to help them tell us what they want. These simple devices go a long way to allow a person some control over his environment that they are motivated to control. A single switch hooked to a $35 tape recorder can activate a short taped message that says, "I'm thirsty" or "move me" or whatever is most useful. Conley, with his hand squeezing ability could have been "talking" all these years. Several tape players can be used for different kinds of needs.

One therapist rigged an arrangement with a switch that allows a young child in coma who is only able to move her head randomly up and down, to hear her parents reading her favorite book on a cassette tape when her head tilts forward. These emotionally motivating stimuli often work better than the traditional stimuli used by therapists. Simple word boards with the alphabet and a few simple words like "yes," "no" or rebus boards with pictures that symbolize yes and no can augment a patient's communication capabilities. If the person has only gross movement of their arm or leg, toggle switches or in an older patient, joy-sticks, work as well.

The Eyegaze System

Another innovative approach, the Eyegaze System, is the opening of a whole new world for patients in recovery from coma. For individuals with good control of at least one eye, Eyegaze allows severely disabled individuals to do with their eyes what most of us do with our hands. Simply by looking at control keys displayed on a computer monitor screen, the user can perform a broad variety of functions including speech synthesis, environmental control, like turning on lights, appliances and televisions, playing games, typing, as well as operating a telephone. It is also an invaluable diagnostic tool for those who are both physically impaired and nonverbal.

The Eyegaze System, produced by LC Technologies, Inc. in Fairfax, Virginia, consists of monitors, cameras, computer, and control devices, all designed for table-top mounting. When the user sits before the monitor, a video camera located below the Control Monitor observes one of the user's eyes. A low-powered infrared light mounted in the center of the camera lens illuminates the eye and provides a bright image of the pupil and a bright spot reflecting off the cornea. The image of the eye is displayed on a second monitor called the Eye Monitor.

Sophisticated image-processing software continually computes where on the Control Monitor screen the user is looking. The system predicts the gaze point with an accuracy of better than a quarter of an inch. As a form of feedback to the user, the Eyegaze System displays a cursor on the screen at the user's gaze point. To "press" a key, the user simply looks at the key for a specified time called the "gaze duration," the key flashes to give him feedback that he has pressed it. The gaze duration can be adjusted to the speed of the user, but the typical gaze duration time ranges between two-thirds and one-quarter of a second.

'Death on demand' is still homicide

by Jutta Dinkermann

Europe, like the United States, is witnessing the resurgence of a movement which was last openly championed and practiced by the Nazis—euthanasia. Today, the policy outlook which says that there is "life not worth living," is being advocated not just by lunatic fringe groups, but by some of the governing institutions of Europe.

On April 25, the European Parliament's Committee for Environment, Public Health, and Consumer Protection passed a "Motion for Resolution on Companionship with the Dying Person" by a vote of 16-11, with three abstentions. With this vote, the committee demanded a policy of active euthanasia. The president of the European Parliament was mandated to forward this resolution to the European Commission and the European Council, as a policy recommendation for member states.

Although the European Parliament rejected the resolution this time, another similar motion is being prepared for consideration in early November, and the Law Commission will also propose its version.

The demand for active euthanasia is explicitly raised in Point Eight of the motion: "The European Parliament is of the opinion that, in cases where there is a lack of a curative therapy and once correct psychological and medical treatment have failed, and in each case where a fully conscious patient expressly and relentlessly demands that his existence, which has lost any dignity for him, be put to an end, and if a committee of physicians called for this purpose established that it is impossible to apply new, specific treatment, this demand must be acceded to, without respect for human life being violated in this way."

And Part B reads: "Human life consists in dignity, and if a person after a long illness, against which he has courageously fought, requests of the physician to put an end to an existence which has lost all dignity for him, and if a physician decided, according to his best knowledge and conscience, to help this person and to lighten his last moments, by enabling him to peacefully fall asleep forever, then this medical and human assistance (which some call euthanasia) signifies respect for life."

Statements condemning this motion were circulated to European Parliamentarians by the Club of Life and by Dr. Georg Götz, deputy chairman of the European Association for Physicians' Action (an organization which is also very active in the fight against abortion). Dr. Götz is a general

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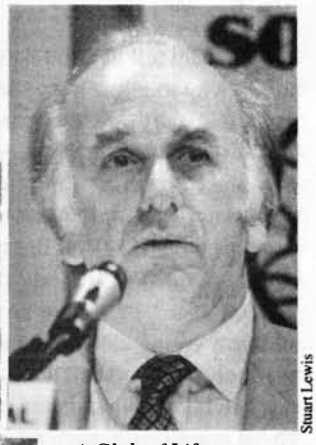

Stuart Lewis

A Club of Life demonstration in Germany against "right to die" murderer Dr. Julius Hackethal, in 1984. Banners proclaim: "Never again Nazi medicine." Inset: One of Hackethal's U.S. cohorts, and a leading figure of the euthanasia movement, is the Hemlock Society's Derek Humphry, propagandist of death.

practitioner in Neus, Germany, and has decades of experience dealing with the dying. In 1976, he received an award from the Association for Practical Physicians and General Practitioners in the Federal Republic of Germany for his essay on "Aid for the Dying in Theory and Practice—a 'Last Aid' Course." The paper was evaluated by the association as being "the result of the life-long experience of a practitioner. It thus gains a dimension which is rare in medical publications."

The following are excerpts from Dr. Götz's statement:

A. The human being is not equivalent to consciousness

Under Point C in Part A of the Motion for Resolution, it reads: "The activity of the brain determines the level of consciousness and it is the 'level of consciousness' which makes a human being human."

This is a false statement with far-reaching consequences. If the human being becomes human only by achieving a "level of consciousness," however that may be defined, then embryos, fetuses, newborn children, people with brain-damage, and particularly comatose patients, are no longer to be viewed as human beings. The contrary is correct: The scientifically, genetically demonstrable fact of belonging to the human species and the divine spark which is in every human being are alone sufficient to see a person as a human being, however disturbed the "level of consciousness" of the person may be at a given point in time.

B. What is the origin of the death wish?

1. It is the falsification of the conception of "right and freedom," the often-cited phrase "right to self-determination" in a liberalized and manipulated society.

2. It is the vital fear of a person of degenerating into infirmity, and having to look forward to the end of his earthly existence with tormenting pain.

3. The attempt of published opinion to pass a blanket and one-sided condemnation of modern intensive care, which is apparently soulless technology, which destroys the relationship of confidence between the patient and the physician. Press reports are played up as deterrent examples of medical treatment, which allegedly result in the prolongation of life at any cost and to an unreasonable extent.

4. Mercy killing as an act of compassion or of neighborly love is propagated all the way into old-age homes and nursing homes.

5. Another motive for fear which moves particularly sick, infirm, and old people, is the feeling of being a burden upon one's relatives and society, and being superfluous. (The danger of suicide is thus a fact which must be taken seriously.)

6. The reverence due to the Creator is disappearing. Human beings want to put themselves upon the throne of the Creator, in order to be able to dictate to themselves and others.

Hence, the wish of an incurable, sick person for active euthanasia cannot be taken as a free decision. Many sick people are furthermore psychologically depressive. Their wish is more an expression of being tired of life (but one can always recover from being tired), and it is a call for more human attention from the ones closest to the person. Besides, who can judge to what degree a terminally ill person who requests that this suffering be shortened still enjoys an unimpaired consciousness? Every physician should know the individual stages which a dying sick person goes through. Compassion is often worse than suffering oneself. It is thus fully understandable that it is the relatives more than the sick person who wish a quick end. To give in to this wish is not legitimate. I have also experienced cases where a terminally ill person gives consolation and strength to his relatives, the father to a son, the mother to her children.

C. Is pain really meaningless?

In Part A (under Point G) there is the statement: "Bodily pain is meaningless and destructive." A comment on that point: No person wants to suffer pain, but he sometimes must. But is there no one, a friend, someone to offer consolation and help, the physician? Reducing pain is among one of the fundamental principles of combatting fear and psychological care of medical practice. (Futhermore, pain is initially a warning signal. If an infected appendix took its course without pain, it would burst and cause life-threatening peritonitis.) If pain has a meaning, illness does also. "Illness is not a blessing, but its existing can be a blessing," said the famous physician Paracelsus. A simple example is that of a chain-smoker, who becomes a non-smoker after the heart attack which he successfully survives. Another example: Thousands of people can report how a serious illness led them to recognize the value of their life, often proven in such statements as "I now live much more consciously, I am thankful for every day."

D. Companionship with the dying person

"Companionship with the dying person" is a nice-sounding phrase if it is actually practiced up to the end of a human life. The "companion doctor" cannot give up this care by abruptly killing his patient! The physician is not then the companion in death, but an accessory in fulfilling a wish on the part of the patient, who demands from him the execution of a death sentence. Whoever cannot bear to look in the face of a dying person can either turn in his license to practice medicine or transfer the task of accompanying a dying person up to his last breath to another colleague. To sustain life and to make it worth living with an appropriate therapy is a postulate of medical practice. But with his knowledge and in his conscience, a physician knows the limits of scientific technology, and he will let his activity, or even his inactivity, be guided by medical, ethical principles. He is not interested in prolonging suffering and pain by measures to prolong life which are doomed to fail from the start.

E. The tactic of exaggeration

Sophisticated, lying propaganda was spread in the United States prior to the legalization of abortion. Astronomically high statistics on abortions were circulated in all of the media. This is evident from the admission of Dr. Bernard Nathanson, then chief physician at the largest abortion clinic in New York. The media have been employing the same tactic in [Germany] since 1975, publishing exaggerated percentages of people who allegedly favor euthanasia. . . . In reality, these figures are a totally distorted picture put out to deceive our society, since only healthy people are asked to participate in these polls, people for whom dying is not a serious issue. . . .

In my general practice, I have never experienced a single patient who expressly and incessantly pressed me to give him a "liberating" injection. With unselfish physical, spiritual, and psychological care . . . the dying of a terminally ill patient . . . can become a "masterpiece" of both the patient and those caring for him.

F. Human dignity

In the Motion for Resolution, there is a talk in the introductory Part A of dignity and spirituality as the foundation of human life. . . . It is all the less tolerable that this notion be allowed to relativize human dignity, and thus violate it. The human being did not create himself, he has a Creator who alone has the right to call the life of one of his creations back to death. The right of disposition over life is His, and no one else's, however much influence or power this other may have. Even a democratic majority cannot put the authority of the Creator into question and treat it with disdain. There is often no clear conception of human dignity (also in connection with "dying with dignity"). Human dignity is not derived from people, but comes from the Will of the Creator and the Plan of God (Gen. 1). God created man to be immortal (Wisd. 2:23). The dignity of man consists in his being destined to eternal life (Phil. 3:21). Attorney Walter Leisner provides an excellent definition:

"Even in chains the human being maintains his dignity. He already has dignity in his mother's womb, still in the grave, where all freedom ends; the dignity of the human being is, it does not act, it exists even when freedom itself dissolves in mental derangement.", . .

G. Summary

What is behind this [Motion for Resolution] . . . is the equivalent of an attempt upon a human life, one which is supposed to become legal for a physician. What is behind this is a death-bringing ideology, which is contrary to the Christian image of man. We physicians must reflect upon God's law and the Basic Law [Germany's constitution], where the preamble states: "In responsibility before God." Never active euthanasia!