

# Roe v. Wade's Disastrous Impact on Medical Ethics

By Nancy Valko, Mon 1/21/2019

This was published in the [National Right to Life News January 2019 issue](#), "The Consequences of Roe v Wade" on page 8.

Most people volunteer for the pro-life movement. I consider myself a draftee.

I was a young intensive care unit nurse when the Roe v. Wade decision came down in 1973. Like most people I knew, I was shocked when abortion was legalized. As a medical professional, I couldn't imagine good doctors and nurses condoning — much less participating in — such a brutal act. However, my medical colleagues were split on the issue with those supporting what was then said to be "only" early abortions the most vocal and insistent. Our formerly cohesive unit began to fray.

However, I was professionally offended by the pro-life argument that legalizing abortion would lead to the legalization of infanticide and euthanasia. It was one thing to deny the truth with an early and unobserved unborn baby but it was quite another to imagine any doctor or nurse looking a born human being in the eye and killing him or her.

How wrong I was!

## INFANTICIDE AND MEDICAL DISCRIMINATION AGAINST PEOPLE WITH DISABILITIES

My eyes were opened with the 1982 [Baby Doe](#) case in Indiana. Baby Doe was a newborn baby boy with an easily correctable hole between his esophagus (food pipe) and trachea (windpipe) who was denied this lifesaving surgery by his parents and a judge because he also had Down Syndrome. Six days later, Baby Doe starved and dehydrated to death while his case was being appealed to the Supreme Court.

My husband and I wanted to adopt Baby Doe when we read the story but all offers of adoption were refused. I did not know at the time that my expected third child also had Down Syndrome and a life-threatening problem.

When Karen was born a few months after Baby Doe, we were stunned that she had both Down Syndrome and a severe heart defect but I was determined that she would not become another Baby Doe.

But even when the cardiologist told us that Karen had an 80-90% chance of survival with one open-heart surgery by age 6 months, he also gave us the "choice" to let Karen die. I was outraged that he could even consider not treating my daughter like any other baby with the same heart defect.

Even worse, when my daughter was hospitalized with pneumonia at 4 months, I was tipped off that my trusted pediatrician had made her a "do not resuscitate" without my knowledge or consent because "Nancy is too emotionally involved with that retarded baby". I then realized that "choice" was just an empty slogan that had infected medical ethics.

Although Karen survived that incident, she unfortunately died at age 5 1/2 months just before her scheduled surgery.

At last I finally joined the disability rights and the pro-life movements.

## THE "RIGHT TO DIE" MOVEMENT

A few years after Karen, I was shocked by the so-called "right to die" movement that pushed "living wills" to refuse even food and water by tube if or when a person became incapacitated. I became involved in both the [Nancy Cruzan](#) and [Terri Schiavo](#) cases involving seriously brain-injured, non-dying young women declared "vegetative," a dehumanizing term invented in 1972. I wrote an [op-ed for my local paper](#) predicting that the potential pool of victims would expand if death by starvation and dehydration was allowed. I was thinking about my own mother who had Alzheimer's and cancer and indeed I was asked at one point if our family was going to feed her. I replied that my mother would die naturally from her condition, not starvation and dehydration.

How far we have descended!

Now, [prominent doctors](#) and the [American Nurses Association](#) are promoting what Compassion and Choices calls voluntary stopping of eating and drinking by mouth (VSED) as a legal option to "speed up dying" for competent people with serious illnesses. "[Living wills](#)" to [prevent even spoon feeding](#) for people with dementia are also being developed.

## PHYSICIAN-ASSISTED SUICIDE

The "right to die" movement ultimately did expand into the Compassion and Choices organization (formerly the Hemlock Society), the extremely well-funded organization that promotes physician-assisted suicide by lethal overdose. In the late 1990s, Oregon became the first state to legalize assisted suicide. Now a handful of states and the District of Columbia have followed Oregon but the relentless effort to legalize physician-assisted suicide continues in the other US states.

Over the years, I had cared for many suicidal people and I saw the seductive effect of people like [Jack Kevoorkian](#), the infamous "[Dr. Death](#)" on them. As a nurse, I knew how dangerous it was to portray suicide as a "solution" to many at-risk people.

But it became personal when my 30 year old daughter Marie killed herself using an assisted suicide technique that she learned reading the pro-assisted suicide book "Final Exit". My Marie had struggled with drug addiction for 16 years and despite our best efforts and those of her therapists, she finally succumbed to despair. She was the only suicidal person I ever lost.

I was not surprised when two people close to Marie became suicidal after her death. Fortunately, they were saved.

[Suicide contagion](#) is not a figment of someone's imagination but a real phenomenon. [It doesn't appear to be a coincidence that the US suicide rate has skyrocketed](#) since Oregon first legalized physician-assisted suicide.

## EUTHANASIA

I also discovered that it's only a short step from "I wouldn't want to live like that" for assisted suicide to "No one should have to live like that" for euthanasia.

In 2003, [Dr. Lloyd Thompson](#), then head of the [Vermont Medical Society](#), [escaped prosecution for intentionally giving a paralyzing, "life ending drug" to an elderly woman](#) with terminal cancer whose breathing machine had been removed. The family had opposed prosecuting the doctor.

Ironically and around the same time, I was threatened with termination after I refused to increase a morphine drip "until he stops breathing" on an older man who did not stop breathing as expected after his ventilator was removed. The patient was presumed to have had a stroke when he did not wake up from sedation after 24 hours. I reported the situation up the chain of command at my hospital but no one supported me. I escaped termination that time but I refused to back down.

An autopsy later showed that the man had no lethal condition or brain injury.

## CONCLUSION

As the late Fr. Richard John Neuhaus wisely said "[I believe in the slippery slope the same way I believe in the Hudson River. It's there.](#)"

But until and unless we are ready to recognize what we unlock when we legalize "just a little bit" of medical killing, we may find that the slippery slope has no bottom and that no one is safe.

**And I saw it all start with the Roe v Wade decision legalizing abortion.**