



## Daniel Jeremy Silver Collection Digitization Project

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### **MS-4850: Daniel Jeremy Silver Papers, 1972-1993.**

Series III: The Temple Tifereth-Israel, 1946-1993, undated.

Sub-series B: Sermons, 1950-1989, undated.

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Baby Jane Doe, 1983.



Baby Jane Doe  
Daniel Jeremy Silver  
December 11, 1983

The facts are these. On October 11 of this year a baby girl was born in The University Hospital, Stonybrook, Long Island. She was born with a conditon known as spina bifida. Her spinal column was exposed. She had an abnormally small head and an excess of spinal fluid pressing on the brain. Because of these and other handicaps she was given just a few months to live. With surgery to control the excess fluid she might survive for twenty years, but if she does she will be permanently bedridden, lacking in many motor and communication skills, severely retarded, and in constant pain.

Her parents and the attending physician agreed that surgery should not be performed. They saw no reason to prolong her "life" on a mattress grave. Apparently, a nurse in the hospital who believes that everything must be done to prolong "life", regardless of the situation, telephoned information about the infant to a self-appointed crusader, Lawrence Washburn of Dorset, Vermont. Mr. Washburn immediately complained to the New York courts to force the operation. The magistrate's court ordered the surgery on the child now known as Baby Jane Doe. This decision was appealed and both the New York State Court of Appeals and the State Supreme Court over-ruled the original decision.

While these legal battles were going on Washington entered the case and lawyers from the Department of Health and Human Services and the Justice Department took the issue to the Federal courts where they sued for the government's right to review Baby Jane Doe's medical records. So far this petition has been denied by every court to whom it has been submitted.

The courts have usually been unwilling to interfere in suits involving the State's right to override a decision to refuse medical treatment. There are exceptions when, for instance, society at large may be threatened as in a case involving immunization against a communicable disease or when in an emergency the religious scruples of parents may deny a child life-saving surgery. There are cases involving the conviction of Jehovan Witnesses against blood transfusions.



But even in such cases the courts have entered gingerly not only because they hesitate to interfere between patients and their physicians but because these cases involve the constitutional question of the free exercise of religion.

You may remember the 1975 case which involved Karen Ann Quinlan. This 21-year old girl had taken drugs and liquor at a party and slipped into a deep coma from which she could not be roused. During emergency treatment she was put on a mechanical respirator, but days passed without any change and doctors testified that she was in a "persistent vegetative state." A few months later her foster parents asked the hospital to remove the life support systems. The hospital refused. The hospital insisted it had a duty to carry out all possible treatment. After lengthy litigation the New Jersey Supreme Court ruled that the right to refuse treatment has constitutional roots. The court, in this case, made an important distinction between treatment required to prolong life and treatment which simply prolongs dying. The respirator was removed. Karen Ann Quinlan proved that the doctors were right. Her coma was irreversible, but, unfortunately, the strength of a young body sustains her even today in a vegetative state.

Given the judicial history in the area of the right to refuse treatment, the question must be asked why the government chose to interfere in the case of Baby Jane Doe. Some will say, and not without justification, that this is an election year, this was a political decision. This president has not been able to satisfy the right-to-life people on the abortion issue or the Moral Majority on the prayer-in-public-schools issue, those who might be expected to be absolutists on the "save a life" issue. Here was a golden opportunity to show himself as a champion for their interests. So the President may be disappointed. He certainly will not reap the harvest of votes that he may expect. It is well to remember that a majority block within the Right-To-Life movement, the Roman Catholic Church, opposes any rule which would require that extraordinary life-sustaining measures be taken in cases such as Baby Jane Doe.

The Quinlans were Roman Catholics. During that trial, their parish priest



testified in court to the Church's well-established position: that life is sacred but not an absolute. The Church looks on this life as the first part of a continuum which extends into life everlasting. Thus the duty to preserve life has limits, limits which do not impose on patient or family the need to suffer unduly or make heroic sacrifices for questionable benefits.

Recently, Father John Paris, a Jesuit father who now works at the Hastings Institute, restated the Church's position in the Wall Street Journal. He was writing specifically about Baby Jane Doe, and in opposition to those who say, "The rights of the deformed child are absolute and unwavering and require that all measures should be taken to save life under all circumstances."

"Such a vitalist approach is utterly foreign to the traditional Christian understanding of life and the duty one has for its care. In that context, life as a gift of God, is indeed sacred, but it is not an end in itself. It is destined for something higher and more ultimate. And the duty to care for it is a limited one, one which demands not heroic sacrifice and suffering on the part of the individual or the family, but only the use of ordinary means and resources to preserve it.

That standard, which has been the Catholic moral teaching for centuries, has been reiterated in the Vatican's 1980 Declaration on Euthanasia where we read: "One is never obliged to use 'extraordinary' means." Then, aware that the traditional "ordinary/extraordinary" language has frequently been misused, the Vatican emphasized the original intent to focus not on the technique but the condition of the patient by substituting for the outmoded phrases a "proportionate" benefit and burden test.

Under that standard, our task is to examine the proposed treatment, its risks, costs and possibilities and compare them with the results to be expected "taking into account the state of the sick person and his or her physical and moral resources." As New York's highest court affirmed, that was precisely the basis for the physician-family decision for Baby Jane.



Within the Catholic tradition, the right to life and the sanctity of life have always meant a respect for human creation in all its forms. That respect prohibits killing of innocent life at any stage - fetus, newborn, aged, senile, terminally ill or hopelessly comatose. But it has not and does not demand that where there is little hope of prolonging life except under intense suffering that we do everything technically possible.

The Surgeon General of the United States explained the government's actions in this way. "We are not fighting for the baby. We are fighting for the principle that every life is individually and uniquely sacred." Some of us would argue that the baby, this baby, should be our central concern. It is the baby who suffers. It is the baby's parents who are suffering. But I think we also recognize that a rush of empathy cannot be our final and full response to this kind of tragic situation. Baby Jane Doe's suffering is clearly beyond whatever most of us would define as tolerable limits, but suffering is, after all, a subjective experience, and many of us will differ as to precisely where the line should be drawn and suffering declared sufficient reason to abandon attempts to sustain life.

The Surgeon General was enunciating a basic Biblical principle when he argued that every life is individually and uniquely sacred. Judaism looks on life as a gift to us from God - His, not ours, to dispose. The taking of life is a crime. Suicide is a sin. You will not find in rabbinic literature any enthusiasm for what the Greeks called euthanasia - actions which insure an easy death. The rabbis often repeated in this connection Job's dialogue with his wife. Job has been stripped of position and wealth, forced to suffer the death of his children, and afflicted with a variety of painful and disfiguring illnesses, Job's wife can no longer endure his pain. "Do you still hold fast to your integrity? Curse God and die." If I had been Job I would have been sorely tempted to end my suffering, but Job will not take the easy way out. "You talk as one of the shameless women. Should we receive good from God and not accept evil?"



When the Greeks followed Alexander into the Middle East and settled in, the Jews were scandalized by the indifference the Greeks showed to each individual life. They could not imagine a culture which practiced infanticide. In their eyes it was an ultimate sin to expose the deformed and unwanted infant and so force it to die.

Judaism's traditional approach should warn us against becoming too cavalier with such a currently popular phrase as quality of life. All of us who oppose the fundamentalists who insist that everything must be done in every situation have taken to this phrase as if it provides a solid basis for any and every tragic medical dilemma. It does not. The term lacks precision. Quality of life may mean one thing to an active twenty-year old and quite another to an eighty-year old who must somehow manage the infirmities of age. Many of those who spend their days sitting in a wheel chair staring into space in our old folks' homes are enduring lives which have little quality, but, surely, none of us would argue that their lives should be terminated or even that their deaths should be hastened, however gently.

To some of us a mongoloid child can have no quality of life. Others of us are not that certain. I would argue that it is precisely because of such honorable differences of judgement among us that the government should not interfere in the patient-physician relationship. There is no consensus among us on this issue and so the government cannot impose a national standard. The issues are complex. Each case is unique. Medicine is a fast-changing discipline. There is no consensus or certainty among us, so it is best that these cases be left to the attending physician, the patient and the family.

I would fault the government on another count. Those who exercise a right must be prepared to accept the responsibilities their actions involve. Righteousness involves concern, act and continuing responsibility. Self-righteousness involves concern, act and an unwillingness to accept the consequences of one's actions. Let's assume that Baby Jane Doe lives for twenty years. She will be



bed-ridden. She will require extended and expensive care and treatment. Will the government be at her bedside? Will it accept financial or administrative responsibility for her care? Once the court rules, the Administration will turn to other matters. It's hard to see this administration assuming new costs related to medical care.

The government can properly claim that it is following out the principles of those whose philosophy underlies our Constitution. It was the intellectual father of our Constitution, John Locke, who coined the phrase "the inalienable right to life." Locke insisted that the right to life was a right that could not be taken away or given away. Locke did not acknowledge the right to refuse treatment and his spiritual heir, Thomas Jefferson, insisted that anyone who hastened death in any way was unbalanced and was to be pitied by public opinion.

Neither man, of course, could conceive of the sobering consequences of miracles of modern medical treatment. They took their stand against the philosophy of the hard-hearted mercantilists of their day who looked upon individuals as cogs in an economic machine. These mercantilists argued that national prosperity depended upon limiting the costs of production; that when the parts wore out they should be scrapped and replaced; and that the community could not and should not sustain those who were no longer productive.

Locke insisted on the sacredness of life because he needed to counter the "realists" of his day who reduced the human being to a unit of production and treated the individual as if he were a machine. This kind of thinking still crops up among our "realists." We find it again in the writings of the social Darwinists of the 19th century and of the National Socialists in our century. Hitler cleared out the mental institutions and old-age homes of Germany in the cause of national efficiency. I am sure that there are some in our own country who have this turn of mind, and who would like to find ways to hasten the death of the infirm and the elderly as a means of solving the financial problems of the Social Security and medicare systems.



It is good and necessary that the sanctity of each individual life be a concern of the government, but let that concern be educative, not judicial. The greater danger is not a single mistake of judgement but the government's power to impose arbitrary standards on its citizens. I am sure that many patients and physicians come to a decision with which others would disagree. Perhaps they've even made a wrong decision. To be human is to be fallible. We all make mistakes. But even if they have, it's an honest mistake and the society as a whole has not been hurt. Such decisions involve an individual's life. If we are the patient we must accept the consequences of our decision. It's our decision and our fate. Since there is no consensus on such issues, and since every case is a special and separate one, any attempt by the government to legislate what must be done will only cause mental anguish and physical pain and great emotional and financial harm to many. I am convinced that each of us has the right to accept or reject treatment because no one should have the right to make that decision for us. No one else will have to live by the consequences of that decision.

The government sometime claims the right to act in order to protect us from ourselves. At times we need such protection. It is possible to become so excited or so depressed that we lose our balance and our judgement. Societies are right to try to create an emotional environment which discourages suicide. If we can get someone suffering from a broken heart through the night they will often find that a new life opens with the dawn. Issues of terminal illness and infirmity and senility are, however, of a different order. They represent irreversible situations. There is no solution this side of the grave. All the religions of the West have the rules against suicide and a thousand ways to avoid enforcing these rules. It is not suicide to hasten an inevitable, and perhaps an overwhelmingly painful, end - an end which can rob them of that dignity which is more precious than life itself. I am fully convinced that none of us has the right to say to another, you must have surgery, you must take chemotherapy. If God has already decreed that our life must end, we need not oppose Him. I would hold those who



insist on treatment regardless of the situation and the wishes of the patient or of their guardians are as guilty of inflicting assault and battery on an unwilling victim. By what right do they impose their peculiar absolutism upon another?

I deem it healthy that many in our society have begun to make known their feelings about extraordinary heroic measures by signing a living will.

#### WILL TO LIVE

To my family, my physician, my clergyman and my lawyer:

If the time comes when I can no longer take part in decisions for my own future, let this statement stand as the testament of my wishes. If there is no reasonable expectation of my recovery from physical or mental disability, I request that I be allowed to die and not be kept alive by artificial means and heroic measures. Death is as much a reality as birth, growth, maturity and old age. It is the one certainty. I do not fear death as much as I fear the indignity of deterioration dependent upon hopeless pain. I ask that drugs be mercifully administered to me for terminal suffering even if they hasten the moment of death.

This request is made after careful consideration. Although this document is not legally binding, you who care for me will, I hope, feel morally bound to follow this mandate. I recognize that it places a heavy burden of responsibility upon you and it is with the intention of sharing that responsibility and of mitigating any feelings of guilt that this statement is made.

This so-called will has no legal standing, but it does suggest to the family they need feel no guilt if they find it necessary to make the ahrd decision.

There is a piece of doggerel which suggests our situation: "Of old when men lay sick and sorely tried/The doctors gave them physic and they died/But here's a happier age. For now we know/Both how to make men sick and keep them so." In an age such as ours it's well that we remind ourselves that Job's willingness to accept life's sufferings in the Bible and that the Bible also tells us "there's a time to be born and there's a time to die." Judaism does not look on death as the ultimate evil. Death conforms to God's wisdom just as surely as birth. The medieval sage, Nissim Gerundi, put it simply: "There is a time when we should pray for a sick person that he should recover and there is a time when we should pray for God's mercy that he should die." It was generally accepted among the rabbis



that there is no duty incumbent upon a physician to force a terminal patient to suffer a bit longer.

In the early centuries of this era men put little faith in a physician's skill. Doctors were called in only when all else failed since their treatment often hastened death. During the period when the Talmud was written people put more faith in prayer than in medicine, so this story is appropriate. The greatest sage of his day, Judah ha-Nasi, lay on his death bed. The man who had headed the Jewish community with rare capacity was in great pain. His disciples and his colleagues wanted to keep him with them. They lived in a world when it was believed that the Angel of Death could not enter a sick room as long as people prayed there continuously. These friends prayed with a full heart and without a break. Judah had a housekeeper, a wise woman. She felt her master's pain and she saw the determination of those who prayed, so she took a large clay pot up to the roof of the house and threw it down against the flagstones of the courtyard. The resulting explosion stunned the pray-ers and the Angel of Death stepped across the moment of silence and took Judah's soul.

The Talmud praises his housekeeper for her act. There is a time to be born and a time to die.



# Right to Life Doesn't Demand Heroic Sacrifice

By JOHN J. PARIS

"We are not just fighting for this baby. We're fighting for the principle that every life is individually and uniquely sacred." These words of the Surgeon General, C. Everett Koop, on CBS News' "Face The Nation" set the stage for the national debate now raging around the medical treatment provided Baby Jane Doe, born Oct. 11 on Long Island, N.Y., with an open spinal column, an excess of spinal fluid on the brain and an abnormally small head. The infant, whose prospects for life range from two years without surgery to upward of 20 years of serious retardation and bedridden care if operated on, has now joined Karen Quinlan and others whose medical treatment has been removed from the privacy of a physician-patient-family decision and made the subject of protracted and seemingly unending legal battles.

In a little over a month, her case has been heard in three New York State courts, including the Court of Appeals—that state's highest tribunal. Then with the intervention of the Department of Health and Human Services, it has passed through the federal District Court to the Second Circuit Court of Appeals. The specific issue facing that court involves technical questions on confidentiality of medical records, privacy and the role of the federal government in the protection of patients in institutions receiving federal funds.

These questions, though, are being argued against a backdrop of charges that

Baby Jane is being denied appropriate care on the basis of a handicap, her mental retardation. That concern, as the spate of press commentaries indicates, finds its roots in a fear that the "me" generation is reverting to the ancient practice of exposing defective infants to the elements, or worse, that a "consumer" society is demanding the elimination of its less-than-perfect products.

An earlier Johns Hopkins Hospital case illustrates that this fear is not without foundation. There the parents and physicians determined not to perform surgery on a Down's syndrome child with an easily correctable intestinal blockage on such slender grounds as "the child would be a financial and emotional burden on the rest of the family."

Last year in Bloomington, Ind., a similar decision to forgo surgery on a Down's baby with a blocked esophagus produced national outrage. There, notwithstanding the fact that three state courts had upheld the parents' decision, the New York Times editorialized, "Because (Infant Doe) had been inadvertently robbed of perfections, he was deliberately robbed of life." And the Washington Post, reflecting on the classical distinction between ordinary and extraordinary care due a patient, observed: "The Indiana baby died not because he couldn't sustain life without a million dollars worth of medical machinery, but because no one fed him."

Despite their stand in the Bloomington case, these papers joined an almost unanimous press in denouncing the actions of

the self-appointed right-to-life lawyer who brought the Long Island Baby Jane Doe case to the courts. The difference, of course, was that in this case no curative intervention was possible. It is against that reality that the comments of the Surgeon General and the spokesmen for the right-to-life lobbies must be evaluated.

The Surgeon General's view of life as "sacred" compels him, as he put it, "to intrude into the life of a child like this to protect her civil rights." His shift from medical to theological to legal language was echoed by Victor Rosenblum, a Northwestern University law professor who appeared with him on "Face The Nation."

Mr. Rosenblum, an officer in Americans United for Life who has been active in trying to overcome the Supreme Court's abortion rulings, rejects the notion that a minimum "quality of life" is a pre-requisite for constitutional protection. He insists that while the Supreme Court may deny the rights of the unborn child, once born the infant, regardless of condition, has all the rights of a person. As he put it in a recent interview, "The rights of the deformed child are absolute and unwavering and require that all measures should be taken to save life under all circumstances."

Life is thereby transformed from sacred to an absolute. The corollary is that everything possible must be done to preserve it regardless of quality, regardless of burden, regardless of suffering, regardless of cost. Anything less would be a betrayal of life itself.

Such a vitalist approach is utterly foreign to the traditional Christian understanding of life and the duty one has for its care. In that context, life, as a gift of God, is indeed sacred, but it is not an end in itself. It is destined for something higher and more ultimate. And the duty to care for it is a limited one, one which demands not heroic sacrifice and suffering on the part of the individual or the family, but only the use of ordinary means and resources to preserve it.

That standard, which has been the Catholic moral teaching for centuries, has been reiterated in the Vatican's 1980 Declaration on Euthanasia where we read: "One is never obliged to use 'extraordinary' means." Then, aware that the traditional "ordinary/extraordinary" language has frequently been confused and misused, the Vatican emphasized the original intent to focus not on the technique but the condition of the patient by substituting for the outmoded phrases a "proportionate" benefit and burden test.

Under that standard, our task is to examine the proposed treatment, its risks, costs and possibilities and compare them with the results to be expected "taking into account the state of the sick person and his or her physical and moral resources." As New York's highest court affirmed, that was precisely the basis for the physician-family decision for Baby Jane.

Within the Catholic tradition, the right to life and the sanctity of life have always meant a respect for human creation in all its forms. That respect prohibits killing of innocent life at any stage—fetus, newborn, aged, senile, terminally ill or hopelessly comatose. But it has not and does not demand that where there is little hope of prolonging life except under intense suffering that we do everything technically possible.

A failure to appreciate the historical significance and context of the sanctity of life has led some to distort its meaning. They then attempt to impose their notion "to protect" the defenseless. Therein lies the danger of the Baby Jane Doe case. For as Justice Louis Brandeis warned in *Olmstead vs. U.S.*: "Experience should teach us to be most on our guard to protect liberty when the government's purposes are beneficent. . . . The greatest dangers to liberty lurk in invidious encroachment by men of zeal, well meaning but without understanding."



## WILL TO LIVE

To my family, my physician, my clergyman and my lawyer:

If the time comes when I can no longer take part in decisions for my own future, let this statement stand as the testament of my wishes; If there is no reasonable expectation of my recovery from physical or mental disability, I request that I be allowed to die and not be kept alive by artificial means and heroic measures. Death is as much a reality as birth, growth, maturity and old age. It is the one certainty. I do not fear death as much as I fear the indignity of deterioration dependent upon hopeless pain. I ask that drugs be mercifully administered to me for terminal suffering even if they hasten the moment of death.

This request is made after careful consideration. Although this document is not legally binding, you who care for me will, I hope, feel morally bound to follow this mandate. I recognize that it places a heavy burden of responsibility upon you and it is with the intention of sharing that responsibility and of mitigating any feelings of guilt that this statement is made.

Off old when men lay sick and sorely tried  
The doctors gave them physic and they died  
But here's a happier age. For now we know  
Both how to make men sick and keep them so

Death is a state in which the brain is dead. The rest of the body exists in order to support the brain. The brain is the individual

There is a time when we should pray for a sick person that he should recover - there is a time when we should pray that he should die  
We are not fighting for the body

We are fighting for the principle that every life is  
individual, and uniquely sacred

There is no duty upon a doctor to force a patient  
to support a system.



The facts are these - On Oct 11 of last year a baby girl was  
born in the Community Hospital, Stony Brook L.I. Baby Jane Doe,  
as she is now known, was born with a malformation in  
SPINA BIFIDA - the incomplete development of the spinal  
column - an absence of spinal fluid in the brain and  
an abnormally small head. Because of her handicap BJD  
was given just a few weeks to live, with surgery to  
control the excess fluid, BJD was jaundiced since for  
20 years - but if she lives she will be  
permanently blind-mutilated  
in constant pain  
during a most uncomfortable death  
and severely retarded

Her parents & the attending physician agreed that the brain fluid  
surgery not be performed. This was no reason to prolong  
BJD's "life" in a motionless state, carrying a name  
in the hospital who believed that the ~~surgeon's report~~ <sup>surgeon's report</sup> to show -  
in all cases - to prolong "life" - helpless blind BJD  
to a self appointed uphold to life under LAWSON  
WASHBURN of Dorset VT. - who immediately contacted  
to a NY Court to force the operation. A magistrate's  
court ordered the surgery - which upholds Court order  
a religious belief;  
the State Supreme Court overruled that decision, &  
the power to administer should be returned and  
surgery for the Rest. of Handicapped & Chronically Sick, the



Justice Dept. later was made Federal Court under  
they sued for the right to receive the JTO medical  
record. This pattern - has 4-1 for her denial - 4-1  
a Federal Medical Court and a Federal Court of Appeals -

The courts have generally been slow of intervening in  
suits involving the right to refuse medical treatment  
as a right of life and death - to be treated in a case  
of discrimination against a non-white person on  
an employer who refuses to employ - and in the  
Jewish, Western, people's rights - and in the  
humanism - seen to change the life of a Jew -- Though  
there have not been uniform in the life of a Jew  
courts, concerned with the right of life and death  
is the free exercise of religion.

Perhaps the most famous of these cases was the  
1975 case involving Karen Ann Quinlan. In 1975  
she was in a coma - and in 1975 - and she  
died - Took some drugs and slipped into a deep  
coma for which she has never awoken - Doctor testified  
that she was in a "persistent vegetative state" - even  
though the F.K.C. maintained she would be awake -  
Dr. J. had her father present with her in the hospital to receive  
the life support system - the need for support - the  
hospital refused on the grounds that it was the  
duty to carry out all possible treatment - after  
several attempts the Court granted the hospital



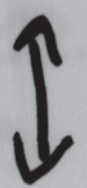
As light treatment has contributed most -  
Treatment is required to prevent depression -  
[An important distinction] -- The response was  
normal -- & KRD proved that the disorder was  
total has understanding -- depression is  
an anxiety disorder & depression is  
the same thing as anxiety disorder -

Parents and legal interests and the opinion  
 of various officers of the bank - the fact that  
 to proceed. Every night. There is a tendency  
 and since the present law has been passed  
 the right to stop the collection - he would  
 be seen and prevention he would be. I would understand  
 and played a role - but it would be necessary  
 that the new law, under the law to stop the  
 - the law should be under the law to stop the  
 and upon the extraordinary manner in  
 the -

The American man Ricci, who was  
 in contact with the American - and who is  
 concerned with other absolute - First we must  
of the American - and who is in contact with  
 in the American, the need to suffer or  
 to make more, in the American  
 benefits. The American is a  
 very large and deep to understand of the  
 life is not an absolute and



Again on the ASD case but on the 2nd day (Sund)  
the Court appointed R.C. [unclear] [unclear] [unclear]  
Bach's [unclear] [unclear]: Father John A. [unclear] - a friend  
was [unclear] at the [unclear] [unclear] [unclear]



The [unclear] benefit of [unclear] [unclear] [unclear] [unclear]  
to be [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
Fundamentally [unclear] [unclear] [unclear] [unclear] [unclear]  
normal people need to be [unclear] [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

The Surgeon General might explain the [unclear]  
[unclear] [unclear] [unclear]

WE ARE NOT FIGHTING FOR THE BABY. WE ARE  
FIGHTING FOR THE PRINCIPLE THAT EVERY LIFE IS  
INDIVIDUALLY AND UNDENIABLY SACRED.

Some would argue that the baby is the only [unclear] -  
The [unclear] suffers at the [unclear] [unclear] [unclear]. But most of  
us realize that [unclear] is not a [unclear] [unclear] -  
[unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
[unclear] "def" - [unclear] [unclear] [unclear] [unclear] [unclear]  
[unclear] that if [unclear] [unclear] [unclear] [unclear] [unclear]  
for "def" - however [unclear] [unclear] [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]



The major cause was overvalued good theoretical  
principles which he argues that every life is individually  
and uniquely valued —

Ann unclarily ignored - purpose.  
Julius looks on life as a gift of God to us - it is not ours to  
The taking of life is a <sup>crime</sup>. Suicide is a sin. You need  
not feel surprised or even angry. For what can we really control  
EUTHANASIA - actions which insure an early death; the  
nurses after repeated Julius' desires needed for relief after  
he has been strangled & poisoned & urinated - of children -  
I have affected much more than I thought  
disfigure's action, the safe can <sup>no longer</sup> see Julius' face.

Do you still hold fast to your integrity. Wm

Good man does

God man de  
 End your suffering - Just want have seen much tonight -  
 but he would not take the same way out.

YOU TALK AT ONE & NOT SHOOTER NOW.

Should we receive you from God and

NOT ACCEPT EUL.

NOT accept EUL.  
 1. to be used for the purpose of the Middle East  
 & added in - to form a model of the  
 & others to be added to the model. Life. -  
 & others to be added to the model. Life. -  
 & others to be added to the model. Life. -  
 & others to be added to the model. Life. -

ص ۲۲۲ .

There is also one tendency to the  
suffering which is so often the result of the







Let us find that it is the government, there we appeal  
to our moral responsibilities and our humanity  
and to the public - The government, in my view, should  
not ignore one stranded upon people who have  
been abandoned - - To many of us the presumption  
of LIFE must now be corporate responsibility  
and simply prolonging dying

I would fault the government in under  
count. If you want to exercise a right, you must  
be prepared to accept the responsibilities that go  
with it. But, where 50 over 20 years, shall  
be shoulders - shall require extended and expensive  
treatment. The government - which is very difficult  
financial support of needed care - has made no  
move - it will not move - to 10 for the  
expenses under such care of the most  
should seriously reconsider them - The  
government's action is at best in substantial  
into the category : The evil that God will do.

Unethical intention is even less the  
has its roots and the study of the Enlightenment  
philosophy where ethical shaped our  
conscience, even then to the side of our  
life has no intrinsic right to life - and



65

under further argument that the man's right that  
could not be taken away on ground that he  
did not adequately testify & refuse testify and  
his accusations Thames Jefferson invited test argued  
under did so was unsubstantiated - it to be perceived by  
public opinion.

Miller was had to face the unhappy of a  
man he refused - but was forced and released  
argued against was the hard headed person  
philosophy which was popular among the man  
resident there - which lacked any substance  
as long as an American - no more - under  
argued that when the fact came out - they would  
to be scrapped and replaced. The result  
Miller argued that the committee could not  
should leave off up to the man who was no  
any production - because no one could  
proper of it just it needed to be  
improvement present.

He would to present the character  
of and not. Argued the " result " of the  
by - against the man who was no  
repeated in order from to be done







U.S. is asked to give more than 1000 U.S. dollars  
Duty in constant on a physician to force a Terminal  
patient to suffer a bit longer -

1. Duty of Jewish to Non-Jews. humanely

and it is essential to be to rightness - The  
suffer and rightly

It is our duty to pay for a sick  
person not to pay nothing. Now comes  
a time when we should pay for God's  
money but he should die.

(LUSIM GENERAL)

2. The duty of Jewish to DTP

one person who should die.

WRHS



first side of a man