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ful examination of the body by a person competent to form an intelligent opinion. Certain cases arise in the experience of every physician in which the operation performed amounts practically to taking a surgical chance in hopeless diseases. If also in such a case a large fee is charged, surgery is apt to be brought into more or less disrepute. Before an operation a thorough inquiry should be made as to drugs which have been taken or administered. This is especially true in those cases in which the debatable point concerns nervous diseases. It is a complaint of some surgeons that cases of malignant growth are brought to them at a late stage. Time is a great aid in establishing the diagnosis, and oftentimes a case which is obscure to the medical predecessor is cleared up for the one who succeeds him. The question of cardiac strength is often as interesting to the surgeon as to the physician. Many people fear heart failure under anesthesia. Observation has shown that many patients with heart lesions have undergone operative procedures most satisfactorily. It is always well to emphasize to a patient the importance of employing a thoroughly competent anesthetist. In cases of prolonged jaundice the physician has the responsibility of considering the danger of hemorrhage which might lead to a fatal result after operation. The writer is impressed, however, with the necessity of early operation in suitable cases. Kidney disease is no longer considered such a drawback to surgical procedures as it once was. The writer admits that he does not feel inclined to urge a patient to undergo dubious palliative treatment. — *Medical Record*, March 17, 1906.

Correspondence.

EUTHANASIA — DEGENERATED SYMPATHY.

BOSTON, February, 1906.

Mr. Editor: The subject of "Degenerated Sympathy," discussed and dismissed very briefly by a leading medical journal, is too important to be put aside with a sneer, and is worthy of more extended and respectful consideration than was there given it.

The propositions alluded to in this article seem to indicate a wider spread of sentiments, neither new nor obsolete, than has been hitherto apparent upon the surface. They are not entertained solely by the immoral, insensible, cranky or degenerate, nor are they so rare among the medical profession, in a class much higher than that of the common hangman, as some of the comments would lead one to suppose.

The discussion of them is most appropriate in the journals which bring the great problems of life, death, suffering and crime most nearly home to the men who are in daily contact with them and whose work is their relief.

Reference is made to the recommendation of a "reforming woman to kill off the incurables" and of another to "murder the children in the slums" and to the "moral aberration" of Professor Norton who proposes to make away with the "hopelessly insane, diseased and injured." Since the article appeared there have been many comments upon a bill introduced (and rejected) in the Ohio legislature giving permission to physicians to fatally anesthetize persons hopelessly ill who ask for the privilege. A bill has been introduced into the New York legislature making any advocacy of such propositions a felony. Just

where any of these or similar schemes would stop is a matter which may be passed over until it is settled that we have any right to carry them out under any circumstances.

Although the responsibility for terminating useless, painful and harmful lives would not rest upon physicians as such, yet the practical application of it would depend largely upon their opinions and they would see much more of its workings than any other class. Beside this, although the duty of the physician is towards his patient first of all, and always as against any adverse interest, he is often called upon to consider the welfare of friends; while outside of professional relations he has the same rights and duties toward the community that any other citizen has.

We all know what the moral and legal rule is at present; that the life of the individual is to be sustained as long as possible without regard to its value to the possessor, his friends or the community, even when the possessor would be gladly released from the intolerable burden; that the taking of a life which is surely near its end of suffering is just as much a homicide as if it were one of prospective happiness and of the greatest value to the world.

What, I think, we should ask calmly and without prejudice, is whether, in the interests of humanity and mercy as well as of the welfare of the community, we are not justified in adopting some modification in rendering it less absolute.

The whole conduct of life, by the normal as well as the degenerate, consists in the balancing of probabilities, and we have a right to take into the account probabilities, possibilities and prospects when there is thrown upon us a more or less complete responsibility for others. We value a life now for what it offers to its possessor or his friends in the way of development and enjoyment, and to the community in usefulness or, perhaps, on the other hand, in harm and danger.

The right to take the life of another is recognized in the individual who is threatened with the loss of his own, and in the community when that of a criminal becomes a menace.

The right of the community to accept the sacrifice of life from members is admitted in the endangering of it by almost any great industrial enterprise. We admit the hideous sacrifices of war, for which we select the best and reject many who could well be spared, and in times of stress do not wait for the sacrifice to be a voluntary one. A few workmen must fall from the bridge that the multitude need not suffer the inconvenience of the ferry. Crowds throng to exhibitions in which the principal object of attraction is the chance of the performer being killed. We are by no means careful of life in general.

It is only when the question comes to the life of some definite individual, when it is our friend, or some one on whom the community focuses its attention, when it is the one man or one woman about whom the papers and the public are for the moment talking, and not merely the undetermined few taken at random from among unknown thousands, — that the sacredness of life comes to the front for practical recognition.

I may not knowingly administer a fatal dose of morphine to the anencephalous monster, but I may without legal restraint distribute the same drug wholesale among normal persons so long as no one can point out which particular ones will have the possibilities of a useful life destroyed. A courageous governor may not order the carrying into execution of a just sentence upon an acknowledged murderer of the lowest type without awakening horror-stricken comments and protests, but he might with approval have vetoed a bill which would protect the lives of thousands of travelers if his decision were in the interests of commercial prosperity.

In fact, life in the abstract, a percentage of life in a mass, weighs but lightly in the balance against other considerations which involve its destruction, but when the necessity or policy of its loss narrows down to the one selected life, then the pity, conscience and religious sentiment of the community go out in an instinctive repugnance to the taking of it.

This reverence for the individual human life without regard to its value, this respect for the mere functions of respiration and heart beat which may go on without the

least trace of consciousness, and with an intelligence which can by no possibility be made to rise to that of a brute (so called), or which has fallen hopelessly below it; this moral and religious principle, as we consider it, is in reality a sentiment, based indeed for the most part upon a principle, but not a reasoned or reasonable conviction which should be allowed to control in all cases the sense of humanity to the patient or the welfare of the community.

It is the deeply rooted and admirable instinct (mother-instinct, if you will) of protection to the helpless, which preserves the existence of the lowest of beings in the human form and which prolongs the stay of those dear to us after they themselves have ceased from all the higher functions or are carrying a burden which they would gladly lay down.

That there exists in some minds a rudimentary perception of our right to consider in our treatment the value of individual lives may be seen in the impression, of which the physician sometimes becomes aware, that it is his duty to take away at birth the life of certain monsters; and he may be reproached for not having done so by those who would not take the responsibility themselves.

This right or duty, although in every respect contributory to the public welfare, has never been conceded by the code of professional ethics. In the case of the anencephalous fetus the question is of no great importance practically, for nature soon settles it, but from this up an unbroken series can be formed through human infants whose mental and moral characteristics must always remain below those of the brutes but whose viability may be equal to the normal.

At the other end of life we may arrive at a stage when all cerebral structure will have degenerated, when mental, moral and emotional action will have ceased, and there remains nothing but the external form with its associations of memory to show that it has been the abiding place of a soul now evicted. Would it not be a more respectful treatment of the loved ones, a more dignified ending of a worthy life, if respiration were allowed to cease when all higher functions have irrevocably departed? Would not memories associated with a previous life of usefulness and beauty be more precious than those dependent upon the prolongation of the lowest animal existence?

To those who are in full possession of their psychic functions, but to whom life can never be anything but a prolongation of suffering, the physician and surgeon are constantly offering the chance of relief at the price of danger to life. They undertake the operation or the administration of the drug which they know will bring relief to pain, which they hope will prolong life a little, but which both patient and surgeon know may bring death sooner than it would otherwise come. It is their duty to do it. The surgeon is shirking his if he refuses to give the relief which an operation would afford for fear of the death which would impair his statistics. Is it not as humane, as merciful, and just as reasonable to select for death those who are longing for it and for whom we know that life has nothing to offer but a prolongation of suffering, as to distribute the chances of it over many days and months?

The proposed "murder of the children in the slums" (if the writer be correctly quoted) I admit the full hideousness of, but not having seen the original proposition I venture to suggest that it is quite likely that the writer used this expression as a rhetorical exaggeration to express her horror of slums, an energetic protest against their existence, rather than as a serious plan to do away with their effects.

The objections to any such plans upon the practical side are at once obvious in the abuses which might come in the hands of the unscrupulous, but it is, it seems to me, the ethical question rather than the practical one which should first be brought to some agreement among those who are neither unscrupulous, reckless, or devoid of conscience or natural affections. If the principle were admitted by such it would not be difficult to surround its application with as many safeguards as are now thrown around that deprivation of "liberty and the pursuit of happiness" which equally with "life" are supposed to be our constitutional rights, which is now involved in sending a patient to an asylum.

It is not necessary to go back many years to arrive at a

time when the same sort of accusations of abuse were made in regard to this procedure, which we now look upon as an immense advance upon the system which gave the care of such cases to families and almshouses.

Certainly, precautions much less stringent than those now employed for keeping the murderer from his just doom would make abuse quite as near to impossibility.

I should like to call your attention and that of some of the secular papers to an editorial on Euthanasia in the *New York Medical Record* of some twenty years ago. It shows that the proposition of introduction into the Ohio legislature, which has called out so many unfavorable comments from the lay press, was no novelty, but that its author was simply a man who had the courage of his convictions and the convictions of many others.

It seems to me very clear from this article, as well as from conversations with physicians and others, that it is the feeling of dislike and aversion to a direct, definite and complete responsibility for the taking of life, which makes men decline to take 100% of it when they are fully convinced, and show by their deeds that they are aware of their duty to take 99% in behalf of their suffering patients.

It is the same feeling which at a military execution loads one gun of the firing party with blank cartridge in order that each one, who perhaps would have no hesitation about pouring a storm of bullets from an almost unerring machine into a crowd of his fellow men, may flatter himself that he has not the death of a comrade upon his conscience.

Very truly yours,

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"THE MEDICAL PROFESSION AND THE MEDICAL JOURNALS IN RELATION TO NOSTRUMS."

THE MEDICAL SOCIETY OF THE COUNTY OF WILCOX.
THE COUNTY BOARD OF HEALTH.

CAMDEN, ALABAMA, March 10, 1906.

Mr. Editor: I have just read with a great deal of interest the article under the head of "The Medical Profession and the Medical Journals in Relation to Nostrums" in your issue of March 1, 1906. As one who fills his own prescriptions, as a necessity, not choice, I find that there are among the proprietary medicines (so called nostrums) some which are of such excellent therapeutic qualities that to discard them would be doing an injustice to the patient, for the reason that there are not 10% of the country physicians who are qualified to fill any prescription that requires the amount of skill these do. If they attempted to make any internal antiseptic solution, like the one in mind, I fear that they would fail, or if they wanted a solution of iron, peptonate and manganese, could they make it? If not, why not use the best, which is a proprietary medicine? The author criticises this preparation on account of its mal-formed name, not its inefficiency. All of us have heard our grandmothers suggest clay for bruises, sprains, etc., and now that we can get clay as an elegant preparation, should we not take advantage of it? There are a few other proprietaries of equal efficiency that should be retained as a part of our armamentarium. As for the advertisements of these preparations in the medical journals, does the doctor think that if the journals refuse to accept these advertisements, all of the firms, selling proprietaries, are going out of business? On the contrary, they will form a journal of their own, procure the services of a Board of Editors composed of physicians, and continue to put their preparations before the eyes of the profession, or, what is worse, they will send advertisers to the laity through the mails and newspapers. Is it not far better to have these dealers under the control of the profession, as they now are, than to force them to look to the people for support? We can choose the efficient preparations and discard the unworthy ones. The laity will not use such discretion, but will accept them according to their "cure-all" claims. Shall the physician scientifically prescribe proprietaries, or shall the people ignorantly take them?

R. O. SEMMES, M.D., PH.G.,
County Health Officer.