Man fights hospital's duty-to-die policy

by Linda Everett

Last December, a Minnesota county government sought to create a duty-to-die precedent by authorizing a public hospital to sue for the "right" to kill a patient against the explicit wishes of herself and her family. As the first step of instituting the medical equivalent of judicial fascism, the Hennepin County Board of Commissioners authorized the Hennepin County Medical Center to petition the court to have Oliver Wanglie removed as the legal guardian to his severely brain-damaged wife of 53 years, and appoint someone more amenable to the aim of removing Mrs. Helga Wanglie's life-support.

At the May 30-31 hearing before Probate Court Judge Patricia L. Lebois in Minneapolis, Oliver Wanglie, 87, related from memory his wife's medical history. Mrs. Wanglie, 87, entered Hennepin County Medical Center with a fractured hip in late 1989. For five months she was conscious, but used a ventilator because of breathing difficulties. Doctors insisted she be moved to Bethesda Hospital, a long-term care center in St. Paul where, despite the fact she was a difficult respiratory patient, her ventilator was removed. She was found unconscious and rushed to yet another facility, because Bethesda lacked the capability to revive her. Mr. Wanglie told *EIR* he was never informed the ventilator would be removed, and would not have allowed that or his wife's transfer to Bethesda had he known it lacked an intensive care unit. By the time she was resuscitated, Mrs. Wanglie sustained severe brain damage. Once she was returned to Hennepin County, doctors threatened to remove her ventilator, because, they said, treating her (keeping her alive) was "futile care" and "not in the patient's interests." The Wanglie family adamantly refused.

Mr. Wanglie told the court that when doctors demanded that his wife's ventilator be removed, he told them that "there are thousands of doctors killing babies in the womb at the beginning of life, and some were killing people at the end of life like Hitler did to the elderly. History teaches a nation without a high moral standard has crumbled to dust." He would never, he told the court, remove his wife's ventilator—even with a court order. Helga Wanglie, he said, was a devout Lutheran who said she "wanted to stay here until the Lord called her."

While Oliver Wanglie, an attorney licensed to practice law in three states, nailed the hospital's actions as on a par with Nazi medical precedent, hospital doctors tried to portray him as "senile," always "off on tangents," and unable to focus on his wife's condition. Mr. Wanglie says that like his wife, he believes that "only He Who gave life has the right to take life."

Such convictions are under attack, because they could thwart attempts by malthusians to create a duty-to-die precedent, by using Mrs. Wanglie's case to get court approval of a doctor's right to end any alleged costly, "futile" care that keeps alive those whose lives "are not worth living." The Euthanasia Education Council (now the Society for the Right to Die) wrote a letter to the editor of the *New York Times* ostensibly to support anyone's wish to live, as does Mrs. Wanglie—or to die. The letter argued that these costly "burdens" to taxpayers have no right to care when Medicare is reducing treatment for patients who could fully recover.

State budget-cutters are attempting broader living will laws that target patients with severe brain damage who are labeled comatose, "permanently unconscious," or in a "persistent vegetative state." Still others, like Daniel Wikler, professor of medical ethics at the University of Wisconsin Medical School, want us to think of these patients as "dead." Wikler suggests that states change their declaration of death or brain death laws—which people had to be brainwashed to accept—to include all patients dumped into these new categories.

No right to 'inappropriate' care

It is not surprising that Steven H. Miles, ethics consultant to Hennepin County Medical Center, testified that patients like Mrs. Wanglie don't have the right to what he calls "inappropriate" medical care. Miles's mentor is reported to be the pro-death neurologist Ronald Cranford, also at Hennepin County Medical Center, who wants the courts to determine if people labeled "permanently unconscious," as is Mrs. Wanglie, should be considered "persons." If these people are not conscious, says Cranford, they lack personhood, a prime requisite for constitutional and civil rights. As "non-persons," he suggests, killing them may not be murder.

On cue, medical ethicists raised the alarm over the loss of Mrs. Wanglie's "autonomy" to make choices. Then, although Mrs. Wanglie's medical bills are covered by Medicare and a private health maintenance organization, ethicists all over the country, as apologists for cost-cutters, wondered aloud to the national media whether the nation can afford to indulge in keeping the elderly alive while denying resources to children. "We're not proposing rationing beneficial care," says Art Caplan, director of the Center for Biomedical Ethics—only care that keeps patients like Mrs. Wanglie alive.

What is really on trial is the right to believe in the sanctity of human life, the right to the medical care that sustains that life, and the right to society's protection of it. Judge Lebois is expected to rule whether Mr. Wanglie has that right, as his wife's legal guardian, within weeks.