

Correspondence

Right to life: reply to Simms

SIR

I suppose I should be grateful to Madeleine Simms for according me honorary membership of the 'Sanctity of Life party' (JME, March 1987). But I must decline the honour on the grounds that it has religious overtones of which I am not really worthy. Instead, I would gladly accept the whip of the 'Equal Right to Life party', and assume anyway that the substance of our contention is unaltered.

By way of preliminaries, I must protest that Ms Simms has seriously misrepresented my argument. Concerning mentally handicapped children, I certainly did not argue 'that it is the duty of their parents to abandon all hope of a normal life of their own in order to sustain such a being'. I specifically labelled such a situation as 'scandalous', and said that 'I am not . . . arguing that carers ought to put up with present circumstances because their children's right to life is sacrosanct'. Plain enough, I thought.

I will try to do Ms Simms's position more justice. She argues that under conditions of scarcity, severely handicapped infants lose their right to life because resources necessary to keep them alive ought to be diverted instead to more deserving areas, such as 'returning sick people to health'.

This raises a number of interesting and important issues. One of them is the huge topic of our duty under different types of duress. (In this particular case, alleged scarcity of resources.)

Clearly, we should not condemn those who do the 'dirty work' so that the lives of others can be saved. Soldiers fighting in a just war, the captain who shoots the disorderly so that the lifeboat can escape the wreck: the details of their actions make us squeamish, their motives should be under our close

scrutiny, but we say that their actions were right under the circumstances.

However, ends (no matter how good: not even restoring sick people to health) do not in themselves confer an automatic legitimacy upon the means used to achieve them. Killing handicapped people in advanced technological societies is more like collaborating with the evils which these societies currently embody. We have weapons of mass destruction, automation and cybernetics used for fun, consumer goods designed to fall apart and thereby stimulate further demand; but not, apparently, enough to protect the lives of the weakest human beings. I would argue that 'the dire state of Britain's economy' to which Ms Simms refers is more properly attributable to distribution than to productive capacity.

Ms Simms might agree with this, but would doubtless reiterate that 'it is fanciful to believe that the large sums of money needed to give the very severely handicapped and their carers a worthwhile quality of life will be forthcoming in the lifetime of most of us taking part in this correspondence'.

At worst, this is guilty of reification: the treating of human relations, like economics, as something objective and beyond our powers of control. At best, it is merely pessimistic and not based upon historical fact. Many people alive today can remember times when present techniques of neonatal care would have sounded like science fiction, and the National Health Service and social services like political utopianism. As Harold Wilson said, 'A week is a long time in politics'. How much longer is a lifetime in science and social policy.

The other important point concerns the fact that for Ms Simms, even economic scarcity is not in itself a sufficient condition for killing people. They must, apparently, be severely handicapped as well. This raises

intriguing questions about who Ms Simms would deny resources to if (by means of accurate screening and abortions) there were no such people; but as she expresses concern that we confine ourselves to discussion of the real world, the pertinent question is why it is specifically the severely handicapped who lose their rights to life.

The main concern expressed by Ms Simms is that they are burdensome to their parents. I totally agree with her that this should not be so, and hope to have proved by now that it *need* not be so. I see no reason why the severely handicapped should be, in this, any different from other groups who are dependent for their welfare upon the State rather than their immediate family.

Secondly, Ms Simms is concerned with some of the personal attributes of severely handicapped children. For example, that they have 'a vegetable form of existence with hardly any brain function'; that they may be in a 'sad and hopeless condition'; that they have a 'mockery of life'. This is a separate point, as it is clearly possible to conceive of people who are equally or even more burdensome to their parents or carers, yet who are not mentally handicapped. For example, schizophrenics, depressives, drug addicts, those suffering from incurable illness, criminals, and so on.

It is worthwhile examining the exact nature of the attributions which Ms Simms makes. Statements about 'brain function' are scientifically verifiable, refer to an objective reality, and are thus far valuable. 'Vegetable form of existence' is less so. But *who* is 'sad' and 'hopeless' about the condition of certain individuals? And who is mocking life? Clearly, these are not objective attributes of the severely handicapped in the way that, say, brain function is. Quite apart from the philosophical problem of attributing

mental states to individuals on the basis of appearance or behaviour, beings capable of 'hardly any brain function' are presumably not capable of sadness or mockery, and are 'hopeless' only in the sense that they are also 'fearless', 'unaggressive', and 'devoid of malice'. Clearly, these are transferred epithets, like 'the lonely road' or 'a frightened silence'. They serve to evince and illustrate the subjective state of their author, but say virtually nothing about objective reality. Which is, of course, the 'real world' to which Ms Simms refers.

To conclude. I fully support attempts by the 'Quality of Life party' to enhance the quality of people's lives, especially those who are caring for others. I withdraw this support, and condemn their efforts as immoral, when they attempt to do this by denying care to others such that they die. My condemnation is based partly on a denial that under present conditions (ie in an advanced industrial society with a welfare state) there is insufficient to provide basic care for all; and partly on the lack of any clear criterion as to why handicapped infants in particular

should be denied their rights to life. It is both odd and self-defeating for Ms Simms to place such emphasis upon 'the real world', when the concept of 'quality of life' relies so patently and irredeemably upon judgements which are subjective, and therefore not part of it.

SIMON NEALE
7 Bryanstone Street,
Blandford Forum,
Dorset.