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(d) Mental health—as important as physical health.

(e) Organization of groups—do something useful.

(f) Understanding of psychological warfare—learn to weigh the news.

CONTROL OF MORALE

1. Building up morale in Civilian Defense Groups.

This group should know clearly what its job is and should be well trained in doing it. It must have the attitude of "service first." Because of his contact with the civilian populace, the member of the Civilian Defense Group is the "key" person in maintaining morale on the local level.

2. The Civilian Group.

(a) Men and women in democratic countries work and fight best when they understand clearly what they are after and what is expected of them. Doing their job the best way they can, helps. *Get after your own job. Do it better. Do it faster. Do it more economically.*

(b) *Working trim* is just as important as fighting trim. Fit workers are workers who can build up high morale. War time is epidemic time; cooperate in limiting epidemics of colds and other infectious or contagious diseases. Do not waste your time being sick or half sick. Do not waste your fellow worker's time telling him about your headaches or your teeth. *Get into working trim. Take a balanced diet. Take some exercise daily.*

(c) *Rumors.* Stop, look and listen. Ground a rumor by not passing it on. Pay no attention to what the enemy says he is going to do to us. Concentrate on what we're going to do to him! Do not be misled by enemy "news." Learn to weigh it carefully, and remember a great deal of it is directed at you to help destroy your morale.

(d) *Be tolerant*—that is the democratic way. Bickering and conflicts between groups within this country help the enemy. Reasonable criticism is beneficial to democratic government, but unreasonable bickering and refusal to go along with the majority, once the decision is made, pleases no one more than those who wish to destroy our free institutions.

EUTHANASIA

In this issue of the JOURNAL appear two papers dealing with the attitude of society to the feeble-minded—one by Dr. Foster Kennedy presented during the annual meeting of the Association in 1941, the other by Dr. Leo Kanner presented during the meeting of 1942.

The title of the second paper and the mode of treatment of the subject are seemingly suggested by the presentation of the previous year; and at first glance these two addresses, by recognized authorities, appear to represent quite contrary standpoints. With careful perusal of the texts, however, the differences narrow down to a single point: for a specified group of defectives and under specified conditions Dr. Kennedy advocates euthanasia; Dr. Kanner opposes this procedure. Both writers are agreed as to the existence of the group in question and the hopelessness of their condition; one proposes a method of disposal which he believes would bring relief to all concerned, the other prefers to let the situation remain as it is. There is no obvious difference of opinion with regard to sterilization. Dr. Kanner states that it is "often a desirable procedure," but that it would be "unfair discrimination to decree such a measure solely on the basis of the

I.Q." With this qualification presumably Dr. Kennedy would agree.

We are left then with an impasse on the question of euthanasia; and here there will probably be no general agreement for a long time to come. Professionals and laymen will continue to hold strong opinions for and against—opinions based partly on experience, partly on individual habits of thought, personal prejudice, the consensus of the social groups in which they move.

But the issue is a live one and it is of interest to consider some of the arguments involved. First there is the religious issue. To this Dr. Kennedy offers a neat reply; but a captious reader may ask whether he solves the difficulty or merely by-passes it, since it seems to be implied that although "with no good brains there can be no good mind," as in the "completely hopeless defective—nature's mistake," nevertheless a soul of quality may be associated with the misshapen body and undeveloped brain of the helpless, inarticulate idiot. But this is a theological point on which the medical man cannot speak as an expert. We shall probably have to agree that in a case in which parent or guardian sincerely maintained the religious

objection to euthanasia, the constituted authorities should not override that objection.

A second position is that of the person who has a rooted aversion to the taking of life in any circumstances. In this category may be reckoned also certain "conscientious objectors," opponents of capital punishment, antivivisectionists. Motivating factors underneath these attitudes are various. The abstraction "conscience" may mean much or nothing, ranging from deep and honest conviction or misguided fanaticism to self-deception or malingering. At any rate in so far as the present issue is concerned, the question is not one of "faith," as in the religious attitude, but one of "reason," which is not quite so sacrosanct and may be weighted accordingly in evaluating individual situations.

A third variety of reaction results from an accusing sense of obligation on the part of the parents toward the defective creature they have caused to be born. The extreme devotion and care bestowed upon the defective child, even with sacrifice of advantages for its normal brothers and sisters is a matter of common observation. The position is understandable, but to the impersonal observer may appear to partake of the morbid. Disposal by euthanasia of their idiot offspring would perhaps unbearably magnify the parents' sense of guilt.

In a fourth group of cases the impression is unavoidable that the determining influence in the parental mind is the dreaded opinion and comment of neighbors. This fear of opinion even deters sometimes from placing a mentally deficient child in an institution when the interests of child and family alike would be best served by such action.

As a fifth motive may be urged parental "instinct" and love which resist the thought of loss even of the defective offspring. Here again, as in all aspects of the question, reactions will differ. We may cite however the case of a mother of good repute who freely admits that she cannot feel love for her idiot child or any sense of attachment. But assuming that parental affection does exist, does it manifest itself more generously in insisting that a crippled vegetative existence be continued at all costs or in welcoming its merciful passage from life?

To be mentioned also is a sixth factor which moulds opinion and influences action, namely the almost reflex antagonism of the general mind to any new and drastic procedure. Thus useful measures which must have legal sanction are delayed by decades.

The several motives which have been outlined may operate in various combinations. From their consideration at least one point emerges which deserves more attention than it has hitherto received, and that is the relationship itself between parent and child, whether it be wholesome or morbid. And the reference here, let it be remembered, is solely to the lowest grade of defectives for whom alone euthanasia has been proposed—"those hopeless ones," as Dr. Kennedy puts it, "who should never have been born."

When the problem of mental disability arises in a family the psychiatrist knows full well that he must concern himself not alone with the patient but also with the family group and the interrelationships between its members. Attitudes, stresses, frictions are studied particularly to assess their effect upon the patient, and no treatment program is satisfactory which does not attempt to correct unwholesome family relationships which may have contributed to the patient's illness. The physician's interest is directed to the unfavorable influences which this or that member of the family has exerted consciously or unwittingly upon the one who has become ill.

When the mental problem is the existence of an idiot in the family circle the same principle holds although the situation is altered. The influence of the parents on the defective child is self-evidently not the question; it is rather the reflexive effect of the parents' attitude upon themselves, upon the decisions they take, upon the continuing family life and well being. It is submitted that the state of mind of the parents of an idiot may as fairly become a subject of psychiatric concern as the interrelationships in the families of psychotic patients, and that unwholesome reactions stand as much in need of correction in one case as in the other.

Standpoints re euthanasia will differ and will oppose each other among the laity just as they do among scientists, as exemplified in the two papers which prompted this dis-

cussion. But scientists presumably have reached their convictions by more or less impersonal routes; the layman on the contrary who has the misfortune to be the parent of a low-grade defective is actuated by strongly personal motives which he may or may not be capable of setting out clearly in his own consciousness. One parent may passionately reject the suggestion that his helpless and hopeless progeny should be relieved of the burden of living; another would wholeheartedly welcome such release. It is significant, too, that the parent who would steadfastly withhold any move to hasten the exit, is manifestly relieved and gratified when intercurrent disease or "natural causes" have written a lethal *finis* to the painful chapter.

The question then is whether the attitude of the parent to the defective child can be regarded as morbid, and if so, whether anything can and should be done about it. It is difficult to conceive how normal affection can be felt for a creature incapable of the slightest response; and exaggerated sentimentality or forced devotion which can serve no possible purpose can hardly be looked upon as desirable. Anything that can be said or done to relieve a parent's mind of the unhappy obsession of obligation or guilt, and to bring him to a more dispassionate view of a hopeless situation would seem to be good mental hygiene.

Euthanasia is one of those vexed issues in which personal bias will play a varying but inevitable rôle in shaping opinion. It will

have its advocates and its opponents—the latter no doubt still greatly in the majority. Dr. Kennedy favors the procedure under legal sanction in certain carefully defined cases, and he offers strong arguments in support of his position. Dr. Kanner opposes this position but in his paper presents no arguments beyond the statement: "An idiotic child may have fond parents who want him alive." That is precisely the psychiatric problem this overlengthy discussion has been trying to get at, namely, the "fondness" of the parents of an idiot and their "want" that he should be kept alive. It is this parental state of mind that we believe deserves study—the extent to which it exists, in fact and not merely as a generalization of opinion, what underlying factors such as those set forth above are discoverable, whether it can be assessed as healthy or morbid, and whether in the latter case it is modifiable by exposure to mental hygiene principles.

If euthanasia is to become at some distant day an available procedure, enabling legislation will be required. The story of sterilization will doubtless be repeated on an extended scale. But legislation may be expected to follow only upon the spread and strength of public opinion, and the nucleus of that opinion should be the attitude of those most nearly concerned—the parents of the candidates for the contemplated procedure. It is in the evaluation and melioration of this parental attitude that the interest of the psychiatrist in the whole question must center.