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The Slippery Slope of Euthanasia

By Nat Hentoff

In debates with those bioethicists and physicians who believe that euthanasia is both deeply compassionate and also a logical way to cut health care costs, I am invariably scorned when I mention "the slippery slope." When the states legalize the deliberate ending of certain lives -- I try to tell them -- it will eventually broaden the categories of those who can be put to death with impunity.

I am told that this is nonsense in our age of highly advanced medical ethics. And American advocates of euthanasia often point to the Netherlands as a model -- a place where euthanasia is quasi-legal for patients who request it. But two physicians must be convinced the patient will not recover or is in intractable pain. With such safeguards, there can be no slope, slippery or otherwise.

Yet the September 1991 official government Rummelink Report on euthanasia in the Netherlands revealed that at least 1,040 people die every year from involuntary euthanasia. Their physicians were so consumed with compassion that they decided not to disturb the patients by asking their opinion on the matter.

Now the slope has become more slippery in the Netherlands. The Dutch Pediatric Association's panel on neonatal ethics has asked the government to permit euthanasia for infants so damaged that their "quality of life" is low. Says Dr. Zier Versluys, chairman of the group: "It's not always good to prolong someone else's life, because life is not always good."

With that advance in medical ethics, the slope has become a chasm. Over the years in this country, I have come to know a number of people who, at birth, were condemned to death by physicians because of their very poor "quality of life" to come, but whose parents refused that compassionate advice. One of the survivors is a psychologist working with the disabled; another is a lawyer for an insurance company.

Meanwhile, anticipating some misguided criticism, Walter Nagel, secretary of the Dutch Society for Voluntary Euthanasia, says of the proposal to terminate handicapped infants: "We do not consider this as euthanasia, because euthanasia is considered here in the Netherlands as a request for the termination of life. Newborns, of course, cannot make a request. So the term euthanasia is incorrect in this case."

On Nov. 3, voters in California will have a chance to legalize euthanasia -- though not yet of infants. Californians Against Human Suffering has succeeded in placing on the ballot Proposition 161: "The California Death With Dignity Act." The sponsors are careful not to use the word "euthanasia." What this merciful measure would provide is "aid in dying."

If a patient desires to end his or her life, two doctors will first have to conclude that the patient has less than six months to live. (As many doctors will attest, this sort of prediction can be alarmingly imprecise.) The two doctors, by the way, can include anyone with a medical degree who is licensed in California -- a dermatologist or a plastic surgeon, for instance. The attending physician also has to determine that the patient is mentally "competent." But there is no requirement that the physician get the opinion of a psychiatrist or psychologist. (The Death With Dignity Act says only that the physician "may" request such a consultation.)

One of the grave problems with clinical depression is that many physicians cannot recognize it in a patient. Another problem is that unless it is treated, some of the depressed think obsessively about suicide. The "California Death With Dignity Act" would facilitate more such suicides of patients -- with a doctor's help -- before they can get out of their depressions.

There is much more reckless cheapening of life in the act, including this invitation in the official wording of the measure by the attorney general of California: "This measure would result in some unknown savings due to decreased utilization of the state Medi-Cal program and other programs, including county programs."

Savings will also result, of course, for overburdened families of the chronically ill. And the burden that the ill place on their families often creates considerable guilt in those who are sick, particularly the elderly. If California becomes the first place in the world to license its physicians to provide aid in dying and thereby relieve this guilt, the state will indeed have created a stunningly steep slope.

The American Civil Liberties Union of Southern and Northern California is supporting the euthanasia initiative. I wonder how members of that ACLU feel about also legalizing the dispatching of handicapped infants.