



STATEMENT DE191

KEVORKIAN: A GLIMPSE INTO THE FUTURE OF EUTHANASIA?

Dr. Jack Kevorkian was thrown into the nation's headlines on June 4, 1990. In a Detroit public park, the doctor made 54-year-old Janet Adkins, suffering from the early stages of Alzheimer's disease, his first "suicide machine client." (Kevorkian would soon abandon use of his infamous suicide machine. His patients now inhale carbon monoxide.) In the process, Adkins became "America's first acknowledged case of medically assisted suicide."

In the month that followed, Kevorkian went from being a relatively unknown pathologist to the notorious "Dr. Death." *Cornerstone* magazine's Sarah Sullivan was able to secure an interview with Kevorkian at that time. Portions of that 1990 *Cornerstone* article¹ – reproduced below – remain extremely relevant six years later. They offer a revealing glimpse into the thinking and agenda of the man who, after 27 assisted suicides, has become the brazen symbol for the moral/medical issue of the decade: euthanasia.

Strengthened by recent court victories (see accompanying articles), Kevorkian and the right-to-die movement are well on their way to making euthanasia as much a part of American life as abortion has become over the past two decades. Nonetheless, the legal and social battle over this issue is far from over. Kevorkian's candid comments in the article that follows underscore the need for pro-lifers to make their voices heard now, before the issue is decided by the U.S. Supreme Court.

To many, Dr. Jack Kevorkian's elaborate suicide machine and manners qualify him as the Rube Goldberg of Death. But his actions of June 4, 1990 were the result of deeply held opinions on the right-to-die issue.

"I believe that there are people who are healthy and mentally competent enough to decide on suicide. People who are not depressed. Everyone has a right for suicide, because a person has a right to determine what will or will not be done to his body. There's no place for people to turn today who really want to commit suicide. Teenagers, and the elderly especially, have nowhere to turn. But when they come to me, they will obey what I say because they know they're talking to an honest doctor. I can talk a teenager out of suicide easily if he comes to me, because he knows if it's justified I'll help him do it."

Regarding a preliminary injunction prohibiting him from committing "any acts to help a patient committing suicide," Kevorkian exclaimed, "What's the court got to do with medicine! They are dictating how medicine should be practiced. You know the court is dominated by religion... 'Life is sanctity, this and that...' so what! Instead of intimidating me; I'm intimidating them! There's no law broken – they know it! They're looking for a way to get me. They're out to burn me at the stake figuratively. The problem with medicine today is that it's under the Dark-Age mentality of mystical religion, which has permeated medicine to the core since Christianity took over."

In every major city, Kevorkian would like to see clinics that he calls "obitoriums" set up to serve those wanting to commit suicide. "Now you would have to draw up a strict code of ethics to regulate these clinics. Both society and doctors, but doctors mainly, would work to establish the code of ethics. The origin of ethics, however, must come

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from the situation as it exists. And the code must fit the situation. And the ethics must change as the situation changes. That's the way to keep control. Not by an inflexible maxim that applies for two thousand years, but a n ethical code that will change a decade later.

"It's ethical conduct within the framework of time and space. Ethical codes should never be set in stone. They can't be, they must change constantly. That's why we have problems today, because most of the et hics are dictated by inflexible religious doctrine: 'Human life is divine, it cannot be ended.' Who said it? I don't feel holy. You can't make one doctrine fit everybody. It's between patient and doctor. That's all it is. Nothing else counts. The code of ethics should be based only on medical knowledge. No theology, no philosophic doctrines that are abstract. Only what is really valid medically!"

Cornerstone countered with "What is to guarantee that the doctors will make the correct ethical choices in running death clinics?" Kevorkian responded angrily, "I can keep this controlled while I'm alive, but after I die you'll get corruptible doctors running them. But that doesn't scare me, that should scare society. That's society's problem."

Dr. Kevorkian's views on euthanasia do not stop at "planned death," but build to an ultimate conclusion. This is probably best expressed in the articles he has written over the years for the professional journal, *Medicine and Law*. In 1986 he wrote on human experimentation:

The so-called Nuremberg Code and all its derivatives completely ignore the extraordinary opportunities for terminal experimentation on humans facing imminent and inevitable death....Intense emotionalism engendered by the concentration camp atrocities of World War II has unfairly stigmatized this honorable concept and cloaked it in silence...

...Now that the benumbed sense of objective appraisal manifested by the Nuremberg judges has begun to wear off, at last it is conceded that they were wrong in concluding that nothing of value resulted from the illegal experiments...The data are all the more valuable because similar human experiments can never again be done. Therefore, it seems reasonable to conclude that a few of the medical criminals did the *right thing* (extraction of positive gain from inevitably total loss otherwise beyond their influence) but in the *wrong way* (without concern over consent or anesthesia) and in the *wrong setting* (created by the evil "laws" of a diabolical dictator).²

At the end of his article, Kevorkian offers a bioethical "Code of Conduct" for "any professional or lay individual in any way participating in experimentation on human beings facing undeniably imminent and inevitable death." C.(1). Experiments may be of any kind or complexity....C.(2). While a prospective subject is fully conscious, an experimenter may start any procedure which on thorough analysis portends no significant distress for the subject...C.(3). Induction and irreversible maintenance of at least stage III general anesthesia is imperative before experimentation is begun on the following prospective subjects: (a) All brain-dead, comatose, mentally incompetent, or otherwise completely uncommunicative individuals. (b) All neonates, infants, and children less than (-) years old (age must be arbitrarily set by consensus). (c) All living intrauterine and aborted or delivered fetuses. C.(4). If the subject's body is alive at the end of experimentation, final biologic death may be induced by means of: (a) Removal of organs f or transplantation, (b) A lethal dose of a new or untested drug.... (c) A lethal intravenous bolus of thiopental solution...³

Kevorkian's research into human experimentation began while he was in the residency program at the University of Michigan, and eventually led to his removal from the program. "While I was in my residency I was researching the idea of condemned men being allowed to submit to anesthesia rather than execution. While under anesthesia we could do experiments from which they wouldn't recover, and then remove their organs. Now if you needed a liver or a heart, would you like to see a young healthy man or woman fried in the electric chair? No! But that Dark -Age school told me I would have to drop the project I was working on or leave. So I left, and spent my last two years of residency at Pontiac." While an associate pathologist at Pontiac General Hospital Kevorkian ran into more trouble. As part of an experiment he transfused cadaver blood directly into several patients. Kevorkian's actions shocked the U.S. medical community, but no legal action was taken against him.

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"All it involved was taking blood out of dead people who died suddenly and then transfusing it into living people just like regular blood. The Russians had been doing it for over half a century, but instead of transfusing it directly into a person, they would store it in a blood bank. We did that first, then we went further by using a syringe pump to take the blood directly from the heart of a dead person and put it into a living person. I thought it would be great on the battlefield, but they called it macabre research."

In a 1988 *Medicine and Law* article Kevorkian builds on his previous ideas of human experimentation by combining them with his theories on planned death. In his article, "The Last Fearsome Taboo: Medical Aspects of Planned Death," Kevorkian explains how with the experimentation you move from "euthanasia" or "good death" into an area called "eutatosthansia" or "best death."

Planned death is the purposeful ending of human life by direct human action. The concept is broader than euthanasia or "mercy killing," which are the ways it is usually interpreted. It includes capital punishment, both involuntary and voluntary; obligatory suicide mandated by rigid theistic or philosophical principles; quasi-optional suicide for the relief of suffering resulting from illness, disability, or old age; strictly optional suicide for reasons not known to others; justifiable infanticide or pedicide; and feticide, both intra- and extrauterine.⁴

Kevorkian even explains how animal rights advocates should totally back his ideas since experimentation now done on animals could be done on humans. "The proposed innovation should be extolled by animal rights advocates, because it would eliminate the need for animals now sacrificed unnecessarily in many aspects of academic and industrial research."⁵

In the 1989 issue of *Medicine and Law*, Kevorkian focuses on the need for a "commercial market for human organs and tissues." His article on planned death is reminiscent of the movie *Soylent Green*, and one can't help but be reminded of the book *Coma* while reading his views on harvesting and selling body parts.

It seemed more compassionate and logical to have a certain number of wealthy persons dying of renal disease buy kidneys from a supply greatly expanded by their purchasing power and thus survive while a certain number of dying poor individuals succumb because of the inequity of affordability....Surprisingly, sales to the rich could indirectly save more lives of the poor: because quality often erroneously is equated with price, wealthy donees might prefer to buy very expensive, "high-quality" kidneys from donors in the upper strata of society and leave most or all of the freely donated or very low-priced, "low-quality" organs from "skid row" donors to the poor — thereby actually enhancing equity.⁶

As Christians, do we really need to worry about Dr. Kevorkian and his provocative views on euthanasia? Aren't Kevorkian's ideas just the farfetched dreams of a "modern Dr. Frankenstein"? Dr. Kevorkian doesn't think so...

"What I'm talking about is inevitable. The people who are opposing this are gonna lose eventually, just like they lost in birth control and everything else that happened in medicine. It's an obstinate, futile opposition. The future, well it comes eventually."

1 Vol. 19, issue 93: used by permission.

2 Jack Kevorkian, "A Comprehensive Bioethical Code for Medical Exploitation of Humans Facing Imminent and Unavoidable Death," *Medicine and Law* 5 (1986): 181, 183.

3 Ibid., 194-5.

4 Jack Kevorkian, "The Last Fearsome Taboo: Medical Aspects of Planned Death." *Medicine and Law* 7 (1988): 3.

5 Ibid., 9.

6 Jack Kevorkian, "Marketing of Human Organs and Tissues Is Justified and Necessary," *Medicine and Law* 7 (1989): 562.