

The Coming of Compulsory Euthanasia... *The Waiting Room 2050 A.D.*

by Dale Francis

WHEN THEY had walked into the waiting room together, holding hands to give one another courage, the other people had looked at them and she felt a necessity to explain.

She sat there with her husband, looking around at the others in the room, then she turned to a man beside her, "My husband and I are exactly the same age, born on the same day, that's how we happen to be here together."

The others looked at them, smiled, then turned inward to their own thoughts, having had the mystery solved.

One of the most terrible things about The Waiting Room was being there alone, without someone who loved you and cared about you. She thought to herself that she and Franklin were among the fortunate ones, the only ones who had the same birthdays of all the couples she knew. It was the second time in The Waiting Room for both of them. They were fifty-five.

The first time was the hardest of all. It was the dread of a new experience. Not that she doubted the wisdom of the government decision. There were too many people, everyone knew that, too many people. It was only reasonable to insist that people who did not contribute sufficiently to society should be — she hated even to think the words — be put to sleep.

The truth was the population hadn't really grown all that much. But, well, just as once a half century ago she and the boy who was to become her husband belonged to the youthful majority, now they belonged to the elderly majority. It was as one of the senators had said, today's young people were too few to support a society that is predominantly aged.

But fifty years didn't seem at all old to her. She could understand why it was necessary to put all people more than 75 to sleep but fifty was only middle-aged. That was the age the government had decided on for the first of the Fives, though, and there was very little good that could come from arguing about it, one wouldn't want to be reported as uncooperative.

The first Fives, when they were 50, was bad because it was first but it was rare that anyone failed the first Five, only the criminal elements, the drunkards, the disruptive, the uncooperative. The second Five was different, there were more who didn't make it and for lesser reasons.

That was why she was worried about Franklin. He wasn't really doing very well at his job, he never had quite gotten used to the new computer equipment. His quality ratings hadn't been high, partly because Mr. Holden didn't seem to like him.

Ruth worried more about Franklin than herself. She was a volunteer worker at the 24-hour-a-day child care centre and she was good with children. One of

the sadnesses of her life was that they had never had any children. There had been diabetes on Franklin's side of the family, that had meant they never were able to get a licence to have a child. A child had been conceived but when she reported to the doctor after six months, government officials placed her in the hospital. One of the nurses had told her the baby was a little girl. In her mind she had named her little girl Rita, her favourite name. Rita would have been 25 now. The irony was she would be needed now, the government no longer required abortions and young people were encouraged to have children but 30 years ago it was different. After the death of Rita — she never could think of it as anything but death although abortions were no more registered than appendectomies in those days — Franklin had been sterilized and she had been sterilized too; it was one of the penalties for conceiving a child without a licence.

A tall, military-looking man was called and he went into one of the examining rooms. He walked straight, his face set. He must have been 60.

She remembered the procedure. Three officials sat there, the record before them. They asked questions, more to perceive alertness than for the answers. One of her questioners had been a woman who was very kind to her, who spoke softly, comforting her in her nervousness. When the interview was finished, the chairman of the committee nodded, either to the door behind them or to the door back to The Waiting Room. The woman had smiled and she knew they would point to The Waiting Room and they did.

A heavy-set woman was called, she looked as if she was only 50 and she laughed nervously and said, "Well, here goes nothing", speaking to no one in particular.

They called Ruth's name first. She held Franklin's hand. He had been sitting very quietly, his thin face set, there was the hint of tears in his eyes.

"It will be all right, Honey", she said.

There were two women and a man on the board, one of the women was the chairman. She looked at the record before her. "Are you nervous?" she asked. Ruth tried to speak but her mouth was dry and no words came out. She swallowed, "A little, I guess."

"Your supervisor says you are excellent with children. Did you have children yourself?"

Before Ruth could answer, the chairman said, "Oh yes, I see. No children." Ruth thought of Rita again.

The man spoke, "I see you do not live at the centre."

Ruth answered quickly, "I live with my husband. But I never have missed a day's work, not one day in nearly 10 years. My husband sees that I'm always at the centre on time."

They sat before her quietly. She knew they had

already decided, they always had decided before you came in for one of the Fives. The chairman, who did not smile, spoke. "That will be all". She pointed to the door leading back to The Waiting Room. Ruth felt a surge of happiness, another five years, another five years.

She stepped back into The Waiting Room. With a start she saw Franklin was not there. But of course, his name was called right after her own. The room was empty except for a man who had gone into the committee room as she left it.

Franklin would be coming back soon. She sat down and waited for him. The time moved slowly. The man came back into The Waiting Room, smiling happily. She waited for Franklin. The clock on the wall moved so slowly. She continued to wait.

Then a brisk young woman came into The Waiting Room, saw her and looked surprised. "Were you waiting to be called before the committee?" she asked.

"Oh, no," Ruth said, "I've been in. I'm waiting for Franklin, my husband, we have the same birthday, you know."

The young woman looked at her, sadly, almost as if she was going to cry. "I'm sorry," she said. "Everyone has gone. Perhaps your husband went on home."

"Oh, yes," Ruth said. "Of course, he went on home ahead of me. Of course, that's what happened, he went on home ahead of me."

She left The Waiting Room. She would stop at the supermarket. She would buy shrimp. Franklin liked shrimp. What a dinner they would have, they would celebrate, another five years for both of them, they would celebrate.

She kept thinking of the celebration, allowing no other thoughts into her mind, right up to the moment she turned the lock on the door and stepped into the empty apartment.

COMMENT

THIS text was circulating in 1973 when the big pro-life battle was the so-called conscience vote in parliament on abortion. At that time, many people could not see its relevance to euthanasia.

Now it is more relevant than ever.

The background is the 1960s and earlier.

Contraception seemed to solve a lot of problems. Most people did not realize it would lead on inexorably to abortion, the ultimate in child-abuse. They became accustomed to believe they had sovereign rights over their sexual powers, so, if contraception failed, they had a right to kill the unwanted child in the womb.

Abortion seemed to justify others sorts of killing. The soft-sell at present is voluntary euthanasia. People claim they have a right to suicide, to kill themselves if they want to, or at least for others to kill themselves, and to be helped to do so.

HARD CASES MAKE BAD LAW!

Voluntary euthanasia leads on inexorably to

compulsory euthanasia. The proof is in countries like Holland, where old people avoid going to doctors, because doctors might kill them against their will, or, at the prompting of relatives who will inherit more if it is not wasted on prolonging life...

A Letter to *The Australian* 26-5-1995

By Jim Dominguez

LAST YEAR, concern about the implications of Leuthanasia was expressed in a report on medical ethics from a standing committee of the House of Lords which reviewed euthanasia in the Netherlands. It made the point that 'society's prohibition of intentional killing is the cornerstone of law and social relationships.'

The report went on:

We do not believe it is possible to set secure limits... on voluntary euthanasia. It would be next to impossible to ensure that all acts of euthanasia were truly voluntary. [Finally, it said] ...euthanasia is a 'violent solution which impoverishes the human (and medical) community.'

The case for euthanasia is flawed if only because it is impossible to quarantine such voluntary euthanasia from the 'slippery slope' syndrome.

Following the Nuremburg trials of Nazi doctors, one English commentator wrote: 'The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the decisions. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and, finally all non-Germans.

But it was probably left to Malcolm Muggeridge to make the final comment on the undermining of human dignity explicit in euthanasia when he said: 'It is true that the delay in creating public pressure for euthanasia has been due to the fact that it was one of the war crimes cited in Nuremburg. So, for the *Guinness Book of Records*, you can submit this: that it takes just about 50 years in our humane society to transform a war crime into an act of compassion. That is exactly what has happened.

FURTHER COMMENT

PEOPLE who are old and frail and in pain do not need lethal solutions. Nor should they be offered them, because it makes them feel they are a nuisance to their families and a financial burden on society. This is untrue and cruel. What the old and frail and in pain most need is **someone to talk to**.

Our compassionate treatment of those in pain already provides wonderful relief in **palliative care**.

Our compassionate treatment of the old and frail also provides **meals-on-wheels**. Those who deliver the meals soon discover their kindness also needs expression in **listening to and talking with** the lonely.

"Man does not live on bread alone but by every word which proceeds from the mouth of God;" Matthew 4:4.