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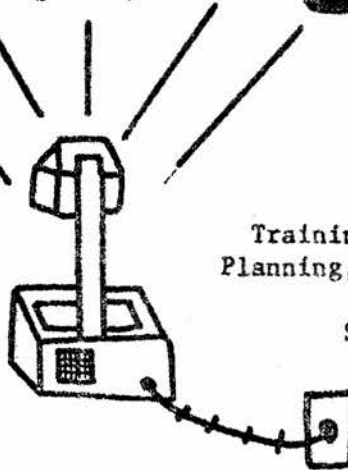
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# TIPS

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Deathmaking Again

Bad news! So much deathmaking material has accumulated since our last deathmaking issue (October 86) that we have to devote an issue to it lest we drown in copy.

The years 1985-1986 have been something of a breakthrough year for deathmaking. There has been a flood of books (plus of course other publications) by "ethicists," lawyers, theologians, philosophers, human service people, and others promoting all sorts of deathmakings for all sorts of victims. By and large, these works invoke pretty much the by now monotonous old new arguments, leaning heavily on concepts of quality of life, the distinction of something which they consider "real life" from something often referred to as "mere biological life," and radical notions of self-determination and the privatization of morality, and especially deathmaking. And everywhere, there are the clichés, such as "painful dilemma," "quality of life," "personhood," etc.

\*A philosophy professor at the University of Victoria in Canada, Eike-Hemmer Kluge, has been busily promoting deathmaking. In 1975, Yale University published his book (since out of print) on The Practice of Death. In 1981, his book Ethics of Deliberate Death came out. In 1985, he published (with law professor Joseph Magnet of the University of Ottawa as senior author) Withholding Treatment from Defective Newborn Children. In 1986, the two authors published a similar report with the same title. Note the progression in the explicitness of the titles, and the last two publications called for deliberate killing of impaired newborns (referred to in terms such as "dependent vegetables"), via what it called "a useable model for ethically acceptable deliberate deaths," and invoking yet again the "quality of life" construct. Also, a dangerous distinction made by Kluge (e.g., 1981) is a differentiation between "human beings" (or "humans") and "persons." Human beings are said to be biological entities which are members of the species homo sapiens, while persons are defined by "the present function capability for conscious awareness, or any human being whose cerebrum is structurally sufficiently like that of the normal adult human being." This differentiation permits the killing of humans but not of persons--which is precisely what Kluge intended to legitimize with this distinction.

The 1985 book seeks to "create a useable model for ethically acceptable deliberate deaths" for handicapped newborns variously described as "hopelessly defective biological systems" or "dependent vegetables." The quality of life criterion is accepted as crucial, and some of Fletcher's criteria of humanhood are invoked, as well as some of the criteria of quality stated in the infamous Shaw formula.

Magnet and Kluge also said that passive euthanasia is already routine at Canadian neonatal units, and that medical details about impaired children are often presented very selectively to parents so as to dispose them towards a deathmaking decision. Nurses are sometimes ordered to administer increasing doses of morphine to kill them even though the babies are not in pain or even awake. The answer which Magnet and Kluge proposed is to be honest and up front-- and kill the babies outright instead of being hypocritical and deceptive. Particularly since suicide has become increasingly legal for competent individuals, they called for the right of parents to make a "surrogate suicide" decision for the baby, but the killing should be carried out by doctors as a logical extension of the professional obligation to care for the afflicted--exactly the same proposal and argument first advanced in 1920 by Binding and Hoche which became the creed of the mass murder movement of handicapped people during the Nazi era. They also referred to this as "suicide by agent." Thus, one set of euphemism and deception would be abolished, and another one substituted, including calling medical murder "suicide." They also noted that neonatal units have a very rapid staff turnover, presumably because of the conflicted nature of the deathmaking that goes on there (Toronto Globe & Mail, 14/6/86; source item from Beth French).

\*Another death promotion is the 1985 book entitled The End of Life: Euthanasia and Morality by James Rachels.

\*Yet another 1986 book on the modernistic bandwagon of infanticide and the language of modernistic ethics is entitled Special Care: Medical Decisions at the Beginning of Life, by a Syracuse University political science professor (Frohock) who has concluded that "we have become too skilled for our moral guidelines," implying--as is so popular today--that scientific and technological advances require a whole new ethics.

\*Another in the series of deathmaking books is Born to Die? (Shelp, 1986), which deals with life and death decisions affecting severely impaired newborns. It is suffused with deathmaking code words such as "personhood," "quality of life" and "moral dilemmas," it invokes the most wrenching case studies to confuse the moral reasoning of readers, and it refers to old-fashioned morality in terms such as "simplistic answers and uniform responses to these instances of reproductive tragedy." It seems to us a morass of modern moral babble. Even the title, though catchy, places handicapped newborns into a dying role and destiny.

\*In 6/86, there was something one could call a trade show for death sales personnel, entitled "Non-natural Death: Coming to Terms with Suicide, Euthanasia, Withholding or Withdrawing Treatment." It was sponsored by the Center for Applied Biomedical Ethics in Denver, and featured 16 speakers who were either neutrally descriptive about the issues or all in favor of some kind of deathmaking (About Issues, 1 & 2/87).

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\*Yet another scholar of death, Professor of philosophy Robert Baker at Union College in Schenectady, NY, has been studying "do not resuscitate" (DNR) orders, and discovered that hospitals do not always comply with laws, but he will "not expose either hospitals or individuals but issues." He says that physicians should have the final word on DNR orders because "the patient is often confused by pain or fear," and the family should be spared the burden of pronouncing death sentences. For us, this sounds like open season on sick people, with physicians running the world. Baker is threatening to publish a book on the topic. (Los Angeles Herald Examiner, 25/5/86; source item from Guy Caruso)

\*Deathmaking legislation and judicial rulings in the various US states is changing so rapidly that it is hard to keep up. After first having decriminalized suicide very widely, various forms of assistance for suicide have also gradually and to various degrees been decriminalized and continue to be.

\*The inconsistency of the US courts' stances on various forms of deathmaking is illustrated by the fact that the MA Court of Appeals ordered in 1979 that dialysis be given to a prisoner over that prisoner's objection, but in 1982, a prisoner's "right to privacy" was invoked to prohibit forcefeeding during a hunger strike (President's Commission for the Study of Ethical Problems in Medicine and Bio-Medical and Behavioral Research, 1985, p. 101, footnote 21). But interpretations of deathmaking from both opponents and proponents are commonly simplistic. A complicated contemporary truth is that we are seeing both an increase in legitimization of, and approval for, deathmaking, as well as rejection of, and opposition to, it. In other words, there appears to be a greater polarization, though by far the greater number of people are giving their support to death. Many defenders of life simplistically perceive only the growing opposition to deathmaking, and interpret it one-dimensionally as a positive development that gives them hope--but what they mean by that is hope to outlaw various deathmaking practices. The development itself is hopeful, but only in the sense of bringing greater numbers of people to decision rather than in terms of any foreseeable likelihood that it will put an end to the public acceptance of deathmaking of devalued people.

#### A New Painful Ethical Dilemma?

\*One powerful way of unveiling improper, or even deceptive, formulations of situations or problems is to turn around, or invert, the statements, assumptions, and questions being posed. For instance, one commonly hears it said these days that certain people--especially handicapped newborns and elderly people--should be put to death out of mercy and compassion for their suffering, because they have or will have a very poor quality of life that will not only be hard on them, but also places heavy burdens on their loved ones.

One of the most outspoken sectors of society along these lines has been the medical profession, and especially physicians. In order to test the validity of their endorsements of deathmaking of these persons and for these reasons, one can ask whether physicians and medical students also ought to be "granted" a "merciful death" in order to spare them all sorts of suffering that is a part of the career they have chosen. Indeed, it could be argued that doctors have a right to die. After all, they are doomed to a life of dependency: they can do virtually nothing without others around them who attend to their patients, prepare operating theaters for them, sterilize the equipment, manufacture medical equipment and supplies, and even do such mundane chores as their grocery shopping,

laundry, and automobile (especially Mercedes) upkeep. Doctors are paralyzed without receptionists, secretaries, nurses, accountants, insurance agents and tax lawyers. Many would die of starvation if their Diners Club card were taken from them, or if somebody else did not cook for them and practically feed them. (In fact, the Diners Club and other charge cards constitute extraordinary life supports for them, and taking these away might be one of the preferable ways of ending their misery.)

Further, by every index, doctors have a low quality of life. Their lives are marked by interrupted nights, sleeplessness, and hectic lifestyles which the vast majority of the population would find unbearable. Not surprisingly, they have some of the highest rates of drug addiction, divorce, and suicide. But it is not only they who suffer: so do their families. First, their parents and/or spouses may face financial ruin from the cost of putting a medical student through school. The medical student's siblings may be victimized by the stresses placed upon the parents by these financial worries, and by the extra attention that the parents are apt to give to the medical student. As mentioned, physicians' spouses often end up divorced, or at any rate left to raise the children on their own. The medical student's or physician's children may hardly ever get to see or spend time with him/her because of the demands medical work makes.

Even if physicians' families are willing to put up with all these agonies out of love for the physicians, society also has to bear serious hardships as a result of the continued existence of physicians. For instance, almost half of government spending in the US is devoted to various health care costs, and an ever increasing proportion of individual citizens' income is also spent on medical care. Not only that, but physicians do damage to their patients as often as they help them: if there were no physicians, then people would not end up disfigured, paralyzed, and comatose because of physicians' negligence or incompetence. After all, research has shown that during doctors' strikes, the health indices of the population go up. And, as if that weren't bad enough, the medical profession is notorious for not getting rid of physicians who have been proven to have hurt scores of people,

Surely when one considers the tremendous cost of preparing, and then maintaining, people as physicians, the heroic sacrifices required of their families, and the unhappy life that they themselves will lead, then the alternative of a merciful, dignified, and peaceful death early in the person's medical career seems eminently reasonable. Such a benign intervention might even be called for at the first sign of a person's interest in a medical career.

Some parties might object that if one permits or even mandates an abbreviation of life for medical students and physicians, then one will be on a so-called "slippery slope," and will be able to justify putting to death all sorts of other groups of people for all sorts of other reasons, starting perhaps with nurses, expanding to physical therapists, and ending up with virtually anyone. But these objections must be recognized as ludicrous, even crack-pot, and as an insult to the morality of all rational persons. These irrational objections (which, by the way, are often made by religious extremists anxious to impose their own code of morality on everyone else) must be dismissed out of hand as being no more valid than the claim that if we permit people to keep dogs and cats as pets, we cannot object if they want to keep zebras, elephants, or marmosets in their houses too!

Unfortunately, there are vindictive elements in the population who would advocate a violent and painful death for doctors, its timing and form to be determined by panels of disgruntled patients. But these extremist segments should not blind us to the legitimacy of mercy deaths for physicians. Since it is obvious that physicians and medical students would be better off dead-- indeed, this being in their own best interests--the only question remaining is

who should decide when and how to administer the treatment: their parents, their spouses and children, their patients, or the government? Clearly, these questions pose difficult moral and ethical dilemmas, and there are no simple answers. Each case must be examined and weighed individually on its own merits, and the answers will not be black and white. (Paraphrase and elaboration of an essay by Belkind & Slapin; source item provided by Lynn Breedlove.)

"Euthanasia"

\*During the 40 years following World War II, the West German government conducted 91,000 criminal investigations for crimes committed during the Nazi era. This resulted in a mere 6500 convictions, and the penalties were notoriously easy (AW, 10/9/86). Since WW II, there have also been a number of medical war-crime trials in Germany. However, extremely few of the people who participated in the killing of the handicapped have either been brought to trial, and of those who have, few have been convicted, or given serious sentences if convicted. As late as 1986, there was yet another of these trials of three persons in their early 70s, two of them gynecologists, who had participated in the gassing of 7,000 mentally handicapped persons. One emphasized that he did it out of love and sympathy rather than out of any Nazi racial hygiene ideology. (Pro-Life PLN, 5 & 6/86).

\*Waller (1986) reviewed public support for "euthanasia" in various countries of the world over as many as 50 years. Generally, the trends are up, sometimes dramatically so. However, we have to note that popular support for "euthanasia" has always been relatively high ever since such polls began to be taken. Particularly substantial increases were found in Australia, the Netherlands (which increased from about 30% in 1972 to about 70% in 1984), and Canada, where support rose from about 45% in 1968 to 63-65% between 1979-1984. Increases in support for "active euthanasia," in contrast to "passive euthanasia," are particularly alarming. Interestingly, the older the age group, the less support it gives to "active euthanasia." Apparently, people think that other elderly people should be put to death, but they don't like the idea for themselves once they get older. In some countries, such as Denmark, almost 90% of the younger population approves of "active euthanasia." The approval rates since ca. 1975 have never been below 70% in the younger age groups in any of the countries surveyed.

\*On 2/2/87, "CBS Evening News" carried a report on the status of "euthanasia" in the Netherlands. The overwhelming majority of Dutch citizens now approve of voluntary "euthanasia," and the practice is widespread (as we have reported before), even though it has still not been officially legalized. Most of the people who are being put to death are elderly and ill. It was sadly amusing to be told that after years of this practice, "abuses are now coming to light," such as physicians killing sick people without their knowledge or consent, and even nurses taking it upon themselves to do the killing without a doctor's permission or prescription. (How low can nurses sink?!) Despite the popularity of this development, sick elderly people are beginning to become afraid that they might be killed if they become sick or go to a hospital. Equally sadly amusing is the fact that all over the world, deathmakers are constantly asserting that there is no such thing as a slippery slope of deathmaking.

One of the major promoters and perpetrators of "euthanasia" in the Netherlands has been a Dr. Pieter Admiraal, an anesthesiologist. One of his works is a book, Justifiable Euthanasia: A Manual for the Medical Profession.

\*We should note how advocates and practitioners of "euthanasia" often invoke quasi-religious mystic language in order to dignify their killing acts. For instance, Dr. Admiraal says to his patient/victims, as he is about to dispatch them: "I wish you a very good journey to an unknown you have never seen." What is the point of such an invocation? What does a term such as "Very good journey" mean? And note how the "unknown" is almost mystically invoked. One might just as well say "This is the end of your life which I am bringing about. Goodbye." It would be much more honest and contain no mumbo-jumbo.

\*A medical columnist in the Montreal La Presse (11/1/87) argued in favor of voluntary "euthanasia," pointing to the Netherlands as a shining example, adding condescendingly that "those people who love to suffer should be left to do so." There, he said, treatment is withheld from about 20,000 people a year, but in about 6000 of these cases, a fatal drug dose is administered as well. He also predicted that this practice would become accepted as surely as "day follows night." (Source item from Diane Richler)

\*By 1986, three-quarters of the British population supported voluntary "euthanasia" (The Independent, 28/11/86; source item from John O'Brien).

\*In 1957, Dr. John B. Adams was acquitted in Britain of murdering an 81-year old patient. It was rumored that he had murdered up to 400 elderly people, many of whom had remembered him in their wills. He died in 1983 at age 84. He was a very religious man, and his patients, many of whom he got hooked on narcotics, adored him. But those who recalled his life identified him as a very greedy person who also thought himself above the law, once telling a police officer "You can't arrest me, I'm a doctor." The judge who tried and acquitted him said in 1986 that he thought that Adams had been a greedy mercy killer but "not a mass murderer." The story of his life was reenacted on British television, but unfortunately, the issue of euthanasia was not given a central place. (Source material from Paul Williams)

\*A Roper organization poll in late 1986 found that 62% of all Americans think that doctors should be allowed to give "death assistance" to terminally ill patients who request it.

\*One day after word came out that England's dying King George V was painlessly put to death by his physician, 73% of Americans in a poll favored the same kind of "euthanasia" as long as it is voluntary.

\*J. C. Levy, a law professor from Calgary, Alberta, said that even though "euthanasia" was illegal, the law "is at odds with current medical practice, public opinion and police procedures." Levy said that the code was a product of mid-Victorian English thinking that does not address the moral and ethical issues raised by technology. "The police have better things to do than policing the wards of city hospitals." However, the professor warned that "euthanasia" has to be carried out in a hospital if one is to avoid the risk of criminal prosecution. A prominent local physician said that the reason physicians do not like to "become involved in euthanasia" was "because the practice could lead to law suits." (CP, in Evening Times Globe, Saint John, NB, 4/11/86).

\*The founder of the Hemlock Society claimed that in 1986, 21 Americans shot to death a person close to them because they wanted to end that person's suffering.

\*The physician who had killed an 81-year old nursing home patient in the Rochester, NY area with an injection of three large doses of insulin in the chest in 6/85 in what was described as a "mercy killing" was described by friends and other patients as a "saint" and "the next best thing to God Himself." He committed suicide by injection a month later when he was found out (AP, 9/85).

\*An increasing phenomenon is for people suffering from dementia or a coma to be described entirely in terms of the past tense, as if they had already died. For instance, one woman referred to her mother who had "Alzheimer's" as "she is really no longer my mother." An AP news item (in SHA, 22/12/85) had a huge headline on the "old man who once was Dad," who also happened to have "Alzheimer's disease." Such persons are then sometimes also said to no longer be alive, but to "exist." When someone is said to exist rather than to be alive, it is, of course, also easier to withhold or withdraw all kinds of human amenities and life supports from such a person. All of this exemplifies how language is used to place someone into what we have called the dead role.

\*We are reminded nowadays that 28% of the \$75 billion Medicare budget of ca. 1985 has been spent on maintaining people over age 65 during their last year of life, and 8% for just their last month of life (Life, 12/86). Figures such as these fuel the demand for "euthanasia."

\*Guess who or what is known as "the old people's friend?" Pneumonia-- because it kills them. Does this not reflect the most peculiar mentality, particularly since death from pneumonia is not particularly pleasant but in many ways resembles death from slow suffocation?

\*"Do not resuscitate" orders have tripled in 20 years (Life, 12/86).

\*The term "no code" refers to a medical order not to attempt to resuscitate a patient. In many hospitals, a "slow code" has been substituted which is a subtle way of letting somebody die by responding very slowly to any of the person's medical emergencies. At a Milwaukee hospital, a physician put a 78-year old woman on a "no code," and then the woman's son who was also a physician went into her room and showed her how she could disconnect her breathing tube. Within two minutes after the no code order, she removed the tube and died. The episode was accidentally observed by a nurse via a closed circuit TV monitor, but nothing was done because of the no code order (NRLN, 18/12/86).

\*Vanderbilt University law professor David Smith called for a "loosening" of the definition of death so as to enable the earlier harvesting of organs. This seems to us to be the wrong motivation for such a measure (NRLN, 4/12/86).

\*In Britain, instead of putting a "no resuscitation" note on the medical record of a hospital patient, the record may be coded as TLC (tender loving care)--a euphemism for the same thing. (Source item from Chris Gathercole.)

\*A minister's wife had a stroke and fell into a coma. After several weeks, her husband requested court permission to have her life support systems disconnected. The request was denied--and 6 days later, after 6 weeks in a coma, the woman spontaneously awoke, and was able to comprehend questions and respond appropriately to them. This vignette also underlines how quickly people are ready to "pull the plug." (PLN, 11 & 12/86)



\*Subsequent to a brain operation, a man in Milwaukee went into a coma. Physicians "talked him dead," but his mother took care of him at home. One day 14 months later, he woke up and announced that he was starved and wanted a steak. His mother promptly broiled him one which he ate sitting up at the kitchen table (AP, in SHJ, 16/9/86).

### Denial of Nutrition and Liquid Unto Death

\*As we mentioned before, there is a wave of enthusiasm for withholding food and liquids from debilitated people so as to hasten their deaths in a way that is interpreted to be merciful. However, here is what really happens to a person who is deprived of nutrition and liquids.

The mouth dries out and becomes caked or coated with thick material. The lips become parched and cracked or fissured. The tongue becomes swollen and might crack. The eyes would sink back into their orbits. The cheeks would become hollow. The mucosa (lining) of the nose might crack and cause the nose to bleed. The skin would hang loose on the body and become dry and scaly. The urine becomes highly concentrated, causing burning of the bladder. The lining of the stomach would dry out, causing dry heaves and vomiting. The person develops a very high body temperature. The brain cells begin to dry out, causing convulsions. The respiratory tract dries out, giving rise to very thick secretions, which could plug the lungs and cause death. Eventually the major organs fail, including lungs, heart and brain.

Obviously, all this is anything but painless or "easy," and would most likely prompt the medical powers on the scene to administer consciousness-depressing or depriving drugs, not only to deaden the sensorium of the person, but also in order to spare themselves having to bear the manifestations of the suffering entailed in such a slow (up to 3 weeks) death.

It is very revealing to note who filed briefs in support of the case to remove nourishment and liquids from an elderly woman pending before the NJ Supreme Court: Concern for the Dying (a "euthanasia" group), and the NJ Concerned Taxpayers. The court ruled in 1985 that such supports may be withdrawn from people with "serious and permanent mental and physical impairment" (which could affect a good portion of the population), who "are unlikely to regain competence" (a most difficult judgment to make, particularly when the concept of competence is rather squishy), and who "will probably die within approximately one year" even with treatment. The latter provision is subject to the grossest types of abuses. It is a judgment that in most cases cannot really be made, and when it is made, it will now become a self-fulfilling prophecy. In fact, we are not aware of prospective studies of physician's capabilities of making such a judgment validly. We also would be amazed if, even in the wake of this ruling, such studies were performed under valid conditions, i.e., with an aggressive program of medical care. In various explanations and qualifications on these standards, the court upheld as valid the concepts of a patient's "value to society" as relevant in determining the person's "quality of life." (Source item from Bob Roberts.)

\*The cause of death (24/10/86 in Boston) of Paul Brophy, a firefighter who had been in a coma and who was eventually starved and dehydrated to death, was announced to be "pneumonia."

### Media Promotion of "Euthanasia"

Everywhere one looks and listens these days, one encounters--often subtle--media promotion of deathmaking. For instance, the marginalization and possible genocide of elderly people received a boost in an article in the Boston Globe "On Gaining a Husband--and Also a Mother." An illustration showed two beautiful young lovers entwined and kissing, forming the shape of a heart--but breaking up

the heart shape down its middle was a little aged woman bent all over, leaning on a cane, clothed in a drab housedress, wearing glasses, and carrying a suitcase. (Cray Panther Network, 11 & 12/81)

\*One also cannot help wondering whether the movie "Wolfen," which began to be shown in 1981, does not represent yet another way in which the public is being prepared for more overt and/or massive killing of handicapped people. In the film, American Indians "shift shapes" and turn into "Wolfen" who hunt in tribes in decaying slums, "preying on the diseased and those who won't be missed." As a review in Time (3/8/81) noted, the film ends in a way that appears to try to induce in the audience the desire for the wolves to win. We Wolfensbergers have particularly conflicted feelings about this movie.

### Suicide & Its Promotion

\*Very simply: if one succeeds at persuading unwanted people to commit suicide, then one will be spared the less pleasant chore of making them dead some other way.

\*In its December 86 issue (that had the decadent rock star, Madonna, on its cover, half-baring her breasts), Life ran a long article celebrating suicide and promoting the legalization of "euthanasia," under the headlines of "The Liberation of Lolly and Gronky." These two modernistic people were strongly influenced toward their 1983 suicide by the 1982 Donahue TV Show on suicide on the Public Broadcasting System. Not long after, they bought the suicide manual by Derek Humphry. They left behind strong testimony about the inhumanity of growing old in America--an attitude widely shared among elderly people whose suicide rate is extremely high and getting higher all the time. Their children scattered their ashes in their garden so as to fertilize the plants near their swimming pool, patio and tennis court--an eloquent testimony to the hedonistic utilitarianism of our age that is the major dynamism behind deathmaking of one's own devalued classes.

\*The pro-suicide and pro-"euthanasia" Hemlock Society has launched a new organization, Americans Against Human Suffering, which will try to get Calif. to adopt legalization of assisted suicide on the assumption that if one state will do this, "others will follow" (NRL, 18/12/86). The legislation which the organization will promote is called "Humane and Dignified Death Act." The leader behind this, Derek Humphry, the founder (in 1980) of Hemlock, admitted that he included in his definition of "terminal illnesses" conditions such as "Alzheimer's Disease." He also freely admitted that he is trying to capitalize on the "slippery slope" phenomenon. "We have to go stage by stage, with the living will, with the power of attorney, with the withdrawal of this. Your side would call that the slippery slope. We would say, proceeding with caution; learning as we go along how to handle this very sensitive situation."

\*How-to suicide manuals have been published in the US, England, Scotland, France, West Germany and the Netherlands (Life, 12/86). The French manual has sold nearly 200,000 copies. The Scottish manual places great stress on courtesy. For instance, it recommends against jumping off a ship because of the inconvenience it causes to the crew and other passengers; and if one commits suicide in a hotel, one should leave a letter apologizing to the management. To make itself easily available to the elderly, it is printed in large print. On a single page of the Hemlock quarterly, one can find a list of the lethal dosages of 17 prescription drugs. However, these manuals rarely use the word "suicide," but instead use euphemisms such as death with dignity, death by design, accelerated death, self-deliverance, or even deliverance from evil (in a paraphrase of the Lord's Prayer).

\*Humphry founded Hemlock five years after he assisted his wife to commit suicide. In just a few years, the society grew to 13,000 members--a large proportion of it women. Concern for Dying, a similar organization, claims 160,000 active supporters, and the Society for the Right to Die, 147,000. Both support so-called passive but not active "euthanasia" (Life, 12/86). The 1981 suicide manual Let Me Die Before I Wake by Derek Humphry has sold over 70,000 copies and went into a fourth edition in 1986. Humphry attained international prominence as a result of having assisted his cancer-ridden wife Jean to kill herself (as described in Jean's Way), after which he married a younger woman. Throughout the book, suicide is referred to as "self-deliverance," and the author makes several claims that "self-deliverance" should not be attempted by people who are emotionally upset or mentally disturbed, but only by those who have rationally thought about it and are doing so only because they have a terminal illness. Almost the entirety of the book consists of vignettes of people who killed themselves with the assistance of family members. Each vignette is so written as to bring out great sympathy in the reader for the victim and the suicide assistor. In case after case, it is evident that the reason so many family members are brought to desperate acts of so-called "mercy killing" and suicide assistance is because of the failure of human services, and of their own families, friends, and communities, to provide them with support and assistance with a very incapacitated or ill family member. For instance, there are several horror stories of the bad treatment afforded to people in nursing homes and even in hospitals. Not surprisingly, all these friends and supporters who were not present to give help when the handicapped person was alive suddenly come out of the woodwork when the handicapped person is killed, and especially when his/her survivor is brought to court for assisting in suicide. The book also contains extensive recommendations about which drugs to take, in which proportions, and in which combinations, so as to end one's life. (Humphry, D (1981). Let me die before I wake: Hemlock's book of self-deliverance for the dying. Los Angeles, CA: Hemlock.)

\*Curiously, a new periodical, called the Euthanasia Review (sponsored by the Hemlock Society that promotes "euthanasia") is listed by its publishing house, Human Sciences Press, under the rubric of "religion and related subjects."

\*There is a world federation of right-to-die societies founded in 1980 that by 1986 had member groups from 13 countries.

\*The famous Argentine author, Jorge Luis Borges, had been promoting suicide for years, and promised to commit it himself when he reached 84. When 84 came, he changed his mind, but in the meantime who knows how many other people were inspired by him to commit suicide, probably at a much younger age (Time, 5/9/83).

\*A 34-year old man paralyzed by drug abuse, residing at the so-called Hilltop Rehabilitation Hospital in Grand Junction, CO, joined the craze of handicapped people trying to starve themselves to death. A county district judge approved this plan (AP, in Cleveland Plain Dealer, 27/1/87; source item from Elizabeth Carmichael). After 16 days, the man did die (AP, in SHJ, 6/2/87).

\*The death lobby implies that terminally ill people are severely depressed and harbor suicidal thoughts. One study found that most of them did not become depressed, and that they are only likely to become suicidal if they had previously been diagnosed as having mental disorders. (PLN, 9 & 10/86).

\*We have commented before that some of the rock music lyrics celebrate suicide, and could be a significant contributor to the amazingly high youth suicide rate. The finger has been pointed especially at rock star Ozzy Osbourne. The lyrics to his "Suicide Solution" include the following: "...Breaking laws, knocking doors, but there's no one at home. Made your bed, rest your head, but you lie there and moan. Where to hide, suicide is the only way out. Don't you know what it's really all about..." The lyrics to his song "Paranoid" include the following: "Think I'll lose my mind, if I don't find something to gratify, can you help me? Oh, won't you blow my brains, Oh yeah!... and so as you hear these words, that in you now, if I state, I tell you to end your life, I wish I could mine, it's too late." (SHJ, 14/1/86) The sad thing is that the lyrics are accurate in capturing the emptiness and anomie of the people of a materialistic sensualized externalistic modernism.

\*Suicide among young people has tripled in the last 30 years, and is almost three times that of the general population. Most at risk are males between 20-29, but especially 20-24, especially those who have exhibited conduct disorders and/or drug abuse. Among females, depression is a very prevalent precursor. A third type are the hard-driving inhibited perfectionists who break down in the face of some kind of challenge that they cannot live up to. Suicide is rarely spontaneous, and usually follows a long period of destructive behavior toward others, showing that suicide and violence are closely linked. The breakup of a relationship is usually the final trigger event (Science, 22/8/86). The NY Council on Youth Suicide Prevention has been increased to 450% of its previous size but we predict that youth suicide will continue to increase nonetheless.

\*Modeling works! A number of studies have shown a significant relationship between publicity given to suicides--particularly of prominent persons--and the subsequent suicide rate in the general population. These kinds of suicides are sometimes referred to as "imitative deaths" (Riley, 1985).

### Abortion-Related News

#### Abortion History

\*One of the cases which gave a huge boost to the abortion movement in the US may have been forgotten by many people. It was that of Sherrie Finkbine who, in 1962, took thalidomide as a tension reducer and sleeping pill when she was two months pregnant. Learning that there was a 50% chance that her child might be born handicapped, she engaged in a dramatic quest for a legal abortion, arguing "it would be the cruelest thing in the world to let my baby be born with only a 50-50 chance of being normal." This attitude certainly reflected the entitlement attitude of our society in general, as well as that of some people who feel that they are entitled to a perfect baby. Prior to legal abortions, there was a 5% chance that a newborn would have some kind of congenital anomaly.

\*CO was the first US state to legalize abortion, at least for other than dire medical conditions, in 1967.

\*In the US Supreme Court's 1973 Roe vs. Wade decision that the right of abortion was constitutional, all the justices who sided with the majority were confident that they were not establishing "abortion on demand." Yet almost overnight, not only was the decision so interpreted, but the justices themselves began to rule in subsequent cases that there was such a right to abortion on demand. Furthermore, the court struck down even those forms of regulation of abortion which are permissible, and often even mandatory, for other procedures performed by physicians. It is also fascinating to contemplate that the US

Supreme Court condoned abortions in 1973 under the wording of the 14th Amendment which says: "nor shall any states deprive any person of life, liberty, or property without due process of law, nor deny to any person within its jurisdiction that equal protection of the laws." It was this very mechanism of denying personhood to the unborn child that was also utilized in 1857 to deny Negroes "legal personage"--thus upholding slavery as legal. It might also be noted that the abolishment of slavery required a constitutional amendment, rather than a judicial ruling that Negroes were persons. The trouble obviously is that there is no constitutionally adequate definition of what constitutes a person, which means that the benefits of the 14th Amendment could be denied to anybody by simply re-defining some class of people as persons. Obviously, this could be done by judicial ruling, or by laws that are upheld by judicial rulings.

\*The biggest abortion center in the US, the "Center for Reproductive and Sexual Health" in New York City, reportedly performed more than 75,000 abortions a year at its peak rate in the mid-1970s. Its director, Dr. Bernard Nathanson, made an astonishing and radical about-face, turning from a radical abortionist into an anti-abortionist because he became convinced that abortion involved the destruction of human life.

\*A Dr. D. Wyman Garret, who has practiced in Newark, NJ, has admitted personally performing about 20,000 abortions, about 13% in the second trimester which requires crushing and dismembering the unborn (NRL, 18/12/86).

#### Abortion Facts and Figures

\*According to an article in Augustus (No. 9, 1986), there have been approximately 10 million abortions performed in China in each recent year, and about 90% of these involuntarily. Parents, being forced to have only one child, have probably killed about 1.3 million female babies so that they could try to have a boy instead.

\*In Canada, abortion rates for teenage and older women appear to have peaked, with the rates slowly dropping now. However, the rates for women in their early 20s are continuing to rise (HLRI, 11/86). The Canadian government decided to stop collecting and reporting abortion statistics, but this so angered some people that the decision was reversed (NRLN, 4/12/86).

\*Of women having abortions in AZ in 1985, 34% had had at least one previous abortion (NRL, 18/12/86).

\*For better or for worse, a law was passed in IL that the only people who can take the life of an unborn child are abortionists and the pregnant women themselves (PLN, 11 & 12/86).

\*It is estimated that attempts at late-term abortions in the US produce up to 500 live births. Most of these survivors are severely injured and soon die.

\*It really should not affect people's opinion about abortion one way or the other, but the medical fact is that an unborn child is immunologically not part of the mother's body.

Miscellaneous Abortion News

\*More and more sex determination clinics have sprung up in India, with the result that because male children are so much more favored over female ones, females are much more likely to be aborted. Already, there are almost 10% more Indian males than females, and the situation could lead to demographic disasters a few decades hence (PLN, 9 & 10/86).

\*Theoretically, it is illegal in Canada to grant an abortion based on the condition of the fetus, and therefore, hospital committees simply list the mother's "depression" as the reason.

\*Sometime in 1987, RU486, the drug that women can pop privately in order to induce an abortion, will be available upon medical prescription in France. Unless the drug causes disasters other than the intended abortions, we can anticipate that it will be widely used throughout the world not long hence, and may largely replace surgical abortions and possibly contraceptive pills. We might see somewhere around a 100 million abortions a year with this or similar drugs world-wide.

\*Female students at the University of Toronto may be given the "morning-after" pill if they agree to have a therapeutic abortion if the pill fails, because of the "possible hazard to the fetus." (Interim, 9/86)

\*The government of New York City has not only demanded that agencies that provide foster care to children, regardless of whether church-sponsored or not, must provide "meaningful access" to contraceptive and abortion information, services and counseling, but that such agencies also remove "excessive religious symbols" from child care settings (RLR, 2/87).

\*Women who accept the idea that prenatal tests for fetal abnormalities have a legitimate role to play in deciding whether to abort can be said to have entered a condition of pregnancy which is very different from the historic one. It is a state that some people have begun to refer to as "tentative pregnancy," (as in a book entitled The Tentative Pregnancy by Barbara Katz Rothman) which only becomes "real" when the tests come back "positive" in the sense of being negative, i.e., no fetal abnormalities were detected. This book also makes the point that the "choice" offered to these women after they get a "bad result" from their prenatal tests is illusory. Pressures to abort dominate, and become irresistible for many women, while few individuals, and society hardly at all, offer genuine supports to mothers who decide to bear the child known to be impaired and "abortable" before it is born. (Drawn to our attention by Deborah Evans.)

\*A drunk driver crashed into a car driven by a woman who was 8.5 months pregnant, and her unborn baby died of head injuries. The MN Supreme Court dismissed a suit for vehicular homicide because the unborn was not a human being (SHJ, 6/12/85). However, in a very similar case, a Tennessee jury came to the opposite conclusion and found a driver guilty of vehicular manslaughter because he ran into a car driven by a woman 8 months pregnant who lost her baby as a result of the accident (PLN, 5 & 6/86).

\*One can now buy small ovens made in Austria for incinerating aborted babies. The ovens actually look a little bit like toaster ovens with a glass front through which one can see the baby melt away. As in the Nazi body incinerators, the process leaves no evidence (About Issues, 1 & 2/87).

\*More people in the US want to adopt babies than are aborted each year.

\*At least for awhile, the Planned Parenthood agency in Syracuse had a sign at its door: "No Dogs Permitted."

\*As of fall 1986, there reportedly have been medical and birth control clinics, which are coming to be known as "school based clinics" (SBC), installed on the campuses of public high schools in 39 US states. These generally give away contraceptives, do pregnancy tests and refer students for abortion. Students are offered medical services for other minor problems, but in most of these clinics they are asked at their first visit whether they are "sexually active," and if they are or plan to be, they are encouraged to make use of contraceptives. Apparently, no efforts are made to dissuade students from "sexual activity." A proposal before the US Senate would pump \$50 million into these clinics. These clinics are heavily interpreted as "drop-out prevention."

### Misrepresentations of Abortion, Especially as Contraception

\*The "morning after" abortifacient drug RU486 will most likely be marketed as a contraceptive. A spokesperson said, "We are not likely to find it acceptable as an abortifacient in this country, and it would be most unfortunate if society couldn't see the benefits of this drug just because it has one application..." (NCR, 19/12/86). RU486 is widely interpreted as being non-abortive. It is promoted as an "alternative to abortion," by which it is meant an alternative to surgical abortion, because it induces an extremely early abortion biochemically (e.g., Clinical News, 3/87; source item from John Morris). It is also interpreted as "contragestative" rather than abortive, as working via "postovulatory contraception," or as "inducing menstruation." At this time, the drug is produced by a French firm in France. Ominously, the name of one of its two "inventors" (a Dr. Schaison) sounds, in German, like the vernacular word for "to shit."

\*Experiments are underway with a vaccine which will prevent the implantation of a fertilized ovum. Deceptively, this is interpreted as "immunization against pregnancy" (AAI, 1986, No. 8).

\*Isn't it remarkable that Consumer Reports (6/86) can carry an advisory treatise on chorionic villi biopsy without ever once mentioning that it would hardly ever be performed for reasons other than as a prelude to a potential abortion?

\*There was a 1986 rally in Washington entitled "March to Save Womens' Lives," but it was actually a pro-abortion event. Strictly speaking from a perspective of medicine, science, research and logic, abortion and abortion-related procedures probably kill more women than they save, in major part because modern medicine has almost totally eliminated conditions in which women die in connection with childbirth.

\*People associated with abortion clinics compose much of the membership of the deceptively named National Family Planning and Reproduction Health Association (NRL, 18/12/86).

\*An interesting and depressing sign of our times is that abortion is not covered as a topic in courses on death and dying (e.g., Eddy & Alles, 1983). Probably, this is because abortion is now considered part of sex education--as if taking a human life were a matter of sexuality rather than truly a life-and-death issue.

\*The Ongwanada Institution for Handicapped People in Kingston, Ontario, has recently instituted a "prevention program" aimed at helping parents and siblings of a handicapped child to "prevent" the occurrence of future handicapped children. Although it never comes out and says so straightforwardly, we can only infer from the materials we have seen that its basic thrust is one of so-called "genetic counseling," in which people will be tested for the presence of genes which are likely to contribute to, or actually cause, a handicap, and will be counselled either not to have children at all, or to abort pregnancies. (Source material sent to us by Barry Weaver.)

\*A 3-year old boy saw his mother look at a picture of a baby dismembered during an abortion and asked with great sadness, "Who broke the baby?" This became the title of the mother's book (Garton, 1979). The book provides in-depth analysis of what certain deathmaking terms really mean or imply, and what they commonly conceal. Terms examined include "control of one's own body," "termination of pregnancy," "freedom to choose," "the fetus as not a person," "every child a wanted child," "eliminating back alley abortions" and "choice." While the context of analysis is a Christian one, major portions of it could stand alone. The tone is somewhat folksy and addressed to "the average citizen."

#### Support For, & Opposition to, Abortion

\*An organization newly formed in 1986, called Just Life, has as its agenda opposition to abortion, poverty, and the nuclear arms race. The organization is a political action committee (PAC) that is looking to support candidates for political office. While we commend a linking of life issues, we regret that this is yet another organization that picks and chooses which life issues to address while apparently willing to go along with deathmaking in other areas. For instance, this organization is not opposed to abortion in all instances, and is not opposed to war in principle. (Source materials from John Morris and Patty Narcisso)

\*One pro-life service apparently tried to attract women intent on abortion by naming itself Problem Pregnancy, and having the initials PP prominently on the front door of its office, leading people to believe that it was the office of Planned Parenthood. A court issued an injunction against the practice in Worcester, MA (Lex Vitae, Summer/Autumn 86). Pro-life groups have also been operating counseling centers interpreted as "clinics" and so-called "abortion action centers" (NCR, 26/12/86). Many anti-abortion centers in the US are run by the Robert J. Pearson Foundation which has recommended that an anti-abortion office should "look like an abortion clinic." Since deception and violence almost always go together, we might assume that any such deceptive practice is probably also linked to some violence, and in this case quite possibly an endorsement of other forms of deathmaking such as capital punishment and war. On the other hand, pro-life supporters have argued that abortion clinics have also masked their primary agendas behind labels such as "women's health centers." In fact, even the name "Planned Parenthood" makes one traditionally think more of planning and parenthood than responding with abortion in unplanned or unwanted conceptions. Thus, both sides are enmeshed in a web of deception.

\*Unfortunately, approximately 400 clinics run by right-to-life groups have been representing themselves as abortion information centers, as through listings in the yellow pages of telephone directories. As of the new 1986 telephone directories, these will have to be listed as "abortion alternative organizations." We regret that this honesty had to be forced upon them. (Time, 20/10/86).



\*A typical example of confusion between God and civil authority occurred when US Surgeon General Dr. Everett Koop said to the National Organization of Episcopalians for Life, "Abortion is sinful. Unborn children have civil rights, and to deprive them of their rights is wrong." (The Episcopalian, 10/85)

\*A recent writer noted that there is more required in "truth in lending" laws than in abortion laws. Among other things, a purchaser has three days to ponder an agreement to purchase a vacuum cleaner or take a mortgage even after signing the agreement, while the US courts have persistently struck down any laws about informed consent on abortion, and abortions are performed within minutes of agreeing to them.

In connection with the opposition of pro-abortion forces to laws that would require that women seeking abortions be informed about the procedure and about what the unborn looks like, Erdahl (1986) asks, "Is such legislation more sinister than 'truth in lending' laws, demanding that borrowers be told what they are doing? Is it unfair to require that persons considering actions to end the lives of their unborn be fully informed concerning abortion and of all alternatives...that are available?...We had three days in which to change our minds following the purchase of a vacuum cleaner and a similar wait following application for a mortgage loan. With laws prescribing time for 'second thoughts' concerning such relatively trivial matters, isn't it also equally appropriate to require a period for reflection concerning all decisions related to life and death?" (p. 47).

\*The National Association for Retarded Citizens hit a low with one of the major themes of its campaign to prevent mental retardation. Its slogan was "Last year 100,000 babies were born mentally retarded. 50,000 didn't have to be." What an unfortunate slogan at a time when abortion in high-risk groups is as high as 70%. The slogan is not even too far removed from ideas of infanticide, again at a time when infanticide of handicapped newborns is almost normative, especially in some of our most prominent university hospitals. Sometimes, the slogan has been accompanied by the picture of a newborn baby and you almost wonder whether that is the baby that should not have existed.

\*It is amazing to contemplate that only one single federally-funded family-planning agency in the US offers adoption services! Unfortunately, the motives seem very mixed: it apparently is meant to undercut abortion opponents who, if they were picketing the agency, would appear to be opposing adoption (Newsweek, 28/4/86).

\*Shady Grove Adventist Hospital in Gaithersburg, MD, has allowed second trimester abortions (Pro-Life Non-Violent Action Project, Thanksgiving, 1985).

\*A Vancouver social worker refused to follow an order to issue and sign documents that would have covered a client's abortion expenses, and was subsequently fired. She is suing for reinstatement and damages (PLN, Spring 86).

\*The country of Bhutan has long had a custom of reckoning the life of people from their conception rather than from their birth. This custom has apparently contributed considerably to resistance against abortion (PLN, 9 & 10/86).

\*In Sweden, all abortions must be performed in a hospital with "neutral counselors" available to advise women, in order to eliminate conflicts of interest that might exist otherwise, as when counselors are employed by abortion clinics (CS, 10/9/86).

### Utilitarian Exploitation of the Unborn, or of Abortion Itself

\*A materialistic utilitarianism evaluates people according to the benefits that they can bring to others. During World War II, some of the German concentration camps used the bones and ashes of their victims to fertilize cabbage fields. Today, the bodies of aborted fetuses have been used for a variety of utilitarian purposes, ranging from research to utilization of organs or fetal cells. Actually, if one utilizes the bodies of the people one kills for utilitarian purposes, one can make a much stronger point for fertilizing cabbages with them than for cannibalizing their bodies in our more scientific ways.

\*Apparently the bodies of aborted fetuses are increasingly being used in a utilitarian fashion as tissue or organ sources in medical therapeutics. For instance, after the 5/86 Russian nuclear reactor disaster, both Russian physicians and the American physician (Gale) who helped them have used liver transplants from aborted fetuses in order to treat people against radiation damage. Livers from fetuses aborted in the second trimester are "universal donors" to replace the bone marrow of people with radiation sickness (Science, 4/7/86).

\*According to one report (Americans United for Life Newsletter, 1980, 1(2), p. 2) newborn "anencephalic" children have also already been used as kidney "donors." Apparently, an otherwise still living child with this condition is declared "brain-dead" because of the absence (and/or dysfunctionality) of the upper brain centers, the cerebrum, even though the lower brain centers may be present and functioning. This then permits the exploitation of the body in the same fashion as the body of a person might be "harvested" for parts if the person had died suddenly, as in an automobile accident.

\*There is an "explosion" of efforts to treat all sorts of human ailments through injection or implantation of fetal cells, almost invariably derived from aborted human fetuses. Fetal cells are neither as yet highly differentiated, nor have they acquired all sorts of immunities. Therefore, they (a) tend to adapt well in a suitable new environment, and (b) bring with them their tremendous growth and adaptational potential. As we have pointed out before, this is yet another utilitarian exploitation of abortions. An integruous response would be to refuse treatment that derives from the willfully inflicted death of other human beings.

\*It has been predicted (The Futurist, 4/82) that brain tissue transfers may be developed within 5-10 years. Such procedures may be called brain transplants but are really neural or possibly brain tissue transplants. There is speculation that such tissues might be transplanted to people who have suffered brain injury, who are retarded, or who are senile. However, so far, only fetal neural tissues will survive such transplants. What all this means is that most likely, if such transplants are ever conducted, the neural tissues will come from aborted human fetuses. If brain tissue transplants become a proven success, then it is very likely that the neural tissue will come from aborted human fetuses. (Source item from Jack Pealer)

\*Precise facts are hard to come by, but it appears that aborted fetal material has been commercially bought and sold for research on bacteriological warfare. It is reported that the District of Columbia General Hospital has sold aborted fetuses, that abortionists have encouraged abortions among their welfare clients in order to obtain fetal material for sale, and that aborted fetal material has been bought and imported from Japan for research by fifty or so American research hospitals, government agencies and companies.

\*A 1984 French book (English title, Traffickers of the Unborn) documented the commercial traffic in aborted babies for use in cosmetics, as did a 1984 article in an Austrian periodical entitled Ikarus. At least one US cosmetic firm has admitted importing cosmetics containing collagen from aborted babies for sale in the US under the name California Esthetique. We have reported on this problem earlier, and have to repeat that there continues to prevail considerable ambiguity about whether some cosmetic products either made or sold in North America contain aborted fetal tissue (PLN, 1 & 2/86).

\*Abortions have flourished in Japan since the end of World War II, but many parents still have severe guilt after an abortion. Many Buddhist temples have begun to exploit that guilt by offering parents a ritual of expiation--usually at the cost of a few hundred dollars. The parents come to the temple where a small statue of their aborted child is erected, often dressed in various children's clothes, and accompanied by toys. Some handbills have warned people that failure to appease the spirit of the dead fetus could lead to all sorts of ill health and ill fortune (Detroit Free Press, 1/7/85; source item from John Morris).

\*In England, Canadian artist Rick Gibson has been making women's earrings out of human fetuses of about the 12th week of gestation, of uncertain, possibly Indian, origins (People, 26/5/86; source item from Martin Elks).

\*A highly symbolic perversion involved the conversion of a maternity hospital into an abortion clinic, because of the decline in the birth rate accompanied by the increase in the rate of abortions. Such an event vividly underlines how human services are really deeply influenced by economic motives, in that a service that can proclaim itself as being life-creating one moment will unscrupulously turn around and become a death-making service, if the economy of the service field changes so as to put the economic advantage into that sector.

\*The Reproductive Biology Associates Clinic in Atlanta, GA, keeps more than 100 human embryos frozen in its deep freezer (Sun, 25/11/86; source item from Martin Elks).

\*In 1973, a woman who had never been pregnant presented herself for pregnancy tests at a series of private clinics in Britain where abortions were being performed. In every instance, (a) she was examined and declared to be pregnant, (b) an abortion was suggested, and (c) every gynecologist who examined her was prepared to perform the abortion. At the same time, she found that some gynecologists who performed abortions, even on prestigious Harley Street, sold the fetuses to commercial firms (Pro-Life News, 9/85, p. 13).

\*Anti-abortion parties have accused the Upjohn Company of conducting research on a first trimester abortifacient drug. Upjohn stated in late 1985 that it had ceased all such research and had no plans for developing a "home abortion kit." However, it failed to own up to the fact that it has been funding other parties to do research on such chemicals, as evidenced by the May 1985 article in Obstetrics & Gynecology which reported that 55 of 60 pregnant women who used suppositories produced and supplied by Upjohn had "successful" abortions. Upjohn has also indicated its willingness to sell the raw materials for such products to others who would label and market the product, with Upjohn's name not appearing on it. (Clippings from John Morris.) However, chances are that the public in general will not care in the least what Upjohn does.

Developments Related to Social Role Valorization or Service Assessment

\*We have decided to try to carry at least a few items in every TIPS issue that have a bearing on Social Role Valorization or its assessment via the PASS or PASSINC instruments.

\*The importance of a valued work role for adults--even if it is not paid employment--was pointed out in the 17/2/87 episode of the NBC television series, "Remington Steele." Mr. Steele had just inherited an ancient castle in Ireland, complete with an extensive staff--and mountainous debts. In fact, none of the castle staff had been paid in years, but they had all continued to do their jobs. When Steele asked the head butler why they had done so, the butler replied, "It's better to have a job that doesn't pay than not to have a job at all." We commend this to the contemplation of our friends who may be tempted to promote only full-time and well-paid work for handicapped people, and to those who have fallen for related slogans. In our contemporary economy, full-time well-paid work is simply not going to be available to a large proportion of handicapped people, and while it is certainly something to strive for, valued, unpaid adult roles should not be dismissed out of hand.

\*One of the homeless people of the streets that we know who participates in a meal hospitality program with other such people has remarked that he does not like to be in the presence of "too many handicapped people." In fact, as hungry as he usually is, he will refuse to stay and share the meal if there is more than one person in a wheelchair present. As he puts it, "I can't take two people in wheelchairs." This certainly is a very straightforward example of the phenomenon of overloading the assimilation potential of a person, group or a neighborhood.

\*Yet another rather cloying euphemism for being handicapped that has reared its truly ugly head is "differently abled." It sounds a little bit like calling a starving Third World nation a "developing nation."

\*Helen Chang is a clothing designer who would like to be known as a designer of clothing for handicapped people. Unfortunately, she draws heavily on material such as polyester, double-knits and stretch denims. (Edmonton CA Newsletter, Spring 86).

\*Talk about deviant person congregation and juxtaposition! The Ontario Ministry of Community and Social Services assembled 11,000 (!) children and youths that fall under its jurisdiction (therefore primarily handicapped, delinquent, emotionally disturbed or in need of supervision) to see a baseball game in Toronto. The expenses were covered by the Variety Club, said to be the world's largest "children's charity." 1986 was the fourth year in a row for this extravaganza (Whig-Standard, 10/7/86; source item from Muriel Clarke-Beechey).

\*When one is hard of hearing, one wants others to speak loud and clear. Thus, SHH is not a particularly adept acronym for a self-help group for the hard of hearing.

### Resources

\*One of our friends in England, Chris Gathercole, has begun to publish an occasional newsletter on deathmaking of devalued people, including in and by human services, with special emphasis on developments in Britain. The newsletter is called "Speak Out," and we highly recommend it to anyone in Britain, or who does occasional work in Britain. Contact Chris Gathercole at Oakenhurst Road, Blackburn, England BB2 1PP.

\*Ways and Means is a mini-department store (with mail order business) in Birmingham, MI, that was founded to sell items that are useful to "less than perfect" people or--to put it another way--to extend the capabilities of people. Many of these items are useful to non-handicapped people. Write to 299 West Maple, Birmingham, MI 48174.

\*There is a National Legal Center for the Medically Dependent and Disabled in Terre Haute, IN, that publishes a periodical entitled Issues in Law and Medicine.

\*A Positive Approach is a new magazine for mostly physically handicapped people which we much prefer to the Disability Rag, because it takes a joyful and constructive approach to life. It contains relevant news, resources, personal stories, etc. (1600 Malone Street, Municipal Airport, Millville, NJ 08332; \$10/year, \$16 Canadian)

### Signs of the Times

\*The vacuity of modern art was dramatically exposed when three head carvings were dredged from an Italian river by the house where Modigliani had had his studio in 1909. The three heads were immediately declared genuine by the world's art experts who said things such as the following about them: "In these two scabrous stones there is the Annunciation, there is the Presence... sketched out so roughly yet so illuminatingly and [with] an inner radiance, like a pilot light in the night." The curator of a Modigliani show at Rome wrote: "Modigliani did not betray the material. These stones have a soul."

A student of economics and one of engineering then broke the news that as a joke, they had carved one of the heads in a few hours and thrown them into the river to be found. The art world refused to believe this even though the students had documented the event. The experts challenged the students to prove that they could carve such a head, and they did so with the crudest of tools in no time flat. Still, the local mayor said that he would believe the students more readily had they been longshoremen instead of "papa's boys." Forthwith, a longshoreman announced that he had carved the two other heads in less than half an hour and planted them to be "found" in order to expose the "shallowness and arrogance of the so-called experts and dictators of modern taste." Even with all this incontrovertible evidence, many of the experts were too embarrassed still to admit their mistake (Parade, 3/2/85).

\*While farmers are driven to bankruptcy, a person who sings commercial jingles for radio or TV can have an annual income in the six figures (Newsweek, 12/1/87).

### AIDS-Related Developments

\*It is estimated that there are 500,000 people in New York City infected with the AIDS virus, equivalent to 10% of all adults.

\*There have been announcements recently that a new type of AIDS has been discovered that is not always picked up by standard AIDS antibody tests. Readers should be very skeptical. We have noted before that the AIDS virus mutates very rapidly, and that in a sense, every person who has AIDS has a different kind of AIDS anyway. Thus, the discovery is peculiarly deceptive in not coming out straightforwardly in linking the "new AIDS virus" to the already well-known mutagenicity of AIDS. There could very well be all sorts of other mutations that will require a constant parallel race to develop ever more tests to pick up the new mutants.

\*Even though donated blood is now tested for AIDS, a small proportion of blood products slips through the screening. Thus, there is still a small possibility that one may get AIDS from blood products. Conceivably, the risk could go up if new AIDS forms develop which are not fast enough caught by detecting methods.

\*It has been proposed to establish regional hospitals under federal auspices for people with AIDS. If this were done, it certainly would dislocate people with AIDS from their relationships, and probably accelerate their deaths (Science, 27/2/87).

\*Plans have been disclosed to set up 12 apartments in London for people with AIDS, in order to give a break to those who are taking care of them. These places are being referred to as "safe havens" and "safe flats" because their locations will be kept secret in order to protect the residents from violence or harassment from the public. (Daily Mail, 6/3/87; source item from Paul Williams)

\*Women are now being advised to have an abortion if they believe they have been exposed to the AIDS virus, even if it is not known whether they have contracted the disease. (Source clipping from Elizabeth S. Carmichael)

\*Funeral parlors have either refused to bury people who died of AIDS, or have charged above-normal fees. A New York court ruled that discrimination does not end with death, and that such practices are therefore discriminatory. (Source item from Griff Hogan)

\*The acronym ARC has always had a positive connotation, sounding similar to ark and arch. But now comes AIDS-Related Complex, which has begun to be called ARC. Who knows, maybe the Association for Retarded Citizens will change its name quickly.

\*A Boston feminist group has recommended that those of its members who have venereal disease and do not want to be identified as having it use false names and pay for health services with cash so as not to be trackable (see About Issues, 1 & 2/87).

\*We should be aware that the "safe sex" campaign is merely yet another deception in a long series of such. The precautions which are recommended do dramatically reduce the likelihood of catching an infection--but they by no means eliminate it.

### Other News from the Medical Scene

\*The 26/1/87 cover story of Newsweek was on the current status of medicine. The story tried to interpret modern medicine and its complexities in ways that might be understood by intelligent readers, and it provided a wealth of information, though it would have to be considered incomplete from our interpretive perspective. One of the conclusions to be drawn is actually an old one: the medical care system in developed countries is poorly understood from a systems perspective.

Some people have been denying that malpractice suits have been increasing in medicine. Newsweek says that in only 7 years, the rate went up about 700% and the average jury award went from \$166,000 in 1974 to \$1,180,000 in 1985. However, while malpractice used to imply negligence or error, today it is being claimed when there is no more than a bad outcome.

People interested in medical deathmaking will find plenty of relevant statistics in this article. It confirmed that more people are going to have life supports withdrawn because of cost considerations, and this will involve particularly elderly people. By 1982, total US health care spending for the first time exceeded 10% of the gross national product. It is interesting to note that the article considered the development of federal reimbursement of medical costs for those unable to pay under a "diagnosis-related groups" fixed fee system a major positive breakthrough; those who stand in solidarity with the poor have learned to see it as a major deathmaking impetus. The article observed astutely that "a market-driven medicine will flee from the poor," even though poor patients are sicker than middle class ones. Well concealed in US government financing of health care is the fact that it devotes about twice as much financial support to subsidizing people of means as to the poor. One way in which hospitals have begun to get rid of the poor is by simply not offering any emergency services. The article crassly endorsed spending limited resources on "the living rather than the nearly departed," and in response to the potential accusation of playing God, it added blasphemously that "nobody knows what God Himself thinks of all this."

Since the late 1970s, those surgical procedures that are most beneficial financially for the surgeons have shown the fastest rate of increase. A third of America's physicians receive a periodical, called Medical Economics, which tells them how to manage their money, including how to invest well. The article observed that in medicine, doing the right thing often does not pay very well-- obviously a great disincentive.

One of the things believed to instill a subtle form of antipathy to patients is overwork among health workers, such as young physicians. This is exemplified in some of the language young medical personnel use during their training. Being given an assignment is said to be a "hit;" a patient admitted in serious illness is called a "hurt me" because the resident assigned to the patient may have to give up personal plans for the next several days.

\*Hi-tech medicine is becoming so organ-hungry that in Germany, when university clinics hear of somebody dying who is perceived as possessing promising needed organs, they may request that the critically ill person be moved to their hospital, so that if the person should die, they can quickly use the organs. What this means is that a critically ill person may be moved at precisely a time when such a move is extremely bad for the person's health and may virtually assure that death will, in fact, soon occur (AZ Munich, 26/11/86; source item from Gunnar Dybwad).

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