Interview: Dr. Karsten Vilmar

'It is not the task of physicians to put people to sleep'

*Dr. Vilmar, president of the West German Medical Association (*Bundesärztekammer*) was interviewed in March by Hella Ralfs-Horeis and Barbara Hopf. This interview was translated from the German.*

EIR: Dr. Vilmar, you are an emergency surgeon, and since 1978 have been the president of the German Medical Association. You have spoken out a number of times against euthanasia and against Mr. Hackethal [Dr. Julius Hackethal, a leading advocate of euthanasia in Germany, associated with the Society for Humane Death; indicted in January 1986 for the murder of a 69-year-old patient with cyanide—ed.]. Can you tell us something about the fundamental position of your organization on this subject?

Vilmar: The *Bundesärztekammer* is the association of the medical associations of the federal states, and all German doctors are organized in these state medical associations. So, the *Bundesärtztekammer* is the umbrella organization, if you want to put it that way. The annual national assembly of the *Bundesärztekammer* is the German Medical Congress, in which 250 delegates of the nearly 200,000 German physicians come together, delegates from the state medical associations, who discuss all of the problems affecting the medical profession.

The German Medical Congress has taken up the problem of euthanasia repeatedly in the last several years, because of the public discussion of it, although one has to distinguish between active and passive euthanasia. The Medical Congress always rejected active euthanasia by a large majority, nearly unanimously, since to end life, to kill someone, completely contradicts the tasks of the physician. It is the task of the physician—and this belongs to the ethical norms of action—to maintain life, to protect it, and to relieve suffering. It is utterly incompatible with this task to give someone a substance which causes death. This is not new knowledge: It is a basic norm of the practice of medicine for 2,500 years, and the prohibition against death is contained in the Hippocratic Oath, in the *Corpus Hippocraticum*. This Hippocratic Oath today is based on the modern form given it by the World Medical Association at its 1948 General Assembly, and was passed as the Genevan Oath.

There, too, it is stated, that the physician is not permitted to kill human life, rather that he has the obligation, regardless of race, religion, social position, and nationality, to protect health and relieve suffering. And it is from this standpoint that I have publicly represented the position of physicians in Germany, that that which is being loudly called for, which is being done, possibly, by individuals—you already spoke of Mr. Hackethal—is not compatible with physicians' responsibilities.

EIR: In Germany's largest Sunday newspaper, *Bild am Sonntag*, you personally condemned euthanasia in the strongest terms. You said, that once euthanasia is tolerated, we might as well eliminate our pensioners with an injection. What did you mean by that?

Vilmar: If one were to give up the protection of life, one would naturally confront the question rather quickly, who then decides, and according to what criteria, which life is still worth living and which is not. Even this vocabulary calls up memories of the horrors under National Socialism. There, too, it was said, that it is useful to the community of peoples if lives which were not worth living were eliminated, because they were only a burden on others, and only involve more costs.

If you now think over the general tendency of the discussion, then you see that things are once again going in the direction that they were, when abortion at the beginning of life was declared justified, on the grounds that this, too, is an emergency situation, and that there are social reasons for abortion, where the embryo, the child, would not have a reasonable perspective for its life. One can apply the same ideas at the end of life, too, and come up with the idea that people who need constant care, people with calcification of the brain, i.e., arteriosclerosis, who have suffered a loss of personality, no longer have a perspective for life, so that one would be justified in killing them. It is also repeatedly said, that physicians want this prohibition against killing to be

upheld, to be able to earn money on such constant-care cases. But this is a dreadful and senseless idea.

If, on the other hand, one considers that people could possibly come up with the idea, that old people only cost money and don't contribute anything, and then, on the basis of economic and financial calculations, calculate the magnitude of cost-benefit in money for the life expectancy versus the repair-costs, then the whole thing becomes utterly macabre. Then, like with a car, the time could come when you figure out that the repair costs are higher than the life-expectancy, and the car should basically be written off. Just imagine, if that happens to a relative, whether a grandfather, a grandmother, or even a child who is supposed to be treated like an old car. This contradicts the ethical task of physicians.

EIR: Are European associations like the Medical Ethics Commission also discussing euthanasia and the situation in the Netherlands? Can anything be done internationally by physicians' organizations against euthanasia?

Vilmar: The Permanent Committee of Physicians of the European Community is also dealing with this issue, especially with a view to the discussion going on now in the Netherlands. We are going to have to look into this very precisely, and will probably have to hear some more details from our colleagues in the Netherlands about what the position of physicians there is. But we, as the Permanent Committee of Physicians of the EC, will certainly reject—I can say this on the basis of previous discussions—any active legitimization by physicians—either in the sense of justification or in the sense of obligation—of anything that justifies the physician in actively shortening life, i.e., killing. And we hope, that there are such possiblities also in the Netherlands, perhaps through legislative action, because otherwise it would be a break in the dam, and the Dutch should be especially careful about that, because they have a relationship to water, after all, and they know what can happen when a flood breaks loose.

EIR: It is often said, that a person should decide for himself what should become of him, or that one can debate the issue on religious grounds, whether he can or cannot decide.

Vilmar: As far as I am concerned, the person can decide, but he should not expect that his death will be initiated by the physician. That is a very different thing, whether I give a third person the job, or even obligate him to kill. That would push the physician into the role of a "medical hangman," because if someone ends his own life out of desperation, then that is his own decision, and one should try to talk him out of this idea, but it is his very own decision, and he is acting for himself, and doesn't pull anyone else into it. But that is just what would be necessary, were a physician required to do what people demand, that he should give people the same right as animals, to put them to sleep. It is not the task of physicians to put people to sleep.

The free decision of the will is problematic, certainly totally problematic with children. It is also problematic with people who suffer from depressions. They need to be treated, but they do not need to be killed. They need help. And the real question always is, even with people who are psychologically healthy, whether a decision is really one of free will or not, whether or not pressures have an effect, which are not even recognizable by the physician who is supposed to make the decision. There are pressures from the family, the environment, in working life, in the housing community—there is no free decision in such cases.

Free decisions made in days of health can't be carried over to the phase of acute danger to life. One sees this with many people who have unfortunately suffered accidents, who then lead very full lives over a number of years, even with severe handicaps, and are thankful that they can lead such a life. Even among suicides—and this is an immense decision—if the suicide attempt is not successful, they are often happy afterwards that it didn't succeed, and for years afterward have led satisfying lives. For this reason one has to be very sceptical about such "free" decisions.

The remarkable thing about the entire discussion about justifying active euthanasia, the demand that someone be put to sleep, is that again and again, the majority of people say nothing about the sick person himself, but they always talk about the people around them, relatives and other people, who often say, "I, the healthy person, just cannot stand it, watching how he suffers." It is insinuated that the one who is suffering no longer wants to live, although he never says he doesn't want to live. He is the one who most often holds onto life the most strongly. This ought to make people think. Physicians are neither demi-gods nor gods in white, and no one else should feel that they are gods; and dare to judge the value of another life.

EIR: In the proclamation of the Congregation of the Faith of the Catholic Church on euthanasia on this point, it is said that the request for euthanasia, or an attemted suicide, is often precisely a call for help.

Vilmar: It is a cry for help. This is well known in psychiatry. And help is neccessary, not to die, but to live.

EIR: Does the German Medical Association work with the churches on the issue of euthanasia? How do you stand on the debate between Zeidler [Wolfgang Zeidler, head of the Federal Constitutional Court, who has attacked the Catholic Church as an obstacle to the introduction of euthanasia into Germany—ed.] and Cardinal Höffner?

Vilmar: Actually, what the highest judge of the Constitutional Court said is totally incomprehensible, that prohibition of active euthanasia is an island of inhumanity—one can only shudder, and presume, in Zeidler's favor, that he just did not think these things through. Had he thought it through, one would have to conclude, that he has a murderous mentality,

and that he believes that one can get rid of problems—no matter what problems, maybe social problems, pension problems, problems of care for the sick, whatever problems there might be—by killing people. But that could not be the view of the highest judge. So I must presume, that he merely has not thought about it enough, which is certainly bad enough for a judge.

The churches obviously have the same point of view as that formulated by the Medical Association, and to that extent there is agreement, without any special forms of cooperation being necessary.

EIR: In the discussion about euthanasia and the health-care system, cost-benefit considerations are constinuously introduced. In the U.S.A., where euthanasia has already spread very far, $70 billion is supposed to be saved in the next five years under the Gramm-Rudman law. The new American health secretary, Otis Bowen, is not only a proponent of patients' living wills, but he also said in 1984 that the last year in the life of an incurably ill person was the most expensive, and therefore patients' wills are very useful. How can such developments be prevented in the Federal Republic of Germany?

Vilmar: In all of the considerations, which have gone through the U.S. papers, about how one can save a lot of money, the thing to fear is, where does it stop? If you look at it that way, then you would have to demand in our discussion here, too, about cutting costs in health care, that only people who are fit to work should be treated, and all others, especially pensioners and the elderly, should not be treated, because the costs are higher than the benefits, from the standpoint of economics. This would be deeply inhuman, because you just cannot express happiness in money. That is why the health-care system can not be considered purely on the basis of costs. It would certainly also be deeply inhuman, to solve the problem of pensions, which is obviously there, by killing. This idea is absolutely perverse.

EIR: What can be done to defend our health-care system, all over the world, against cost-benefit thinking, or the Green propaganda about "equipment medicine."

Vilmar: The same thing I said before also goes if it is demanded, that because of the equipment and the machines, one has to put a limit to inhumanity and loosen up the prohibition against killing. It has to be said again and again, that foregoing medical scientific and technological progress would be deeply inhuman. People who demand what we just leave modern medicine to one side, most of them have no experience of their own. There are many patients who are very happy that many years of life that would have been lost can be opened up for them once again by such medical scientific progress.

In many clinics, one finds that many patients do not want to be shifted back from an intensive-care station to a normal station, because they have experienced how they were saved one or many times there. So, one has to reduce the fear, so that they begin to trust in themselves and their health once again.

It is of course a different issue, that the physician is not obligated to keep merely the breathing and metabolism of a person going in hopeless cases, in cases of so-called dissociated brain-death, although the brain died long ago. It can be determined when the brain dies: blood no longer flows through it; it no longer shows electric activity; and there are other criteria. Then personal life is irreparably lost. At that point, one can turn off the machines, but then the issue is not one of killing, but merely one of drawing the consequences from a death that has already occurred. That is completely different.

What must always be clearly seen, is that the physician is obviously obligated also to help someone who is dying. That does not mean, that he would be obligated to deploy the entire arsenal of medical science in hopeless cases, because the issue then is no longer that of prolonging life. Then he can forego things, for example, when someone's heart stops, someone who has a diffuse metastatic carcinoma heart, and all other bodily functions have ceased, and now the heart too drops out—in such a case, the physician is not obligated to start the heart up again with a pace-maker or something like that. A physician is also justified in giving a patient suffering from severe pain in the final phase of a terminal disease pain-killers, in order to relieve the pain, even if he must fear, that this will bring death sooner, because it will affect the breathing center. The important and essential difference to active euthanasia consists in the fact, that the physician does not give the pain-killer now in order to kill the patient. That would be active euthanasia.

EIR: What can be done to fight against euthanasia?

Vilmar: If euthanasia is discussed in other countries, and also among us, and where perhaps not only elderly or terminally ill people, but also handicapped people are included in these considerations, then one can only shudder, because that is just the way that euthanasia was made acceptable to the population in the Third Reich. There was a film, *I Accuse*, [made by the Nazis in the early 1940s—ed.] which reduced peoples' inhibitions against killing human life. That was the aim of the film. We all know the results. It led, ultimately, not only to killing of the handicapped and hereditarily ill, but also to the gassing and annihilation of Jews, Gipsies, and many others. It undermined the respect for life, so that the people who did these things—and it surely was not the entire population, many never knew—but those who did these things, they had no sense of injustice any longer. This is what the trials later showed. They simply had no sense of injustice. That would be a horror, to imagine that again today, so that one can only say that, in all possible ways, it has to be stopped at the beginning. *Principiis obsta!*