

On the slippery slope: Perils of assisted suicide

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Some of the most visible and forceful opponents of euthanasia and physician-assisted suicide are people who are severely disabled. Why do they take such an interest in this issue? After all, no one is proposing that people who are blind or in wheelchairs or mentally disabled should be put to death. The movement for assisted suicide is about something else, isn't it--about easing people's needless pain and suffering in the unambiguous end-stages of life and about giving people choices about how and when they die?

What many disabled people can see quite clearly, however, is that the legalization of assisted suicide puts us on a very slippery slope. Once society accepts certain people's "right" to be killed, those who are in similar situations will have to confront an implicit, perhaps explicit, question: Aren't you better off dead too? Those who live with severe suffering and infirmities will inevitably feel some need to justify their continued existence to family, friends, doctors and medical insurers.

Another route down the slippery slope will be carved by our society's commitment to individual choice and by the "rights" language that defines current discussion. Why grant the "right" to die--and provide assistance toward that end--only to the terminally ill? Why shouldn't we expand the definition of "a life that is not worth living" to include any that an individual may offer, including the wealthy but unhappy Richard Cory? At the bottom of this slide from the sanctity of life lies the de facto abrogation of moral strictures against suicide.

The movement for assisted suicide has caught our attention by pointing to a stark choice--the choice between a terminal patient's terrible suffering on one hand and a dignified death on the other. Such choosing, so the argument goes, ought to be left to the individual. But how far does this description of choice take us, as real as it may be in some cases? Should this be the issue that defines public policy?

We don't think so. Rather than focus on the moral quandary presented by that stark choice, we should focus on the circumstances that will, in most cases, significantly alter the terms of that choice. That is, we need to focus on whether there is equitable medical care, effective management of pain, the possibility of hospice care, and the presence of a community that will not abandon the one in pain.

The appeal to the autonomy of the chooser ignores the fact that people's choices at the end of life, as at any other time, are not purely autonomous but are made in the light of practical social realities--how much money they have, the kind of medical insurance they own, the social services and medical care provided, and the kind of support they have from family and friends. Those are all matters we can address without heading down the slippery slope.