

THROWING GRANDMA OFF THE CLIFF IS A BELGIAN SPORT

By Peter Finney Jr.

Lost somewhere in the midst of former Mayor C. Ray Nagin's indictment for speculating in granite futures and Notre Dame linebacker Manti Te'o's incredibly virtual romance was this tidbit of sobering news.

A month ago in Belgium, identical 45-year-old twins who were born deaf asked doctors to euthanize them because they were told they soon would go blind. They had worked elbow-to-elbow as cobblers for their entire lives, and they had reached their medical Maginot Line: If they could not see each other, then they could not fathom going on living.

The twins were euthanized by lethal injection on Dec. 14 at Brussels University Hospital.

In making an argument that one bad moral choice can lead to another and then to another, the metaphor most often used is "the slippery slope."

In this case, says Wesley J. Smith, a senior fellow at the Discovery Institute, the slippery slope doesn't work. Smith noted that the bizarre act of doctors dispensing drugs to induce death in otherwise healthy humans rather than offering therapeutic care elicited not a peep from a nation whose conscience appears to be comatose.

"Belgium is really worse than the Netherlands," Smith said. "They've had euthanasia for a shorter time, but instead of sliding down the slope, they've jumped off the cliff headfirst. They've had joint euthanasia of elderly couples."

One of the most troubling aspects of this culture of death is the degree to which it creates an altruistic motive for someone to seek death.

"In Belgium, they've coupled euthanasia with voluntary organ harvesting," Smith said. "So, you have one set of doctors kill the patient who wants to die, and if that person has asked to be an organ donor, then another set of doctors comes in and takes the organs."

"It's all about giving society a utilitarian benefit from euthanasia. They're not after people with cancer, because their organs are not very good. They've actually had medical symposia saying the best people who can become euthanasia patients and organ donors are people with neuromuscular diseases such as multiple sclerosis, because their organs are fine."

One Belgian medical journal outlined the harvesting of lungs from four different patients – three came from patients who were physically disabled and one came from someone who was mentally ill.

“I can think of nothing more dangerous than giving society a utilitarian benefit in people’s deaths,” Smith said. “This is particularly true for despairing individuals, who may think their life doesn’t have any meaning – but their death could.”

Smith is very clear on this next point. While there is nothing in the current Affordable Care Act that would pressure elderly or disabled Americans to chose death over life, there is a gathering storm of evidence that the U.S. soon will become embroiled in a cost-benefit analysis on the value of life vs. death.

It’s already happening in Oregon, one of two states to legalize assisted suicide. Oregon also rations Medicaid coverage. Two persons suffering from terminal cancer sought chemotherapy that could extend their lives an extra six to nine months, Smith said.

Instead, the patients received a Dear John letter from the state, denying their coverage for the chemotherapy but indicating the state gladly would pay for their assisted suicide.

“One of the patients, Barbara Wagner, complained that her society won’t pay for her to live but will pay for her to die, which I thought was a powerful statement,” Smith said. “Once you accept suffering as a killable offense, it’s not going to stop with terminal illness.”

A single-payer health care system, which is the goal of some in Congress, would control costs using a “quality of life” analysis already employed in the United Kingdom, Smith said.

In the U.K., two persons of the same age and with the same cancer – but who differ in that one is ambulatory and one is in a wheelchair – would score differently in the quality of life equation and thus be treated differently.

“In a single-player plan, particularly when you have all-encompassing coverage, you can’t afford to cover everything,” Smith said.

The real problem comes when there are limited funds, and then “people think it’s cheaper to pay for assisted suicide.”

“That’s exactly the problem,” he said. “That becomes the black hole of gravity where you begin to look at other ways to cut costs, and then you begin to set up a quality of life ethic instead of a sanctity of life ethic. It’s like your head wants to explode, because you end up valuing some people more than others. It’s like, ‘Gee, grandma, because we have to put you in the nursing home, little Suzie can’t go to college.’ No wonder the elderly feel like burdens these days. We’re telling them they are.”

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