

How should the terminally ill be treated?

The issues raised by Dr. Kevorkian

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Dr. Jack Kevorkian largely succeeded in the two professed goals of his November 22 appearance on the CBS program *60 Minutes*. He raised the issue of euthanasia before a nationwide television audience, and he provoked the Oakland County prosecutor into bringing murder charges against him. Kevorkian was arraigned last week on a variety of charges, ranging from premeditated murder to violating the state of Michigan's new law banning physician-assisted suicide. He was freed on bond, pending a trial which is not expected until the spring.

Kevorkian administered a lethal injection to Thomas Youk, a former racing car enthusiast who was dying of Lou Gehrig's disease. Youk told Kevorkian he was fearful of choking on his own saliva. Kevorkian cited this as justification for injecting him with potassium chloride, saying: 'If the man is terrified, it's up to me to dispel that terror.' The sensation of choking is reportedly a common one among terminal ALS patients, and is frequently treated with drugs.

It is difficult to view the videotape without drawing the conclusion that the event was a gruesome travesty, which bore no relation to Dr. Kevorkian's professed goal of death with dignity. Whatever the sincerity with which the retired pathologist began his campaign to legalize assisted suicide--and there is no reason to doubt that--he seems to have developed an insensitivity, almost an indifference, to the personalities of those whom he is 'assisting.'

Assisted suicide has itself become a routine, after more than a hundred such cases, and a grisly one at that. Youk died alone in a room with Dr. Kevorkian, his wife and other family members instructed to stay away from the scene, allegedly out of a concern that they might be held legally responsible for the death. No such concerns prevented family members being present at

previous Kevorkian-assisted suicides. Asked later by the *Oakland Press* what Youk's last words had been, the doctor responded, 'I don't know. I never understood a thing he said.' Kevorkian's total contact with Youk consisted of two brief meetings in the 48 hours before he administered the fatal injection.

CBS was more than willing to broadcast the resulting videotape. The network clearly considered the story a ratings bonanza, and heavily promoted it in the course of its news and entertainment programming. The viewing audience for *60 Minutes* swelled by 19 percent, to the highest of the year. The network ran the segment during the November sweeps, the first big ratings test of the new fall season and the basis for advertising charges for the next three months.

Immediately following the showing of the videotape, Oakland County, Michigan prosecutor David Gorcyca announced that he would review the evidence in the case, which had been under investigation since Youk died on September 17. Gorcyca had ousted the incumbent county prosecutor, Richard Thompson, in a Republican primary in large measure because of opposition to Thompson's single-minded pursuit of Dr. Kevorkian. Oakland County had stopped bringing charges against Kevorkian, pending action by the state legislature on a new law banning assisted suicide, which took effect September 1.

Kevorkian's decision to carry out direct euthanasia, in which he personally took the action which resulted in Youk's death, rather than supplying the equipment for an assisted suicide, came in response to this relaxation of pressure by the local prosecutor. He said in his television interview, 'I've got to force them to act. They must charge me. Because if they do not, that means they don't think it's a crime.'

The treatment of the terminally ill is a serious and

difficult social issue. As always in America, when the criminal justice system and the mass media get involved, the result is to sensationalize and trivialize, to offer simple solutions to complex problems.

On the basic question of democratic rights, it must be conceded that the terminally ill, those wracked by pain and with no hope of alleviation or recovery, should have the 'right to die,' at least in the sense that the state should have no power to compel them to continue in pointless suffering. Those like the Catholic Church hierarchy and the fundamentalist Right-to-Life groups, who seek to impose their religious prejudices on victims of terrible illnesses, deserve only contempt.

But there are more fundamental issues involved. What does it say about America in the 1990s that it spawns a campaign for a right which is, as Trotsky said about the right to abortion, 'gloomy enough in itself'? If hundreds or thousands of sick and dying people seek to assert so grim a right, if this becomes the focus of public debate, that is not the mark of a society brimming over with self-confidence, but one deeply pessimistic about the future.

There are many reasons to be wary when euthanasia is offered as a solution to the problems of the sick and the elderly. The precedents of this century--the Nazis were the most enthusiastic proponents of this practice--are not hopeful. There is enormous potential for abuse and discrimination, for distortion of the decisions of the terminally ill by economic circumstances and social conditions.

The relationship between physical health, mental health and emotional well-being is extraordinarily complex. There is ample evidence that individuals whose psychological and moral strength has been undermined prove easier victims of both disease and the aging process. While conditions such as Alzheimer's and senility are undoubtedly rooted in the physiology of old age, their increasing prevalence must also be understood as the byproduct of social stresses to which the elderly are particularly vulnerable.

A society which imposes on the elderly, in addition to the inevitable burdens of advancing age, the weight of economic hardship, loneliness, neglect and alienation, will inevitably stifle, among a significant portion, the desire to go on living. A society which shuns the terminally ill, locks them away in institutions or deprives them of pain medication in order to cut costs,

will find many more takers for the assistance of a Dr. Kevorkian.

The last two decades have seen incessant cutbacks in funding for all the public and medical services which make old age and ill health bearable: home healthcare, which allows people to spend their final days in familiar surroundings; hospice care for those with terminal illnesses requiring institutionalization; adequate provision of pain medication.

One of the bromides offered by the budget-cutters in the health care debate is the claim that something like three-quarters of the healthcare dollars spent on each American are expended in the last three months of life, as heroic and extremely costly measures are taken to stave off death. The implicit solution is to do away with this care and save billions, despite the inherent difficulty of determining, in advance, when this proverbial 'last three months' has begun.

We live in a capitalist society in which the value of a human being is determined by what each individual contributes to the pool of surplus value from which the corporate and financial elite derive their profits. Those who because of age or physical condition can no longer contribute to the expansion of private profit are--at least from the standpoint of society's rulers--worthless.

This is the real source of the incessant drumbeat from the official opinion-makers, condemning Medicare and Social Security as wasteful extravagances and claiming that the elderly are parasites, selfishly bleeding the country dry. No such charges, of course, are leveled against the privileged and powerful whose luxurious life styles depend ultimately on the labor of others.

Is it any wonder that in such a society, the dignity, esteem and morale of the elderly and the sick is diminished and the pressure grows on them to have the decency to die and stop being a burden on the rest? Despite his intentions, Dr. Kevorkian's activities have contributed to this pressure. That is no doubt one reason why, notwithstanding significant public opposition to his prosecution, there is intense hostility to Kevorkian among the elderly.



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