

A REPORT FROM POLAND TREATMENT AND NON-TREATMENT OF DEFECTIVE NEWBORNS

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There are two possible ways of approaching the problem of the treatment of severely defective newborns in Poland. We could try to present the moral arguments which are discussed in Poland on this issue or we could try to describe current medical practice. But one must take into account the fact that only one philosophical paper has been published on the topic in Poland, and its main aim was simply to delineate the problem and present some typical solutions as they are discussed in the Western bioethical literature.¹ Moreover our knowledge of doctors' opinions and attitudes toward defective newborns is confined to just one non-representative survey.² So the obvious thing to ask is: is the question to treat or not to treat a defective newborn a real moral dilemma for the Polish physician? What makes discussion of it almost totally absent in Polish medical ethics?

It seems to me proper to begin by presenting some of the major results of the survey mentioned. The idea for that survey originated when Peter Singer sent me a copy of a survey conducted by an Australian research team.³ We were granted permission by the Australian team to use their questionnaire for a similar study in Poland and decided to compare our findings with those reported by the Australian team. In our survey we probed the attitudes only of doctors working at neonatal and intensive-care units in Warsaw who usually have to decide whether to treat or forego treatment. We sent out 300 forms, although we had not been able to establish the exact number

¹ Z. Szawarski, 'Moral Problems of Care for Incurable Children' (in Polish), *Studia Filozoficzne*, 3 (1984) 65-92.

² Z. Szawarski and A. Tulczynski, 'The treatment of defective newborns — a survey of paediatricians in Warsaw', *Journal of Medical Ethics*, 1 (1988) 11-17.

³ P. Singer, H. Kuhse, and C. Singer, 'The treatment of newborn infants with major handicaps: A survey of obstetricians and paediatricians in Victoria', *Medical Journal of Australia*, 2 (1983) 272-278.

of doctors working at neonatal and intensive care units in Warsaw. We received 74 completed forms. They came from only seven of the fifteen clinics and hospitals approached. The full anonymity of respondents was preserved. The doctors who responded to our questions work in the capital and have relatively easy access to modern equipment and literature. In a sense, they form an intellectual elite of the medical profession in Poland. Although the survey is not representative in statistical terms, it provides some interesting data about the general moral orientation of Polish doctors working in the field.

Let me quote, as an example, answers to four questions only (see Table 1).

In publishing the findings of this survey, we drew the following conclusion:

Our comparison of Australian and Polish doctors has disclosed important differences in approach to terminally ill newborn babies, their parents, medical personnel and the existing law. Australian doctors facing morally significant decisions tend to take account above all of the quality of the infant's future life, and, while largely endorsing passive euthanasia (discontinuation of treatment), they display more understanding and tolerance towards active euthanasia. In the Polish medical community surveyed, unconditional respect for life is a more dominant attitude. If life is a sacred value, it must not be shortened deliberately or purposefully, and therefore half of the Polish doctors will be willing to preserve lives of severely defective newborn infants at all costs. Our study has revealed a deeply-entrenched paternalistic attitude among Polish doctors, a strong unwillingness to distinguish between 'ordinary and extraordinary' means of prolonging life, and also an ambivalent attitude towards legal regulations that are binding in Poland. The Australian doctors surveyed seemed to be familiar with legal regulations or to take clear, positive or negative, attitudes towards them. In contrast, most of the Polish doctors in our survey seemed either unaware of the relevant law, or had a defiant attitude towards it.⁴

The aim of the present article is to set out some of the factors which may help to explain why Polish doctors, who belong to the same European tradition of medical ethics as their Australian and other Western colleagues, nevertheless have a quite different approach to the question of selective treatment of defective newborns.

At least six factors should be taken into account.

⁴ 'The treatment of defective newborns — A survey of paediatricians in Warsaw', 16.

	Paediatricians (Victoria) (N = 111/ Yes No		Paediatricians (Warsaw) (N = 74/ Yes No	
	1. In the course of your medical practice have you ever had cases in which decisions have had to be made whether or not to continue the treatment of a severely handicapped infant?	100 (90.1%)	11 (9.9%)	58 (78.4%)
2. Do you believe that in all circumstances every possible effort, including the use of both ordinary and extraordinary means, should be made to sustain life?	2 (1.8%)	109 (98.2%)	37 (50%)	37 (50%)
3. Where a decision has to be made whether or not to continue treatment do you discuss what has to be done with				
a) another doctor or doctors?	101 (99.9%)		73 (99.0%)	
b) the parents?	100 (90.1%)		6 (8.1%)	
c) nursing staff	94 (84.7%)		3 (4.3%)	
4. In deciding whether or not to continue treatment, do you think it is important to distinguish between 'ordinary and extraordinary means' of prolonging life?	86 (77.5%)	25 (22.5%)	23 (31.1%)	32 (43.2%)
			No answer: 19 (25.7%)	

Table 1 Attitudes of paediatricians in Victoria and in Warsaw

i. The influence of the Roman Catholic Church

Poland is predominantly a Roman-Catholic country. One can reasonably presume that a majority of doctors profess the Catholic religion and ethics. However, there is a striking difference between

the Polish type of Catholicism and the Western one. Polish Catholics are educated in a deep conviction that life is an absolute good. If it is an absolute value it must be saved at any cost. God gave life to human beings and only God has a right to take it away. We do not know precisely what the proportion of true believers is among Polish doctors. There is no doubt, however, that respect for life is the dominant value in the ethos of the Polish medical community. The fact that, as our survey revealed, only 50% of doctors want to make all possible efforts to save the lives of seriously damaged neonates does not falsify this general contention. We have to remember that this is a particular sample of doctors working at neonatal and intensive care units who almost everyday witness deep suffering and infants in a hopeless condition. Moreover these doctors, working in the capital, can be expected to be more liberal and openminded than their colleagues in the provinces, where Church power is more omnipresent. So if half of the intellectual elite of the Polish paediatricians is ready to make all possible efforts to sustain life in such cases, we may infer that in the provinces the proportion is much higher.

It is true that Pope Pius XII in his address to anesthesiologists made it quite evident that human value is a relative good. He said that the physician's decision must consider the patient's best interest, and lifesaving measures should not encroach on other important values.⁵ More recently, the Vatican in its Statement on Euthanasia has also made it clear that it is not obligatory to save life at all costs.⁶ Nevertheless the Polish Catholic community seems to ignore this message, considering human life as sacred and overriding all other values. So a patient has a moral duty to live as long as possible and doctors have no right to terminate their patients' lives, even when the patients request it, or to withhold the treatment. Anyway, the 'ordinary and extraordinary means' distinction is not popular among Polish doctors, as our survey revealed. We were not certain if they were unfamiliar with the Catholic moral doctrine, or if they largely ignored it. Anyway, I cannot think of any Catholic paper, published in Poland, discussing questions like 'the Christian affirmation of life', withholding treatment, or the distinction between ordinary and extraordinary means, in regard to severely and irreversibly handicapped infants. The doctrine of double effect is known to very few theologians and is hardly applied in medical ethics at all.

⁵ Pius XII, *Acta Apostolicae Sedis*, 1027-33.

⁶ Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, Vatican City, 1980.

ii. *Marxist ethics*

In Poland Marxism was until recently the official ideology. Though there is no sophisticated Marxist theory of value, it is a part of the Marxist moral tradition to consider human life as a sacred value. Marxist moral philosophers disagree, of course, regarding the constitution of the supreme moral principles of Marxist ethics. They are, however, unanimous in the belief that life has intrinsic value. Respect for life, as any other moral attitude is, indeed, class determined (consider the instance of infanticide in ancient Sparta), but human life itself is an objective and absolute value.⁷ Even those Marxist philosophers who try to express their views in terms of socialist humanism and who consider the real human being as the locus of supreme value (for example, M. Fritzhand⁸) tend to accept life in itself as a fundamental value, irrespective of its quality. They are not able, however, to quote any single sentence from the Marxist classics to support this contention. The popular distinction between different kinds of life (all life, animal life, human life, sentient life etc.) is also totally ignored.

How life has come to have so unique a place in Marxist moral theory is a question deserving a separate study. Several different hypotheses may be offered but none of them seems to be convincing. One thing is evident, whenever Marxist philosophers talk about life, they almost always mean by it human life and will define it entirely in terms of personal and social dispositions. This does not mean that they are ready to accept all the consequences of this thesis — to admit, for example, that a grossly retarded infant would not appear to be a human being, because it lacks all personality and capacity for social interactions. As a matter of fact, I know of no Marxist publication in which the main topic is the value and meaning of life of newborns with major and irreversible handicaps. This question is simply non-existent in Marxist medical ethics. Hence, the kind of consideration of 'wrongful life cases' typical for American bioethics would probably be regarded by a majority of Marxist moral philosophers (at least in the Soviet Union) as a perfect example of intellectual and moral perversion. The following opinion of W.P. Tugarinow, the leading Soviet philosopher of value in the sixties, is very instructive in this respect:

⁷ W.P. Tugarinow, *On Values of Life and Culture* (in Polish, translated from Russian), KiW, Warszawa, 1964, 49, 51.

⁸ In *Man, humanism, and morality*, (in Polish) KiW, Warszawa, 1961, 120, 131–141.

A sane man will be surprised to learn about some emerging philosophical streams, like existentialism, in which death is an object of cult as a specific 'value'. This way of doing philosophy is worthy of study but only as an interesting intellectual anomaly, reflecting emptiness, the lack of perspectives in some, and surfeit and spiritual decay in other circles of contemporary bourgeois society. If physical disability cries for mercy, persistence in such ideological spiritual disability simply provokes disgust.⁹

The general presumption of the Marxist ethics is then in favour of human life. Even the most severely defective infant is an instance of human life. So it must be protected by law and morals. It is possible to justify morally abortion and capital punishment, if they are necessary for the sake of society, but it is virtually impossible to justify euthanasia or infanticide. One may, of course, say that this is a contradiction, because euthanasia and infanticide may also be seen as necessary for the sake of society. I do not deny this. I would like only to stress that these issues were never a question of controversy in any penal code binding in a socialist country. Abortion and capital punishment were.

iii. *Medical education*

Unconditional respect for life is enforced particularly by the system of medical education. Because the Hippocratic Oath bans all merciful killing, it is assumed that it also forbids killing or letting die severely defective newborns. In a standard and widely used handbook on medicine and law, Polish medical students are taught:

preserving human life is the principal duty of a doctor. To struggle for a patient's life until all available means have been exhausted is among the doctor's noblest duties. Deliberate and purposeful steps to cause death are incompatible with this essential principle of the medical profession.¹⁰

The same moral message seems to be typical for teaching medical ethics in all socialist countries, particularly in the Soviet Union.¹¹

⁹ *On Values of Life and Culture*, 49–50.

¹⁰ B. Popielski, *Medicine and Law*, (in Polish) PZWL, Warszawa, 1968, 331.

¹¹ G.I. Tsaregorodtsev and E.V. Karamazina, 'The problem of euthanasia in foreign medical ethics' (in Russian), *Voprosy Filosofii*, 12 (1984) 120; E.P. Tschebotareva, *Medical Ethics* (in Russian) Izdatelstvo 'Znanije', Moscow, 1984, 24–5; S.A. Pozdniakova, 'The all-human and the class in medical ethics' (in Russian) in G.D. Bandseladze, ed., *Aktualnye problemy marksistskoj etiki*, Izdatelstvo Tbiliskogo Gosudarstviennogo Uniuersiteta, Tbilisi, 1967, 435–6.

The Declaration of Geneva is often mentioned in this context as a principal moral guideline.

iv. Paternalism

The deliberate moral and political paternalism of both the church and state reinforces the paternalistic attitudes of the doctors. Being equipped with expert knowledge in particular branches of medicine, they usually assume that they are also experts in moral matters related to medicine. This 'we know better' syndrome is manifested in several ways:

- 1) As a lack of respect for a patient's moral autonomy. Because life is the most important locus of value, it must be saved even without consent or against the will of the patient.¹²
- 2) As arrogance — patients or their proxies (e.g. parents) are not competent enough to discuss with the doctor subtle matters of diagnosis and therapy. Nursing staff also have nothing to say and are almost totally ignored in decision making. Remember that only 6 doctors (of 74) would consider the parents' opinion and only 3 doctors would ask nurses for their opinion, concerning a decision on the continuation or discontinuation of treatment of severely defective newborns. Here there was a very striking difference between Polish and Australian paediatricians.
- 3) As the almost total absence of legal cases except for those in which doctors are sued for some trivial offences or malpractice. This, however, is not a common practice in socialist countries. As a rule, the law does not discuss and settle any hard moral cases in medicine.
- 4) As a lack of any serious moral debate in professional journals. There is no Polish medical journal with a section on morally hard cases. Even such spectacular progress in medicine as new life-sustaining technologies or IVF does not arouse any public moral argument within the medical community. Sometimes it seems to me that this is the case because a public debate on these very controversial moral issues might expose the supposedly unquestionable moral authority of the doctors who are supposed to be not only morally respectable but also morally infallible. So perhaps it is more prudent for the medical profession not to expose its supposed moral infallibility in public debate.

¹² J. Bogusz, 'Deontological principles emerging as a result of progress in medical science' (in Polish) in T. Kielamowski, ed., *Wybrane zagadnienia z etyki i deontologii lekarskiej*, PZWL, Warsaw, 1980, 84–88; E.P. Tschebotareva, *Medical Ethics*, 49–51.

v. *Remembrance of Nazi medical crimes*

We can better understand the common hostility against all forms of mercy-killing if we consider that Poland was the territory of Nazi medical crimes and criminal experiments. For the majority of the Polish doctors, and patients as well, the fact that so-called 'euthanasia' was an officially approved practice in the Third Reich is an absolutely conclusive argument against any discussion of its possible use even in its passive form. People still remember how quite normal and healthy infants were treated in Nazi camps. Here is an item of evidence provided by a former prisoner midwife in Auschwitz concentration camp:

Till May 1943 all children born in Auschwitz concentration camp were murdered in a cruel way: they were simply drowned in a small barrel. This was done by Schwester Clara and Schwester Pfanie. The first was a professional midwife sentenced for infanticide (the second was a former prostitute) . . . after each delivery the would-be mothers could hear a loud bubbling sound and sometimes a splash of water, persisting for a long time, coming from the room of those two women. Soon after a mother might have seen the body of her baby thrown away in front of the barracks and torn to pieces by the rats¹³

It is true that for many Western moral philosophers this is not an example of compassionate killing at all, but a case of evident murder. Yet the problem is that the Nazis *did* use the word 'euthanasia' for covering that practice and this usage of the word is still dominant in Polish medical discussion on that issue. Of course, this is an abuse of the word. But even if you explain the proper meaning of the word to doctors, they will almost inevitably refer to slippery slope arguments and Nazi practice.

Incidentally, it is little known that during the uprising in the Warsaw Ghetto, Jewish doctors confronted with the necessity of the liquidation of the Jewish hospital, deliberately caused the death of all newborns staying at the hospital. Participants and witnesses of that event are still alive. And as recently as 1986, an underground medical journal published impressive memoirs by Adina Blady-Szwajger, MD, who was then an intern at Berenson and Baumans Hospital in Warsaw.¹⁴ I mention this case only to note that this genuine act of mercy has

¹³ S. Leszczynska, 'A Midwife's Report from Auschwitz' (in Polish) in *Okupa c ja i medycyna*, KiW, Warsaw, 1971, 164.

¹⁴ A. Blady-Szwajger, 'The Hospital in the Ghetto' (in Polish) *Zeszyt Niezależnej Myśli Lekarskiej* (an underground journal of independent medical thought) special issue, no 10, December 1986, 3–23.

not provoked any comments, neither in professional medical journals, nor in public mass media.

vi. The socialist health care system

It is widely known that one of the greatest advantages of socialism is a free health care system. This means that a patient has a right to claim free treatment and doctors have a duty to provide it. Being a sort of public servant, doctors in their capacity as dispensers of the public good are expected to do everything to protect the life and health of their patients. Economic and moral costs of those efforts are usually ignored at least in programmatic documents issued by the health administration. This implies that all seriously and irreversibly defective newborns are supposed to be treated, no matter what the cost of the treatment is and what the decisions of parents are. It is true that there are other countries like Great Britain or Denmark which also have free health care, but do not insist on preserving all human life at any cost; but there is one relevant difference. All these countries belong to a pluralistic and democratic tradition, and they are free of the totalitarian, synergic effect of the catholic and Marxist teaching which combined with the remembrance of Nazi criminal practices, at least in theory morally compels a doctor to treat any patient, ignoring the patient's quality of life and views on the desirability of treatment (although it does not mean that this is a common practice). Incidentally, one of the most peculiar arguments against euthanasia I have ever heard was along the following lines: 'Euthanasia is the problem of capitalist societies, where the health care system is fully controlled by private corporations, and where poor and aged people simply cannot afford the treatment. Here in socialism we have no problem of euthanasia, because the state can provide free health care for everybody, so the patient or his family may entirely disregard the cost of treatment'. This is nothing more than an exemplification of the general thesis defended by E.P. Tschebotareva in his *Medical Ethics*:

Socialism provides the most favorable conditions for intensive realization of medicine's targets. The socialist health care system as free and easily accessible to everybody . . . by its nature it is deeply humanistic. Therefore only in socialism are there proper conditions for implementation of the most essential principles of medical ethics.¹⁵

I am not going to comment on the truth of this statement. The real problem is that the people living in socialist society have no institutional

¹⁵ *Op. cit.*, 25-6.

possibilities for questioning the spending of public money. Democracy is still more an ideal than a reality. And that may be another reason, why the 'ordinary and extraordinary means' distinction is largely ignored in this part of the world. If everything in the health care system is free and the society has no influence on the distribution of scarce resources, there is no need to distinguish between ordinary and extraordinary treatment. This does not mean, of course, that the Polish doctors do not know or do not apply cost/benefit analysis in considering some individual cases or making macro-level decisions as health care administrators. In so doing they do not, however, use the distinction between ordinary and extraordinary means. If doctors should provide their patients with the best available treatment in the particular circumstances, they really try to do it, ignoring the social consequences of their decisions. They simply cannot be sure, at least in Poland, that what they save in treating one patient in a moderate and reasonable way (that is, saving life, but not at any cost) will not be wasted by their colleagues who have no moral hesitations in spending public money. But the crucial question here is of course: 'Should I treat this seriously handicapped infant *applying all the means available in my situation?*' To this question, as many as 50% of Polish doctors surveyed responded 'yes' (as contrasted with less than 2% of Australian doctors) and if the survey had been representative, I would guess that the number would be much higher.

Conclusion

Though it is evident that seriously and irreversibly defective infants are born in Poland, as well as in other socialist countries we do not know really what is the existing medical practice concerning their treatment or non-treatment. No representative empirical investigations were conducted with respect to it. We believe, however, that *for the majority of doctors this is not a genuine moral problem at all*. They feel simply morally, legally, and professionally obliged to treat those unhappy creatures without any regard to economic and moral cost of treatment.

It is highly plausible that this attitude is common to all socialist countries. All the factors mentioned in this paper (religion, ideology, medical education, paternalism, remembrance of Nazi doctors' criminal practice, the legal situation, and the health care system) have a direct influence on the moral beliefs and attitudes of doctors in socialist countries. And even in those countries in which there are different religious traditions (like the Soviet Union, Yugoslavia, or the German Democratic Republic) there is a deeply-entrenched belief

that preserving *any* human life is the principal and absolute duty of a doctor, one which must be fulfilled at *any* cost. We should also keep in mind that in this part of the world hardly any distinction at all is made between euthanasia and ordinary murder.*

* I would like to express my deep gratitude to the editors for their helpful comments.