Pulling up the runaway: the effect of new evidence on euthanasia’s slippery slope

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Abstract
The slippery slope argument has been the mainstay of many of those opposed to the legalisation of physician-assisted suicide and euthanasia. In this paper I re-examine the slippery slope in the light of two recent studies that examined the prevalence of medical decisions concerning the end of life in the Netherlands and in Australia. I argue that these two studies have robbed the slippery slope of the source of its power - its intuitive obviousness. Finally I propose that, contrary to the warnings of the slippery slope, the available evidence suggests that the legalisation of physician-assisted suicide might actually decrease the prevalence of non-voluntary and involuntary euthanasia.

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Even though there may be some cases in which physician-assisted suicide could be justified, to allow it to occur, some say, is to let go a runaway train that will take us to unintended and frightening destinations. After assisted suicide, we will be carried inevitably to voluntary euthanasia, but that is only the beginning. As the runaway gains momentum, social mores will be gradually blurred and distorted. Patients will lose trust in their doctors. Families will begin to pressure their elderly and infirm to take up the option of ending their lives. The community’s respect for life will wain and, as a result, there will be an increase in the suicide rate and a decrease in palliative-care funding. Always gaining speed, we will hurtle onward and downward. Next we will allow non-voluntary euthanasia, where incompetent patients will be killed without their specific request. At first, only the elderly and demented will be affected, but, under the pressure of economic rationalism, malformed children, the mentally handicapped and mentally ill will soon follow. Finally, speeding out of control, we will run out of track and be plunged into the abyss of involuntary euthanasia, where even competent individuals are killed against their will.1-6

The details of our decline and exactly where we will end up vary from author to author, but, for all, our original well-intended action placed us upon a slippery slope that is the genesis of future woes. The slippery slope is the major weapon in the armamentarium of those who believe physician-assisted suicide and voluntary euthanasia should remain illegal. In recent times two studies have been published that, taken together, provide a strong rejoinder to the slippery slope. In the context of the Australian parliament’s quashing of the Northern Territory Rights of the Terminally Ill Act and the US Supreme Court’s deliberations over physician-assisted suicide the results of these studies could not have been more timely. This paper looks again at the slippery slope, reviews these studies and examines their implications for this debate.

The slippery slope
The slippery slope does not try to argue its case by drawing conclusions from carefully constructed premises, nor does it rely upon a systematic review of empirical evidence. Any sort of formal argument for the slope’s predictions would be quickly bogged down in detail and uncertainty. The predictions are in the complex realms of societal attitude shifts and behaviours. A formal argument would involve a great deal of extremely detailed analysis. It would need to use tools drawn from descriptive ethics, psychology, sociology, jurisprudence and politics. It would draw on empirical evidence wherever possible, and where it could not, it would need to examine historical precedent and draw careful parallels between events in the past and the feared events of the future.

Those who make use of the slippery slope, however, do not concern themselves with such matters.10 They do not need to because, the slippery slope is not really an argument at all. Rather, it is a stern and knowing warning - an ethical “beware the Ides of March”.

The slippery slope is what Daniel Dennett has termed an intuition pump.11 Intuition pumps bypass the uncertain and exhausting path of con-
suicide had been declared, and voluntary euthanasia was illegal.20-21 Despite the exaggerated claims, the Remmelink study had not really "proven" anything about the slippery slope. The feared decline to involuntary euthanasia remained no more than a possibility.

These counter-arguments were obvious and commonsensical. Unfortunately though they were rather awkward and cumbersome to expound, and rather than injecting colour into the debate, they drained the drama away. Perhaps for these reasons they were rarely aired in either the scientific literature or the popular press. Often they were not heard at all, and even when they were, it was often too late. The slippery slope had done its work and intuition dictated that the slide to wrongful killing was inevitable.

New evidence
Two more recent studies have poured sand into the engine of the slippery slope. The first study sought the prevalence of medical end-of-life events in the Netherlands five years after Remmelink; the second sought their prevalence in Australia.

The 1996 Dutch study used a methodology similar to the original Remmelink study and asked the same questions.22 If the predictions of the slippery slope were correct then one would expect that the prevalence of non-voluntary euthanasia in the Netherlands to be on the rise. The results though, suggested that the opposite may be true. Though variations due to chance could not be ruled out, the prevalence of life-terminating acts without specific request had fallen since 1991 to 0.7% (down from 0.8%). The slippery slope's intuition pump began to splutter, but it was not yet dead. Perhaps, like playground slippery-dips, the slippery slope plateaus near the bottom. Perhaps all the damage was done in the first ten years that the Dutch allowed euthanasia. Perhaps a five-year gap between studies was insufficient to pick up any later damage wrought by the slope. The study did not prove the slope did not exist.
but, contrary to expectation, it provided no
evidence to support it.

The Australian study, by Kuhse and colleagues,
also sought the prevalence of medical end-of-life
decisions and used a methodology based upon the
Dutch studies. At the time the study was carried
out physician-assisted suicide was illegal through-
out Australia, and doctors assisting their patients
to die risked criminal prosecution and long jail
terms. The health systems of Australia and
Holland are very similar in many ways and though
the societies have significant differences there was
no obvious reason, aside from slippery-slope
effects, to suppose that their rates of non-
voluntary euthanasia would be vastly different.

If the slippery slope were a reflection of reality,
the rate of non-voluntary euthanasia in Australia
should have been lower than that in the Nether-
lands. The results indicated that exactly the oppo-
site was true. The rate of non-voluntary euthana-
sia in Australia was 3.5% (+0.8%), far higher
than the 0.8% and 0.7% reported in the two
Dutch studies.

There are a number of possible explanations for
this finding. Though the Dutch and Australian
studies were methodologically similar they were
not the same and it is possible that these
differences account for the higher Australian
figure. Another possibility is that the cultural dif-
fferences between Australia and the Netherlands
may account for the difference and if physician-
assisted suicide were legalised in Australia the
slope would simply have a lower starting point.
Like the Dutch study, the Australian study could
not prove that the slippery slope was false.

These studies are important not because they
disprove the slippery slope but, because they rob it
of the source of its power - its intuitive
obviousness. Knowing these result it just no
longer seems likely that the legalisation of
physician-assisted suicide or voluntary euthanasia
would lead inexorably to an increase in non-
voluntary and involuntary euthanasia. None of the
available evidence supports this conclusion.

Pulling against the slope

The results also raise a new question. Would the
legalisation of physician-assisted suicide actually
lead to a decrease in the prevalence of non-
voluntary euthanasia? The second Dutch study
suggests that the prevalence of non-voluntary
euthanasia may be falling in the Netherlands
where physician-assisted suicide and voluntary
euthanasia are allowed. The Australian study
showed the prevalence of non-voluntary euthana-
sia there, where voluntary euthanasia and
physician-assisted suicide were illegal, was much
higher than it was in the Netherlands. There are a
number of reasons for thinking that the legalisa-
tion of physician-assisted suicide may have this
paradoxical effect.

The legalisation of physician-assisted suicide
allows the process to be made safer. What may
appear to be a competent request for death at first
glance may turn out to be motivated by depression
or delirium and therefore not competently made.
This incompetence may remain hidden without
the second opinion of a psychiatrist. In Australia,
the Northern Territory's assisted suicide legisla-
tion demanded a psychiatric opinion as part of the
assessment process. Such a safeguard would be
rare without such legislation, as those who provide
a second opinion when physician-assisted suicide
is illegal become accomplices to a crime.

The legalisation of physician-assisted suicide
and voluntary euthanasia enables these issues to
be discussed more openly between patient and
doctor. With the issue on the table it is possible for
patients to ask their doctors to help them die
without embarrassment or fear of rejection. In a
recent moving editorial, Angell told of her father
who, suffering prostate cancer, shot himself on the
night before admission to hospital, perhaps
believing that this was his last chance of a "digni-
fied death". If physician-assisted suicide were
available then patients such as Angell's father may
see taking their own lives as unnecessary.

Similarly, if it is possible for doctors to raise
physician-assisted suicide with their patients they
will be better placed to discover their desires con-
cerning their deaths. In the Dutch instances of
non-voluntary euthanasia, the doctor had infor-
mation about the patient's wishes through discus-
sion with the patient in 59% of cases. In the Aus-
tralian study the corresponding figure was just
29%. It seems likely that the illegality of euthana-
sia in Australia was a factor in this difference.

Of course these studies provide no direct
evidence that the legalisation of physician-assisted
suicide would decrease the prevalence of non-
voluntary euthanasia. Clear evidence could only
be provided by a comparison of the rates of this
type of death before and some time after the
introduction of a new law. It does seem possible
though, that the legalisation of physician-assisted
suicide could provide a means of decreasing a wor-
ryingly high pre-existing prevalence of non-
voluntary euthanasia.

Conclusion

Taken together the findings of the Dutch and
Australian studies work to erode the understand-
able suspicion that the legalisation of physician-
assisted suicide or voluntary euthanasia would
lead to an increase in non-voluntary euthanasia. In casting doubt on the slippery slope's apparent likelihood, the studies have robbed it of its rhetorical force, and its power as an argument against such legalisation is drastically limited.

This is not to imply however that the slippery slope campaigns are without utility. Patients continue to die or are killed in circumstances that are of great ethical concern - both in states where euthanasia is allowed and in those where it is not.27-29 The warnings of the slippery slopers may not equate to arguments against the legalisation of euthanasia and physician-assisted suicide, but they do highlight chilling possibilities if things are allowed to go wrong. Those interested in the formation of public policy will fail to heed their warnings at their peril and must shape legislation to avoid the pitfalls that the slippery slopers signal.25

The possibility that the legalisation of physician-assisted suicide may actually decrease rather than increase the prevalence of non-voluntary euthanasia remains just that - a possibility. However, that possibility raises another: perhaps our metaphors will need revamping. Far from a runaway train hurtling downhill out of control, it may be that legalised physician-assisted suicide will one day be seen as The Little Engine That Could, pulling us uphill to safer ground. At least, that is my intuition.

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References