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Essay Contest, p. 2

Lifespan *news*

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Serving Southeastern Michigan Since 1970

Aug., Sept. 1994

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Right to Life - Lifespan

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Dearborn

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Belleville

Epiphany Lutheran Church
Detroit

First Baptist Church
Oak Park

First Baptist Church of
Pontiac, White Lake

First Presbyterian Church
Wayne

Fishermen's Net Church
Utica

National Life Chain Sunday

October 2, 1994 - 2:00 to 3:30 p.m.

Woodward Ave., from 7 to 13 Mile Rds.



Thousands of people will be lining the sidewalks of Woodward Avenue from Seven Mile Rd. in Detroit to Thirteen Mile Rd. in Royal Oak, all silently holding uniform, prolife signs which state that "ABORTION KILLS CHILDREN." This is what is known as a LIFE CHAIN. This peaceful, prayerful event will provide a visual statement of unity by the metro Detroit church community. Our fifth annual LIFE CHAIN is scheduled in conjunction with National Life Chain Sunday. **Will you invest one afternoon to help save a lifetime?** Call (313) 533-9090 for details.

Five Points Community
Church, Auburn Hills

Garden City Christian Ctr.

Guardian Angels Church
Detroit

Hope Lutheran Church
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Knox Presbyterian Church
Harrison Township

Mandon Lake Community
Church, White Lake

Melvindale Crisis
Pregnancy Center

Memorial Church of Christ
Livonia

Metro Life Choices, Dearborn

New Life Community Church
Westland

Northpointe Baptist Church
Warren

Our Lady of Good Counsel
Church, Plymouth

Our Lady of Refuge Church
Orchard Lake

Peace Lutheran Church
Waterford

Plymouth Baptist Church

Plymouth Church
of the Nazarene

Regina Teens for Life
Harper Woods

Resurrection Parish, Canton

Right to Life - SE Macomb

Right to Life - Central Macomb

Romulus Wesleyan Church

Southpoint Community
Christian Church, Woodhaven

St. Benedict Church
Highland Park

St. Irenaeus Church
Rochester Hills

St. John Lutheran Church
Rochester

St. Kenneth Church, Plymouth

St. Mary Church, Royal Oak

St. Maurice Church, Livonia

St. Paul Church, Grosse Pointe

St. Perpetua Church, Waterford

St. Robert Bellarmine Church
Redford

St. Sabina Parish, Dearborn Hts.

St. Thomas More Church, Troy

Ward Evangelical
Presbyterian Church, Livonia

Wyandotte Christian Church

Zion Lutheran Church, Detroit

NEWS NOTES

Clinton kills abstinence program

All funding for Title XX, the teen abstinence program begun under President Reagan, has been deleted in this year's bill. Senator Don Nickles (R-OK) said that abstinence is "not in Clinton's vocabulary, and not in his budget."

—*Right to Life of Greater Cincinnati Newsletter June, July 1994*

Poland

The Lancet reports that the number of "officially approved abortions" in Poland has dropped from 11,640 in 1992 to 777 in 1993. Miscarriages rose by 1,225 last year (to 53,027) and mothers who simply left their babies behind in hospitals rose to 153 cases nationwide (Warsaw's figure of 49 was double that of the previous year). *The Lancet* suggests that these figures provide pro-aborts with ammunition for amending the new stricter law in Poland.

—*American Life League Communique May 27, 1994*

When the death of a fetus is murder

In the latest ruling on the question of when a fetus should have the legal status of a person, the California Supreme Court decided that an assault on a pregnant woman that kills her fetus can be prosecuted as murder, even if the fetus is not viable.

The ruling came in a San Diego case involving a robbery in 1991 in which a pregnant woman was shot after cashing a welfare check. The woman, Maria Flores, survived the shooting, but her fetus, a male 22 to 25 weeks old, did not.

In the ruling in the San Diego case, Chief Justice Malcolm Lucas said the killing of a fetus, in the course of an attack on the mother, can be murder "as long as the state can show that the fetus has progressed beyond the embryonic state of seven to eight weeks."

The majority opinion carefully accepted abortions, though, saying that the ruling did not interfere in any way with women's private procreative choices.

—*New York Times, May 20, 1994*

Kidnappings

According to the President of the Swiss-based World Organization Against Torture, Latin American children are being kidnapped for purposes of illegal adoption, pornography, prostitution, and organ trafficking. In a report given to a March conference of transplant experts, Eric Sottas cites 17 Mexican clinics near the U.S. border that allegedly use the kidneys and corneal tissues of kidnapped children for operations performed on wealthy Europeans and North Americans, who pay top prices, no questions asked.

If this is happening now, why wouldn't fetal tissue harvesting become a commercial enterprise?

—*American Life League Communique May 27, 1994*

Abortions at lowest level

The number of abortions in the U.S. is at its lowest level since 1979, says a new report. U.S. women had 1.5 million abortions in 1992, continuing a steady decline in recent years. Number of abortions in 1979: 1.49 million. Peak year: 1990, with 1.6. The Alan Guttmacher Institute, an affiliate of Planned Parenthood, the nation's largest supplier of abortion services, attributed the decline to: growing aversion to abortion on moral grounds, reduced numbers of abortion clinics and doctors, increased harassment of patients by abortion protestors.

—*American Family Assoc., August, 1994*

Clinic Violence

Right to Life - Lifespan has always been involved in peaceful, legal activities to protect human lives threatened by abortion, infanticide and euthanasia. We oppose the use of violence to fight the violence of abortion that has killed more than 31 million unborn children since 1973.

Lifespan strives through educational and legislative activities to ensure the right to life for the unborn, those with disabilities and older people. We will continue to work for peaceful solutions to social problems especially through our Wee Care program that provides assistance to women and their children.

ProLife Essay Contest

ELIGIBILITY:

Any student in grades 9-12, in public, private or home school, who resides in Oakland, Wayne or Macomb Counties, is eligible for the contest except for students in the immediate family of a Board Member of Right to Life - Lifespan.

RULES:

1. Each entry must be the student's original work and shall not have been submitted to any other publisher or in any other contest.

2. Each entry must show the name, address, phone number, age and grade of the student, plus the name of a parent or guardian printed neatly on the reverse side of the entry.

3. All entries must be received by 3:00 p.m., Monday, November 14, 1994, and mailed to: 1994 Student Contest, Right to Life - Lifespan, 28200 Seven Mile Rd., #127, Livonia, MI 48152.

4. Each entry becomes the property of Right to Life - Lifespan, and each student who enters the contest assigns copyright for the entry to Right to Life - Lifespan.

5. All entries shall be considered by impartial judges selected with experience in the content. Judges reserve the right to award no prize winner if no entry is deemed meritorious of the prize.

6. Decisions of the judges shall be final.

7. The topic of the pro-life essay entry may feature one or more aspects of abortion, infanticide or euthanasia.

8. The essay shall be no longer than 1000 words.

9. The essay shall be judged on content and style.

10. The essay should be typed, but may be legibly handwritten.

PRIZES:

First prize: \$500 Savings Bond

Second prize: \$200 Savings Bond

Third prize: \$100 Savings Bond

The first prize winner shall also be invited to read the winning essay at the 1995 Rally for Life in Detroit, and the winning entry shall be printed in *Lifespan News*. For more information, call Lifespan's Main Office (313) 533-9090.

Assisted Suicide: An Argument Against

By Radford J. Hayden, PA-C

Radford J. Hayden is adjunct clinical instructor for the University of Detroit Mercy Physician Assistants Program and is liaison from the Michigan Academy of PAs to the Forum on Physician Assisted Suicide of the Michigan State Medical Society.

The issue of assisted suicide, or *medicide* as proposed by Dr. Jack Kevorkian,¹ poses the latest ethical dilemma for our profession. Because a large percentage of PAs practice in primary care, internal medicine, and oncology, both patients and their families will increasingly inquire about the PA's role in assisted suicide as a means to end prolonged suffering that results from chronic or terminal illness.

Assisted suicide is defined as providing a patient a substance or device capable of causing death with *full knowledge* that the patient intends to use this means to cause his or her own death.² Administration of appropriate analgesic drugs that are designed to alleviate a patient's pain and suffering without the willful intent of causing the patient's death is not considered assisted suicide although the dosage of the medication *may* produce side effects that will result in respiratory depression and death.³

Kevorkian asks, "We have planned birth, why not planned death?"⁴ He and others who agree with the concept of assisted suicide have rocked the most solid foundations of ethics as practiced since the days of Hippocrates, which are the alleviation of suffering and preservation of life. My argument against assisted suicide is based on theologic, historical, moral, ethical, and practical grounds. In addition, I believe that the options that are available to clinicians to assist those who face pain or death are preferable to the option of assisted suicide.

THEOLOGIC ARGUMENT

America is a society that is deeply rooted in theologic ideation. Its constitu-

tion guarantees its citizens the right to practice their faith without fear of discrimination. Inherent in all of the major religions in this country is a belief in the sanctity of life and an opposition to the use of suicide as a means to end life.⁵⁻¹⁰ The inevitability of suffering as part of the human condition is well recognized.¹¹⁻¹⁴ However, an individual who takes his or her own life or takes someone else's life to alleviate suffering is not behaving in a manner that is considered acceptable.

Consider the suicide note left by a woman who sought the assistance of Dr. Kevorkian to end her life. She stated, "I am Jewish and have been raised to believe that suicide is a mortal sin. Dr. Jack Kevorkian, your assistance in *medicide* will get me into heaven..."¹⁵ This woman is motivated not only to end her pain and suffering but also to guarantee the rewards of an afterlife that she has come to believe in. This patient abdicates the responsibility that her religion places on her and places it squarely on the shoulders of a clinician. How many other Kevorkian "patients" felt the same way? In such cases, the clinician must intervene if only to refer the person to appropriate religious counseling.

My disagreement with assisted suicide is based primarily on most theologies' discouragement of suicide as an option to end suffering and on the idea that this patient, and probably others, considers death by a person wearing a white coat as relief from their theologic, moral responsibilities. I suspect that this may be a stronger motivation than we will ever know. Certainly, the clinician must consider theology when dealing with euthanasia in any form.

HISTORICAL ARGUMENT

The oath of Hippocrates offers the first structured code of conduct for the physician and the first ethical position on assisted suicide. Because PAs practice medicine, extrapolation to our profession seems appropriate.

"I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to that effect..."¹⁶ With its origins in the medical school on the island of Cos in approximately 400 BC, this oath has withstood centuries of scrutiny and, until recently, has remained a basic tenet of professional medicine. This is the basis for *primum non nocere*, or first do not harm. The ethics of great physicians such as Galen, Avicenna, and Vesalius^{17, 18} followed those of Hippocrates and were founded in original thinking as much as they were influenced by the theology of their times.

*"I will neither give a
deadly drug to anybody
if asked for it, nor will I
make a suggestion
to that effect..."*

Medical societies were created in the first half of the seventh century to govern the profession and to protect patients from unscrupulous practitioners.¹⁶ The American Medical Association's first code of medical ethics, which was derived from the National Medical Convention in 1846 and 1847, clearly dictates the general policies of prolonging life, alleviating suffering, and guarding the public against quackery that would cause "...injury to health and even destruction of life..."¹⁷

The bulk of debate on euthanasia has occurred in the last 25 years. Both sides of the issue present good, logical arguments.¹⁹⁻²³ Yet the only widespread change in modern thinking thus far has been in attitudes toward withdrawal and withholding of care.

Recently a few medical practitioners in this country have analyzed the issue of assisted suicide, and some new thinking has emerged. Quill et al²⁴ have presented an argument for a "comfortable death" and have included criteria for the allow-

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Plans of the Perfect People Makers

By Mary Meehan

Stefan Kühl, a young German scholar, realizes that Americans see World War II in stark terms: Americans were champions of justice, fighting "the bad guys" of Nazi Germany.

Kühl's new book, "The Nazi Connection" (Oxford University Press, \$22), shows that "the bad guys" received enormous support from American eugenicists for many years before the war. In a recent interview, Kühl said Americans who have read his book have been "surprised" by this, and they now realize that the historical picture is "becoming more complex."

History is always important in understanding today's events. This particular history is doubly important, because eugenics is still a powerful force in the United States, and elsewhere.

Pursuing their old dream of breeding better human beings, some eugenicists are trying to prove that white people are intellectually superior to Africans and blacks. Others work in population control, trying to reduce the birth rate of the poor and less-educated and nonwhite. Still others promote prenatal diagnosis and eugenic abortion to prevent the births of handicapped people. And some support in vitro fertilization, human cloning and embryo research as steps toward breeding "better" humans.

Today's eugenicists know that the Nazis gave the eugenics dream a bad name, so they push their agenda under different labels: "population stabilization," "freedom of choice" and "help for infertile couples."

Plato started it

The concept of eugenics did not start with the Nazis. It goes back at least to Plato, the ancient Greek philosopher who suggested a human breeding program in "The Republic."

In the 19th century, British writer Francis Galton—a cousin of Charles Darwin who was heavily influenced by Darwinian thinking—coined the word "eugenics" from the Greek words for "well born." Galton devoted much of his life and fortune to eugenics, promoting it as a quasi-religion.

With the support of many wealthy and powerful individuals who liked to think that their own genes were superior, elitist eugenics movements soon developed in many nations.

They were especially strong in England, the Scandinavian countries, Germany and the United States, where theories of "Nordic superiority" appealed to Nordic-descended people. In addition to their racism, eugenicists traditionally have had a deep bias against people with disabilities.

Kühl, a graduate student who is now 27, worked with mentally handicapped people in Munich some years ago. They became his friends, and he takes attacks upon them personally.

While there have been many news reports about the German neo-Nazis' attacks against synagogues and refugees, Kühl said that "what is not enough stressed" is that mentally handicapped people are also "a very important target" of the neo-Nazis.

When Kühl started researching the terrible treatment of the mentally handicapped under the "original" Nazis, he soon found that the Nazis based their compulsory sterilization of handicapped people partly on similar programs already operating in the United States.

He writes that he was also amazed to find that many American scientists "expressed support for Germany's new policy of race improvement."

Looking for the German eugenicists, he had run smack into their American colleagues.

Kühl reveals that in 1934 one of Adolf Hitler's staff wrote to Leon Whitney, a leader of the American Eugenics Society, and requested a copy

of Whitney's book on sterilization. Whitney sent the book right away and soon received thanks from Hitler himself.

Later, Whitney showed Hitler's letter to Madison Grant, a fellow American eugenicist noted for his deep racism. "Grant only smiled, reached for

*The Nazis imported
their master-race plan
from the United States,
says a new book.
And the plan is still
in effect today.*

a folder on his desk, and gave Whitney a letter from Hitler to read. In this, Hitler thanked Grant for writing "The Passing of the Great Race," and said that 'the book was his Bible.'"

Sterilizing America

American eugenicists were passing state laws for compulsory sterilization of the retarded and insane well before Hitler rose to power in Germany.

The laws were supposed to improve American heredity by preventing births of more handicapped people. They were also supposed to reduce the burden on taxpayers of institutionalizing such people.

As Kühl documents, U.S. eugenicists were eager to provide information on these laws to their colleagues in Germany. German consideration of the subject, he said, "was strongly influenced by American models." The Germans passed a compulsory-sterilization law in 1933, enforcing it with predictable Nazi thoroughness.

American eugenicists had also campaigned for immigration restrictions aimed at Jews, Slavs, Italians and other

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Chapter

Office hours

MWF 10-2; TTh Closed
Carol Smith, Chairman
Mary Cascos, Ofc. Mgr.

State Fair

We have a few time slots open for volunteers to work at our State Fair booth.

The Detroit Chapter will be working September 2-5th. A free entry ticket to the Fair will be provided, and you will be placed with an experienced worker if you are new. Call Mary, 874-0432 to help.

We invite you to stop by and visit our booth in the Michigan Mart Building.

"A taste of God's gifts"

Mark your calendar now for October 23rd! Help save the lives of innocent babies while enjoying grand music at the elegant Detroit Yacht Club on Belle Isle.

The Detroit Chapter is holding a fundraiser which will highlight some of Detroit's most noted musicians and will also offer a pre-performance brunch which will be catered by the renowned chefs of the NYC.

Talk it over with family and friends, and join us for a Sunday afternoon of pure joy. Ticket information and more details will be coming soon.

Don't hesitate to call the office for further details on how you can help us with this exciting fundraiser.

School volunteers needed

School is right around the corner, and we're looking for volunteers to go out and contact their local grade schools and high schools in order to distribute pro-life, educational materials in their libraries. If you are interested in helping us reach these precious young people, our future, please give the office a call.

Also, if you have children, please contact your school librarian and ask if we may send them pro-life materials which they can use in the library. Our future generations depend on us to give them the true, pro-life message. Call: 874-0432.

Detroit Chapter
5930 Woodward Ave.
Detroit, MI 48202-3516
(313) 874-0432

Office hours

M, T, Th, F 12-3; W 10-4
Diane Fagelman, Chairman
Clare Schneider, Secretary
Mary Murphy, Adm. Asst.
Theresa Koehler, Membership

Volunteer appreciation rally

The Oakland Chapter Supper was a great success on June 30. The food was delicious and thanks must go to Penna's who donated the main course.

Diane Fagelman began the program with a thorough history of Right to Life - Lifespan of Metro Detroit.

Joining Diane was new staff member, Theresa Koehler who presented the membership vision of the future to all the volunteers of the Oakland Chapter. The plan was greeted with enthusiasm and commitment.

A brainstorming session in small groups produced twenty-three recommendations for future goals and the strengthening of present ongoing pro-

grams. Awards were presented by President Ann Thomas-Sands and Diane to many worthy volunteers.

Congratulations to Chris Gray, Doug and Mary Beth Ritter, Judy Ward, Marion Sioma, Evelyn Ginn, Alice Hoefer, Florence MacDonald, Tom Walsh, Bob Mullen, Regina Wachtel, David Beyer, Marge Wagner, Paul Rosetti, Virginia Czarnecki, Monica Mylod, Kathy Labataille, Colleen Giles, Don Warman, Dean Juriga, Doug Anter, Ken Sands, Mary Ehlen, Shelley Silverman and Doris Campain. Staff members Mary Murphy and Clare Schneider received roses. Roses also went to Phyllis Sullivan, director of Educational Center for Life and Linda Seng, office manager, for a superb job.

Thanks to all board members who made this fine event a success. Special thanks to Sue Hopkins who arranged for the use of the wonderful St. Hugo of the Hills' facility. A good time was had by all!

Fairs

Volunteers are needed for the Troy Daze September 16, 17 and 18. Call Mary Murphy to offer your time and service.

The State Fair will be upon us by the time you receive this newsletter. August

29, 30, 31 and September 1 are the Oakland Chapter dates. Please support us. Last minute volunteers may be needed, so call Mary and check.

Our first venture into the Oakland County 4H Fair was a success August 1-7. Many thanks to the many new and veteran volunteers who came forward to help and support us.

Attention parents

School will be back in session before you know it. We are anxious to get contacts in both public and private schools for our educational programs this Fall. The 7th through 12th grades are particularly targeted by our prolife speakers.

If you know any teachers of social studies, health and physical education or religion, please contact the office at (810) 258-9760. Give us the names of a school and contact person, and we will pursue the opportunity. We must get out the truth in this confusing world of today!

Oakland County Chapter
800 S. Adams, #101
Birmingham, MI 48009-7005
(810) 258-9760

News

Office hours

M-Th 10-4

Patricia Holscher, Chairman
Linda Kournoian, Ofc. Mgr.

Garage sales

The Canton and Dearborn Heights Garage Sales set for Friday, September 9 and Saturday, September 10, still need items to sell; but please, no clothing except baby clothes in good condition.

The locations are: 5806 Wedgewood (Nottingham Forest), off Ford Rd., between Sheldon and Lilley, Canton, (313) 981-3442; and 26781 Timber Trail, Dearborn Heights, between Inkster and Beech Daly, (313) 565-2246.

Legislative Breakfast

Don't forget to make your reservation for the Legislative Breakfast. See page 4 for information.

Our Chapter is responsible for the Breakfast. If you can help with phone calls to legislators and members, be a host or hostess that morning, help with mailings, work at the literature table, etc., please call to volunteer.

Westland Mall Bazaar

Lifespan is counting on you for some lovely crafts to sell at our booth at Westland Mall, October 21, 22 and 23. If you like to knit or crochet, please consider making baby or adult afghans and blankets.

Other items with "special occasion" themes, i.e., Christmas, Thanksgiving, birthdays, etc. are all good sellers. All items must be handmade and new. Items should be dropped

off the week before the sale begins or sooner.

Also, we need willing workers to staff the booth in 3-hour shifts, so please call 422-6230, and let us know when you are available to work. Those who can't meet this deadline should continue to make crafts for future booths. Thank you!

—Carmen and Bev

Christmas cards

We need some new distributors (churches, businesses and private parties) to sell Christmas cards. We have two selections from 1993 and two for 1994. Because we have lost all our storage space, we must sell our entire inventory this year.

The cards are always high quality and beautiful, and this is particularly true of our '94 cards. Bargain prices are set at 12 for \$5, 18 for \$10 and 18 for \$12. They can be taken on consignment and the unsold cards returned.

If each person who usually buys our cards would sell a box to their prolife families and friends, and churches who have never participated would display them and allow their members to buy cards, we would easily accomplish our goal.

Speakers and resources

Please let us know if your church or organization would like to have a prolife speaker or educational booth.

We have many excellent speakers including doctors and nurses who can speak on a variety of subjects, i.e., abortion, euthanasia, assisted suicide, national health care plans, etc.

We have fetal models, videos, books and pamphlets for your use. Feel free to drop by for a visit and become acquainted with our office and its activities.

Wayne County, West and
Downriver Chapter
27578 Schoolcraft
Livonia, MI 48150-2203
(313) 422-6230

From the President's Desk

Dear Friends,

Several weeks ago, I was involved in a car accident. My car and my left knee ended up on the disabled list. My car is still at the collision shop and my knee still hurts, but both are on the road to recovery—thank God.

It was, however, an experience I will not soon forget. I had taken many things for granted—things like walking. I was never a marathon runner, but suddenly just making it to the bathroom was a major feat. Believe me, being incapacitated even for a couple of weeks brings a whole new perspective to disability concerns.

The stairs down to my office were formidable foes. When you're on crutches, even a curb looks like a mountain. Every step is a struggle.

Many people stared at me, not too many held a door. Some were impatient when I walked too slow. Most didn't understand the pain and frustration I felt.

How can I explain to you that the social barriers were even harder to deal with than the physical ones? I learned it the hard way. I implore you as prolife to feel greater empathy for those with disabilities. If not, we risk opening the door to Kevorkian's philosophy and the eugenicist's dream.



P.S. Please don't forget the power of prayer. We alone cannot fight the serious threats facing us without the intervention of God. *More things are wrought by prayer than this world dreams of.*

—Alfred Lord Tennyson

Assisted Suicide: An Argument Against

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ance of assisted suicide in this country. Others, however, have called for limits on patient autonomy.²⁵ Brody²⁶ has called for a "compassionate response to a medical failure." He equates an agonizing death with medical failure and suggests that patients who are suffering may benefit from assisted suicide. He qualifies his position by saying that these cases would be exceptional. In the Netherlands, a movement has begun in an effort to legitimize assisted suicide. It remains to be seen whether other countries will follow suit. Therefore it seems prudent to suggest that until debate in this country and others develops further, assisted suicide should cease.

ETHICAL ARGUMENTS

The ethics of euthanasia, including assisted suicide, are the areas of most debate. I oppose assisted suicide for the following two reasons: (1) the danger of progression down the slippery slope from acceptable to unacceptable behavior and (2) the risk inherent in always giving patients the right to choice.

The Slippery Slope

If assisted suicide is permitted for competent patients, it can be argued that incompetent patients should also have this right by way of a surrogate decision maker. Perhaps society itself should be extended this privilege if it desires to rid itself of unwanted or unproductive members. The question obviously is, where do we stop?

If we continue down the slippery slope, what are the results? Genocide, "ethnic cleansing," and other such activities. The most horrific example is the case of Nazi Germany where German physicians experimented on political prisoners and committed euthanasia because the prisoners were "going to die anyway, and some good may be gained for society as a whole."¹⁷ Today in Bosnia we hear of ethnic cleansing, a more palatable term to describe similar circumstances. Intelligent individuals "logically" deduce as acceptable their participation in these activities.

Some argue that this could never happen in the United States. I disagree and

present three of Dr. Kevorkian's patients to illustrate the point that a progression can occur from what appears to be acceptable to what clearly is not acceptable. His first patient, Janet Atkins, was diagnosed with Alzheimer's disease. On videotape she appeared competent to make the decision to end her life. For many this seemed a humane end to suffering. Yet another patient, Marjorie Wantz, was diagnosed with intractable pain, although on autopsy, no physical abnormality to support the diagnosis could be found.²⁷ In fact, papers that declared her incompetent had been signed by a judge.²⁸ A third patient, Hugh Gale, may have been coerced to continue the suicide after he changed his mind. Evidence that supports this possibility is found in a report by Jack Kevorkian.²⁹ Thus we have the progression down the slippery slope.

The Right to Choice

Although patient autonomy is the core of the argument for assisted suicide and voluntary euthanasia, the question remains—is it always appropriate to give the patient the choice? J. David Velleman³⁰ argues eloquently against the right to die. He states that giving the patient the right to chose euthanasia could obligate the clinician to perform the activity even in the event that death would not benefit the patient. Patients would make mistakes simply because the option exists for them to choose.

Clearly if a patient is terminally ill and suffering, the argument could be made that the patient is probably making the right choice. But what about a patient who is diagnosed in the early stages of a *possibly* progressive chronic illness who opts for this alternative? No guarantee exists that the condition will worsen, nor is it certain that the quality of life may decline. However, because of fear and anxiety of the worst and because the option to die is available to them, these patients may choose an early and unnecessary death. What are the societal repercussions of such a choice? Can a society continue to grow and enrich itself if its educated and experienced members opt for an early death because of the *fear* of suffering?

A majority of the lay public currently favors medicide. Does this present an argument for or against giving the right to choice? People are generally egocentric.

They ask the question, "What is good for me?" They do not ask the question, "What is good for medicine?" or "What is good for society?" They presume the improbable scenario, and, given the media blitzkrieg of negative information, they assume the worst will happen and perceive medicine as impotent and incapable of helping them in their most desperate moment. Should we allow uneducated and unsophisticated patients to dictate their care under these circumstances?

I believe that this would be a woeful mistake. I do not agree that a paternalistic view by the clinician *always* benefits the patient, but I also do not agree that patients should make these decisions when they do not have the education or experience to know what is best for them. Our responsibilities to our patients notwithstanding, we also have responsibilities to the profession of medicine and to society as a whole.

*[Kevorkian] and
others...have rocked the
most solid foundations of
ethics ...which are the
alleviation of suffering and
preservation of life.*

PRACTICAL ARGUMENT

From a practical perspective, several reasons to argue against assisted suicide exist. Will we lose the trust of patients if the option of assisted suicide is available to us? How will we avoid abuse of patients? Who will regulate the system?

As clinicians, we constantly strive to improve both our medical knowledge and clinical skills. Inherent in the clinician-patient relationship is *trust*, trust that the clinician will do everything possible to improve the patient's condition and alleviate suffering and trust that the patient will follow the clinician's directions. What happens to this healing relationship if either the clinician or the patient suspects the motivations of the other? It deteriorates and becomes adversarial. In addition, studies have shown that medicine relies more on technology as it improves than on basic clinical and historical skills. Will we as clinicians continue to be the

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Perfect People Makers

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people from Eastern and Southern Europe. This resulted in the highly discriminatory 1924 immigration law with its "national origins" quotas.

The Nazis liked this law; in fact, Kühl says, Hitler specifically praised it in "Mein Kampf." (The immigration restrictions later prevented many German-Jewish refugees from finding a haven in the United States as the Nazis escalated their persecution of Jews.)

At a 1935 population congress in Berlin, American eugenicist Clarence Campbell offered a toast: "To that great leader, Adolf Hitler!" At least three U.S. eugenicists received honorary degrees from German universities in the 1930s, and two even made friendly visits to Germany after the Nazis invaded Poland.

New Nazis

What does all of this have to do with today's world? The Pioneer Fund, a foundation started in 1937 by U.S. eugenicists, is still in business today.

As Kühl noted, it has long funded academics such as Arthur Jensen, who claim that white people are genetically superior in intelligence to black people. That claim, widely circulated in journals and books, has helped poison race relations in the United States.

The Pioneer Fund has also given substantial sums to anti-immigration groups, including the highly visible Federation for American Immigration Reform (FAIR). Kühl mentions FAIR, but does not elaborate on its role in current immigration controversies.

Kühl is aware of historical links between eugenics and euthanasia. He called the current drive for euthanasia "very, very dangerous."

He remarked that the euthanasia currently practiced in The Netherlands is hard to link with eugenics because it is stressed as an individual—rather than a governmental—choice. But he is aware of reports of some involuntary euthanasia among the Dutch. Moreover, he said, "even if this is seen as an individual choice, it weakens the position" of handicapped people. Disabled Germans, he added, see

euthanasia as the first step to viewing "handicapped life as unworthy. And I can understand their worry."

Kühl, working at Oxford University this year, is continuing his research on eugenics. Presently, he is "trying to reconstruct the whole international network" of eugenicists in the period from 1900 to about 1980. Academic racism seems to be his main focus.

Kühl has already made a major contribution to the understanding of eugenics. Important as that is, there is much else involved in eugenics today (see below). He can make another contribution by taking a long, hard look at population control and medical genetics.

More research is needed by Americans, too, for the eugenics network is deeply entrenched in some of our most respected institutions. It might be severely damaged by full exposure.

The eugenicists at the March of Dimes

American researcher Katharine O'Keefe has documented heavy involvement by eugenicists in abortion and population control. For example:

The late Dr. Alan Guttmacher, an abortion advocate who headed the Planned Parenthood Federation of America for years, was a vice president of the American Eugenics Society. When Supreme Court Justice Harry Blackmun wrote his *Roe vs. Wade* opinion legalizing abortion, he relied partly on the writing of eugenicists Christopher Tietze and Glanville Williams.

Demographer Charles Westhoff, who was executive director of the national population commission that in 1972 proposed abortion "on request," is still listed as a director of the Society for the Study of Social Biology. That's the old American Eugenics Society, doing business under a camouflage name.

Key staff members of the Population Council are still associated with the old eugenics group under its current name. It is one of the wealthiest and most powerful population-control groups in the world. It supports research on many abortifacients, including the "abortion pill," RU-486.

Most of its money comes from white, wealthy nations. Most of its population targets are people in poor nations. There is a similar pattern in the International Planned Parenthood Federation, another group started by eugenicists.

Another key connection lies in medical genetics. The Nazi experience made compulsory sterilization and euthanasia of the handicapped unpopular for a long time. In the 1950s, however, eugenicists realized that prenatal diagnosis of genetic disease might soon be possible. They supported research to develop such diagnosis, and they pressed for eugenic exceptions in state anti-abortion laws.

Geneticists and doctors who belonged to the American Society of Human Genetics were eager to promote the prenatal diagnosis/eugenic abortion combination. Their group, after all, had been founded by eugenicists.

The National Institutes of Health (NIH) was eager to fund research on prenatal diagnosis, for a network of eugenicists was in place at that government agency. Moreover, current NIH hearings on human-embryo research would indicate that this network is still there.

There is also a heavy eugenics influence in the March of Dimes Birth Defects Foundation, an organization that is supposed to help the handicapped but devotes time and money to prevent their being born at all.

The foundation's first birth-defects chief was Dr. Virginia Apgar, a member of the American Eugenics Society. Major March of Dimes advisers and grantees have also been members of the society, under its old or new names.

—Mary Meehan writes on a variety of prolife issues from Rockville, Md.

*This article appeared in Our Sunday Visitor, May 15, 1994
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Editor's note: Since January 1976, Right to Life - Lifespan has adopted a non-support policy toward March of Dimes. We recommend the Michael Foundation (400 Penn Center, Pittsburgh, PA 15146) for your donations. Their main objective is the treatment and cure of Down Syndrome both before and after birth.

Assisted Suicide: An Argument Against

continued from page 8

empathic, considerate, caring individuals that we are now, or will we opt for the easy way out?

What of abuse? Suppose we have a patient who is timid and vulnerable and who can easily be persuaded to change his or her decision. The clinician may be perceived as more intelligent and as someone whose direction should be followed. It is very easy to see that the clinician's influence over a patient could lead to abuse. One can only wonder whether a repetition of this scenario could give medicine a dubious reputation and lessen its professional status. This question is raised by Pellegrino³¹ and others.

Another practical problem is the issue of regulation. Bioethics committees, or "God squads" as patients refer to them,³² are appearing in major institutions throughout this country. However, patients tend to rely on close interpersonal relationships with clinicians when making difficult decisions. Who regulates the committees? If we legalize assisted suicide, we open up the Pandora's box of litigation, and if we turn regulation over to the government, in all likelihood we will get confusion similar to that caused by the administration of Medicare and Medicaid.

OTHER OPTIONS AVAILABLE

Alternatives to assisted suicide that are more amenable to medical practice are available. The following three options were agreed on by the Forum on Physician Assisted Suicide in Michigan:

(1) improved pain and symptom control, (2) assurance to the right of competent treatment refusal, and (3) use of advanced directives (both written and verbal).²

With respect to the first option, the *Journal of the American Academy of Physician Assistants* devoted much of its February 1993 issue to pain management and included articles on the attitudes of clinicians toward patients with cancer. There is no doubt that when we hear a clinician verbalize a concern about narcotic addiction in a terminally ill patient, the medical education system has failed. The question becomes the following: if hospices are

relatively successful at pain management, why aren't the rest of us?

At some point, a clinician must realize that some patients simply cannot be helped. Additional tests, procedures, and treatment regimens are fruitless, add to the physical suffering of the patient, increase the disappointment of the patient when the treatments fail, and augment the ever-growing cost of patient care. We must learn to say, "I'm sorry, there is nothing more than I can do. You are dying." In reality, most of these patients have already faced this issue. Surrender at this point may benefit the patient more in the achievement of what Quill²⁴ calls "a comfortable death."

We have all heard friends, colleagues, and relatives say, "I don't ever want to wind up like that." It is time we teach people that they do not have to live in a debilitated condition with the help of medical technology if they indicate their desires beforehand. Advance directives such as living wills may not be legal in all states, but in most instances the medical and legal professions adhere to the desires expressed in such documents. Do-not-resuscitate orders that clearly dictate the extent of intervention in the event of cardiac arrest are now obligatory in many hospitals and help avoid unfortunate situations in which patients who would have been better off dead are revived.

Euthanasia, in its active, passive, or assisted forms, is not new to medicine. I oppose assisted suicide at this time based on theologic, historical, moral, ethical, and practical grounds. Instead, I advocate ongoing discussions of this subject by bioethicists and clinicians who will, I believe, arrive at a logical, sane, safe conclusion.

—*Journal of the American Academy of Physician Assistants*, April 1994
References available upon request.
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RU 486 Boycott List

The National Right to Life Committee (NRLC) and a coalition of prolife organizations released a list of consumer products to be boycotted as a protest against the introduction of the RU 486 abortion method into the United States.

The products targeted by the consumer boycott are manufactured by U.S. subsidiaries of Hoechst AG: Hoechst-Roussel Pharmaceuticals, Hoechst-Roussel Agri-Vet, and Copley Pharmaceutical. Roussel Uclaf, owned by Hoechst AG, manufactures and markets RU 486.

In 1989, National Right to Life and other pro-life groups warned the makers of the RU 486 abortion method that its importation to the U.S. would lead to a consumer boycott. On May 16, 1994 responding "to on-going requests by President Clinton and Secretary Shalala," Roussel Uclaf "donated" the patent for RU 486 to the New York-based group, the Population Council.

According to the New York Times, by turning over the patent, Roussel Uclaf hoped to "[rid] itself of product liability claims and...the threat by anti-abortion organizations to boycott its other products. Those threats had kept Roussel Uclaf from marketing the pill in the United States."

"The makers of RU 486 have tried to shield themselves from product liability by using the Population Council as a front group," said Wanda Franz, Ph.D., president of the National Right to Life Committee. "Make no mistake: we hold Roussel Uclaf and its parent company, Hoechst AG, responsible for injuries to women and the deaths of unborn children from RU 486."

RU 486 has only one purpose: to end the life of the innocent unborn child. The object of the consumer boycott is two-fold: first, to cause Roussel Uclaf and Hoechst AG to rescind the license for use of RU 486 in the United States; and second, to urge them to review their actions and to cease production of RU 486. The consumer boycott will continue until it is clear that these objectives are met.

Some of these boycotted drugs include: A/T/S erythromycin, a topical acne solution; Lasix, a diuretic; and Bromatapp tablets, a decongestant/antihistamine. A copy of the consumer boycott, with alternate drugs, is available from your Lifespan office upon request. ■

Remembrances

You can live on after death by helping those whose lives are threatened by abortion, euthanasia or infanticide.

A bequest in your will to Right to Life - Lifespan of Metro Detroit will be used to save the lives of many through our efforts.

Donations may be made in memory of loved ones who have died. A memorial card will be sent by Lifespan in your name to the family of the deceased.

Donations may also be made to honor someone special, and near and dear to you, for a particular occasion, or just because...

- In memory of **Jean Dunnigan**, requested by Kay Van Fleteren.

- In memory of **Alexander Niewinski**, requested by Mr. and Mrs. Thomas Reaume.

- In memory of **Valentine DiGiacomo**, requested by Mr. and Mrs. Thomas Reaume.

Foster homes needed

Boysville of Michigan is a non-profit social services agency that works with a variety of youths with a variety of needs in a variety of settings.

Won't you consider making a difference for kids who need a home? Foster parents can earn a bi-weekly income while contributing positively to our teen population.

Call Claudia King or Frank Saracina at (313) 838-7500 to find out how you can become a foster parent.

Hurting after an abortion?

Our support group can help you understand why you hurt, meet others who have experienced abortion, find solutions to your pain. For more information, please call Project Rachel (313) 237-5910.

Bill Knapp's coupons

We have accumulated approximately 47,000 Community Support coupon points thanks to your generous support. We are saving them toward our goal of 78,000 to be redeemed for a display board for the Oakland County Chapter for use at fairs, festivals, educational booths, etc.

Many thanks to the following donors of coupons in the past two months:

Mosquera, Tschirhart, Lohrengel, Carbott, Werner, Harrington, Doyle, Vecchioni, Lesiak, Davidson, Pender, Konopka, Kleinbrook, Ober, McGinn, Duncanson, Bradley, Wilhelm, Poepppe, Babik, Bergmooser, Dell'eva, Bosco, Bowker, McLaughlin, Lucas, Radzialowski, Navarre, St. Perpetua Parish, Bleecker, Proppe, Poma, Sterbenz, McDermott, Selwa, Hoffman, Church, Gibbons, Spas, Mizykowski, Miller, Rosevear, Pernak, Kacher, Smith, Itnyre, Martinuzzi, Little Sisters of the Poor, Sudeck.

When you present your check to the cashier at any Bill Knapp's Restaurant, ask for a Community Support Coupon.

Please send the coupons to Right to Life - Lifespan, 28200 Seven Mile Rd., #127, Livonia 48152. Thanks!

Cry for help!

The Allen Park Crisis Pregnancy Center is in need of volunteers. All volunteers are provided with 20 hours of training. If you are interested in helping women facing unplanned pregnancies, please call the CPC at (313) 386-4005.

Walk-a-thon

On Saturday, September 17 from 10 am to 2 pm the AAA Crisis Pregnancy Center of Livonia will host its first Walk-a-thon at Ford Field in Livonia.

For more informaton, call AAA CPC at (313) 425-8060.

Wee Care

Our special current needs include:

- Newborn sleepers
- Newborn undershirts
- Receiving blankets
- Diapers - all sizes

Thank you to all our donors of "gently used" and new baby items. They are very much appreciated. Also, a very special thanks to our regular monthly contributor, whose financial donations help make this program possible.

Look for a Wee Care update in the next newsletter. If you wish to contact us, our phone number is (313) 533-2727.

Media campaign

We acknowledge, with much thanks, the Archdiocese of Detroit which has awarded Lifespan a grant of \$3000 toward our Media Campaign.

We are still short of our goal in the "A Child, Not a Choice" radio spots/bus ads campaign.

If you would like to make a contribution, please mark your donation, "Media Campaign," and send it to Right to Life - Lifespan, 28200 Seven Mile Rd., #127, Livonia 48152.

Thank you! (Sorry, donations are not tax-deductible.)

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Right to Life - Lifespan of Metro Detroit Membership Form

Right to Life - Lifespan believes that human life has value in all stages of development from conception until natural death, and is committed to speaking on behalf of those who cannot speak for themselves — the unborn, the aged, the incapacitated. Won't you please help in our struggle to preserve respect for human life? A contribution brings you the monthly newsletter as well as educational materials and special mailings.

_____ Annual Membership \$ 15.00
_____ Student/Senior Member \$ 7.00

_____ Monthly pledge \$ _____
_____ Century Club (\$100 & above) \$ _____
_____ Other \$ _____

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Please detach at the dotted line and return to: Right to Life - Lifespan, 28200 Seven Mile Rd., #127, Livonia, MI 48152-3736.

Donations are not tax-deductible.

A Mother's Ordeal

By Paula Ervin

A Mother's Ordeal—One Woman's Fight Against China's One-Child Policy, by Steven Mosher, Harcourt, Brace (1993), \$21.95.

This book is a story of a compliant, subjugated Chinese people being coerced into limiting their offspring to one child only and of their desperate, painful efforts to thwart the law.

Aiming, sister-in-law of the book's narrator, Chi An, schemes to give her husband an "unauthorized son" who, according to custom, will grow up to care for his aging parents. (A daughter can only join her husband's family and leave her own.) Together, the couple prepares a hideaway close to his work as a miner, but 30 miles away from the village she lives in with her mother-in-law. Hiding her swelling body in the winter, she flees in her nightshirt to a rice paddy in summer when the population police discover her secret. She remains there for two days amid mosquitoes and mud until she can emerge, clean herself and escape again to her distant hideaway. In triumph she delivers an 8-pound son, and the couple returns to their village with joy, cheerfully carrying the onerous burden of a punishing fine.

When a Chinese woman is pregnant she announces it with the words, "I have happiness." Yet under Deng Xiaoping's iron one-child policy, an "unauthorized

baby" can cost her her house, water, electricity and grain coupons. If caught while pregnant she is dragged off to the abortion chambers no matter the time of gestation.

By the mid 1980s, sterilizations, abortions and IUD insertions averaged more than 30 million/year, many, if not most, done only under duress. Factory workers and commune dwellers submit quarterly to x-rays to see if the IUDs are in place and their period cycles are posted in the workplace to ensure no cheating.

Yet the propaganda machine is so unrelenting that our narrator, Chi An, believes her beloved country will perish unless it is enforced and she, as a nurse, becomes a willing enforcer of its execution. Like the hated Women's Federation which polices its charges to the point of dragging the guilty out at night to the abortionists, she candidly reports, in a kind of general confession, to the times when she did the same. Even after she has delivered one "authorized" son after a government approved marriage and has undergone a harsh forced abortion of her second child, she still believes the wisdom of the law.

The reader may well question that wisdom after learning that girl babies are often drowned at birth like unwanted kittens by parents who cannot face old age unprotected and alone.

So nurse Chi An, population enforcer, eventually has second thoughts. Her husband, Wei, wins a rare scholarship to America to get his doctor's degree in engineering. After four years, she is allowed to

join him with their son. After arriving, she becomes pregnant again despite her IUD, and she is advised by Chinese authorities to abort the child before coming home.

In 1987 she contacts Steven Mosher, an American and ardent student of modern China, begging for his help in getting asylum. This is refused despite the publicity given to his articles published in the *Washington Post* and the *Reader's Digest*.

Eventually, pulling fragile strings, Mosher gets the story to Attorney General Ed Meese, who, on the day he resigns as Attorney General, recommends a change in the American asylum policy toward Chinese students in similar predicaments, and Chi An gives birth to her daughter in peace.

Now as a dweller in the Land of the Free, she asks herself why is it that the poor countries are the over-populated ones, and isn't it the case of underdevelopment rather than too many people?

An amusing insight is seen in the Chinese method of choosing a life mate. The American dream of romance is scoffed at while parents of both genders, friends, and the principals themselves shop around for someone "suitable," and candid and careful interviews are held, turning away the losers. Chi An knows her mother approves of her choice of Wei Xin when she goes into the kitchen to make long noodles for him.

This is the third book about modern China by Steven Mosher who first went to a remote countryside in China in 1980 where he saw the implacable methods of population control taking place. ■

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