

CONNECTING THE DOTS

UNDERSTANDING THE HISTORY OF EUTHANASIA
BUILDS A DISTURBING PICTURE WE CANNOT IGNORE

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AS THE BRITISH BROADCASTING CORPORATION REPORTED in 2003, the debate over euthanasia is “sweeping the world” in the early twenty-first century, and no country has been more affected than Canada. On June 15, 2005, Bloc Quebecois MP Francine Lalonde introduced Private Member’s Bill C-407, calling for the decriminalization of assisted suicide and the legalization of physician-assisted suicide (PAS). The fall of Paul Martin’s Liberal government on November 28, 2005, meant that a vote on C-407 never materialized, but indications are that similar legislation will be proposed in an upcoming Parliament.

In all likelihood, PAS will prove to be one of the most contentious and important policy debates in Canadian history. The stakes could not be higher. Western civilization’s two-thousand-year-old belief in the sacredness of individual human life hangs precariously in the balance. The history of euthanasia demonstrates that legalizing PAS would be a fateful step toward the erosion of medical ethics and the devaluing of human lives.

WHY HISTORY MATTERS

Euthanasia, derived from the Greek word meaning “good death,” can refer to actual mercy killing with lethal injections or the practice of withdrawing unwanted or unnecessary medical treatment. Yet most current-day debate centres around PAS, in which doctors prescribe overdoses to patients who ingest the drugs themselves. PAS is now legal in Belgium, Switzerland, the Netherlands and Oregon (the lone American state to enact such legislation). In recent years, policy makers in France, Spain and England have debated the same issue, amidst pressure from pro-PAS organizations and other groups which argue that legalizing a right to aid a suicide means extending a fundamental personal liberty to individual citizens.

In 2004, in the wake of highly-publicized assisted suicides in Quebec and British Columbia, Irwin Cotler, then Canada’s Justice Minister, announced that it was time to re-open the debate over whether or not the Criminal Code’s ban on assisted suicide is out-dated.¹ When concerned Canadians try to make sense of euthanasia, they can turn to a burgeoning literature on its ethical, clinical, religious and public policy dimensions. Yet, to date, a scholarly historical perspective on the issue has been largely missing. Such an historical perspective strongly suggests that society has every right to fear the legalization of PAS. As Conservative MP Jason Kenney told the House of Commons on November 1, 2005, C-407 harked back to the agenda of the twentieth-century eugen-

ics movement, and thus would likely reduce the value of individual life. Kenney’s comments about the eugenic roots of euthanasia warrant serious consideration. As history shows, the well-documented links between euthanasia and eugenics constitute a powerful, cautionary reminder of what can happen when nations begin ranking human life in terms of social usefulness, economic productivity or biological fitness.

Opponents of legalizing PAS often cite Nazi medical crimes during World War II as an example of where toleration of euthanasia can lead. Between 1939 and 1945, under Adolf Hitler’s personal order, German doctors, nurses and other health care personnel starved, poisoned, gassed or shot roughly 200,000 disabled men, women and children in asylums throughout central and eastern Europe. Support for euthanasia in Germany, however, began long before Adolf Hitler came to power in 1933. For years, physicians, scientists and philosophers had engaged in lengthy debates over whose life was most biologically fit and useful to the community. Discussions about which groups were socially productive and which were not had the effect of defining down the value of human life. As the century unfolded, it became increasingly easier for Germans to propose that the “unfit” (meaning the sick and disabled) should not only be prohibited from breeding, they should also be put to death for the welfare of society and their own good.²

The tale of euthanasia in Nazi Germany is now a matter of historical record. But until very recently, the history of euthanasia outside Germany was almost completely ignored. Currently, as we begin to learn more and more about the fortunes of the euthanasia movement in Britain, Canada, the United States and other countries, comparisons between German atrocities and the proposals of today’s euthanasia movement, dismissed as wild exaggerations by right-to-die advocates, grow increasingly valid.

DARWINIST ORIGINS

The historical connections between euthanasia and eugenics stretch back to the nineteenth century and the introduction of Charles Darwin’s theory of evolution according to natural selection. In *The Origin of Species* (1859), Darwin proposed that species were not independently created, but descended from a common ancestor. Species were modified throughout natural history because the fierce struggle for limited food supply weeded out the “unfit” individuals of a species and privileged the “fit,” which, by surviving, tended to pass on their favourable traits to offspring.

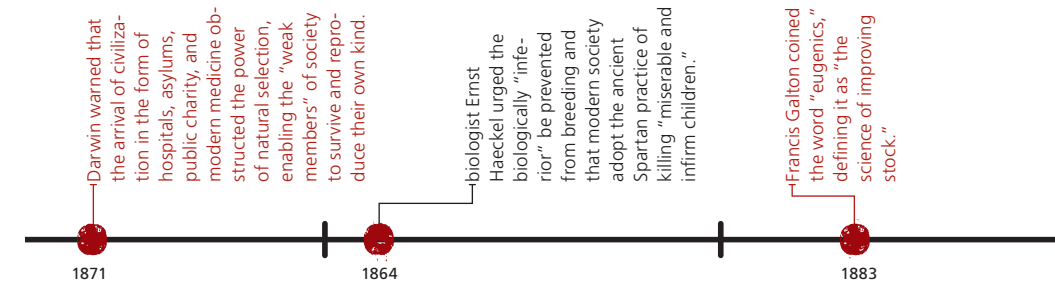
This process of “natural selection,” Darwin argued, accounted for the modification of species and was even sufficient to bring about new species.

Yet in his *Descent of Man* (1871), Darwin warned that the arrival of civilization in the form of hospitals, asylums, public charity and modern medicine obstructed the power of natural selection, enabling the “weak members” of society to survive and reproduce their own kind. Worse, according to Darwin, “the reckless, degraded and often vicious members of society tend to increase at a quicker rate than the provident and general virtuous members.” In Darwin’s eyes, the “degeneration” of the human race was a distinct possibility unless society prevented “the reckless, degraded and vicious” from reproducing.³

Darwin himself shrank from the policy implications of his theories, vaguely hoping that the “unfit” would voluntarily refrain from marriage and the “fit” would have bigger families. However, Darwin’s cousin Francis Galton (1822-1911) was not so ambivalent. Borrowing from many of Darwin’s concepts, Galton coined the word “eugenics” in 1883, derived from the Greek word for “well-born.” He defined eugenics as “the science of improving stock” by using the “agencies of social control” to “improve...the racial qualities of future generations.” With its emphasis on social

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planning, preventive medicine and the study of heredity, the theory of eugenics swept across most of the globe in the first half of the twentieth century, affecting science, medicine and public health policy. Governments from Scandinavia to Latin America introduced legislation based on eugenic principles.⁴ “Positive” eugenics referred to policies designed to encourage the fit to have large families. But governments tended to enact “negative” eugenic policies, including laws restricting marriage and permitting the voluntary or coercive sterilization of the disabled through vasectomy for men or tubal ligation for women. Eugenics authorized the reduction of social problems to utilitarian considerations



and evolutionary biology while dispensing with approaches based on traditional value systems, largely what many euthanasia advocates were also inclined to favor. Galton himself believed that the goal of eugenics was to create a “new religion” whose value system would make the mainstream churches obsolete. The eugenicist playwright George Bernard Shaw, an early proponent of euthanasia, observed in 1905 that “there is no reasonable excuse for refusing to face the fact that nothing but a eugenic religion can save our civilization.”⁵ In 1923, Albert Wiggam, a U.S. eugenicist and euthanasia supporter, praised eugenics as a critical part of a revolutionary new world view that “demands...a new set of values by which and for which to live,” a “new code of conduct.”⁶

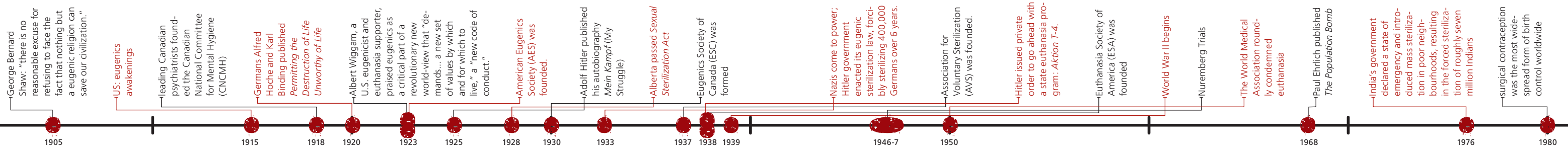
Little wonder that, over much of the twentieth century, the fledgling euthanasia movement would recruit many of its members from the ranks of eugenics organizations. For centuries the teachings of major world religions had condemned suicide, particularly as a way to escape the suffering that afflicted humanity. That tradition remained intact down to the end of the twentieth century. In 1997, citizens in Oregon voted in favour of legalizing PAS, becoming the first jurisdiction in the Western world to enact such a statute.⁷

EUGENICS AND EUTHANASIA IN GERMANY

In the meantime, the United States and Germany became the world’s most eugenic nations, with other countries such as Canada and Great Britain not far behind. The roots of German eugenics date back to the late nineteenth century when many German scientists and physicians, impressed by Darwinism’s social implications, concluded that traditional Christian moral-

ity needed to be replaced. A leading voice in this campaign belonged to the biologist Ernst Haeckel (1834-1919), a world famous, best-selling popularizer of Darwinism, many of whose books were translated into English. In as early as 1864, Haeckel maintained that “personal individual existence appears to me so horribly miserable, petty, and worthless, that I see it as intended for nothing but for destruction.”⁸ Haeckel became an avid eugenicist, urging that the biologically “inferior” be prevented from breeding and that modern society adopt the ancient Spartan practice of killing “miserable and infirm children.”⁹ By the end of his long career attacking the idea that all human life was equally valuable, Haeckel had supported suicide, infanticide, abortion, assisted suicide and involuntary mercy-killing of the mentally ill. His view that customary ethics were in need of revision enjoyed the support of numerous prominent German scientists and physicians of his day, including Alfred Ploetz, August Forel and Willhelm Schallmayer.

The erosion of standard ethics in Germany gathered steam after World War I when psychiatrist Alfred Hoche and jurist Karl Binding published *Permitting the Destruction of Unworthy Life* (1920). Hoche believed that “the continued existence of the species is everything, the individual is nothing.” He, like Binding, hailed the coming of “a new age...operating with a higher morality,” a time when “eliminating those who are completely mentally dead” would be “a permissible and useful act.” Hoche and Binding defended the legalization of euthanasia, including assisted suicide and the killing of the mentally and physically disabled, on the basis of diverse rationales. Compared with the countless German soldiers who had given their lives on the battlefield in World War I, they contended, the inmates of Germany’s asylums were “the fearsome counter-image of true humanity.” Their lives were “not just absolutely worthless, but even of negative value.”



Their deaths would be welcomed by their caregivers, families and themselves, if only their true wishes could be revealed.¹⁰

Binding and Hoche demonstrated how easily the mercy-killing of disabled newborns and the mentally ill could be justified philosophically once one accepted a right to kill oneself. Their highly influential publication warrants reading today, for it is a sobering illustration of the “slippery slope” theory that once assisted suicide was decriminalized, there was no logical reason why involuntary euthanasia should be banned.

Binding and Hoche’s theory did not have an immediate impact on German medical thinking. But once the Nazis came to power in 1933, it took on a new life within the radically altered political climate. Nazi ideology was infused with eugenic and social Darwinist ideas categorizing people as either “valuable” or “valueless.” In his speeches and his 1925 autobiography *Mein Kampf (My Struggle)*, Adolf Hitler himself repeatedly had scorned humane attitudes and morality, calling them “the slave of weakness.” In the words of one historian, “in Hitler’s mind Darwinism provided the moral justification for infanticide, euthanasia, genocide, and other policies that had been (and thankfully still are) considered immoral by more conventional moral standards.”¹¹

As soon as the Nazis came to power in 1933, the Hitler government enacted its eugenic sterilization law, which functioned until the outbreak of war in 1939. Nazi Germany’s “eugenics program” resulted in the forcible sterilization of approximately 400,000 Germans between 1933 and 1939. This program of sterilization drew attention to the thousands of mentally disabled patients housed in state asylums at public expense. Psychiatrists and state officials, frustrated with the never-ending chore of trying to treat chronically ill inmates as tax revenues plunged, echoed the view expressed by Binding and Hoche that the sick

were a heavy drain on the nation’s resources. By 1939, as one German asylum director argued, the only “serious” question was “whether to maintain this patient material under the most primitive conditions or to eradicate it.”¹²

Thus, by the time Hitler issued his private order in 1938 to go ahead with a state euthanasia program, informed opinion in Germany tended to believe that the disabled population did not enjoy the same rights to life as healthy citizens. The new Nazi program of euthanasia, dubbed “Aktion T-4,” quickly went into operation over the next two years. In 1941, when Roman Catholic protests brought a temporary halt to the program, Aktion T-4 became de-centralized, more covert and more difficult to monitor. Many of Aktion T-4’s doctors fanned out into the fledgling death camp system, where they collaborated in the selection of “sick” inmates for extermination. Thanks to Nazi physicians’ experience at devising ways to gas patients, the Holocaust was able to move into its most lethal stage which witnessed the mass killings of Jews and other so-called “enemies of the state” in notorious killing centres such as Belzec, Sobibor and Treblinka. In Germany, in other words, what had once been a mere discussion within a tiny group of scientists about the relative worth of individual human lives had culminated in the Holocaust itself.¹³

EUGENICS AND EUTHANASIA IN THE UNITED STATES AND CANADA

Meanwhile, eugenics may not have culminated in genocide in the United States, but it thrived there. By the 1920s, most of America’s geneticists, biologists, physicians and social scientists had embraced eugenics, a trend that led to the 1923 founding of the American Eugenics Society (AES). Eu-

genics pervaded college, university and high school curricula. The Carnegie and Rockefeller foundations funded eugenic research. By the 1930s, 41 states had laws prohibiting the marriage of the mentally ill and mentally disabled, and 30 states had passed eugenic sterilization laws. Eugenic ideas encompassed public health concerns such as diet, exercise, parenting, pediatrics and personal hygiene, and surfaced in “eugenic” movies and stage dramas.¹⁴

The broad enthusiasm for eugenics coincided with the first awakenings of America’s euthanasia movement. In 1915, the Chicago surgeon Harry Haiselden had refused to operate on a newborn with intestinal and rectal infirmities. The case became headline news across America. When asked by a reporter why he had chosen to let the baby

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die rather than operate, Haiselden replied: “Eugenics? Of course, it’s eugenics.”¹⁵

Yet it was not until the 1930s that the euthanasia movement began gathering momentum. Spearheaded by the ex-Unitarian pastor Charles Potter, a vocal supporter of eugenic sterilization, the Euthanasia Society of America (ESA) was founded in 1938. Anne Mitchell, the ESA’s first major benefactor, talked of the necessity of breeding human beings “as carefully as we do animals.” She welcomed the coming of World War II because, she claimed, it gave the United States a prime opportunity to do some serious “biological house cleaning” of the country’s “unfit” citizens. Unsurprisingly, there was a noticeable overlap in membership between the ESA and AES. Fully 73 per cent of the ESA’s founders were followers of eugenics. Initially, the ESA advocated the legalization of euthanasia for “incurable idiots,” but as the ESA faced increased resistance from legislators in states such as New

York, it promoted a euthanasia bill for only consenting, terminally ill adults. Nonetheless, Potter told his allies in the movement that the ESA’s ultimate goal was the enactment of a bill legalizing the mercy killing of the incurably mentally ill.¹⁶

Canada, too, was home to a robust eugenics movement. In 1918, leading Canadian psychiatrists founded the Canadian National Committee for Mental Hygiene (CNCMH) with the goal of lobbying governments to pass preventive measures designed to reduce the rate of mental illness. In 1930, many of the same individuals formed the Eugenics Society of Canada (ESC), whose aim was to develop a public education campaign of race betterment that would ultimately lead to legislation preventing reproduction by people deemed unfit for parenthood. By then, the Alberta provincial government had already taken action. In 1928, under pressure from public health officials and prominent women’s rights activists, including Nellie McClung and Emily Murphy, the Alberta government passed its Sexual Sterilization Act. The Alberta bill set up a provincial Eugenics Board which decided whether or not individuals with a tendency to mental illness or mental deficiency would be sterilized. The Alberta Act was followed by British Columbia’s own sterilization act. While the B.C. Act operated fitfully until it was repealed in 1972, Alberta sterilized almost 3,000 men and women until its act was repealed the same year. On a per capita basis, Alberta’s experiment with eugenic sterilization proved to be one of the most sweeping in the entire world.¹⁷

Canadian support for euthanasia tended to develop more slowly than approval of eugenics, partly owing to the fact that the country remained religiously conservative as late as the 1960s. Yet in the first half of the twentieth century, some prominent Canadians with eugenic backgrounds did endorse various forms of euthanasia. In 1935, ESC president William Hutton, public

health officer for Brantford, Ontario, recommended overturning time-honoured taboos against taking human life in order to permit mercy killing for those with the weakest germ plasm.¹⁸ Canadian-born psychiatrist Brock Chisholm, the first director-general of the World Health Organization (1948-1952), warned in 1937 that Canada faced a biological crisis because of the disproportionate fertility of the less intelligent classes. He later advocated euthanasia for newborns, including the victims of the drug Thalidomide. And Olive Ruth Russell, the first woman psychologist in the Canadian army, urged ending “the stranglehold of tradition and religious dogma” so as to justify euthanizing the “surging rise in the number of physically and mentally crippled children” created by the twentieth-century “population explosion.”¹⁹

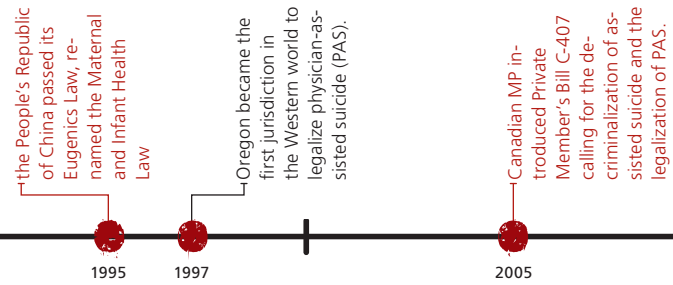
None of these recommendations led to changes in Canada’s laws, but they illustrated that, in Canada, as elsewhere, proponents of eugenic policies typically favoured the legalization of euthanasia. This history is all the more troubling given the fact that although debate over euthanasia in this country was slow in developing, it has raged for the last fifteen years, against the backdrop of high profile human interest stories, including the killing of Tracy Latimer in 1993 and the assisted suicide of Sue Rodriguez in 1994. In 1993, the Supreme Court of Canada narrowly ruled that there was no Charter right to assisted suicide, and in 1995, the nation’s Senate recommended that assisted suicide remain illegal. Yet, C-407 is a forceful reminder that in the eyes of PAS supporters, the debate is far from over.

EUGENICS AND EUTHANASIA AFTER WORLD WAR II

After the end of World War II, news of Nazi experiments on prisoners of war, the mass sterilization of the disabled and the murder of asylum patients gradually became public knowledge, notably at the 1946-1947 Nuremberg Trials of German doctors and

their assistants. In the words of Leo Alexander, a U.S. psychiatrist appointed to the Nuremberg prosecution team, Nazi medical atrocities were not a freak accident of history, but started from “small beginnings.” Nazi medical crimes had a powerful ancestry dating back to Ernst Haeckel and late nineteenth century eugenics and social Darwinism, originating in the willfulness of numerous German opinion makers in medicine and the sciences to accept that there were lives that were “not worthy to be lived.” Once this view was accepted, it became easier to extend it beyond the disabled and chronically ill to “the socially unproductive, the ideologically unwanted, the racially unwanted, and finally all non-Germans,” in other words, to the Holocaust itself.²⁰

As the world recoiled in horror over these revelations, the fortunes of both eugenics and euthanasia faltered. In 1950, the World Medical Association roundly condemned euthanasia, as did all leading national medical organizations. Eugenics virtually became a “dirty word” and its supporters discovered that governments were no longer interested in enacting sterilization laws.²¹ In this changed political climate eugenicists shifted strategy and flocked to the emerging population control movement. In the 1950s and 1960s, a growing number of social scientists warned of a global crisis if drastic birth control programs were not implemented. Experts predicted that population growth, particularly in developing countries such as India, would create severe shortages of food and natural resources, triggering massive famine and disease. Observers also warned that unchecked population growth would destabilize developing nations, leaving them vulnerable to takeover by communist insurgents. The movement culminated in the 1968 publication of Paul Ehrlich’s *The Population Bomb*, but Ehrlich was only one of many thinkers who believed that the threat of imminent mass starvation war-



ranted radical birth control policies, including mass sterilization. Eugenists who had once advocated compulsory sterilization laws targeting the poor and mentally disabled now focused on popularizing sterilization among the public and medical profession. The new rationale was population control, but their overall objective remained essentially the same: sterilizing the poor, sick and dispossessed. In the words of one U.S. sterilization proponent, if “the half wits and morons could be talked into sterilization...we could at least be getting somewhere.” The goal of sterilization activists was to persuade doctors “to be more sterilization minded” in the name of defusing the “population bomb.”²²

This transformation from coercive to “voluntary” sterilization advocacy was particularly visible in the history of one organization, the Manhattan-based, non-profit Association for Voluntary Sterilization (AVS). Founded in 1937 as the Sterilization League of New Jersey, a group dedicated to persuading that state to pass a eugenic sterilization law, the AVS enjoyed close relations with the ESA

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from the 1940s to the 1970s. The two groups regularly swapped membership lists based on the belief that their supporters shared a strong philosophic kinship. Indeed, almost all its board of directors were members of the ESA and AES, including birth controllers Margaret Sanger, Alan Guttmacher and Robert Latou Dickinson, as well as clergyman Joseph Fletcher, founder of the highly influential theory of “situation ethics” in medicine.²³ In the 1960s, Hugh Moore, the inventor of the Dixie Cup, and one of the most vocal advocates of population control, threw his immense wealth behind the AVS. He actually coined the phrase “the population bomb” years before Paul Ehrlich popularized it in his 1968 bestseller of the same name.²⁴ By the time of his death in 1972, Moore also

defended euthanasia, leaving one-quarter of his considerable estate to the ESA. He was simply the best known of the many supporters of population control who shared the deep belief that the time had come to legalize euthanasia.

POPULATION CONTROL, EUGENICS AND EUTHANASIA

The efforts of the AVS were rewarded by the early 1970s when the U.S. federal government announced it would fund domestic sterilizations through its Medicaid programs and would help subsidize groups such as AVS and International Planned Parenthood that were offering overseas sterilization services. Yet in the 1970s, the focus of the population control movement changed from attempts to reduce the sheer number of births to “family planning,” reproductive health programs offering counselling and medical services for couples who wanted to space the arrival of children. Officially, the new orientation stressed voluntarism and the worldwide provision of birth control services to women as a way of improving maternal and child care and stemming population growth, especially in developing countries.

Whatever the rationale, however, global sterilization rates continued to rise. By 1980, surgical contraception was the most widespread form of birth control worldwide and by the end of the 1990s, close to 300 million couples had been sterilized. Coercion in population control programs was an undeniable fact. For example, in 1976 India’s government, under Prime Minister Indira Gandhi, declared a state of emergency and introduced a program of mass sterilization in poor neighbourhoods, resulting in the forced sterilization of roughly seven million Indians. By targeting the poor, population controllers who preached sterilization upheld eugenic traditions dating back to the late nineteenth century.

More recently, as the example of the People’s Republic of China (PRC) demonstrates, population control retains its eugenic roots and promotes euthanasia. As part of its state policy of curbing demographic growth and improving the biological quality of its population, in 1995 the PRC passed its Eugenics Law, hastily renamed the Maternal and Infant Health Law under a torrent of foreign criticism. The 1995 law stipulates that potential marriage partners must have medical checkups to ensure that neither has any hereditary, venereal, reproductive or mental disorder. Those deemed “unsuitable for reproduction” can be compelled to undergo sterilization or abortion.

Moreover, once it became permissible for the Chinese state to intervene in the name of collective fitness, leading health officials began referring to the “zero worth” of defective infants. Infanticide was increasingly hailed as “scientific humanism” that protected Chinese society against the “counter-selective” forces represented by disabled newborns. Zhao Gongmin, a Fellow of the Chinese Academy of Social Science, stated that “painless euthanasia” for “those already born and afflicted with severe inherited malformations, such as cretins with a stretched tongue or babies suffering from hydrocephalus” was “a eugenic measure that will benefit the country and the people.” When the news broke in 1996 of abandoned children being starved to death in Chinese orphanages, officials had to admit that for years health care personnel had been discussing the possibility of selecting the “superior” infants for survival and “discarding” the “inferior.” As of the early twentieth century, euthanasia was still officially criminalized in the PRC, but the mounting acceptance of eugenics in the form of population control suggested a reversal of policy in the coming years.²⁵

CONCLUSION

Understanding the historical implications of euthanasia grounds Jason Kenney’s comments in Parliament about Bill C-407. Because hindsight is 20/20, history shows us the potential and looming repercussions for classifying mankind into categories denoting one’s ability to contribute to society, be financially productive or be favoured to reproduce genetically inclined offspring. It is tempting to think that abuses against vulnerable and disadvantaged individuals

comparable to the crimes committed by the Nazis could never happen here. Yet, both the history of eugenics and recent events suggest otherwise. In the wake of 2005’s Hurricane Katrina, the state of Louisiana announced it was investigating allegations that doctors at a New Orleans area hospital killed patients rather than leave them to die in agony as they evacuated hospitals. Such triage conditions, when combined with alarmist observations about the rising costs of health care, create an environment which encourages policy-makers to make invidious distinctions about the value of individual human lives. Leading right-to-die advocates, including Derek Humphry, the co-founder of the pro-euthanasia Hemlock Society (now called Compassion and Choices), argue that the current difficulties governments face in paying health care costs will mean that society’s elderly population will soon have to accept a “duty to die.” But history shows that these and other troubling comments are far from new. Today, social scientists and ethicists often refer to the elderly as “biologically tenacious,” echoing opinion makers of the past who talked freely about “useless eaters” and “ballast existences.” Present day health care providers often measure the value of human life on the basis of “futile care” theory, which holds that financial costs largely dictate whether or not a person should be kept alive.²⁶ Peter Singer, professor of ethics at Princeton University, openly proclaims that no one believes any more in the sanctity of individual human life. To Singer, only people who can anticipate and plan for their future should enjoy a right to live. According to his line of reasoning, defective newborns and the mentally ill therefore qualify for euthanasia.

Today’s trends toward the legalization of euthanasia, including PAS, are bolstered by what commentators call the “new eugenics.”²⁷ Remarkable advances in reproductive and genetic technology, including in vitro fertilization, genetic screening, sex selection and sperm banks, indicate that a new wave of eugenics is in the ascendancy. In the early twenty-first century some ethicists are hailing a “liberal eugenics” based on the doctrine of personal autonomy to defend the right of parents to use whatever technological means at their disposal to “insure for their descendants the best genetic endowment.” The trouble is that in a

society that accepts elective eugenics, children with imperfections (and their parents who brought them into the world) would feel as stigmatized as ever. As U.S. political philosopher Michael J. Sandel shrewdly noted in 2004, “removing the coercion does not vindicate eugenics.” A society based on liberal eugenics “would be a world inhospitable to the unbidden, a gated community writ large.” If history is any guide, by denigrating the less fortunate, the new “liberal eugenics” improves the chances of electing representatives who advocate the legalization of PAS.²⁸

In summary, the history of the struggle over euthanasia strongly points to the

conclusion that at its core is a conflict between competing world views, “between fundamentally different moral visions of human life—individual and collective,” as James Davison Hunter has argued.²⁹ Euthanasia is an “edge-of-life” issue that haunts the moral consciences of countless Canadians as well as other citizens of the world. An historical perspective on euthanasia is indispensable for patients, families, governments and the health care community who debate when it is time to let go of life. Upcoming events in society’s debate over this and other “edge-of-life” issues will form the next chapter in a history that shows few signs of ending anytime soon.

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