Click here for Full Issue of EIR Volume 24, Number 3, January 10, 1997

In the U.S. Courts

Twenty years of Nazi crimes as law

by Linda Everett

The following is a chronology of landmark decisions in the legal battle around assisted suicide.

March 31, 1976: The New Jersey Supreme Court rules in the case of **Karen Ann Quinlan,** that the "privilege of choosing death" can take precedence over the state's duty to preserve life. Miss Quinlan is a 22-year-old unconscious woman, dependent on ventilator support and tube feedings, whose father wants her ventilator removed. His attorney, prepped by the Hastings Center and Kennedy Center for Bioethics, lies that she had less than a year to live.

The court overruled prevailing medical and moral standards to uphold Miss Quinlan's "right to privacy." Since she wouldn't want to live a "biologically vegetative remnant of life," the court said, the only practical way to prevent destruction of her right to privacy, was to give her family the right to exercise it *for* her. The court gave Mr. Quinlan—and families generally—the "right" to choose another person's death. Weaned from the ventilator, Miss Quinlan went on to live for another decade.

The results of her autopsy, which were kept secret until 1994 (19 years after the court ruling) showed *none* of the devastation of her cerebral cortex that had been claimed to establish this "right to die" precedent.

1977: The Massachusetts Supreme Judicial Court rules that **Joseph Saikewicz,** a 67-year-old mentally ill patient at a state institution, should not undergo leukemia treatment. The court held that a patient has the right to privacy "against unwanted infringement of bodily integrity in appropriate circumstances. . . . The constitutional right to privacy . . . is an expression of the sanctity of individual free choice and self-determination as fundamental constituents of life. The value of life as so perceived is lessened not by a decision to refuse treatment, but by the failure to allow a competent human being the right of choice."

Jan. 18, 1979: A Massachusetts court rules to let the family terminate kidney dialysis of **Earle Spring,** 79, so that he may "die with dignity." Spring, who had not been ruled incompetent, told his nurses and the members of the International Caucus of Labor Committees that he "did not want to die." The Massachusetts Supreme Judicial Court orders that he be placed back on dialysis, but Spring dies in April 1980, while the family contests that order.

Oct. 12, 1983: California's Second Appellate District Court (California) rejects murder charges against two Kaiser Permanente Hospital doctors who removed life-support, nutrition, and hydration from **Clarence Herbert,** who never recovered from surgery they had performed. The doctors lied to the family that "every cell in his brain is dead"—despite the fact that no tests were conducted and no negative prognosis for neurological recovery was ever made until Herbert had been deprived of food and water for four days, and of ventilator support for six. Herbert had died in August 1981, and the doctors were originally charged with murder.

The ruling set the standard for starving hospital patients: "Extraordinary care" was considered any ordinary care, including food, water, or antibiotics, that "may not always provide benefit to patients," and which, when given intravenously, are no different from a ventilator. "The distinction is based more on the emotional symbolism of providing food and water to those incapable of providing for themselves rather than on any rational differences."

June 4, 1984: A Massachusetts Appeals Court rules that a conscious, elderly, mentally ill nursing home patient, who is not terminally ill, brain dead, or comatose, could reject all food, water, and treatment, despite the fact that she is not legally competent. The court allows starvation of **Mary Heir,** a ward of the state, who was "approaching end of normal lifespan." The appeals court affirmed that "the subjective considerations about the burdens of advanced medical technologies of an incompetent patient had to be considered by the court-appointed guardian."

Nov. 2, 1984: The Minnesota Supreme Court affirms a ruling to let the Hennepin County Medical Center remove ventilator support from **Rodolfo Torres**—solely on the basis of recommendations by "independent" ethics committees that were organized by the hospital's own physician, Dr. Ronald Cranford. Torres was comatose because he had been strangled by the hospital's improperly placed head-strap. The court ignored the hospital's blatant conflict of interest, and ruled that the patient may well have wished to avoid "the ultimate horror, [not of] death but the possibility of being maintained in limbo."

Jan. 17, 1985: The New Jersey Supreme Court rules in the case of **Claire Conroy,** that "artificial" feeding is the same as medical treatment, and can be withheld or withdrawn from elderly incompetent nursing home patients if they have less than a year to live; if there is clear evidence that the patient would want that, or, if, in someone else's opinion, "the net burdens of the patient's life with the treatment . . . clearly . . . outweigh the benefits the patient derives from life."

In 1983, a Superior Court gave the nephew of Clair Conroy, an 83-year-old diabetic, the right to have her starved to death, because "she never liked doctors." After Conroy died, a lower court said the starvation order "authorized euthanasia,"

© 1997 EIR News Service Inc. All Rights Reserved. Reproduction in whole or in part without permission strictly prohibited.

but, the Supreme Court overruled: "The standard we are enunciating is a subjective one, consistent with the notion that the right that we are seeking to effectuate is a very personal right to control one's own life. We hesitate . . . to foreclose the possibility of humane actions, which may involve termination of life-sustaining treatment, for persons who never clearly expressed their desires about life-sustaining treatment but who are now suffering a prolonged and painful death." The ruling allowed nursing home officials to carry out starvation as in the "best interests" of incompetent nursing home patients.

April 24, 1986: The California Superior Court orders doctors to provide pain medication to a patient who checked into a Los Angeles psychiatric hospital to starve herself to death. Despite the fact that **Elizabeth Bouvia,** disabled by cerebral palsy, was profoundly depressed (she had lost her husband and university job), a lower court ruled that Bouvia had the right to suicide. Her right to die, the judge said, includes "the ability to enlist assistance from others, in making death as painless and as quick as possible."

Sept. 11, 1986: The Massachusetts Supreme Judicial Court allows family request to starve the unconscious **Paul Brophy.** This broadest euthanasia ruling yet, endangers patients suffering "an 'affliction' . . . which makes him incapable of swallowing." Dissenting Judge Nolan condemned the court for equating food and water with medical treatment and for endorsing "euthanasia and suicide [which] is direct self-destruction and is intrinsically evil. No set of circumstances can make it moral."

In 1985, Brophy's doctor had refused to starve him to death, recalling the Nazi concentration camps, and testifying before the Probate Court that starvation of coma patients was "a barbaric and savage way to induce death." That court had ruled that the state is "morally obligated to sustain the life of an ill human being, even one in a persistent vegetative state. The proper focus must be on the quality of care furnished Mr. Brophy, not the quality of his life, otherwise, the court is pronouncing judgment that Brophy's life is not worthy to be lived."

In its *amicus* brief, the Right to Die Society said that the Brophy case was to provide a national perspective on the "fundamental right" to withhold or withdraw food, water, and treatment of people who "will not return to cognitive life."

June 24, 1987: The New Jersey Supreme Court upholds lower court decisions that vastly expand right-to-murder rules: "All patients, with some limited cognitive ability or in a persistent vegetative state, terminally ill or not terminally ill, are entitled to choose whether or not they want life-sustaining treatment." To protect the rights of incompetent patients, their relatives, friends or guardians choose *for* them, whether the patient may live or be starved to death.

The decision exceeded the *Conroy* ruling, now allowing the murder of patients who were not terminally ill, not "brain dead," not in a "vegetative state," using the flimsiest "proof"

Mr. and Mrs. Earle N. Spring in 1973, on their 50th wedding anniversary. Earle Spring died in 1980, one of the early victims of the "death with dignity" movement.

of patient wishes, or none at all. Hearsay evidence of a passing comment made 15 years earlier was "proof" enough to starve the brain-injured **Nancy Ellen Jobes,** 30. The judge dismissed testimony from doctors and nurses who told him that Miss Jobes could follow orders to move her toes, stick out her tongue, etc., because, he said, they were biased toward saving her life, and therefore saw "signs of intelligence" where none existed. The comatose **Hilda Peter** was starved with no evidence of her wishes. Removal of the ventilator of **Kathleen Farrell** was upheld. The U.S. Supreme Court refused to stay the ruling.

Aug. 11, 1987: New York Gov. Mario Cuomo signs into law the nation's first "Do Not Resuscitate" (DNR) law. Relatives can request a DNR order if it's in a patient's "best interest."

November 1988: The Humane and Dignified Death Act, a suicide-on-demand ballot initiative, is defeated in California. The initiative, organized by the Hemlock Society and its sister group, Americans Against Human Suffering, would free doctors from civil and criminal liability for "aiding" patient suicides. It was Hemlock Society's first step toward making euthanasia legal for anyone, for any reason, at any time.

June 25, 1990: The U.S. Supreme Court rules in its first euthanasia decision, that starving patients to death is no different from causing them to die by removing other forms of

medical treatment. The *Cruzan* right-to-murder precedent threatens the lives of hundreds of thousands of people with mental and physical disabilities.

The ruling ends a four-year legal battle by a Missouri couple to end the life of their daughter, **Nancy Cruzan,** who had sustained severe brain injuries in 1983. Miss Cruzan was characterized as a "vegetable" who didn't feel a thing and just "looked" alive. State law prohibited starving patients or removal of their life-support without clear proof of their wishes. The family asked to stop Miss Cruzan's feeding in 1986. The hospital refused: "To starve someone is unthinkable here in Missouri." A lower court defied the state law, ruling: "There is a fundamental natural right expressed in our Constitution" that permits "ending or withholding artificial death-prolonging procedures."

The Missouri Supreme Court overruled that decision, writing on Dec. 16, 1988: "This is not a case in which we are asked to let someone die. . . . This is a case in which we are asked to allow the medical profession *to make Nancy die* by starvation and dehydration. The debate here is thus not between life and death; it is between quality of life and death" (emphasis added).

"[C]ourts find quality of life a convenient focus when justifying the termination of treatment. But, the state's interest is not in quality of life. . . . Were quality of life at issue, persons with all manner of handicaps might find the state seeking to terminate their lives. [T]he state's interest is an unqualified interest in life." The decision slammed the fiction that feeding a patient is treatment: "Common sense tells that food and water do not treat an illness, they maintain life."

The Cruzans appealed to the U.S. Supreme Court, which found that 1) "[T]he United States Constitution would grant a competent person a constitutionally protected right to refuse life-saving hydration and nutrition," and 2) that others, including families, have the right to terminate an incompetent patient's life-sustaining treatment or nutrition and hydration, by exercising the patient's right to privacy and self-determination *for* them. But, the court added, states, such as Missouri, may require procedural safeguards that give "clear and compelling" proof of the patient's wishes, expressed while the patient was competent.

Four justices opposed the majority for not making euthanasia a fundamental civil right, for not providing children with a way to refuse treatment, and for not allowing patients to be killed if their families prefer pleasant memories of their better days, rather than of their "degraded" state.

On Dec. 14, 1990, a Missouri court authorized the removal of Nancy Cruzan's feeding tube, after the Cruzans provided hearsay evidence as "proof" of her wishes.

Since her death, Miss Cruzan's father, Joe Cruzan, who had campaigned nationally for euthanasia rights, was depressed, wondering if the family had done the right thing. On Aug. 17, 1996, Joe Cruzan took his own life. Ronald Cranford, the pro-euthanasia doctor who pursued the Cruzan and other precedents, including assisted suicide, said that Mr. Cruzan's was "a rational suicide," since "he was never going to get better."

Nov. 5, 1991: Washington voters defeat Initiative 119, which would have allowed assisted suicide for anyone with a serious medical condition, which, if left untreated, would be likely to kill them within six months. The National Hemlock Society financed the campaign for Initiative 119, which was organized by the Washington Citizens for Death With Dignity Coalition.

Dec. 1, 1991: The Patient's Self-Determination Act (PSDA), signed by President George Bush, goes into effect, requiring all hospitals, health care facilities, and nursing homes—under penalty of losing federal funds—to "educate" patients about their right to refuse medical treatment and to sign medical directives.

The PSDA promotes the lie that advance directives will assure that a patient's treatment choices will be followed by doctors or by the person named by the patient, when the patient is unable to direct his own care. But, as testimony for this law states: Patients can refuse or withdraw any and all medical treatment, but have no right *to insist on* medical treatment (including food or water), no matter how much they want it, no matter that it could save their lives, if doctors or ethicists claim that the care is "futile." Feeding patients assures sustenance and life, but, such ethicists claim, if it won't return the patient to full health, it's a waste of resources. Severely ill and incompetent patients are often handed a PSDA, better known as Bush's "Patient's Self-Termination Act," and told to sign, with no notion of the consequences.

1992: Bipartisan legislation to make "assisted suicide" legal is proposed in New Hampshire, Iowa, Maine, Michigan, Maryland, and Oregon.

Jan. 6, 1992: The Massachusetts Supreme Judicial Court allows the state to starve to death an incompetent ward of the state. The court upholds a lower court ruling that a state hospital's ethics committee could kill the 34-year-old, profoundly retarded woman. "Jane Doe" was never capable of making any decision about her care, but the judges "substituted" their "judgment" for her, saying that if she were competent, she would want to die. So, they ruled, maintaining a feeding tube against her wishes "robs her of the right to determine the course of her care. . . . Doe's right to self-determination must prevail over the state's interest in preserving life for all."

Three judges dissented: "If this is not involuntary euthanasia, or worse, it is hard to know what it is." The ruling comes as Massachusetts begins to close more than one-third of its state hospitals that care for individuals like Jane Doe.

February 1992: Virginia is set to enforce its Health Care Decisions Act, which allows doctors, guardians, and ethics committees to exterminate severely handicapped indi-

viduals and wards of the state. The law specifically states that it is applicable to incompetent patients in psychiatric and mental retardation facilities, who have no "reasonable expectation of recovery"—which encompasses a myriad of conditions from brain injury to diabetes. Treatment, including food and water, can be denied or terminated if a doctor says that it is "futile."

Nov. 2, 1992: California voters defeat Proposition 61, the assisted suicide ballot initiative that lets doctors provide "suicide" to depressed individuals, and anyone else who might succumb to economic, emotional, or other forms of coercion. Californians Against Human Suffering ran the Death With Dignity campaign. *EIR* exposed how the campaign utilized laundered donations from nonexistent out-of-state organizations.

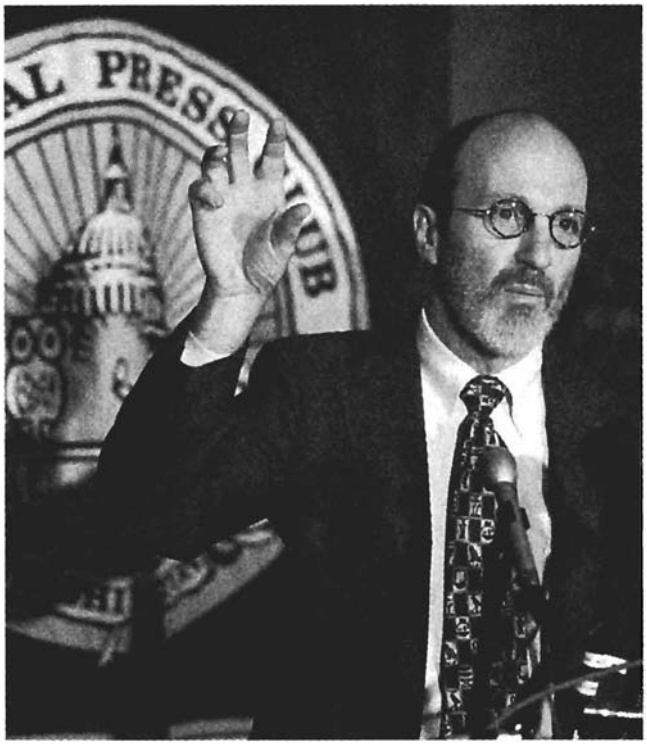
1993: Non-hospital "Do Not Resuscitate" orders have been authorized by 24 states over the last four years. Hospital or nursing home DNRs prohibit intervention to save the life of a patient in cardiac arrest. Non-hospital DNRs restrict emergency medical personnel similarly, if the patients are said to have signed a home-DNR. How does an ambulance crew know that someone didn't just slip a DNR bracelet on the patient, to discourage life-saving care? They don't.

Jan. 27, 1994: The pro-euthanasia group Compassion in Dying files a lawsuit in U.S. court to challenge Washington State's laws that ban aid or promotion of suicide. Depite the state law, prosecutors never investigated the group, which claimed that it had "facilitated" several suicides.

The suit argues 1) that the state ban violates the due process clause of the Fourteenth Amendment to the U.S. Constitution, because it bars a terminally ill patient's constitutionally protected liberty interest to "end their suffering"; and 2) that the law violates the equal protection rights of these patients, because it distinguishes between those terminally ill patients who have a right "to end a painful and futile life" by allowing doctors to remove life-support, and those patients who are not dependent on life-support, and need a doctor-prescribed "life-ending drug" (*Compassion in Dying v. State of Washington*).

Jan. 30, 1994: Jack Kevorkian launches ballot initiative to amend Michigan's state constitution, to allow doctors to kill anyone with an "incurable" medical condition who requests it. The "MERCY" amendment (Movement Ensuring the Right to Choose for Yourself) never acquires enough signatures to qualify for ballot status.

May 4, 1994: The federal court strikes down Washington State's 140-year-old law against aiding in suicide. Judge Barbara Rothstein claims that the U.S. Constitution protects the right of mentally competent, terminally ill patients to commit suicide, and that that right overrides any state interests. The state, along with several organizations, including the U.S. Catholic Conference, appealed her decision to the Ninth Circuit of Court of Appeals.



Dr. Timothy Quill, who sued to overturn New York State's ban on assisted suicide, uses the same arguments for euthanasia as did Adolf Hitler.

July 20, 1994: Compassion in Dying finances a lawsuit challenging New York State's law against assisting in suicides. The suit contends that the Fourteenth Amendment guarantees 1) "the liberty of mentally competent, terminally ill adults with no chance of recovery to make decisions about the end of their lives"; and 2) "the liberty of physicians to practice medicine consistent with their best professional judgment"—which includes giving patients "life-ending medication" to be self-administered.

The doctors who brought the suit are Timothy Quill, Howard A. Grossman, and psychiatrist Samuel Klagsbrun, longtime adviser of the original Euthanasia Society of America (*Quill v. Vacco*).

Oct. 4, 1994: The Michigan Supreme Court rules: "The U.S. Constitution does not prohibit a state from imposing criminal penalties on one who assists another in committing suicide." Michigan's highest court, in reviewing four cases, finds that those who assist in suicides could be prosecuted under common law. The cases include: the American Civil Liberties Union (Michigan) challenge of Michigan's 1992 ban on assisted suicide; a prosecutor's appeal of dismissed murder charges against Jack Kevorkian in two 1991 homicides; and dismissed assisted-suicide charges against Kevorkian for three homicides committed during the state's temporary ban on suicide-aid.

"Dr. Death," Jack Kevorkian (left) with his attorney-accomplice, Geoffrey Fieger. Both men have stated that Kevorkian has killed as many as 100 people. Law enforcement experts confirm that Kevorkian fits the psychological profile of a serial killer.

Nov. 8, 1994: Oregon becomes the first place in the world to make euthanasia legal. The people of Oregon vote by a margin of 52-48 to pass the Oregon Death With Dignity Act, a ballot initiative that lets physicians prescribe lethal drugs to be used for the sole purpose of killing the patient. John Pridonoff, then-executive director of the National Hemlock Society, says that Measure 16 was a start toward making euthansia and physician-assisted suicide legal, to end the lives of the physically incapacitated.

Dec. 8, 1994: U.S. District Court issues a temporary restraining order to stop Oregon's Measure 16 from becoming law. Terminally ill, disabled patients and their doctors say the law presents the terminally ill with an imminent and irreparable loss of constitutional rights—including their right to life (*Lee v. State of Oregon*). Such patients are often depressed, susceptible to the suggestion that their lives are not worth living, yet the new law denies them the protections against taking one's own life that the state typically provides to other citizens.

Dec. 15, 1994: A federal court finds no "fundamental right to suicide aid," ruling that New York State's laws against doctor-assisted suicide do not violate the Fourteenth Amendment's equal protection clause. The U.S. District Court dismissed a lawsuit challenging the state's ban, because: "[I]t is hardly unreasonable or irrational for the State to recognize a difference between allowing nature to take its course, even in the most severe situations, and intentionally using an artificial death-producing device. The State has an obvious legitimate interest in preserving life and in protecting vulnerable persons" (*Quill v. Koppell*).

1995: Legislation is proposed in 12 states to make physician-assisted suicide legal: Colorado, Connecticut, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Mexico, New York, Vermont, Washington, and Wisconsin. Thirty-three states have laws that explicitly hold assisting in suicide to be a crime; 10 states recognize suicide assistance as a crime under common law.

Massachusetts proposes the "Death with Dignity" assisted-suicide bill, which its sponsor, Rep. Douglas Peterson, intends to expand to let doctors directly kill disabled patients who are unable to commit suicide on their own.

March 9, 1995: A three-judge panel of the Ninth Circuit Court of Appeals finds that assisted suicide has no basis in the "traditions of our nation," and is "antithetical to the defense of human life that has been a chief responsibility of our constitutional government." The court reversed a lower court's 1994 decision that found Washington's assisted suicide ban unconstitutional.

The Compassion in Dying group appealed for a rehearing before the full 11-member Ninth Circuit Court of Appeals (*Compassion in Dying v. Washington*).

April 24, 1995: U.S. Supreme Court refuses appeals by Kevorkian and the ACLU to overturn a Michigan Supreme Court ruling that those who provide suicide assistance could be prosecuted under common law. Prosecutors recharge Kevorkian under common law in two 1991 assisted suicide cases.

Aug. 3, 1995: U.S. District Court imposes a permanent injunction against Oregon's Measure 16, ruling that "certain fundamental rights may not be dispensed with by majority vote." The court exposes the dangers inherent in all assisted-suicide proposals, including the "potential for exposing members of society to life-threatening mistakes and abuses." The law, Judge Michael R. Hogan found, didn't even require court oversight or specialists to determine competency.

Measure 16 withheld from terminally ill citizens the same protections from suicide that the majority of us enjoy, and set a lower standard of care for them, since doctors were immune under the new law from prosecution for negligence in their care of terminal patients: "The plain inference from Measure 16, is that it is irrelevant whether physicians objectively act reasonably, or . . . act negligently." The ruling was appealed to the U.S. appellate circuit court (*Lee v. State of Oregon*).

Aug. 22, 1995: Michigan Supreme Court denies a woman the right to kill her conscious, disabled spouse. Since her husband sustained significant brain injuries in a 1987 accident, Mary Martin, who has a clear financial interest in having her husband, **Michael Martin,** die, had tried every avenue to end his life-sustaining medical treatment and to deprive him of food and water. Opposing her are Mr. Martin's sister and mother, and a Michigan law that requires guardians to demonstrate strong proof of a patient's treatment wishes, before killing them.

Mrs. Martin said that her husband never wanted to live like a "vegetable," but Michael, 45, communicates repeatedly that he wants to live. In 1992, a Superior Court judge said that Mr. Martin was incompetent to make such decisions. The wife's attorney says it is wrong to elevate the "rights of [Martin's] incompetent person over those of his competent person."

Mr. Martin communicates with nods and devices operated by his hand and foot, with which he spells out his needs; yet, his wife's attorney claims that he is "near vegetative."

Despite the fact that Martin enjoys games, "glows with excitement" when visited by family, friends, and his church choir, a Michigan Appeals Court ruled that he could be starved; an ethics committee said his death by starvation was appropriate.

The Michigan Supreme Court reversed that ruling. Mrs. Martin appealed to the U.S. Supreme Court, which declined to hear the case in 1995—outraging the euthanasia lobby, which said it was a step backwards in patients' rights.

Feb. 16, 1996: The American Civil Liberties Union and the Hemlock Society of Florida file suit to overturn a law that would make it a felony to assist in an act of "self-murder." Terminally ill patients join the ACLU and Hemlock suit.

March 6, 1996: The U.S. Ninth Circuit Court of Appeals declares that terminally ill patients—as well as physically or mentally ill patients—have a right to a doctor's help in "hastening their death"; and that Washington's law against aiding such suicides violates the due process clause of the Fourteenth Amendment.

The court specifically guarantees the rights of "mentally competent, terminally ill individuals" to commit suicide with lethal drugs prescribed for that purpose by doctors—but, the opinion actually delineates a far broader application of that "suicide" right by extending to legal guardians, family members, and third parties—such as doctors, ethics committees, hospitals, and state institutions—the right to murder mentally or physically disabled individuals who are incapable, or who were never capable of "choosing" suicide for themselves.

The court makes the outrageous claims 1) that suicide is part of our history; 2) that public opinion polls demonstrate that the population already accepts assisted suicide as part of their "tradition" and "current social values"; and 3) that the Supreme Court, in its *Planned Parenthood v. Casey* abortion ruling (1992), and its *Cruzan v. Webster* "right to die" ruling (1990), "provides persuasive evidence that the Constitution encompasses a due process liberty interest in controlling the time and manner of one's death."

The ruling in *Compassion in Dying v. State of Washington* is binding in Washington, Alaska, Arizona, California, Oregon, Idaho, Hawaii, Nevada, Montana, and Guam. The ruling is now before the U.S. Supreme Court.

April 2, 1996: U.S. Second Circuit Court of Appeals strikes down parts of New York's laws that prohibit assisting or promoting suicide. In *Quill v. Vacco,* the court ruled the laws unconstitutional because they violate the equal protection clause of the Fourteenth Amendment, by making a distinction between a doctor letting a patient die by refusing or withdrawing treatment, and a doctor intentionally helping a patient die by providing lethal drugs for suicide.

The Second Circuit directly contradicts the Ninth Circuit, finding that there is no fundamental right to suicide assistance: "nor can it be said that the right to assisted-suicide is deeply rooted in the nation's traditions and history." New York State appealed the ruling, which is now before the U.S. Supreme Court.

Sept. 9, 1996: U.S. District Court for the Central District of California finds that California's law, which makes it a felony to aid, advise, or encourage another to commit suicide, violates the U.S. Constitution, based on the Ninth Circuit's March 9 ruling on suicide aid. But, the court said that the California law did not violate the California Constitution.

The ruling regards two cases: 1) John Doe, who has AIDS, says that the law prevents a doctor from assisting his suicide (*Doe v. Lungren*); and 2) Jack Kevorkian, who says the law stops him from helping patients. The court dismissed Kevorkian's appeal (he has no standing because the California Board of Medicine revoked his license).

Oct. 15, 1996: U.S. Supreme Court rejects Kevorkian's appeal to reverse a 1990 injunction forbidding him to kill again.