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**Killing Us With Kindness:
How Liberal Compassion Hurts**

By Don Feder



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KILLING US WITH KINDNESS: HOW LIBERAL COMPASSION HURTS

By Don Feder

The quality of mercy is not strain'd. It droppeth as the gentle rain from heaven upon the place beneath. It is twice blest — It blesseth him that gives and him that takes. 'Tis mightiest in the mightiest. It becomes the throned monarch better than his crown.

Eloquent as always, Shakespeare expressed the value our Western tradition places on kindness, empathy, and charity. Along with justice and faith, compassion is one of the pillars of our religious heritage and is woven into the very fabric of our civilization.

Presumably, none of us would wish to live in a culture devoid of compassion. We've seen the horrors of such societies all too clearly in this century — in the death camps of Nazi Germany and the gulags of Soviet Russia. Their infamy is rightly condemned. Although, as the movie *Evita* demonstrates, even fascists can adopt the language of compassion to justify their rule.

But in the closing years of the 20th century, we are encountering a disturbing phenomenon — compassion run amok, compassion divorced from its spiritual roots and politicized to advance an ideological agenda. The liberal left has become particularly adept at playing the compassion card, which increasingly trumps every other consideration, including common sense, decency, and social stability. Political compassion is never cost-free. Frequently it is paid for in the coin of social decay.

The great 19th century French economist Frederic Bastiat spoke of the seen and the unseen in the context of economic regulation. Bastiat charged that when government interferes with the natural laws of the marketplace, the benefit is readily perceived. The harm that's done (to individual initiative, innovation and productivity) is usually hidden, often taking decades to become apparent.

The same is true of political compassion. Its humanity is held up for our admiration. Its dark side is only gradually revealed.

Calls for compassion color every aspect of our political debate — from affirmative action and Bosnia, to taxes and welfare. In the name of compassion, we take jobs and educational opportunities from one individual and bestow them on another to satisfy the requirements of race or gender representation. To fuel the compassion engine, government usurps 40 percent of the average person's income. In the cause of international compassion, 20,000 American troops are stationed in Bosnia, an area that has absolutely no bearing on our nation's security.

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In the name of compassion, we've created a welfare state undreamed of in the annals of bureaucratic history. For pity's sake, we've spent over \$5 trillion fighting poverty over the past 32 years. All of that compassion has bought us multi-generational welfare families, 80 percent illegitimacy in some inner cities, boys raised in homes without fathers, and rampant crime and addiction.

And there's more compassion on the horizon, in the form of the current crusade for assisted suicide. Last week, the U.S. Supreme Court heard oral arguments in two cases, *Washington v. Glucksberg* and *Vacco v. Quill*. The high court is being asked to overturn federal appellate court decisions striking down state laws against doctor-assisted suicide. Both cases were originally brought by a Seattle-based nonprofit organization deceptively designated Compassion in Dying.

The argument of the movement (variously called right-to-die and death-with-dignity) is that terminal patients who are suffering should be offered a dignified, painless way to end their lives, that physicians should be allowed to give these victims peace through lethal prescriptions. Assisted suicide is presented as the humane alternative to months of fruitless suffering, the dissipation of family savings, and the agony of watching a loved one waste away before our eyes while we are helpless to relieve their pain.

On the other hand, there are troubling questions and a slippery slope that seems to beckon. "Terminal" is a relative term. Doctors have been known to make mistakes in their diagnoses. There's always the very real possibility of coercion by unscrupulous relatives or health care providers.

If assisted suicide is granted to terminal patients, how can it be withheld from those who are nowhere near death's doorstep but whose distress is every bit as real? What of patients who can no longer consent, or administer a lethal dose themselves, but whose existence is equally (as the movement would have it) devoid of meaning? As Justice David Souter remarked in the course of oral pleading, assisted suicide can easily progress into active euthanasia or mercy killing.

We'll return to these concerns later. In the meantime, there's another timely example of liberal compassion that demands our attention—the legalization of marijuana for medical purposes.

In November, credulous voters in California and Arizona passed initiatives that would allow physicians to prescribe pot for a host of ailments. The Arizona measure permits the use of other Schedule I drugs as well, including LSD and heroin — substances widely renowned for their therapeutic qualities.

There's no age limit on either initiative. In California, marijuana can be used on the verbal recommendation of one physician. Proponents of the measure (called the "Compassionate Use Act of 1996" — there's that word again) used the suffering of AIDS and cancer patients to win voter approval for what amounts to the back-door legalization of pot.

In reality, the California measure also allows citizens to toke up for (in its own words) "any other illness for which marijuana provides relief" in the opinion of any doctor licensed to practice in the state. This could include chronic headaches, back pain, menstrual cramps, and stress.

Backers of the California law celebrated their victory by getting high, doubtless, on the advice of their physicians. Dennis Peron, who originated the initiative, later remarked, "I believe all marijuana use is medical — except for kids," words he would never have uttered during the campaign.

The compassion gambit usually works like a charm, but not always. Proponents of drug legalization managed to bamboozle the voters of two states by playing on their natural urge to alleviate suffering. Backers of assisted suicide have had the same success with two federal appeals courts and voters in the state of Oregon in 1994.

However, there are notable exceptions to the rule. The liberal compassion appeal has failed with such controversial issues as welfare (most people think recipients should be compelled to work), illegal immigration (in 1994, Californians voted to eliminate all but emergency services for illegals and their children), capital punishment (the overwhelming majority of Americans don't care if killers had miserable, deprived childhoods; they want them dead ASAP), and gay marriage.

As to the latter, congressional passage of the Defense of Marriage Act by overwhelming margins last year reflects public sentiment here. In Hawaii (admittedly one of our most "progressive" states), where a court recently declared that the government has no "compelling interest" in limiting matrimony to a man and a woman, a survey by the *Honolulu Advertiser* showed 71 percent of residents opposed state sanctification of same-sex unions.

All of this leads one to speculate that self-interest, as much as dispassionate concern for others, has a lot to do with the public's susceptibility to compassion appeals. The average American isn't a homosexual or (by definition) an illegal immigrant. It's highly unlikely that he'll ever be on welfare or death row.

On the other hand, he reasons, he could become a terminal cancer patient and experience excruciating pain. He might want an escape from the burden of caring for a dying relative. He could contract glaucoma or another ailment whose symptoms are said to be relieved by lighting up a joint. This is compassion geared to the "me generation."

In the case of abortion, whose continued legalization is said to be favored by a confused and fractured electorate, our pragmatic altruist reasons that he might end up with an inconvenient pregnancy on his hands.

Abortion is a grotesque example of compassion's unintended consequences. Twenty-four years ago this month, it was sold to the nation generally (and the Supreme Court specifically) as pure benevolence. Here's a woman—single, poor, and pregnant. How can we not sympathize with her plight? Why should her life be ruined? Do we want her to court death through one of those fabled back-ally abortions? We were assured that, when every child is wanted, abandonment, neglect, and abuse would be things of the past.

The Court and a significant segment of the public bought the compassion argument here. A quarter-century later, we have more premarital sex (with all of the consequences thereof), more illegitimacy, and soaring rates of child abuse, neglect, and infanticide.

We also have one-and-one-half million abortions a year in this country, most for convenience, many as de facto birth control. Our national conscience is scarred by such horrors as partial birth abortions, where all but the head of a late-term child is extracted from the womb, surgical scissors are inserted at the base of the skull, the brains are suctioned out, the head crushed and the now lifeless body removed—an atrocity defended by the President of the United States, a man who can shed tears with greater ease than any previous occupant of that office. And we have a pro-choice movement driven by its demented dogma to deny the humanity of a fully-formed child minutes away from birth, solely because of its location in the mother's body.

If all of that weren't enough, there's a general devaluation of human life at every stage, reflected in tragedies like the case of Amy Grossberg and Brian Peterson. Late last year, these clean-cut, all-American kids delivered their baby in a Delaware motel room, put the

child in a trash bag, and tossed it in a dumpster with other unwanted items, killing it in the process.

There is an inexorable logic to pro-choice advocacy. If an unborn child in the seventh month of gestation is a thing to be disposed of for convenience, why not a newborn? According to the FBI, in 1994, 207 children younger than a week were murdered, a 92 percent increase since 1973. If this is the mercy of liberal compassion, God save us from more of such loving kindness.

In light of this, we should survey the latest attempts to inflict benevolence upon us skeptically, to say the least.

Consider the Dutch experience with euthanasia. While it's not legal in the Netherlands, medical murder is tolerated in certain circumstances. The Dutch medical society even has guidelines for the procedure. It's supposed to be voluntary, for terminal patients in the final stages of their illness who are in severe pain.

In practice, neither the nearness of death, unmanageable pain, nor consent is necessary to set the Dutch killing machine in motion. An article by Leon Kass and Nelson Lund, in the December 1996 issue of *Commentary*, mentions a 1989 survey of 300 Dutch physicians, in which 40 percent said they had performed nonvoluntary euthanasia and over 10 percent claimed they had done so five or more times.

Kass and Lund tell us that the most cited reasons for nonvoluntary euthanasia were "low quality of life," "no prospect of improvement," and "relatives' inability to cope." Patients' pain and suffering was mentioned only 30 percent of the time. A 1983 study showed requests for euthanasia came most often not from the patients themselves but from family members.

Last, yet another report, this one commissioned by the Dutch government, showed that in 1990, besides 2,300 cases of voluntary euthanasia and 400 instances of doctor-assisted suicide, there were "more than 1,000 cases of active nonvoluntary euthanasia performed without the patient's knowledge or consent, including 140 cases... in which the patients were... totally competent." Kass and Lund note that "comparable rates of nonvoluntary euthanasia for the United States would be roughly 20,000 cases per year."

In his book *Seduced by Death: Doctors, Patients, and the Dutch Cure*, Dr. Herbert Hendin notes the case of a man in his early 40s who was HIV-positive but showed no symptoms, whose doctor assisted in his suicide. He also mentions a physically healthy but emotionally distraught 50-year-old woman who was escorted to the grave by her psychiatrist. Hendin remarks: "The Netherlands has moved from assisted suicide to euthanasia, from euthanasia for people who are terminally ill to euthanasia for those who are chronically ill, from euthanasia for physical illness to euthanasia for psychological distress, and from voluntary euthanasia to involuntary euthanasia (called 'termination of the patient without explicit request')."

If assisted suicide is legalized here, how many terminal patients would feel a responsibility to kill themselves to lift a financial or emotional burden from their families? How often would terminal patients request aid in dying while in the throes of severe depression? (The information that you have months to live is not conducive to calm reflection.) Would managed health care persuade physicians and hospitals that they have a vested interest in a terminal patient's speedy demise and thus incline them not to be overly scrupulous here?

How many George Delurys would be licensed to be compassionate? In July 1995, Delury mixed a Kevorkian cocktail for his wife, Myrna Lebov, who was suffering from multiple

sclerosis. Last March, the Manhattan editor pleaded guilty to attempted manslaughter in her death.

Delury's lawyer said his client accepted the plea bargain of a lesser charge fearing how the jury would react to excerpts from his diary, in which he wrote of his stricken spouse, "You are sucking my life out of me like a vampire" and referred to her "meat loaf" existence. Lebov's sister, Beverly Sloane, said her brother-in-law was guilty of "psychological coercion." "He made her feel like a burden who was exhausting him."

"I tried to get her to concentrate on what she had, grit and heart and spirit, and her mind. I tried to give her hope. He concentrated on her limitations and emphasized them," Sloane says. With the legalization of assisted suicide, multiply the Delury case by thousands or tens of thousands.

Abuse aside, once the killing starts, where do we draw the line? Isn't it unfair to those who suffer from debilitating, long-term illnesses, who are years or even decades away from death, not to offer them the same quick release provided to those who, in the opinion of two physicians, have less than six months to live? Most of the clients Jack Kevorkian has buried were not terminal.

What of the chronically depressed, many of whom suffer as much as patients in severe physical pain? What of those who are simply tired of living, whose lives are devoid of most of what makes living worthwhile? A society that embraces medical murder will soon find irresistible arguments for extending the practice.

If the road to hell is paved with good intentions, here is a four-lane, interstate highway under construction. If the Supreme Court buys the equal protection/due process arguments advanced for assisted suicide, and Medicare and Medicaid get into the act, the sign at the side of the road will read "Your tax dollars at work."

Recall that legalized abortion was initially sold by arguing the hard cases said to make bad law (rape, incest, extreme youth, and poverty). Now that it's a venerated right, its practice is nearly unlimited—any time, any place, for any reason, by any means, regardless of the stage of fetal development.

While we're at it, let's ask a few hard questions about legalizing marijuana for medical purposes. We begin by noting that several years ago, at the request of the Public Health Service, the National Institutes of Health surveyed the existing scientific literature on the medical uses of pot. It concluded that for each ailment considered there were more effective treatments without the drug's dangerous side effects. The California and Arizona propositions were opposed by the American Medical Association, the American Academy of Ophthalmology, the American Cancer Society, and the National Multiple Sclerosis Association.

While the medicinal qualities of marijuana remain in the realm of theory (the claims are mostly based on anecdotal evidence), the dangers are well documented. Today's marijuana is considerably more potent than the stuff inhaled by my contemporaries during the 1960s.

The children of women who smoked marijuana while pregnant are 10 times more likely to develop a rare form of childhood leukemia as well as being far more apt to have low IQs and behavioral problems. Marijuana disrupts short-term memory, impairs learning, and damages the lungs. It suppresses the body's immune system, aggravating diseases like tuberculosis, asthma, glaucoma, and multiple sclerosis. HIV-positive pot-smokers advance to full-blown AIDS twice as fast and have an increased incidence of bacterial pneumonia.

Of those who use pot regularly (100 times or more), 75 percent will graduate to cocaine. Marijuana also lowers inhibitions. When I was in college, popular wisdom held that alcohol makes you violent but pot acts as a sedative. Sometimes, perhaps. Certainly not for condemned killer Richard Allen Davis who was high at the time he murdered 12-year-old Polly Klaas.

I don't know anyone who maintains that marijuana improves motor skills, enhances driving performance, or makes it easier to operate chain saws, cranes, and locomotives.

Among the young, marijuana use is soaring. According to a government-sponsored survey of 50,000 students in elementary and secondary schools, among eighth graders pot use tripled between 1991 and 1996.

Each year, we spend the equivalent of the GNP of a third-world country urging kids to "just say no." How can we expect them to heed this urgent message if society simultaneously declares that pot is good for what ails you? If marijuana is medicine, how can it harm you? This quack remedy from the Cheech and Chong pain-relief clinic will result in a general rise of addiction and attendant social ills.

Besides focusing on hidden consequences and real motives, the best way to counter the left's misuse of compassion is by putting the matter in its proper context. In the Shakespeare quotation I began with, the Bard goes on to observe that mercy "is an attribute of God himself; and the earthly power doth then show likest to God's, when mercy seasons justice."

The danger lies in severing compassion from its religious roots. Shakespeare alludes to the fact that the Western ideal of charity comes directly from our spiritual heritage. The first recorded case of kindness is Abraham's. The Bible tells us that the patriarch would sit in the entrance of his tent, in the heat of the day, waiting for visitors to approach. He would run to greet them, lead them to his dwelling, wash their feet and hands, and feed them. Later, Abraham argues with God, in an attempt to dissuade the Almighty from destroying what is essentially a city of strangers, who are (almost without exception) evil.

Compassion is the basis for choosing a wife for Isaac (the woman who gives drink to a servant and draws water for his thirsty camels as well). Leviticus commands the Israelites to leave the corners of their fields unharvested for the widow and orphan. It enjoins them not to oppress foreigners in their midst, "for you were strangers in Egypt." The name of one of the biblical heroines (who refused to leave her bereaved mother-in-law) became synonymous with compassion or pity—ruth—as well as its absence, ruthless.

In the New Testament, there's the parable of the Good Samaritan and the example of Jesus feeding the multitude and intervening to save the woman accused of adultery.

How often does God command the Children of Israel to emulate him—"as I am merciful, you be merciful." Compassion gives us the greatest opportunity to imitate the divine.

But, as my friend Father Robert Sirico of the Acton Institute reminds us, compassion comes from the Latin meaning not "to give to" but "to suffer with." Sometimes compassion means giving, and sometimes the truly compassionate course is to withhold.

A slightly inebriated vagrant approaches you on the street asking for spare change. Is it compassionate to give him a dollar toward the purchase of a bottle of cheap wine or to steer him toward a shelter, a hot meal, and a warm bed?

In 2 Thessalonians (3:10) Paul urges, "If a man does not work, neither let him eat." Was the Apostle being cruel, or expressing the profound understanding that by giving the man

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who can work the means of a life of idleness we rob him of every shred of dignity and ultimately starve his spirit to death?

Is it compassionate to give the terminal cancer patient a lethal drug, or to sit with her, hold her hand, and let her know that she's not alone and that her life still has meaning? Knowing of the anguish that comes from a needle, a spoon, or a wrapper, is it compassionate to legitimize addiction?

Is it compassionate to facilitate a society in which the weak, the sick, and the handicapped can be disposed of for convenience or economy?

Is it compassionate to help the individual and society to violate one of God's most important laws—thou shalt not murder—with the knowledge of what that sin will do to the soul of one and the conscience of the other?

It seems to me that what's needed is clear-eyed, unsentimental compassion — hard-headed soft-heartedness if you will, compassion that is holistic, that treats the whole person: body, intellect, and spirit. Else the face of compassion is often cold and brutal beneath the mask of concern.