



Terminal Illness, Socialized Medicine, and the Question of Individual's "best interest"

Shehzad Ali*

Abstract:

In April 2018, Alfie Evans, a 23-month-old child, died in the UK. He suffered from a degenerative neurological illness. His parents wanted to get further treatment for him outside the country, but the hospital authorities and courts denied permission. This article addresses three dimensions of the case: a) state intervention in individual's health decision-making, b) potential violation of a human right, and c) the problematic nature of the state policy of socialized medicine. I engage René Girard anthropological theory of violence and mimesis to argue that this case highlights how states enact sacrificial violence upon the terminally ill as a part of maintaining coherent public order.

Keywords: bioethics, human rights, socialized medicine, terminal illness, violence.

Introduction

On April 28, 2018, a 23-month-old child Alfie Evans died in Alder Hey Children Hospital. The hospital is part of the National Health Service Foundation Trust (NHS). The child had terminally ill neurological condition, irreversible and not curable. He was first brought to the Alder Hey in December 2016. Later on, his parents wanted to fly him to Bambino Gesù Hospital in Rome with the hope to prolong his life. However, the authorities at the Alder Hey did not agree to his parent's proposal and refused to allow him for further treatment elsewhere. His parents therefore went to the High Court of Liverpool where the judge decided that further treatment was not only futile, but also unkind and inhuman. The further treatment was expected at an Italian hospital and it might have involved a surgery

* Shehzad Ali is a visiting lecturer at the Department of Political Science, University of Peshawar. Email: shehzadkp1992@gmail.com.
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to help keep the baby alive. The decision of the high court led to a debate as to who could have decided the best interest of the child?

The High Court decided in favour of the hospital administration under the Children Act, 1989. The High Court Judge Mr. Anthony Hayden was also of the opinion that doctors had the authority to stop providing life support to Evans against the wishes of his parents. On the other hand, the parents of the child said that their son was responding well and was gradually improving. Therefore on March 6, 2018, they challenged the decision in the Court of Appeal where the judges upheld the earlier decision. On March 20 the parents appealed to the Supreme Court where the judgment was upheld again. Finally the parents went to the European Court of Human Rights (ECHR). In order to show to the judges their concern the parents got Italian citizenship for Evans. To their dismay the judges ruled that they found the submission 'inadmissible' and further said that they did not find any violation of human rights in this case. Meanwhile another appeal on behalf of Evans was also turned down by the judge Hayden.¹ Let me quickly point out that Evans is not the only legal case of this nature. On July 27, 2017 another 11-month old child Charlie Gard died fighting a similar legal battle in courts against the NHS (Great Ormond Street Hospital).²

The National Health Service (NHS) is a single-payer health care system established in 1948 in the United Kingdom. It is primarily funded by tax-payers' money and supervised by the Department of Health. It works in the entire United Kingdom, as NHS England, NHS Scotland, NHS Wales and HSC (Health and Social Care) Northern Ireland. It currently covers more than 64.6 million people in the UK and 54.3 million people in England alone. In England it deals with over 1 million patients in every 36 hours. It covers every aspect of health, such as antenatal screening, routine screenings, and treatments for long-term conditions. It also includes transplants, emergency treatment and end-of-life care. For 2015-16, the overall NHS budget was around £116.4 billion out of which NHS England managed £101.3 billion.³ Beside the NHS system, private clinics and hospitals are allowed to take part the UK. However, they have a small niche market. According to LangBuisson (healthcare consultant in the UK) in 2018 private acute healthcare market is worth £1.47 and having 40% demand in London (while 10.2% in the UK). Now in London 18 trusts have private patient units. It is worth mentioning that due to the inability of the NHS to meet waiting time targets for planned surgery there has been an increase in the numbers of patients paying personally for private operations.

The Question of the Best Interest:

One of the basic questions that Evan's case raises is why government did not allow his parents to get treatment abroad? Evan's parents had simply requested from the hospital authorities to allow them for further diagnosis of their child.⁴ They did so especially in the face of the fact that doctors at the Alder Hey were unable to make clear diagnosis. They rather made different assumptions because they were not able to fully understand the cause of the illness. Therefore in order to get further diagnosis Evan's father had made connection in Italy for a possible (though expensive) diagnosis. However, he was stopped from taking away his child.

The hospital authorities on their part claimed that his child was on the court ward and therefore touching him would be considered an assault.⁵ The court had decided that it was not in the best interest of the child to remove him from the hospital while he was already under intensive care treatment. However, the court decision raised a more crucial question as to what was the best interest of the child? It has been mentioned in the court decision repeatedly that the continuation of treatment or diagnosis was not in the 'best interest' of the child because it would take a journey to another country that might worsen his health condition. It has also been mentioned that it would cost €65000 for the 14-day treatment.⁶

In this entire debate the important question that emerged related to the 'best interest' of a child who is terminally ill. In another case that of Charlie Gard (April, 2017) the judge stressed on this question and the court's position in the following words:

The duty with which I am now charged is to decide, according to well laid down legal principles, what is in Charlie's best interests. Some people may ask why the court has any function in this process; why can the parents not make this decision on their own? The answer is that, although the parents have parental responsibility, overriding control is vested in the court exercising its independent and objective judgment in the child's best interests. The Great Ormond Street Hospital has made an application and it is my duty to rule on it, given that the parents and the hospital cannot agree on the best way forward."⁷

It is evident that the reason for courts to make the decision is based on the argument that disputes between parents and hospital authorities had to be settled and that courts can do this with objectivity and superior reasoning. The courts are believed to be impartial and independent as well. However, in so doing the courts would essentially quash 'parental responsibility'. This line of argument of the judge also shows that parents have only responsibility in carrying out their everyday duties, but they do not

possess any right to decide the well-being of their children in exceptional times.

Terminal Illness, the NHS and the State Interest

From the perspective of the State it is clear that Evans was kept in the hospital for the sole reason of his “best interests.” Though, there is also no problem in getting private treatment in the UK in general cases. However, in this case the doctors in the UK were not able to diagnose the illness, and therefore the parents hoped to get treatment abroad (in Italy). But the state in not allowing the child created mistrust in people’s mind against the public health institution (NHS trusts). Moreover, as we know that the hospital is publicly funded institution, and the treatment abroad might have cost huge amount of money, therefore the government might have thought of public funds getting involved.

It seems that such decisions on the part of government involved moral decision-making and they are also based on the principle of utility. It is worth mentioning that the Guardian reported in July 2017 that over 4 million non-urgent patients had been waiting for surgery. The deputy chief executive of the NHS Confederation Danny Mortimer said, “The current system is unsustainable. We simply do not have the resources to deliver what the public now expects”.⁸ In this situation, it is very difficult for the NHS to get such huge amount of money involved for just one child. On the other hand, it would create a condition of ‘inequality’ under the current public health care program to allow certain people to get treatment on their own. The NHS has been established for creating a universal healthcare program. So, it is contrary to the principles of the system. Therefore, looking at all the previous cases such as Ashya King case and Charlie Gard⁹ one can see how government wishes to protect the current healthcare program. Furthermore, even if Evans had got on treatment, there was the possibility that he would not become a fully healthy individual. In such a case he would have been considered a burden on the state’s resources or on the community as a whole. The goal of the healthcare system under the neoliberal economy is to create healthy individuals.

What is wrong with the judicial decision?

The court decision is a 23-page comprehensively written document with more than a dozen reviews and comments from various doctors along with MRI and CT Scan reports. The judgment is, however, more a defending document based on medical evidence than an assertive decision based on ethical, cultural, and legal values. The judgment gives an impression that the judge is defending himself first and then the doctors. The judgment fails to see the basic fact that the child was

admitted on December 14, 2017, at the Alder Hey and less than a week the doctors conclude that the child was no longer treatable. So, on December 18, 2017, the dispute starts between the Hospital and the parents, taking the case to the court. Here it is questionable whether in this short period of time the doctors could make their final decision? The judge does not question this point in his judgment.

Another problem is that the court neglects to see how the legal battle delayed the process of further treatment, which could have saved the child from developing further complications in his brain that actually appeared later. This issue is evident from the remark of the Judge that there was no white matter in the brain left and that CSF had replaced it. This litigation process in the court (delaying the treatment) resulted in further complicating his situation. That was not the problem in the early stages of diagnosis. So it seems that the court litigation first delayed the treatment and eventually it was decided that he was incurable. It should also be noticed that the judge remarked in his decision that the child was solely relying on the ventilator (with the reference to doctors), however as a matter of fact, when the ventilator was switched off, the child was alive for 90 hours. During these 90 hours when the parents re-appealed, the court rejected it on the previous grounds. On the other hand, in this entire litigation process the court did not clarify the idea of the “best interest of the child”, though this phrase was invoked in the document for 17 times.

Another crucial problem with the judgment is that, the judge mentioned that if the child was allowed for treatment it would cost the government €65000 in just 14 days of treatment. However, he did not say explicitly that it was a possible hindrance in the treatment/diagnosis. But if it was not then what was the point of mentioning the amount. In the court decision on Charlie Gard, another similar case, the judge had said that “money [was] not the problem” in getting the treatment, rather the severe condition of the child was the obstacle.¹⁰ When we compare both the cases it would turn out that Gard had doubtlessly severe condition than Evans. The former’s brain was almost non-existent, therefore the court did not say anything about the money, but in latter’s case the court mentioned about money.

The Chaotic Narrative behind the problem

The issue touches many chaotic layers of the problem:¹¹

The first layer of the problem is about the socialized medicines. The idea that everyone should be afforded universal health care program is problematic, especially as it comes to depend on public funding. In this program the government takes decisions on public money and

guides which way it should. So in this way the people lose their freedom to choose/decide what is good for them. While the government makes strict calculations it further involves the risk of going wrong, and in such cases it becomes difficult to know as to who is going to be responsible for the government's wrong decisions, doctors or the government?

The second layer of the problem relates to morality of the program. For a government to take moral decisions on life and death of an individual involves the question of morality and law. The government is called on to justify making such moral decisions, and the question that becomes crucial is whether a modern secular state can make such moral decisions? The third layer of the problem begins with the resistance of the people to government's moral decision making. The government on its turn to thought-policing by blocking social media and other forums of free speech.

All these layers of the problem can be seen in the case of Alfie Evans. His parents had lost their freedom to decide what was good for their child. The government took in its hands the right to make the moral decision as well as portrayed itself the righteous decision maker. Moreover, when Evans' parents resisted the government's decision and launched a protest, they were considered as going against the public order, causing potential violence, and disrupting security of the state. But the government didn't see how it was itself creating conditions for such disorder and insecurity.

Evans case exposes at least three problematic dimensions of the modern state's policy on socialized medicine: a) state's intervention in individual's moral decisions b) state's use of coercion and violation of human rights; c) state's enforcement of the universal health policy. In order to explore further the first two problematic dimensions I engage the theory of French-American Philosopher René Girard. To address the third dimension I engage the moral and economic perspective of Milton Friedman.

Bioethical perspectives on Terminally Illness

The current debate on terminal illness has its roots in the philosophical and moral grounds of the field of bioethics. It also involves perspectives from positivists and empiricists as well as an anthropological perspective particularly in the United States. Several key events and experiments in the medical field have also played a role in raising critical questions on the dominant approach of positivism in the late 1960s and 1970s.¹²

Jessica H. Muller who is a proponent of the anthropological view, in her 1994 essay, for instance, described that the positivist conceptual foundation on the problem has given way to an anthropological one. After analyzing different conceptual paradigms

from Clouser (1978),¹³ Beauchamp and Childress (1979),¹⁴ and Renée Fox (1990)¹⁵ Muller argues that severe critiques have been done on the dominant positivist conceptual foundation, especially on the grounds that it is based on the principles of so called autonomy, individualism, utilitarianism, and reductionism. This approach Muller argues cannot provide a unified guide to action because it lacks moral theory to tie its principles together.¹⁶

After several decades of research on bioethics, Sociologist Renée Fox in her 2006 interview remarked that the cultural issues are blocking the ways of enhancing research in bioethics and medicine. She remarked:

One of the ironies of bioethics, it seems to me, is that it can't even step back and analyse the way it has allowed the "culture wars" to get inside of it. I really do think that it's a problem when you have a group of intellectuals who are supposed to be reflective about philosophical issues who don't see that they're allowing themselves to get imprinted with this stuff that's going on supposedly outside of bioethics and don't know where it's coming from. I think that's one of the problems I have about having positive predictions about better social and cultural thinking in bioethics. There isn't enough self-reflection.¹⁷

Moreover, other anthropological inquiries in the field of bioethics are developing in miscellaneous and often hostile directions. Klaus Hoeyer (2006) has summarized dominant trends in these directions. He has suggested three models in this regards: *a deficit model* (social science perspectives accommodate the sense of context that bioethics lacks), *a replacement model* (social scientists have found a better way of doing bioethics), or *a dismissal model* (bioethics should be abandoned all together as a misconstrued veil of power).¹⁸ Hoeyer argues that there is a significant problem of hostility between the bioethicists and social scientists in discussing the moral dilemmas. He argues in favour of acceptance and awareness of the inevitability of the multiple forms of reasoning or *hetero-logoi*. One important thing, which Hoeyer indicates is that the conversation around the bioethics and moral dilemmas, is still open and should be dealt from different anthropological perspectives.

The deficit model that is clear in the work of Thomas Csordas (2000)¹⁹ is a quite relativistic and postmodern position. It opens up a new way of choices and freedom in bioethics. On the other hand, the replacement model can be found in the work of Donald Joralemon (2000)²⁰ Sharon Kaufman (2001)²¹ and others. This model tries to find new ways to address the dilemmas in bioethics. The third model, the dismissal model can be found in the works of Nancy Scheper-Hughes²² and others. This model is in one way or another inspired

from Michel Foucault's notion of power, and thus suggests 'ethics' as a technology of power.

All these trends and models press on the basic issues, but they lack in-depth anthropological inquiry. Therefore I revert to René Girard's theory and his anthropological inquiry.

Bioethics, Terminal Illness, and the Question of Human Rights

Evans' case points to a possible scenario of human rights violation and/or violation of bioethics. The treatment of a terminally-ill child in this way is not right because a democratic state might not have the authority to take decisions on someone's life. Instead the child's parents/guardians could be more responsible for such decisions. On the other hand, it is also problematic to question as to what are the bases of such morally binding decisions? Or on what grounds the state exercises its power? (Especially when the state is the modern "secular" one; it is an imperative to highlight the basis of its moral decisions). Further problematic aspect is the coercion of thought-policing and threatening. For instance, here is a post from the Merseyside Police on its Facebook page on 25th April, 2018:

We've issued the following statement following reports of social media posts being made in relation to Alder Hey Hospital and the ongoing situation with Alfie Evans: Chief Inspector Chris Gibson said: "Merseyside Police has been made aware of a number of social media posts which have been made with reference to Alder Hey Hospital and the ongoing situation involving Alfie Evans. I would like to make people aware that these posts are being monitored and remind social media users that any offences including malicious communications and threatening behaviour will be investigated and where necessary will be acted upon."²³

Another pressing issue relates to the possibility of miscalculations, what if the consequences of the government's decisions were wrong? As in that case, when the court decided the case and the child went off the ventilator, he was alive for 90 hours, it clearly shows the child was not totally dependent on the ventilator as the judge had remarked. Now who is responsible? Finally, it seems to me that the state is sacrificing terminally ill children for its own interests. That's how from the Girard's theory societies are kept in peace and order.

Conflictual Mimesis, Terminal illness, and State Interest

René Girard developed his theory of conflictual mimesis in his literary criticism, specifically on the works of Cervantes, Shakespeare, and Dostoevsky. Later he found an empirical support in anthropology particularly in the ancient myths, prohibition, rituals, and Biblical stories. His theory provides a workable template in the field of social sciences though it has not been widely applied. From Girard's point of view, such a case of infanticide (or the so-called

child euthanasia) paves the way for violence on behalf of the state. Such violence fits in his concept of the 'innocent victim' who gives sacrifice on behalf of people.²⁴ In other words, the child is a symbol of 'innocent victim' while the government is a symbol of the 'community of mimetic rivals.' And the process of judicial proceedings is a symbol of resolving the conflictual situation in the mimetic rivalry.

The Girardian understanding of violence is based on a 'mimetic triangular desire'.²⁵ His theory of 'mimetic triangular desire' goes the following way: first, the people polarize around different 'objects' (O) of desire (desire unlike hunger is not a straightforward biological need) and therefore they compete with each other, which results in a conflict. The competition is between a model (M) and a subject (S). The first one who desired the O is considered M while the S is the one who desires the O because the M desires it, so the S is an imitator.²⁶ Hence, it works in a triangle. Such a mimetic struggle results in mimetic rivalry. This mimetic rivalry is quite 'unconscious' in a sense that the S or M are not aware that they are falling in a mimetic struggle. Now in order to dispose of the conflict they have to look for an innocent victim. The innocent victim or 'scapegoat' is eligible for violence when there is a missing social link between the victim and the community. That depends on the degree of 'integration' and 'difference'. Girard argues:

All our sacrificial victims, whether chosen from one of the human categories enumerated above or, *a fortiori*, from the animal realm, are invariably distinguishable from the nonsacrificeable beings by one essential characteristic: between these victims and the community a crucial social link is missing, so they can be exposed to violence without fear of reprisal. Their death does not automatically entail an act of vengeance.²⁷

The violence applied upon the 'innocent victim' or *surrogate victim* would finally resolve the conflict as well as 'sacralise' the victim. The people would happily participate in such a ritualized sacrifice of the innocent victim. Thus, they would resolve the conflict and maintain order in the society. Girard discovered that in the ancient myths such as of *Oedipus the King*, the victim (Oedipus) would also participate in the ritual. They had to deliberately create an 'innocent victim' who they would compel him to do something of 'difference' from the community to be eligible for the sacrificial violence. Girard suggests that there is a strong symbolism of sacrificial violence in the *Oedipus the King* and other ancient myths.²⁸ A quintessential modern example of such violence can be the Holocaust. Girard came to the idea that if there is a normal order in societies, it must be the fruit of an interior crisis.²⁹

In the case of terminally ill children there is a similar logic at work. The modern state with its capitalist economy is in competition for achieving high rates of “progress”. Therefore, it is ready to sacrifice their terminally ill children to reduce costs, but with the pretext of the supposed “greater good”. For the last several decades since the case of *Roe vs Wade* (1973) different state governments in the US have been busy imitating each other in violence towards terminally ill infants in the form of abortion, assisted suicide, and so forth. In the case of ‘abortion’ Ireland is a recent example, as it legalized abortion on 25th April, 2018. Similarly, in the case of infanticide Charlie Gard (which has happened 9 months ago from the case of Evans) has played the role of *stare decisis* at this moment, and it will be a precedent for the future cases. This is how the sacrificial violence seems to continue in our modern states. This type of violence has also mimetic nature because it is followed in other places and is considered as legitimate. The legitimacy of violence in the human mind is carried out by the mimesis.

It is also worth mentioning that institutional development in the area of health in modern state system also shows the mimetic nature. For example the development of Socialized medicine is a case in point. It was introduced in the post-WWII in the United State by President Harry S. Truman in 1947. A year later, the same program was initiated in the United Kingdom (1948) in the name of National Health Service. Today almost all developed countries have some form of public health care system. These programs are early initiatives towards socialized medicine.

The Problem with Socialized Medicine Program

We know that after the rejection of state run command economy in the US and Britain, another movement started in the name of health care. As time passed by, the reality of the state run health care system revealed its defects on massive scale. A British physician, Dr. Max Gammon, spent five years studying the British Health Service. In a December 1976 report he wrote:

[The National Health Service] brought centralized state financing and control of delivery to virtually all medical services in the country. The voluntary system of financing and delivery of medical care which had been developed in Britain over the preceding 200 years was almost entirely eliminated. The existing compulsory system was reorganized and made practically universal." Also, "No new hospitals were in fact built in Britain during the first thirteen years of the National Health Service and there are now, in 1976, fewer hospital beds in Britain than in July 1948 when the National Health Service took over."³⁰

Milton Friedman has also reported that,

Physicians are fleeing the British Health Service. About one third as many physicians emigrate each year from Britain to other countries as graduate from its medical schools. The recent rapid growth of strictly private medical practice, private health insurance, and private hospitals and nursing homes is another result of dissatisfaction with the Health Service.³¹

It is an historical account of the National Health Service in the UK. I would like to present a current status of the British Health Service. In January 2018, Kailash Chand honorary vice-president of the British Medical Association wrote in the Guardian:

The NHS has entered the worst winter crisis of its 70-year history. A shortage of doctors, nurses, beds and care packages for elderly patients means that black alerts, trolleys in corridors and dangerous safety levels for patients are at a peak. NHS England has cancelled tens of -thousands of hospital operations, which will create the biggest backlog in the health service's history. A&E [accident and emergency] services are in a permanent state of chaos. What was once confined to winter is now an all-year-round occurrence. Despite Hunt's boasts, mental health services are still woefully underfunded. The closure of more than 4,000 mental health beds since 2010, and a similar reduction in the number of psychiatric nurses, have not been reversed. Hunt has yet to match his words with deeds.

He further stated,

GP [General Practitioners] services are also in a perilous state. A pledge to train more doctors in 2017 will not yield dividends in this parliament. GP vacancy rates and rural practice closures remain high. GPs spend taxpayers' cash more efficiently than any other part of our NHS; more investment in the training of GPs and cash for surgeries would reduce pressure on the acute sector. Social care services are in a state of paralysis. The £2bn pledged in the budget to reverse £5bn of cuts to social care funding is nothing more than a sticking plaster. The funds will do nothing to alleviate pressure on GP services and A&E departments. For now, we rely on the heroic efforts of six million unpaid carers to maintain a failing social care system."³²

Though, the NHS is considered a great achievement of the British government, but from the very beginning it has been facing problems. Such a health care system consumes a huge amount of national wealth. And it is a practical example of a system run by the government. The crisis of NHS is only due to the government run socialized medicine. There is no way a government can control such a massive organization. Moreover, as Milton Friedman would argue, the government based welfare activities are facing two contradictory phenomena. The first is the widespread dissatisfaction due to its saturation with fraud and corruption. And the second is the

continued pressure for further expansion. The objectives are noble but the results are disappointing.³³

Whenever a State intervenes in an individual's affairs, it becomes hard for it to reduce negative consequences. In such cases individual is thoroughly owned by the state. The individual becomes a means to an end under a gigantic state by losing the freedom to take one's decisions and losing to monitor one's own life. State as defined in the terms of Max Weber is having legitimate monopoly of force. This is not a critique on the basic duties of state rather a question mark over the expansion of state's authority in morality and health care. In this case of Alfie Evans, the British government has explicitly enforced an obscure and illegitimate authority over a toddler.

There are usually two arguments offered for the socialized medicine. One is that medicine are costly and beyond the reach of common people. The second reason is that socialization will somehow reduce the costs. Milton Friedman has dismissed the two arguments with the point that, people have to pay for their health either directly or indirectly by indirectly through the mediation of government bureaucrats who will subtract a substantial slice for their own salaries and expenses. While so far as the reduction of cost is concerned, there is no example of a government that has ever produced an economical way to any activity. Whereas, it is the private enterprise that can efficiently regulate such activity.³⁴

Therefore there are hardly any elaborate reasons to run the health care by a government. Unlike the government to make decisions, it is rather simple for an individual to take such decisions based on decency, freedom, compassion and strong moral values. Individuals may seek other sources for funding such as charitable associations across the community, which are not violating personal freedom by any means.

Conclusion:

The issue of killing terminally ill children confronts us with the grey area in the field of universal health care program. It highlights how the state in providing health care takes over the decision-making relating to health of the individual. In other words, it shows the expanding role of the state in health sector. Evan's case points to the matter of fact that individual's freedom relating to health decision is at stake in the modern welfare state (state run corporatism/capitalism).

Second, and this is we conclude from the theory of Girard, that there is an implicit competition going on among the states in order to become more efficient and cost-effective. In this competition what is at stake is the rights of the individual. The state along with corporate

interests neglect individual's rights and wellbeing when it comes to conflict with state interests.

Third, we may conclude that the paradigm of secularism is highly problematic. It is difficult for a secular state to engage in ethical decision-making based on legal rationality and define the 'best interest' of someone who is in a life or death situation. And if a state tries to redefine ethics by killing terminally ill children, it (secularism) symbolically represents a cult of child sacrifice. Finally, all these cases of terminally ill children warn us of a dystopian future in case we allow our governments to carry out such policies.

Notes

¹ "Who Was Alfie Evans?"

² "The Story of Charlie Gard."

³ The National Health Service, "About the NHS."

⁴ *Evans v. Alder Hey*, FD17P00694 (2018).

⁵ Bullen, "Alfie Evans' Dad Claims."

⁶ *Evans v. Alder Hey*, FD17P00694 (2018).

⁷ "Judiciary of England and Wales. "Summary of the Charlie Gard case," 3.

⁸ Campbell, "NHS Patients Waiting for Hospital Care Top 4m for First Time in a Decade."

⁹ If one look at the Charlie Gard's court decision, one can understand that the case has been decided on purely 'utilitarian' grounds, mentioning the issue of 'pain' and 'suffering' repeatedly.

¹⁰ *Great Ormond Street Hospital v. Yates Gard*, FD17P00103 (2017).

¹¹ Three Kraters Symposium, *The Spiraling Oppression of the UK*.

¹² Muller, "Anthropology, Bioethics, and Medicine."

¹³ See Clouser, "Bioethics," 115–27.

¹⁴ Beauchamp and Childress, *Principles of Biomedical Ethics*.

¹⁵ Fox, "The Evolution of American Bioethics."

¹⁶ Muller, "Anthropology, Bioethics, and Medicine."

¹⁷ See Fox, *Conversations: bioethics*, 11.

¹⁸ Hoeyer, "Ethics Wars," 204.

¹⁹ Csordas, "Computerized Cadavers."

²⁰ Joralemon, "The Ethics of the Organ Market."

²¹ Kaufman, "Clinical Narratives and Ethical Dilemmas in Geriatrics."

²² Scheper-Hughes, "The Global Traffic in Human Organs;" "Commodity Fetishism in Organ Trafficking."

²³ "Merseyside Police - Posts."

²⁴ Girard, *Violence and Sacred*, 2-3.

²⁵ *Ibid.*, 145–49; Girard, *Deceit, Desire and the Novel*, 1–56.

²⁶ One thing noteworthy is that the model (M) is not necessarily a real person and similarly the object (O) does not need to be a tangible object.

²⁷ See Girard, *Violence and Sacred*, 31.

²⁸ Ibid., 72-73, 76-77.

²⁹ Hoover Institution, *Insights with René Girard*.

³⁰ Gammon, "Health and Security," 18-19.

³¹ Friedman and Friedman, *Free to Choose*, 114.

³² Chand, "The NHS Is under Threat."

³³ See Friedman and Friedman, *Free to Choose*, 96.

³⁴ Ibid., 115.

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