, asking if they would take the job. They approached York Hospital’s medical residents, posted help-wanted ads at national meetings, and called OB-GYN department heads in Philadelphia, New York and Baltimore. They even briefly considered regularly flying in a doctor from Nebraska.

Finally, they located two area doctors who would share abortion duties part time. But don’t ask for the doctors’ names, or ages, or sexes or medical backgrounds, or where they’re from. Although patients will know their identities, the doctors have refused to be named publicly, or even interviewed anonymously, out of fear of harassment from anti-abortion activists, Backus said.

Elsewhere, the picture is much the same. Fewer and fewer hospitals are training young doctors to perform abortions, and more and more doctors seem unwilling to perform them, for a variety of reasons. As a result, workers at many abortion clinics nationwide are engaged in lengthy, often fruitless searches for doctors to start abortion services or to replace doctors who have moved or retired. As a consequence, abortion-rights leaders say, women who seek abortions have had to travel farther or wait longer to get them.

In Waco, Texas, where the nearest abortion provider is a 200-mile round trip away, local Planned Parenthood directors have been looking for a doctor for 18 months. In Richmond, Va., they have been searching for six months and expect to spend six months more.

Richmond Planned Parenthood director Grace Sparks said that if she needed a doctor just to do Pap smears and gynecological exams, and not abortions, “it would take a month or two. ...”

“I wouldn’t be hearing from people who say, ‘I can’t do that because my practice forbids me doing it or I’m afraid to do it because I would get shot.’”

The shortage of abortion doctors is most acute in rural areas and small towns

and cities like York (population 42,000), said Pat Anderson, the acting director of the National Abortion Federation, which represents many of the nation's abortion providers.

"I probably get a couple calls a week" from clinics in small towns, Anderson said. "They essentially say, 'We have had a physician who's been pitching in and helping us. He's moving or retiring. We're in trouble. We don't have anyone.'"

But abortion clinic operators in major metropolitan areas, including New York, say they are worried about doctor availability, too. To shore up its supply of doctors, Planned Parenthood of Southeastern Pennsylvania began a program five years ago to train young Philadelphia medical residents in abortion techniques.

A similar program has been introduced by Planned Parenthood of New York City. Two summers ago, said the director of New York Planned Parenthood, Alex Sanger, several abortions had to be canceled when two doctors were away on trips. Lately, Planned Parenthood has begun asking the city's 25 non-Catholic gynecology and family-practice residency programs to send doctors to its clinics for five-day abortion training sessions.

The initiative has had mixed success. So far, 29 residents have signed up for the training, but only five of the 25 residency programs have agreed to participate.

Anti-abortion protests and threats are only partly responsible for the abortion doctor shortage. Although many doctors are discouraged by potential harassment or even violence, the shortage also has its roots in deeper trends, abortion-rights leaders say.

Chief among them may be a significant shift in abortion practices. Since the late 1970s, abortion services have increasingly moved out of hospitals and into abortion clinics.

The clinics, most of which are in urban areas, have provided cheaper, more accessible abortion services. But their growth has also "contributed to the isolation of abortion services from the rest of women's health care," said Barbara Calfee, who advises directors of Planned Parenthood sites nationwide.

Thanks to abortion clinics, private physicians and hospitals are under far less pressure to perform abortions. And fewer abortions in hospitals means less incentive and opportunity for residency programs to offer abortion training.

In 1976, according to the Alan Guttmacher research institution in New York, 26 percent of OB-GYN residency programs required routine training in first-trimester abortion techniques for resident doctors. In 1991, the figure was 12 percent.

A University of Pittsburgh medical student, Daphna Gelblum, who describes herself as pro-choice, said she was able to observe an abortion procedure at Magee Women's Hospital just by chance. "When we went through the OB-GYN rotation, they stated that if you're interested [in learning to do abortions], you should let them know, but no one gets the idea they really mean it and you [think] you would be stepping out of line if you requested it," she said.

Gelblum and other leaders of the American Medical Student Association have begun a national petition drive, demanding that medical schools and OB-GYN residency programs require abortion training for all students unless they have

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religious or ethical reasons to opt out.

But if York Planned Parenthood's experience is any indication, many of today's residents are simply not interested.

Hopeful of finding an abortion doctor at York Hospital, Peg Stauffer of York Planned Parenthood met with the dozen medical residents in OB-GYN training there. Not only did they decline to take the job, but Planned Parenthood's plan to introduce abortion procedures prompted several to refuse to continue going to the clinic for contraceptive counseling training, as they had in the past.

The residents were worried about "going there and facing picket lines even though they were not performing abortions," said the hospital's associate director of residency, Leslie Robinson.

Robinson, who occasionally performs abortions herself, said she had safety in mind when she turned down the part-time York Planned Parenthood job. "I have two reasons not to—my daughter, 9, and son, 7," Robinson said last week. "This was a more public performance, and [risky] in light of the recent trends toward violence against physicians who publicly acknowledge performing abortions. If my children were grown and on their own, I might be willing to take that risk."

Some of the residents themselves, though, had other reasons for declining the work.

At York Hospital, said former resident John Lawrence, who is now in private OB-GYN practice in York, residents were dismayed to encounter several patients "who had used [abortion] as a method of birth control. ... Most of these people just don't take responsibility. I don't feel they should have that easy way out."

Planned Parenthood had counted on a positive response from one resident, Robin Poe-Zeigler, who had worked part time at the Planned Parenthood clinic. But Poe-Zeigler, who is now doing research as a fertility doctor, also turned down the job.

"This is not to say I'm not pro-choice, although myself, personally, I do not do elective abortions," she said. "... I don't feel abortion should be a means of contraception. There are so many other means of contraception out there and so widely available ... I personally have a hard time with abortion being a casual issue—I screwed up so let me get rid of it.' "

Planned Parenthood staff members also had no success recruiting York's local OB-GYN doctors. "I think they were afraid about their image in the community, how it would affect the rest of the practice," Stauffer said.

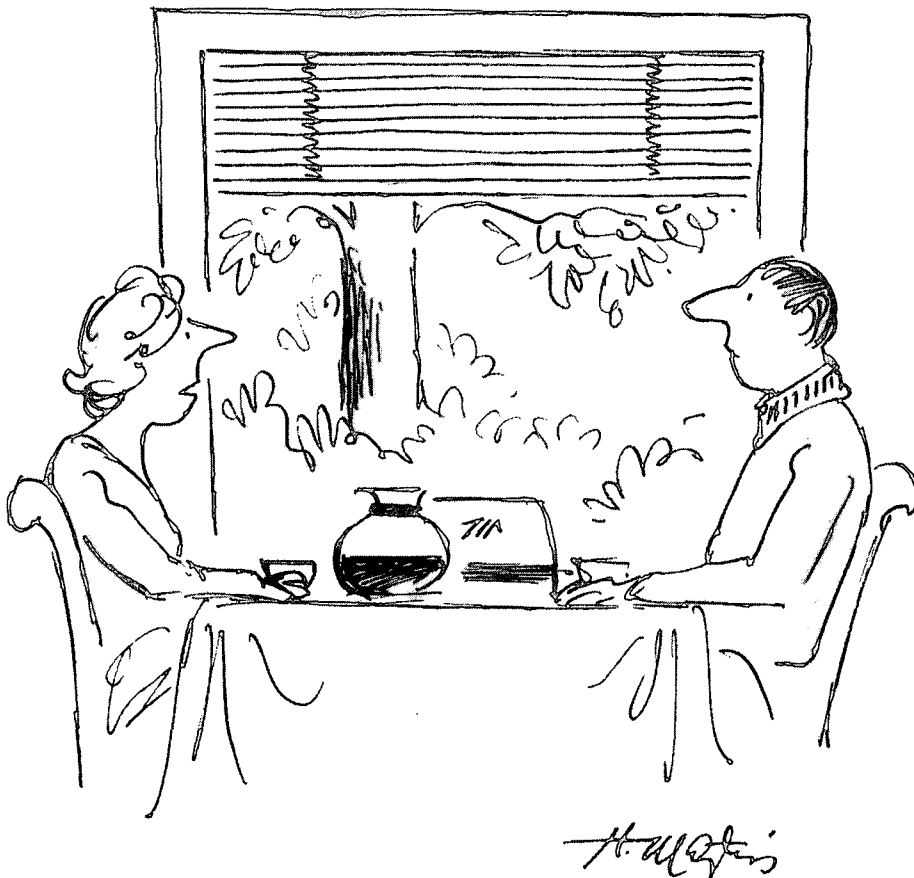
And they ran into brick walls when calling doctors and OB-GYN residency directors in Philadelphia, New York and Baltimore. Many said they knew of no one who had time to commute to York. One doctor did volunteer to fly in from Nebraska, but the clinic declined his offer.

York already has one abortion provider, a for-profit clinic called Hillcrest Women's Medical Center. Planned Parenthood officials said they were determined to offer abortion as well, to make sure that poor women unable to pay for the procedure could still have it done. But the fact that Planned Parenthood will become the city's second abortion clinic angered not only anti-abortion activists but also some local doctors, several of whom resigned from the organization's

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medical committee in protest.

Local OB-GYN doctors thought that "if it's available at all, there's no need to expand the service," Backus said. "But we feel it always has and should be an integral part of reproductive care and services, not isolated."



'There's a touch of fall in the air. I think you'd better wear your down jacket with the removable down-filled hood, Velcro closures, down-filled snap collar, concealed zipper, snap pockets, elastic waists and cuffs and rugged, outdoor look.'

THE SPECTATOR 25 September 1993

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APPENDIX D

[The following article first appeared in the New York Post on December 15, 1993, and is reprinted here with permission.]

The real abortion violence is INSIDE clinics

Ray Kerrison

The murder last March of abortionist Dr. David Gunn by a misguided zealot probably is the single most damaging act ever committed against the pro-life movement in the United States.

Dr. Gunn, 47, was shot down in cold blood outside his Pensacola, Fla., clinic, taking four bullets in the back. Under any circumstance, it was an indefensible crime. But when perpetrated in the name of life, it assumed monstrous proportions.

Dr. Gunn's death and the wounding of another abortion doctor, in Kansas, five months later have embarrassed and harmed the pro-life cause where all others failed. It is bitter irony that the movement's own inflicted the grief.

Hundreds of thousands of decent men and women must now live with the consequences. They are engaged in the noblest of causes—the protection of life—with no advantage for themselves. Motivated by love, they are over-whelmingly kind and gentle, prayerful and peaceful.

But as a result of the shootings, they are now portrayed as wild-eyed fanatics bent on violence and death. It is a vicious libel, but it has taken root. Planned Parenthood is using it as a fund-raiser, with full page newspaper ads decrying “the campaign of terror” waged by “extremists”—and soliciting donations up to \$500 a pop and beyond.

It has become political dynamite. Sen. Edward Kennedy, backed by the Clinton White House, pushed a bill through the Senate making it a federal crime, with draconian penalties, to use “violence” in anti-abortion protests or to blockade abortion clinics. A similar bill passed the House.

None of this would have happened without the murder of Dr. Gunn.

Last week, Ted Koppel, the host of ABC-TV's “Nightline,” jumped on the bandwagon, producing the ultimate abortion-industry dream. He persuaded two prominent pro-life figures—Paul Hill of Defensive Action and Helen Alvare, a representative of American Catholic bishops—to rip into each other on the issue of abortion-clinic violence. Hill defended the use of “force;” Alvare properly rejected the principle of “killing for life.”

Koppel, to his credit, tallied up the casualty list since abortion was legalized in 1973. He noted: one dead abortion doctor, 30 million “aborted fetuses”—or, as we would say, 30 million dead unborn babies. That sure put the debate in perspective.

I don't know how anyone can defend the shooting of Dr. Gunn as “justifiable homicide.” But watching Koppel's program, I wanted to scream at the unfairness of it all, at the media's relentless bias in favor of abortion and its stubborn refusal to examine impartially all its aspects.

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The passionate debate on abortion is not prompted by violence outside clinics but by the violence committed within. Yet “Nightline” and TV newsmagazines never take their cameras inside clinics to probe the whole abortion issue. For example:

- They do not show what happens to the “product” of abortion, how all the tiny heads, hearts and limbs are plucked apart, crushed and stuffed into containers. Who collects this “waste” and where is it trucked for disposal?

I once began researching this subject for a column and gave up. It is horrific beyond imagination.

If Ted Koppel and the country want to talk about real abortion violence, let them track a procedure through to its end—with the “fetus” trucked and dumped in Ohio.

- Why doesn’t TV investigate the number of women who die or are mutilated in legal abortions? Let journalists interview women who have suffered catastrophic physical and mental injuries. Discover why doctors in abortion clinics in Chicago have seven times more malpractice suits than obstetricians who do not perform abortions.
- Why doesn’t TV investigate the death of a 13-year-old girl in a New York abortion, to which she had been steered by a school guidance counselor without the knowledge or consent of her parents?

The murder of Dr. Gunn is an appropriate subject for public debate, but not without examining the massive violence perpetrated inside abortion clinics.

Remember the toll: one doctor, 30 million babies. We know where the real violence is practiced.

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[The following column appeared in the San Francisco Chronicle (December 17, 1993), and is reprinted here by permission of Debra Saunders and Creators Syndicate (© 1993, Creators Syndicate).]

Death Doc Wants to Live

Debra J. Saunders

This has been a big year for Michigan Death Doctor Jack Kevorkian. In February, assisted suicides, dubbed “medicides” by the K, were outlawed in Michigan. Since then, Kevorkian abetted five such deaths while different courts ruled for and against the suicide law. Kevorkian has been indicted, jailed, freed, and jailed again—most recently on November 30, after Kevorkian helped kill his 20th patient while he was out on bail.

Jack Only Does Death

Kevorkian is a one-trick pony. Rather than seizing the chance to argue in court that the assisted suicide law is “immoral,” he instead has relied on his old standby—death. Kevorkian promised that, if jailed, he would wage a hunger strike to the bitter end. He would rather die, he said, than live without freedom. He pledged not to post bond. And he said that while out of jail he would perform medicides as needed.

But a funny thing happened on the way to the River Styx: Mr. Medicide seems to have changed his mind.

Follow.

Kevorkian repeatedly vowed to assist in suicides no matter what prosecutors and the courts do. In May, his attorney, Geoffrey Fieger, said court rulings would not stop the Death Doc from performing medicides. But this week, Fieger pledged that Kevorkian would not assist-kill while the law is under appeal.

Earlier, Kevorkian said he would not post bail, then set at \$20,000, and asked his supporters not to, because he should not have to stoop to buying his freedom. On Tuesday, Fieger said supporters could post bond. (When an opponent posted bond in November, before Kevorkian was re-jailed, Kevorkian said he accepted the money, because not to do so would be “unconscionably headstrong.” Like breaking the assisted-suicide law routinely isn’t headstrong.)

Tuesday, Fieger petitioned U.S. District Judge Daniel Sawicki to reduce bond, now at \$50,000, to \$100. Before, freedom couldn’t be bought. Now what price freedom? One-hundred dollars.

In November, Kevorkian attorney Michael Schwartz boasted that his client’s “starving to death” while the prosecutor ate Thanksgiving dinner “would not sit well with the public.” This week, Fieger asked Sawicki for “Christmas amnesty.”

It seems the Death Doc’s bluff didn’t work. Kevorkian could not manipulate the justice system. His turnabouts now reveal how much hot air (volumes) and histrionics (tons) are the stuff of Mr. K.

But also, perhaps Mr. Medicide learned something from this publicity stunt: death isn't the perfect answer. Life is good.

Going Gentle Into that Good Night

Which raises the point: If Kevorkian can change his mind about dying, maybe his so-called patients would change their minds, given a few extra days.

It is important to remember what Kevorkian's quest is about. It is not about the right to suicide—no government can take that away. It's about making suicide (a) easy and (b) something you don't have to do yourself. A recent CBS poll revealed that 58 percent of those surveyed support doctor-assisted suicide. Assisted-suicide supporters ought to be asking themselves whether it is in the public interest to make seamless suicides readily obtainable. The "obitoriums" which Kevorkian has suggested franchising, as well as assisted-suicide initiatives, would make clinical killings as common place as fast food.

Suicide ought to be painful or messy—those factors discourage people from ending their lives precipitously. On a recent Century Cable show in Los Angeles on which I appeared, a suicide enthusiast complained that unassisted suicide—that is, real suicide—can be painful. Not when you use a gun, I replied. But that's messy, he answered. My answer no doubt seemed cold. But what about his putting the value of having a cosmetic corpse before the value of reinforcing living?

A few anti-medicide types have quipped that if anyone should succeed in suicide, it's Kevorkian. They are wrong. Kevorkian should live. Only then is there a chance that he may see what it truly means to, as he puts it, "die with dignity." Poet Dylan Thomas understood dignified death when he wrote in a poem to his dying father, "Do not go gently into that good night. Rage, rage, against the dying of the light."

That spirit is dimming in America. Some people are so into having an easy, cosmetic end that they undervalue the most precious gift of all. Pearls before swine.

APPENDIX F

*[The following is Chapter 6 of the book *Deadly Compassion*, by Rita Marker. As head of the International Anti-Euthanasia Task Force, Marker had often publicly debated Derek Humphry and his wife, who were co-founders of the Hemlock Society. Derek Humphry first joined the "right-to-die" movement after he helped his first wife, who had breast cancer, kill herself. He later wrote a book justifying his "assistance" (Jean's Way). His second wife Ann had joined him in Hemlock. Marker was surprised, then, to receive a personal phone call from Ann, and even thought at first it was a joke. But Ann was serious: she had been diagnosed with breast cancer, and Derek's response was to leave her. No one from the Hemlock Society had offered to help. She was undergoing treatment alone, and beginning to think that the Hemlock Society wasn't really about "helping people with life-threatening illnesses," as they had maintained.*

*Over the next several years, Ann and Rita became good friends, until Ann's tragic death by suicide in 1991. She had been planning to write the truth about the Hemlock Society—and in the suicide note she sent to Rita, she asked Rita to continue. And so Marker has. *Deadly Compassion* is the story of Derek and Ann and the Hemlock society, as well as a study of the euthanasia movement. This chapter is the story of Ann's diagnosis. (© 1993 by Rita Marker. Reprinted by permission of William Morrow & Co., Inc.)]*

Deadly Compassion

Rita Marker

When Derek and Ann moved Hemlock's headquarters to Eugene, Oregon, in the summer of 1988,¹ they moved their residence to Monroe, less than a half hour drive from Eugene on Oregon's Highway 99. A town of 465 people with a bank, four churches, a volunteer fire department, and a phone company owned by the mayor, this close-knit community was where Ann and Derek bought forty-two acres of land, calling it Windfall Farm.

They both liked the pastoral serenity of the place. A rustic, inviting wooden house is set at the end of a long, narrow drive bordered with split timber fencing. A few hundred feet past the carport, down an incline covered with thick tangles of wild blackberry vines and underbrush, is a clear natural pond where swans—Derek's birds, Ann used to call them—as well as geese and ducks made their home. The pond is hemmed in on three sides by heavy maples nestled among Douglas and Noble firs. From atop a hill, one can look over acres of lush green fields full of wild dogwood flowers. The silence is broken only by the rustling of leaves, the soft whinnying of a horse, or, if the wind is right, the sound of a logging truck down on a distant road.

It was in this setting of peaceful contentment that Ann's world shattered one morning in September 1989. When Ann woke up—it was a typical early-September morning—fog hung gently, like a cozy blanket, over the house and pond. Getting out of bed, she went into the bathroom and turned on a warm shower. She stepped in. First she worked shampoo into her hair and, head bent back, let the rich whipped-cream lather run off her hair down her back. Then

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she began to rub soap on her arms, her neck, her breasts—She stopped. Just on the underside of her breast she felt something.

Wide-awake now, she touched it again. It hadn't been there before—or at least she hadn't noticed it. But there it was. Later she described it as a clump. A small mass, just the size of an acorn. So tiny but, at the same time, so powerful that with its discovery it took over her life.

Her reaction, Ann later explained, was strange. “It was one of resignation, of knowing *it* was coming.”

She told Derek right away. Then she scheduled an appointment with the doctor. That morning Derek did something he'd never done before. He drove off to work without saying good-bye. Ann spent the day numb, waiting, and feeling very much alone.

After dinner that evening she told Derek, “I want you to know if this is cancer, I'm not going to allow it to linger. You won't have to worry, I don't want to end up a skeleton propped in a hospital bed in the living room, needing somebody to help me get to the bathroom, crying out, wasting away. . . . You don't have to worry.”

Reliving that evening, Ann added, “I'll never forget the look on his face. It was one of such complete relief. . . . He didn't say, ‘Good,’ but his face said it all.

“And I realized right then I hadn't wanted him to say that. I'd wanted him to say he'd be there for me no matter what. . . .”

The next month passed in a blur. Yes, it was cancer. Surgery was scheduled, but life went on as usual. Family plans, work schedules, and farm chores were still there, just as they had been the month before.

Ann's distant cousin Nita, then seven months pregnant, had been planning to visit and bring her six-year-old daughter, Hilary, along. They arrived on schedule. As Nita described it, Derek was waiting for them when they got off the plane. When Nita didn't see Ann, she asked where she was.

“He told me, ‘Ann was diagnosed earlier today with breast cancer. She needs a lot of support,’ ” Nita recalled. “And then Derek told me, ‘I can't believe this can be happening to *me* again.’ ”

As they drove the winding two-lane highway from Eugene to Monroe, Nita remembers asking whether it would be better for her to leave so that Derek and Ann could be alone. Derek assured her that it would be good for Ann to have company.

Nita also remembers the entire stay as a time of almost unbearable tension. “There was Ann, putting on a brave face. She seemed to be in her own world a lot of the time. But she took time, too, to play with Hilary. Hilary loved it. Ann had let her help feed the animals.

“Derek, when he was there, would sit around, being cordial, but it seemed like such an effort. He'd talk about himself. His work. Things that interested him.

“There was no warmth. When I'd visited them when they lived in California,

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there was affection. He'd put his arm around her. They'd do little things together like getting dinner ready," Nita recalled.

"This time they were like strangers. There was a coldness. The house seemed cold. Cold on the outside. Cold on the inside.

"When he picked me up at the airport, Derek had said Ann needed a lot of support. But I didn't hear him offer to help. There wasn't any hugging. There wasn't any touching at all that I saw. They seemed to be avoiding each other. When they did speak, there was arguing.

"It really got a little scary. Ann got so angry a couple of times. Once she took her hand and swept everything off the counter onto the floor."

The arguments—those that Nita couldn't avoid hearing—were over Ann's cancer.

In an interview after Ann's death² Derek described Ann during that time as making self-pitying comparisons with Jean, his first wife, telling him that he didn't love her or cry for her as he had for Jean. "I would say, 'Ann, I don't think you're dying,' " he told one journalist. Ann thought she was dying. Derek told her that was nonsense. Neither of them, of course, knew for sure. Though optimistic, Ann's oncologist had said her survival couldn't be guaranteed even after surgery and treatment.

Nita remembers being puzzled by a young woman who showed up at the house. She later learned the woman's name was Gretchen. Gretchen eventually became Derek's third wife.

"She'd come to the door. Derek would say he was going to go clear some land, and then they'd get on the tractor and go riding off. It was really strange.

"Here was his wife in the house. She'd just found out she had cancer, and he'd go riding off for hours at a time with some woman! This was support?"

It was with relief that Nita and her daughter flew back home a week later. "It had been awful," she said.

A few days after Nita left, on Friday, September 22, Ann had the scheduled surgery. Derek told her afterward that she had looked so gray it was as if she were dead. By then however, she was determined to fight the disease. The initial giving up and giving in to what she was sure was inevitable were gone. She was going to be strong. She was going to get well. She was going to be superwoman.

Months later Ann told me it had taken every ounce of strength she had just to survive those first days after she got out of the hospital.

Only two weeks after her surgery she had driven herself home from a doctor's appointment. It was just getting dark. She was tired, dizzy, and hurting.

More than a year later she described the scene to me. "I opened the front door," she recalled. "Every light in the house was out. There was Derek sitting in the chair, a drink at his side. No dinner. No anything. Just Derek, sitting in a cold house, looking lost, waiting for me to get home and fix things for him. . . . He hadn't even picked up anything at the store. . . . I got really angry. . . .

"I was the one with cancer. Couldn't he at least help a little? . . . I turned

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around, drove back into Eugene, and picked up groceries. . . . I was so weak I had to lean on the shopping cart. I didn't know if I could get the bags into the car. . . . Right then I wanted so badly for someone just to take care of me. . . . I wanted him to say, 'I love you,' . . . to say, 'I'm here. . . .'

"Didn't he realize I needed to be taken care of? . . . But it wasn't all his fault, either. I'd always done everything . . . picked up his dirty clothes off the floor . . . done all the laundry . . . bought all the groceries. . . . For a woman who considers herself a feminist, that wasn't too smart, was it?" she said with a humorless chuckle.

Then she went on. "It had been hard for him . . . we were both hurting . . . he was under stress, too."

But that still hadn't prepared her for his leaving.

Three weeks after her surgery, on Friday, October 13, 1989—just one day after she had started what was to be a six-month stretch of chemotherapy and radiation—Derek went on what he said was a business trip. He gave no phone number at which he could be reached.

He did leave messages—on the answering device at their home—telling Ann he was not coming back.

The timing of his departure—while Ann was beginning her battle against cancer—prompted questions that continued to plague Derek after Ann's death. At first he acknowledged the poor timing but defended his position. When a Canadian television reporter asked him if a husband should walk out on someone who's got breast cancer, Derek replied, "In these circumstances you do and I did."³

Some months later, on a Boston television interview, he answered a similar question by claiming, "She was cured of cancer when I left her."⁴

Ann listened to the messages Derek had left on her machine. Over and over she played them. They were brutal. Cold. Short. Right to the point. Derek was leaving. He wished her well. His words were clipped, stilted. It sounded to Ann as if there were a touch of distaste in them, as though by even speaking to her, he were somehow contaminated by her illness.

But even though she knew how final it was, Ann was still hoping that he'd change his mind and come home. Four days after he had walked out, she wrote him a letter, pouring out her pain and heartache. And like many who are victims, she blamed herself.

She told him she understood why he'd left. She said she could feel his "utter terror and fear"⁵ and knew that was what had motivated him to act the way he did. She'd been wrong not to let him know better how she felt—Derek later complained that she had been uncommunicative—but she had, in her own turmoil, been "an emotional mute."⁶ Then she went on to write: "You have been the great love of my life,⁷ and I cannot describe in words the feelings of overwhelming love and delight I experienced when we found one another." Again she apologized that *she* hadn't done better.

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"I really want to say now how much love and loyalty I felt for you,"⁸ the letter went on. "I've always said I'm loyal like a dog and I could never let go of the kindnesses and patience you extended to me over the years. That went a long way, and I'll never forget that. And the sweetness. That went a long way too. For whatever reason, I'll hang on to all that. It helps," she wrote.

Derek, however, would express no kindness, sweetness, or patience after Ann wrote.

During this period Ann felt both physically and emotionally drained. And she became increasingly frightened. With months of treatment still ahead, she would have to battle both cancer and loneliness. She was also facing an ultimatum she had been given by the Hemlock Society: return to work in December or else she would lose her job—and medical benefits.

After her cancer diagnosis Ann had been given a medical leave of absence from her duties at Hemlock for three months. However, upon returning to work, she was to travel around the country, interviewing people whose family members had been euthanized by their doctors. She was then to write a book based on the interviews. It was her understanding that if she didn't cooperate, giving her all to Hemlock, she would lose her job and, along with it, her medical insurance.

Ann found the mere thought of the proposed project distasteful. Finally, she took her case to Hemlock's board, writing in a letter on November 2, 1989, that she found the insistence that she write a book of that sort while she was undergoing treatment for cancer to be "somewhat inhumane."⁹ She also assured board members that, although she has been contacted by members of the press who had heard of the Humphrys' separation, she had refused to make any comment.

By then, apparently, Derek had made numerous personal contacts with board members to persuade them of Ann's "emotional instability." Although Derek later said that he only responded to press statements given by Ann, by some reports he began, as early as three days after leaving her, to describe her as "crazy," "mentally ill," "mentally unbalanced," and "insane."¹⁰ Over and over, to Hemlock staff, to board members, and later in an open letter to the press, he described her as irrational and as a woman who had been unstable for years. In addition to battling cancer, Ann now faced emotional assaults.

They came with increasing frequency. The harassment reached the point at which Ann said her doctors believed it was jeopardizing her health. According to Ann, Derek continued to contact her not to express concern for her but only to ask her to return his belongings. She began to feel that he was intentionally trying to sabotage her cancer recovery.

Derek was almost certainly aware that virtually all the heavy work on the farm—getting the feed to the animals, carrying huge bags, and all the other chores that had to be done to maintain a forty-two-acre farm with seventeen head of cattle and other livestock—was being done by Ann with the help of only a part-time farmhand. Yet Ann maintained that in mid-November, when

he knew she was in Eugene for cancer treatment, Derek returned to the property and removed a tractor and other farm tools that she needed.¹¹ Derek later acknowledged taking the equipment, asserting that it was his. Then he put it in storage because he didn't need it.¹²

This proved more than Ann could handle. Suffering from mental exhaustion and anxiety—a normal response, considering the blows she had suffered over the preceding weeks—Ann realized she needed help to deal with all that she had to contend with. On November 22, the day after the equipment was taken, she checked herself into the hospital in Eugene. She was to stay fewer than two weeks, checking herself out the first week of December. It was also at this time, on December 6, that Ann made the first phone call to me.

Derek used Ann's vulnerability at this point to escalate his allegations that she was unstable. In a day when it is—and should be—seen as a sign of character and balance to seek help at times of crisis, he twisted her willingness to recognize her own limitations as an occasion to send out another volley of accusations. In a memo sent to all board members he reported that “Ann was hospitalized in the psychiatric ward. . . .”¹³

In Eugene word travels rapidly. Derek would almost surely have known the date when Ann *checked herself* into the hospital and when she checked herself out. On December 7 he issued a memo directing that all locks at the Hemlock office be changed¹⁴ and that everyone except Ann be given a new key.

In another memo, written on the same day to all staff, Humphry stated that Ann had been giving interviews to newspapers.¹⁵ Ann had given no interviews, however. Nor had she contacted any newspapers. The first newspaper contact did not take place until the following month—and that was made on Ann's behalf by a friend.

Humphry also said in his memo: “I must, as Hemlock's chief, make the following rules in order to protect our organization: Ann must not come to the office. . . . Any requests by telephone for information [from her] must be politely but firmly refused. . . .”¹⁶

Ann was counting on the Hemlock board of directors. At this time she was still technically the deputy director and a board member of the national Hemlock Society, the organization she had cofounded, as well as a board member of Hemlock of Oregon. Ann hoped—and expected—to receive a fair hearing at the board meeting scheduled for January 6, 1990, at which a decision about her status, including continuation of her medical insurance and sick pay, was to be made.

However, former Hemlock officials later told an investigator that from the time he left her, Derek waged a campaign—carried out by means of letters to chapter leaders and of personal visits with board members—to discredit Ann in the eyes of the Hemlock board and staff.¹⁷ He allegedly made calls as well to staff and directors telling them that Ann was insane, that she was deranged, and that she should be institutionalized. They also said that Derek had

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discouraged board members and employees from contacting Ann, and, when calls for Ann came to the Hemlock office, he would ask, "Why would anyone want to talk to that crazy lady?"

It appears that the January 6 meeting was a "done deal" before it even began.

On December 8, 1989, the day after the order to change the locks had been issued, Hemlock's attorney had written to Ann's attorney, stating that a majority of Hemlock's directors had "a great deal of concern about certain actions and statements made by Ann."¹⁸ Notably absent was any concern about Derek's actions or statements. If Ann was to have any credibility at the upcoming board meeting, the Hemlock attorney wrote, she was to refrain from any "unauthorized contact with the media and other third parties."¹⁹ In addition, he stated that board members did "not feel it appropriate" that she discuss her situation with staff.²⁰ Although Derek had been discussing Ann with many individuals across the country, there was no mention of similar constraints being placed on his contacts.

Enclosed with the December 8 letter from Hemlock's attorney was a "confidentiality agreement"—Ann called it a gag order—along with a request that Ann sign and return it as soon as possible. It conditioned her continuing to receive a salary and, far more significantly, her continuing receipt of health insurance benefits while undergoing radiation and chemotherapy on her agreement that she would not disclose any information deemed confidential by the national Hemlock Society. Ann did not sign the agreement then or later.

Ill from the treatments she was undergoing, Ann was unable to travel to discuss her side of the story with Hemlock officials who lived in other parts of the country. And after doing the necessary farm chores each day, she had no energy to concentrate on anything but survival. Derek, on the other hand, was not only lining up votes with board members but also getting his staff ready for the upcoming meeting.

In a letter dated December 14 he had informed Cheryl Smith, the legal assistant who had been with Hemlock only a few months, that he would increase her annual salary by ten thousand dollars, effective on January 1. He also suggested that she was in line for bigger and better things. "As you know," he wrote, "I am asking the Board of Directors to appoint you as executive director from April 1, by which time I trust you will have passed the Bar examination in Oregon." Meanwhile, he had written another memo to his staff in December, announcing that he was planning to resign his posts of president and executive director so that he could devote his time to publications and lectures.²¹ He also issued a memo increasing the annual "consultancy fee" for Ralph Mero, president of Hemlock of Washington State, to forty-six thousand dollars.²²

Derek's private meetings with board members continued until just hours before the January meeting began.²³ He had, by that time also prepared a three-page statement titled "Why My Marriage to Ann Wickett Failed." Widely

distributed to such media as *People* magazine and various newspapers, the statement claimed that Ann had been responsible for destroying his peace of mind; that she had handled “her breast nodule” in an “unacceptable way”; that she rarely accompanied him on business trips and never on vacations to Europe. . . . He wrote: “I gave the matter careful consideration and abandoned the union. I no longer loved her.”²⁴ Derek later said that it had never been his intention to discuss their problems publicly but that he had felt obliged to “counterattack” when Ann had lashed out at him.²⁵

The board meeting took place in a conference room at Eugene’s Valley River Inn. Ann had asked Julie Horvath to come for support. Ann and Julie had originally met in Los Angeles in 1987, when Julie was giving horseback riding lessons. Though she was much younger, in her early twenties at the time, she and Ann—“Anna” Julie called her—had become very good friends. A former Hemlock member and now a helicopter pilot, Julie described what took place:

“We waited downstairs and had tea by the fireplace for over an hour. Finally Derek came out with a group of people who’d been with him, and it was time for us to go in. Anna had requested that Derek not be present while she spoke to the board. Some people were asked to leave, but board members—including Jean Gillett, Faye Girshe, Don Shaw, and John Westover—were there. Anna’s attorney sat on one side of her. I sat on the other. The board members were so hostile, so cold. Nobody asked her how she was feeling. It was like she was an inconvenience, a formality, that had to be put up with. It was a ‘state your business and get out of here’ thing. No one smiled or gave any sign of encouragement.

“She tried to explain that Hemlock was her organization, too, that she was its cofounder. She told them that Hemlock was supposed to mean caring about people.

“They just glared at her. They said it was their organization, too, and they didn’t see why she wanted to drag her personal problems into it. She tried to make them see that this wasn’t a personal problem. It was a Hemlock problem, and she, as its cofounder, was seeing it throw people away. But they just didn’t care.

“When she said, ‘That’s all I have to say,’ they just looked at her. They dismissed her. They were glad to be done with her. When we left, Anna was shaking. We went to a restaurant to get a sandwich, but she couldn’t eat it.”

Ann later heard that she’d been granted six months’ medical leave.

Julie Horvath said that the only person who had seemed at all open to hearing what Ann had to say was Curt Garbesi, one of Hemlock’s legal advisers, who had arrived late after taking a flight from Los Angeles. When he came into the room—Ann had already started to speak—he had been told to leave. When he protested, he was allowed to remain. Garbesi later wrote to Derek saying that he had heard his awkward reception at the meeting had been due to a perception that he was not neutral regarding the problem concerning Ann’s

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relationship with Hemlock.²⁶ In November Garbesi had sent a letter urging that Ann receive fair treatment.²⁷

Within three days of the meeting Derek wrote a memo saying he had appointed Cheryl Smith deputy director—the position Ann had held—and reiterating his earlier orders regarding Ann.²⁸ He wrote that his previous “ruling” must remain: any request from Ann for information or anything else would have to be cleared through him.

In another memo that day, this one to all staff members, including the Seattle, Washington, and Sarasota, Florida, branches, he wrote that, where public relations were concerned, he was now to be referred to as “*Founder and Executive Director*.”²⁹ With a few typewriter strokes Derek had transferred Ann’s title of deputy director to someone else and had bestowed on himself the role of the sole founder of Hemlock.³⁰ From then until after Ann’s death Derek referred to himself as “founder,” with no mention that he and his wife had cofounded the group.

Another person was also stripped of a job and his title following the January board meeting. It was Henry Brod, president of Hemlock of Oregon. Brod had come to Oregon from Florida, where he had worked for Hemlock as an organizer for the Southeast. He had been considered an up-and-coming star in the organization and a potential ally for Derek. However, as the situation between Ann and Derek worsened, he felt that Hemlock was not being fair to Ann. According to Brod, he was forced to resign for two reasons: Derek had begun to see him as a potential ally of Ann’s, and he (Brod) insisted that certain financial irregularities within Hemlock be remedied.³¹

NOTES

1. Hemlock’s headquarters moved from California to Eugene, Oregon: Within a year Derek had purchased a small office building, centrally located in Eugene’s business district, and leased it to Hemlock for a monthly rate of two thousand dollars. The five-year lease agreement, dated May 1, 1989, was signed by Jean Gillett (for Hemlock in her capacity as director at large) and Derek Humphry (as owner of the property). In 1991 Hemlock paid \$37,529 for the lease of the office. Annual Periodic Report filed by Hemlock with the office of the California attorney general for the year ending December 31, 1991.
2. Derek’s description of their arguments following Ann’s diagnosis: Trip Gabriel, “A Fight to the Death,” *New York Times Magazine*, December 8, 1991, p. 86.
3. “In these circumstances you do, and I did”: *The 5th Estate*, Canadian Broadcasting Company (CBC), February 4, 1992. Segment titled, “‘Final Exits’ with Trish Wood,” transcript, p. 3.
4. “She was cured of cancer when I left her”: *People Are Talking*, WBZ-TV (Boston), October 6, 1992.
5. Derek Humphry, October 17, 1989, p. 1.
6. “an emotional mute”: *Ibid*.
7. “You have been the great love of my life . . .”: *Ibid*.
8. “how much love and loyalty I felt for you . . .”: *Ibid*., p. 4.
9. “somewhat inhumane”: Memo from Ann Humphry to National Hemlock Board members, November 2, 1989, p. 1.
10. “crazy . . . insane”: Report by Peter D. Moursund, private investigator, of interview of Henry and Barbara Brod, October 14, 1990, pp. 3, 4, 5 and *Humphry v. Humphry; The National Hemlock Society; Ralph Mero; Hemlock Society of Washington State*; In the Circuit Court of the State of Oregon for the County of Lane, No. 16-9009223, Fourth Amended Complaint (9/91), pp.

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- 2, 3, 4. Also from discussions with Ann and with Barbara and Henry Brod.
11. Information about Derek's removal of farm equipment: Discussions with Ann and Cal McCrystal, "Love, Death & Loathing on the Road to Windfall Farm," loc. cit.; Moursund Report, p. 6; and *Humphry v. Humphry; The National Hemlock Society; Ralph Mero; Hemlock Society of Washington State*; In the Circuit Court of the State of Oregon for the County of Lane, No. 16-9009223, Complaint, filed October 19, 1990, pp. 10, 11; Amended complaint, p. 17.
12. "Derek later acknowledged taking the equipment . . ." McCrystal, "Love, Death & Loathing on the Road to Windfall Farm," loc. cit., p. 10.
13. "in the psychiatric ward . . .": Memorandum from Derek Humphry to All Board Directors, National Hemlock Society, December 14, 1989, p. 2.
14. "directing that all locks at the Hemlock office be changed . . .": Memo from Derek Humphry to Ron Leach, December 7, 1989.
15. "stated that Ann had been giving interviews . . .": Memorandum from Derek Humphry to All Staff, December 7, 1989, p. 1.
16. "I must . . . make the following rules . . .": Ibid.
17. Information about campaign to discredit Ann: Conversations with former Hemlock staff members and Moursund Report, pp. 3, 4, 8.
18. "concern about certain actions and statements made by Ann": Letter from Lee Kersten to Charles Gudger, December 8, 1989, pp. 1.
19. "refrain from . . . 'unauthorized contact . . .': Ibid.
20. Information that board members did not want Ann to discuss her situation with the staff: Ibid., p. 2.
21. Derek outlined his plans for the time after his scheduled resignation: Memorandum from Derek Humphry to All Staff, December 7, 1989, p. 2.
22. Mero's new annual "consultancy fee": Memo from Derek Humphry to Ron Leach, undated, states, "From January 1, 1990, Ralph Mero's annual consultancy fee will be \$46,000." In addition to holding the title of Hemlock's Pacific Northwest Regional Director, Mero was also President of Hemlock's Washington State Chapter. Letter from Ralph Mero to Cheryl Smith, December 22, 1989.

He also was an ex officio board member of Washington Citizens for Death with Dignity and later was a board member and president of the Washington Hemlock PAC: Letterheads of Initiative 119 Washington Citizens for Death with Dignity and Washington Hemlock PAC.

Mero's compensation for his services as an "educational consultant" increased the following year. In 1991 he was paid \$54,861 by the National Hemlock Society. Annual Periodic Report filed by Hemlock with the office of the California attorney general for the year ending December 31, 1991.

Mero's wife, Jane LeCompte, was also being paid a "consultancy fee" by the National Hemlock Society. She was receiving twenty-five hundred dollars a month for her work as office manager and volunteer coordinator for the Washington State Chapter of Hemlock: Letter from Jane LeCompte to Derek Humphry, September 13, 1989; employment agreement between National Hemlock Society and Jane LeCompte, September 19, 1989; and memo to Ron Leach from Derek Humphry of September 19, 1989.

LeCompte also handled the submission of financial data and served on the board of directors of Washington Citizens for Death with Dignity (the officially listed sponsor of Washington State's Initiative 119). Financial data filed with Washington State Public Disclosure Commission, February 8, 1990, and letterhead of Initiative 119 Washington Citizens for Death with Dignity.
23. Private meetings continued until just hours before the January meeting: Moursund Report, p. 3. Other preparations for dealing with Ann at the board meeting were made by staff and consultants: Letter from Ralph Mero to Cheryl Smith, December 22, 1989.
24. "I no longer loved her": "Why My Marriage to Ann Wickett Failed: A Statement by Derek Humphry," January 6, 1990, p. 2.
25. Derek's rationale for sending memos to the press: Gabriel, "A Fight to the Death," loc. cit. p. 86.
26. Garbesi's reception at the board meeting: Letter from Curt Garbesi to Derek Humphry, January 8, 1990, p. 1.
27. Garbesi referred to his November letter in his letter of January 8, 1990.
28. Derek's reiteration of his previous ruling: Memo from Derek Humphry to Ron Leach, January 9, 1990.
29. Derek's announcement of his new title: Memo from Derek Humphry to All Staff Members, including Seattle and Sarasota branches, January 9, 1990.
30. The transfer of Ann's title of deputy director to someone else: Ibid. In the memo Derek Humphry wrote, "I have appointed Cheryl K. Smith, JD, to be Deputy Executive Director as from today. She is responsible for the running of Hemlock in my absence."
31. Financial irregularities within Hemlock: Moursund Report, p. 2. Henry Brod also pointed to

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financial irregularities in a January 17, 1990, letter of resignation to the Board of Directors of the Hemlock Society (Oregon) Inc.; in a February 2, 1990, memorandum to all Hemlock chapter leaders and the media; and in a February 8, 1990, news release.

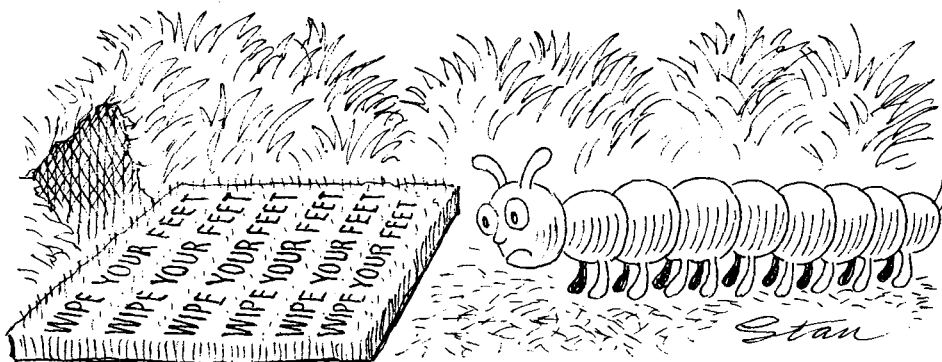
Hemlock's records appear to support Brod's allegations of financial irregularities. In addition to the funds which seemed to have been funneled from Hemlock into political activities, the transfer of funds between the National Hemlock Society and Hemlock of Oregon was somewhat questionable.

The National Hemlock Society made a forty-thousand-dollar "grant" to Hemlock of Oregon on June 25, 1987. Yet according to a November 2, 1989, letter from Derek Humphry to Gregory S. Howard of the California Department of Justice, Hemlock of Oregon was not formed until October 28, 1987—four months after the "grant" was made.

Bylaws for Hemlock of Oregon—which were not adopted until one year later, on October 10, 1988—list Ann and Derek as two of the three original directors of the newly formed corporation.

Financial records of the National Hemlock Society for 1988 contain no information about a "note receivable" from Hemlock or Oregon. Similarly, financial records of Hemlock of Oregon for 1988 make no reference of a "note payable" to the National Hemlock Society. Yet, following scrutiny of the forty-thousand-dollar transaction by the California Department of Justice, hemlock claimed that the transfer had been a loan, not a grant, and a promissory note for the 1987 fund transfer was signed in January 1990 by Jean Gillett, treasurer of Hemlock of Oregon.

The National Hemlock Society did list a \$30,000 note receivable from Hemlock of Oregon in its Annual Periodic Report filed with the office of the California attorney general for the year ending December 31, 1991.



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[The following first appeared in the Australian magazine *Perspective: News and Views for the Family*, and was preceded by the following editors' note: *Tasmanian Independent Senator Brian Harradine recently became a centre of controversy and a target for bitter abuse around the nation. The storm blew up after the Federal Government froze part of \$130 million earmarked for population control from overseas aid funds over the next four years. A total of \$34 million of these funds has been put on hold, pending a review of the policy basis for Australia's support of birth control programs in developing countries and the relationship between population growth and development. In the following article, written for Perspective, Senator Harradine raises some key issues. It is reprinted here by permission.*]

Human rights and population control programs

Senator Brian Harradine

In 1926, Durga Dass Kapur wrote from Amritsar, India, to the population control zealot Marie Stopes: "I very acutely realise that all the misery, pain, indebtedness, gloominess, sickness, dirt, prostitution, war, underfeeding, poverty, child mortality, heart-burning, misunderstanding, etc., are deliberately traceable to over-breeding."

Not much has changed since Durga's letter to Marie. The fertility of poor women continues to be blamed for every world problem.

Vivid images are conjured up of a teeming mass of people (primarily coloured ones) gobbling up the world's precious food and resources, leading us to inevitable destruction. The spectre of untrammelled copulation, of the poor "breeding like rabbits" is recycled *ad infinitum*.

But empirical evidence documenting the supposed negative net impact of population growth on economic development is either fragile or non-existent. There is no scientific consensus.

There is a solid body of evidence in opposition to conventional wisdom about the effects of population growth. Economists, social scientists and statisticians have questioned the supposed link between population growth and poverty. Feminists are also questioning this alleged link.

In *Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice*, Betsy Hartmann writes: "the complexities of the argument and the wide variation in opinion have largely been screened from public view."

Hartmann says the debate has been dominated by "Malthusian alarmists" such as Paul Ehrlich whose message enjoys such credibility because apart from good headlines, it "draws on deep undercurrents of parochialism, racism, and elitism in Western society..."

Donald P. Warwick, Institute Fellow at the Harvard Institute for International Development, writes: "... social science research directed to the developing countries in the field of population has now become almost exclusively harnessed to

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serve the narrowly conceived short-term interests of programs that embody the existing orthodoxy in international population policy... it disdains work that may be critical of existing programs, or research that seeks to explore alternatives to received policy approaches. It seeks and, with the power of the purse, enforces predictability, control, and subservience."

Open to the truth. Is this the approach Australia should take in determining its policy base for population control spending?

The backlash to the mere suggestion that a review take place of Australia's population control aid and the assumptions on which it is based indicates this sort of closed-mindedness. Who is afraid of a search for the truth?

Should Australia's precious aid money be diverted from cooperation development and poverty alleviation programs to population control programs on the basis of an untested assumption? Unfortunately, many commentators have preferred to engage in sectarianism rather than examine this central question.

The 1993-94 budget for overseas aid is miserly—apart from one year, it is the lowest Official Development Aid to GNP ratio for 20 years. From this, \$30 million is earmarked for population control programs and \$130 million over four years—a five-fold increase.

Having a life-long personal and public commitment to the poor both here and in less developed countries, I believe we need to take a serious look at what helps most.

The present unhealthy fixation on population control is economically and socially naive and dangerous. It diverts the attention away from the real economic development and health measures required. Much of the money already sent to the Third World has served to shield politicians from the results of their own devastating policies.

There is enough food to feed the world. But people don't necessarily get it. The main problem is not one of scarcity but of land ownership and distribution of resources. In *Sex and Destiny: The Politics of Human Fertility*, Germaine Greer observed: "Fewer people will not necessarily mean more to go round, because we are not yet committed to making it go round in the first place."

In many Third World societies, having a large number of children is an insurance policy against the future. The people have no access to insurance, social security, medicare or pensions. High infant mortality rates are a major cause of high birth rates.

Studies demonstrate that where infant mortality declines, and where education and health care are improved and the real causes of poverty eliminated, there is a natural decline in birth rates.

Maternal mortality. It is claimed that Australia's suspension of \$34 million in population control funds will lead to the deaths of countless women due to pregnancy-related complications. But what is the real reason for these women's deaths?

According to the World Health Organisation, the highest maternal mortality

figures in the world are in sub-Saharan Africa, with Western Africa being the highest and continuing to increase. The Women's Information Network says maternal mortality figures are closely correlated with female genital mutilation. The highest maternal mortality is in the countries where mutilation is commonly practiced.

The Australian International Development Assistance Bureau (AIDAB) recently responded to my repeated appeals for a more substantial commitment to the fistular repairs hospital in Ethiopia which treats women suffering pain, distress and social isolation because of the terrible side effects of genital mutilation.

Unvaccinated and anaemic women are also more likely to die in childbirth. The fertility of poor women is not to blame for these appalling conditions. Surely alleviating these conditions would be a better use of our aid money.

A study titled *Too far to walk: Maternal mortality in context*, by S. Thaddeus and D. Maine, states: "Delays in the delivery of care are symptomatic of the inadequate care that results from shortages of staff, essential equipment, supplies, drugs and blood as well as inadequate management ... In addition to identifying the diagnoses in cases of maternal death, some hospital-based studies determine whether or not the deaths were avoidable.

"They generally find that while a small number of maternal deaths are unavoidable, *the large majority are either entirely or probably preventable* [italics mine].

"For example, 98% of institutional deaths studied in Tanzania, 94% of maternal deaths studied in Cali, Colombia, 88% of those studied in Vietnam and 80% of those studied in Jamaica and in Lusaka, Zambia were judged preventable by the respective investigators."

Coercive programs. Those who profess concern about human rights and women's well-being should be disturbed by population control programs which see women as the bull's-eye of their targets.

Well known population control advocate Professor Roger Short, of the Australian Academy of Science, told a conference of scientists as far back as 1969 that the key to controlling human population was to control a woman's corpus luteum. (The corpus luteum secretes progesterone, which prepares the endometrium for implantation of the embryo.)

Target-driven population control programs often become coercive to meet their goals. American population guru Kingsley Davis has criticised his colleagues for thinking all they had to do was make contraceptives available and the birth rates would go down.

What he means is: what if the poor prove so backward that they actually continue to want large families regardless of the amount of contraceptive supplies dumped on their doorstep? You can lead a horse to water but you can't make it drink. Thus some incentives backed up by coercion are needed.

The president of the World Bank, Barber Conable, says: "We need to, first, ensure that men and women desire smaller families." In its 1984 World Devel-

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opment Report, *Population change and Economic Development*, the World Bank makes a distinction between family planning and population control and argues that the former is an insufficient response to population pressures. Many of its loans are conditional on the implementation of target-based population programs.

A project under consideration for funding by the Australian International Development Assistance Bureau (AIDAB) in Vietnam "promoted the acceptance of a small family norm." What if they don't want to accept our idea of the perfect family size?

The World Bank Report describes a strategy for trying to increase contraceptive use: "In communities where there is no apparent demand for family planning, it can be introduced jointly with services in greater demand." These services include oral rehydration for infants and literacy programs.

Another example of this connection can be seen in AIDAB's Development Cooperation Program allocation of \$100,000 in 1993-94 for the family planning arm of the International Centre for Diarrhoeal Disease Research in Bangladesh. Feminist activist Farida Akhter of Bangladesh says the mentality at the centre is that a good way of stopping kids getting diarrhoea is stopping them from being born.

Greer argues in *Sex and Destiny* that by rushing Western contraception onto traditional societies, we may be disrupting or even destroying the cultural mechanisms which regulate fertility in Third World countries.

Third World feminists react. Is it any wonder that Third World delegates at international population conferences have attacked population control as a tool of Western Imperialism which moulds the parents of the Third World in the image of white westerners? Feminist groups have rightly condemned population control programs which ride roughshod over women's health and which fail to address the real causes of poverty.

A *Question of Control* is an account of the proceedings of a conference in Holland held by Health Action International, a network of more than 100 groups in 60 countries, which discussed women's perspectives on the development of contraceptive technology. A constant theme of the conference was that: "governments that aim to reduce population growth by imposing targets ... and by introducing incentives and disincentives to encourage use often fail to fully acknowledge women's reproductive rights."

The Woman and Pharmaceutical Project (Netherlands) has produced a book titled: *Norplant: Under Her Skin*, which contains field studies by women's groups in Indonesia, Finland, Brazil, Thailand and Egypt on the effects of the injectible contraceptive on women. Once the six rods have been inserted into the woman's arm, she is at the mercy of a doctor if she wants them out. When doctors and governments are in collusion to meet fertility targets, what are her chances? The book tells the stories of women suffering severe side-effects who have been refused removal and of women used in trials from slum areas who could not be contacted for removal at the end of the trial period. Synthetic hormones are leaking

into women's bodies years after they should have been removed.

Carrots and sticks, including bribes, threat, punishment and force, are used to get couples to submit to anti-natalist measures. In Bangladesh, a man who has had a vasectomy gets 175 Taka, equivalent to a week's wages for a rural labourer. Female patients receive a sari and men a lungi. Betsy Hartmann reported that "the number of sterilisations tends to increase dramatically during the lean autumn months before the rice harvest when many landless peasants are unemployed and destitute.

In their report *Food, Saris and Sterilisation*, Hilary Standing and Betsy Hartmann revealed that emergency food aid which had been donated following the 1984 floods in Bangladesh had been given to women on condition that they agreed to be sterilised.

There is a 10 kilo bag of rice and two weeks holiday for Vietnamese women who have an IUD inserted and 100 kilo of rice and lighter duties at work for a sterilisation.

A report in *Inside Indonesia* [March 1992] describes an authoritarian family planning program. One aspect is the "Safari" or hunting expedition. In a sub-district of West Java, people in "difficult" villages were told by field workers that if they refused contraceptives they would have to join the transmigration program to the outer islands. In other cases, unwilling villagers were picked up by military or police personnel and taken to the village head office to have contraceptives inserted. The authors said that during their field trip in 1990, "IUDs were inserted at gunpoint to those who continued to resist."

Certain brands of the Pill and IUD's such as Lippes Loopes which have been either banned or withdrawn in the West are dumped on the doorsteps of developing countries. On a visit to the highlands of Papua New Guinea last year, I was told of people dying from pneumonia for want of effective antibiotic treatment. They haven't got basic medicines—but there's no shortage of Depo Provera. Why does Australia fund this controversial drug in PNG when it is not officially approved for use as a contraceptive here?

Writes Hartmann: "In many countries, the World Bank has urged governments to make population control a higher priority than basic health care. It has also pressured them to relax prescription guidelines for contraceptives and aggressively push those considered most 'effective'... in the absence of adequate screening and treatment for side effects, which can be serious and even life-threatening."

Whose choice? How can those who claim to be for "freedom of choice" congratulate China and, as Pene Kane of the Family Planning Association and Dr. Terence Hull of Research School of Social Sciences at the Australian National University have done, hail it as a great example of a successful family planning program? (It is one of Hull's own studies, "Recent Trends in Sex Ratios at Birth in China" which examines the imbalance in sex ratios in China and shows that annually half a million female babies are unaccounted for.)

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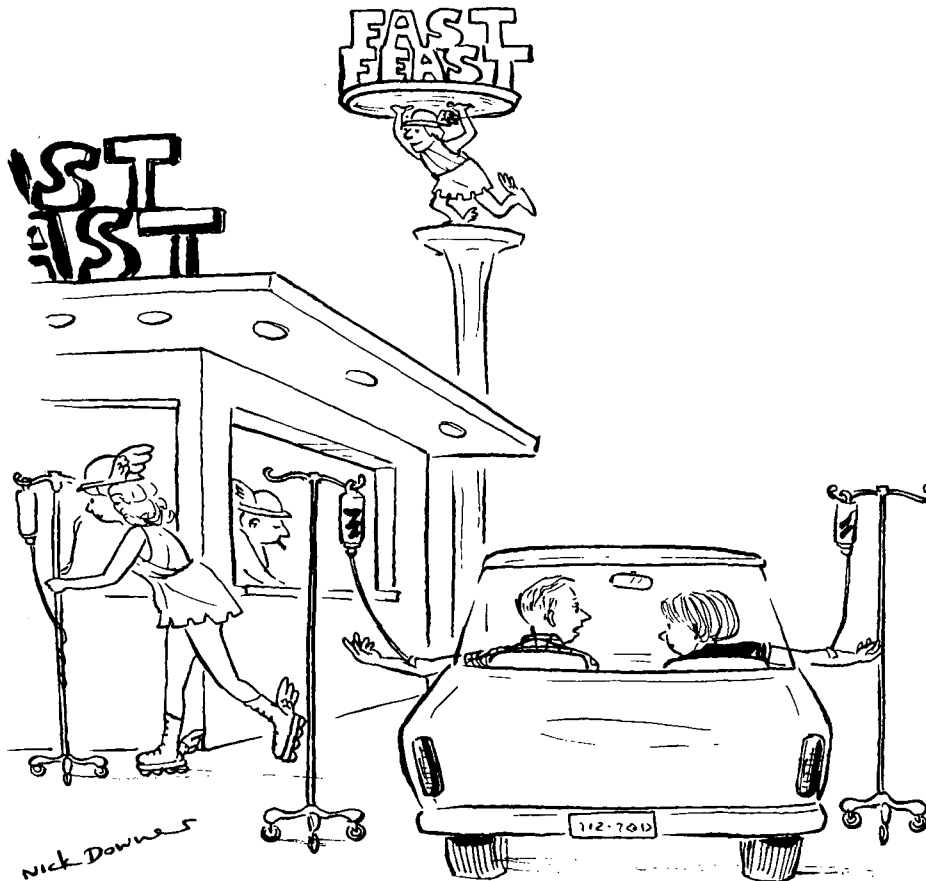
How can we continue to pump money into the China program through the United Nations Population Fund and through direct grants totalling \$7 million this year?

How could we supply ultrasound machines to a country which uses them to kill baby girls through sex selection abortions? Why have the international population control bodies backed a brutal regime against its own people?

Population control and freedom of choice are at odds. The central question is: who is making the choices? The couple? The Government? The United Nations Population Fund? International Planned Parenthood? The World Bank?

We must strive for authentic socio-economic development based on social justice and respect for human rights.

And if we are serious about human rights, we must start asking some questions.



'It's fast, but I miss the chewing and swallowing.'

THE SPECTATOR 6 November 1993

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