

An Ethical Response to Peter Singer

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considered inferior to cats or fish, as Dr. Singer has written [*Rethinking Life and Death*, p. 220; see Editor's Note in box below]. The teachings of Dr. Singer put my patients' lives in jeopardy.

The appointment of Peter Singer, PhD, as a tenured Professor at Princeton University's Center for Human Values requires appropriate attention. The "ethical" statements that Dr. Singer has made concerning the active euthanasia of children with disabilities are immoral. For example: "Nevertheless, the main point is clear: killing a disabled infant is not morally equivalent to killing a person. Very often, it is not wrong at all" [*Practical Ethics*, p. 191; see Editor's Note in box below]. Since Princeton University has given Dr. Singer's infanticidal and genocidal ideas not only a public forum but also prominent institutional support, this response is mandatory. I am profoundly dismayed that this response is even necessary. But the calm acquiescence that has met Dr. Singer's presence and teaching is profoundly disturbing.

Deserving of Care

The children I care for in five Chicago nursing facilities have severe neurological disabilities. Their functional abilities are limited, but they do have spirit. These children respond to sounds, to visual stimuli, to being held, cuddled, and loved. Many understand spoken words and can communicate their desires by word, gesture, or laughter. The fact that their functional capacities are limited does not make them less worthy of living: they deserve our love and care.

As the treating physician for these disabled youngsters, I have an obligation to protect not only their medical status, but also their lives. These children cannot be

The quotes in Dr. Plioplys' article come from two of Dr. Singer's books. To more easily reference the quotes, the first book cited, *Practical Ethics* (Cambridge: Cambridge University Press, 1993), will henceforth be referred to as *PE*, followed by the page number. The second book, *Rethinking Life and Death* (New York: St. Martin's Griffin Press 1994), will be referred to as *RLD*, and will also be followed by the page number of the citation.

"Dr. Singer's 'ethics' can lead to the denial of even the most rudimentary medical care to any child who has, or may be perceived to have, a disability."

Certain managed care organizations have become notorious for limiting and denying reasonable medical care to patients in need. But Dr. Singer's "ethics" go even further, and can lead to denial of even the most rudimentary medical care to any child who has, or may be perceived to have, a disability. Dr. Singer has even argued that it is ethically acceptable to kill a child with hemophilia because that child's life will be difficult (*PE*, pp. 190-191). Following such train of thought, the next "logical" step for managed care organizations would be to deny medical care to anyone who is suffering from a chronic illness, since their lives are difficult. The final step would be to instruct physicians to actively euthanize chronically ill patients.

Disabled...or Not?

One critical error in Dr. Singer's writings is that he does not define what is meant by a severe neurologic disability; instead, he relies on the advice of putative "experts." In clinical practice, many times the decision about a neurologic disability is fairly straightforward. However, in many cases, appearances are deceptive and prognoses are incorrect.

For example, two infants were admitted to my nursing facilities from local hospitals after evaluations by pediatricians and child neurologists. In each case, the parents were told that their child's neurologic prognosis was dismal, and that the child would be profoundly disabled and die in the near future. But these physician experts were wrong.

When I examined these two children, at the ages of three weeks and four weeks, respectively, I noted that they were, in fact, neurologically almost normal. After stan-

ard care and nurturing, the first was discharged at the age of six months and the second at the age of 12 months. Their neurologic and developmental status was normal. Now, three years later, these children have remained developmentally normal.

I have had only two cases with a totally normal neurologic outcome; however, our local physicians have made innumerable inaccurate prognoses. Only a small percentage of the dire prognoses given to parents have proven to be correct. But if Dr. Singer's euthanasia dictum had been applied, two normal children would have been killed. The point is that even highly qualified medical experts do make mistakes and cannot be relied upon to make determinations about quality-of-life issues for newborn children.

Experience Needed

In his books, Dr. Singer repeatedly mentions the diagnosis of spina bifida and the difficulties that children with this diagnosis may face. He quotes physicians who argue against providing medical care for these children (*RLD*, pp.115-119). Certainly, if one were to provide no medical care, the neurologic outcomes would be bad. So, by anticipating a bad outcome, these physicians limit medical care, and thus produce a bad outcome.

Dr. Singer repeatedly quotes physicians who most likely lack experience in this area (he does not mention specific names; he simply refers repeatedly to "doctors"). Yet I know from experience that with intensive medical intervention, the majority of children with spina bifida can have an extremely good outcome. Some can attain normal intellectual functioning; some can get by with use of a wheelchair or can walk

with assistive devices. These children should not be subjected to Singerian euthanasia.

In medical school, I was confronted with the consequences of physician-directed withholding of medical care. I've seen many cases where children born with hydrocephalus were institutionalized without undergoing a surgical procedure to drain the excess fluid from the head. Physicians had told the parents that these children would die very soon. But the prognoses were incorrect. The children lived for decades, developing heads the size of watermelons. As young adults, they had a truly miserable existence. To benefit from even the most rudimentary nursing care,

many eventually had to undergo extensive surgical downsizing of their heads.

What is so unfortunate is that had care not been withheld, and had the excessive fluid been drained early, many of these children could have had a very reasonable outcome, including full ambulatory capacities and communication, social, and self-help skills. It is hard to believe, but in the past decade, right here in Chicago, I have repeatedly seen the same mistaken recommendations made by physicians. Dr. Singer should not rely on the opinions of poorly informed physicians in coming to ethical conclusions.

Dr. Singer also justifies the killing of infant girls, a practice that is prevalent in many countries around the world. If the parents or other close individuals determine that an infant girl has a disability, she is "returned" (i.e., killed)—something that Dr. Singer finds commendable (*PE*, pp. 182, 188; *RLD*, p. 215). Dr. Singer says that his ideas have not placed him on an ethical "slippery slope." True enough; his ideas are not a slope, but rather a catapult into infanticide and genocide.

Dr. Singer has further stated that a child is not "human" before 28 days of age [*RLD*, p. 217; also see box, p. 14]. But the fact is, there is nothing that takes place on day 28 that may not have already taken place on day 27 or even day 26. Dr. Singer's cutoff point is totally arbitrary. In several telephone conversations with me, Dr. Singer said that although he is now "reconsidering" the 28-day issue, he has not yet rejected it

Closing Thoughts

We must be careful before we accept the tenet that anyone who has an actual or perceived disability may be ethically euthanized. Under Stalin's societal "cleansings," both of my grandfathers were exterminated. Under Hitler, millions of people were exterminated in a campaign that started with the "euthanasia" of people who were deemed mentally retarded or physically disabled.

I consider myself fortunate to live in a country where free discourse is permitted, but all freedoms have limits. The United States is a rich country, and we can afford to provide for the medical needs of all of our disabled citizens. We have laws that protect the rights of the disabled. Dr. Singer's "ethics" have no place in this country, nor anywhere else in this world. ■

Justifying Euthanasia

These direct, full-sentence quotations were taken from Dr. Singer's book, *Rethinking Life and Death* (St. Martin's Griffin Press, New York, 1994):

- "Human babies are not born self-aware, or capable of grasping that they exist over time. They are not persons" (p. 210).

- "The official western reaction to these practices (i.e. infanticide in Japan) is that they are shocking examples of the barbaric standards of non-Christian morality. I do not share this view" (p. 214).

- "But, in the case of infanticide, it is our culture that has something to learn from others, especially now that we, like them, are in a situation where we must limit family size" (p. 215).

- "But, for reasons that we have already discussed, in regarding a newborn infant as not having the same right to life as a person, the cultures that practiced infanticide were on solid ground" (p. 215).

- "Since neither a newborn human infant nor a fish is a person, the wrongness of killing such beings is not as great as the wrongness of killing a person" (p. 220).

Additional quotations justifying infanticide can be found in Dr. Singer's earlier book, *Practical Ethics* (Cambridge University Press, Cambridge, 1993).

- "Infants lack these characteristics (i.e. rationality, autonomy, and self-consciousness). Killing them, therefore, cannot be equated with killing normal human beings, or any other self-conscious being. This conclusion is not limited to infants who, because of irreversible intellectual disabilities, will never be rational, self-conscious beings" (p. 182).

- "I cannot see how one could defend the view that fetuses may be 'replaced' (i.e., aborted) before birth, but newborn infants may not be" (p. 188).

- "Regarding newborn infants as replaceable (i.e., infanticideable), as we now regard fetuses (i.e., abortable), would have considerable advantages over prenatal diagnosis followed by abortion" (p. 190).