

We never say no

The right-to-die movement abandons pretense

by Wesley J. Smith

THERE IS A PRETENSE in contemporary assisted suicide advocacy that goes something like this: “Aid in dying” (as it is euphemistically called) is merely to be a safety valve, a last resort only available to imminently dying patients for whom nothing else can be done to alleviate suffering.

Meanwhile, in the real world, the founder of the Swiss suicide facilitating organization Dignitas is just about done with pretense. The *Sunday Times Magazine* (London) reported that Dignitas’ founder, Ludwig Minelli, plans to create sort of a Starbucks for suicide: a chain of death centers “to end the lives of people with illnesses and mental conditions such as chronic depression.”

Minelli believes that all suicidal people should be given information about the best way to kill themselves, and according to the *Times* story, “if they choose to die, they should be helped to do it properly.” Dignitas admits to having assisted the suicides of many people who were not terminally ill. As Minelli succinctly put it, “We never say no.”

The story about Minelli illuminates a deep ideological belief within the euthanasia movement: that we own our bodies, and thus, determining the time, manner, and method of our own death, *for whatever reason*, is a basic human right.

That is certainly how one of the other superstars of the international euthanasia movement, the Australian physician Phillip Nitschke, see it. Nitschke travels the world presenting how-to-commit-suicide clinics. Several years ago he was paid thousands of dollars by the hemlock Society (now merged into the assisted suicide advocacy group Compassion and Choices) to create a suicide concoction made from common household ingredients (a formula he calls the “Peaceful Pill”).

Like Minelli, Nitschke is straightforward about his goals. In a 2001 interview, *National Review Online* asked him who should qualify for the Peaceful Pill. He responded:

My personal position is that if we believe that there is a right to Life, then we must accept that people have a right to dispose of that life whenever they want...So all people qualify, Not just those with the training, knowledge, or resources to find out how to “give away” their life. And someone needs to provide this knowledge, training, or resource necessary

to anyone who wants it, including the depressed, the elderly, bereaved, [and] the troubled teen.

Nitschke and Minelli's position has a large constituency among euthanasia believers. Indeed, over the years, the movement has left many telltale signs that assisted suicide is not intended ultimately to be restricted to the imminently dying.

Take the "Zurich Declaration," issued at the 1998 bi-annual convention of the World Federation of Right to Die Societies. (The WFRD is an umbrella group made up of 37 national euthanasia advocacy organizations, including Compassion and Choices and Hemlock founder Derek Humphry's Euthanasia Research and Guidance Organization, or ERGO.) It states:

We believe that we have a major responsibility for ensuring that it becomes legally possible for all competent adults, suffering severe and enduring distress, to receive medical help to die, if this is their persistent, voluntary and rational request. We note that such medical assistance is already permitted in The Netherlands, Switzerland and Oregon, USA.

It should also be noted that one need not be dying or even sick to experience "severe and enduring distress."

SUPPORT FOR A BROAD AND LIBERAL ACCESS to suicide extends far beyond activists in the euthanasia movement. It has been embraced by some people in the mental health professionals, where a concept known as "rational suicide" is being promoted in professional journals, books and at symposia.

Typical of this genre is a 1998 article by James W. Werth published in the journal *Crisis*, with the ironic title, "Using Rational Suicide as an Intervention to Prevent Irrational Suicide." Werth urges that mental health professionals should not always save the lives of suicidal patients, but instead, should non-judgmentally facilitate the suicidal person's decision making process. If the professional agrees that the desire to die is rational, then the suicide should be permitted, or perhaps even assisted.

To qualify for a rational suicide, the patient would have to demonstrate to the mental health professional that he has a "hopeless condition," which Werth defines as, "terminal illnesses, severe physical and/or psychological pain, physically or mentally debilitating and/or deteriorating conditions, or quality of life no longer acceptable to the individual." This is circular thinking. By definition, if one is suicidal, he has a quality of life that he believes is no longer acceptable.

Not surprisingly, assisted rational suicide is already permitted in the Netherlands where the Dutch Supreme Court approved a psychiatrist's facilitating the death of a distraught woman who wanted to die because her children were dead.

Similar suicide-friendly attitudes are often expressed among mainstream bioethicists-and not just by Princeton's Peter Singer. For example, the University of Utah's Margaret Pabst Battin suggests that "suicide can be rationally chosen," to "avoid pain and suffering in terminal

illnesses,” as a “self-sacrifice for altruistic reasons,” or in cases of “suicides of honor and principle.” Along these same lines, Julian Savulescu, an up-and-comer in the international bioethics community, argues that respect for human freedom demands that society permit the suicides of competent persons—even when they are expressing an “unjustified desire to die.”

“Some freedoms are worth the cost of innocent life,” Savulescu wrote in a chapter for the book *Assisted Suicide*. “The freedom to finish one’s life when and how one chooses is, it seems to me, about as important as any freedom.”

The right to receive assisted suicide for virtually any reason is especially popular among self-declared “free thinkers” and humanists. Thus, Tom Flynn, the editor of *Free Inquiry*, the house organ for the Council for Secular Humanism, wrote in the Spring 2003 issue, that the belief in human liberty must include an unfettered right to die. “While suicide has never been exactly popular, a new assault on our right to suicide is brewing. It’s something secular humanists ought to resist.” Why? Because Flynn (and other humanists) believe fervently that a right to suicide is a crucial element of human liberty.

What’s really in play here is the old dogma that individuals don’t own their own lives. Physician-assisted suicide is but part of the issue. If we trust our fellow humans to choose their occupations, their significant others, their political persuasions, and their stances on religion, we should also defend their right to dispose of their most valuable possessions—their lives—even if disposing of life is precisely the choice they make.

There are even ongoing discussions in bioethics suggesting that some people might have an ethical obligation to commit suicide. Thus, a 1997 cover story in the prestigious bioethics journal the *Hastings Center Report*, philosopher John Hardwig argued that there is not only a right but also a “duty to die”:

A duty to die is more likely when continuing to live will impose significant burdens—Emotional burdens, extensive care-giving, destruction of life plans, and yes, financial hardship—on your family and loved ones. This is the fundamental insight underlying a duty to die.

A duty to die becomes greater as you grow older. As we age, we will be giving up less by Giving up our lives...To have reached the age of say, seventy-five or eighty years without being ready to die is itself a moral failing, the sign of a life out of touch with life’s basic realities.

Bioethicist Battin has also supported the concept of an eventual duty to die for those living in rich countries, not just to spare burdening our loved ones but to promote world egalitarianism. Thus, she wrote in a book chapter called “Global Life Expectancies and the Duty to Die” that the time may come when we will have the moral obligation to “conserve health care resources by forgoing treatment or directly ending [our] life” toward promoting “health prospects and life expectancies” that are more equal around the globe.

DESPITE THIS THICKENING ATMOSPHERE of suicide permissiveness, most assisted suicide advocates in this country continue to insist that “all” they want is for the terminally ill to have access to hastened death.

For some, clearly, this is a mere political tactic. The ultimate goal is a much broader death license. Others may actually mean for the initial terminal illness limitation to be permanent, believing that “restricted” assisted suicide, once accepted widely, would not spread to ever widening swaths of acceptable killing (as it is in the Netherlands).

Which camp one decides best represents the over all euthanasia movement doesn’t really matter. Once assisted suicide is accepted in law and culture, the premises of radical autonomy and allowing killing to alleviate human suffering would conjoin, unleashing the irresistible power of logic that would push us inexorably toward the humanist nirvana of death on demand.

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Correction appended, 4/27/06: The article originally states that the Tom Flynn Free Inquiry piece appeared in the April 19, 2006 issue. Instead, the Flynn article appeared in the Spring 2003 issue.

The Standard Weekly, 4/27/2006

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