If voluntary active euthanasia is ethical, which as we've seen as keenly contested should it be legalized? Some of those who support euthanasia in principle in the individual hard case nevertheless oppose its legalization on the ground that hard cases make bad law. They believe that legalization would lead society down a slippery slope.

The slippery slope argument runs that even though there's no agreement that voluntary euthanasia is unethical, it should not be legalized because legalization would lead to practices that most or at least many would agree to be unethical, in particular, non-voluntary euthanasia. There are, in fact, two slippery slope arguments, the logical and the empirical. The logical argument holds that the ethical case for voluntary euthanasia is equally a case for non-voluntary euthanasia, the euthanasia of patients who, like babies, are incapable of requesting it.

No responsible doctor would end a patient's life simply because the patient autonomously requested it any more than the doctor would remove a kidney simply because the patient requested it. The doctor would first decide whether death would indeed benefit the patient. If the logical argument runs, the doctor can judge that euthanasia would benefit a patient who asks for it, then the doctor can equally make the same judgment in relation to a patient who can't ask for it.

If a doctor judges that death would benefit the patient, why deny the patient this benefit merely because the patient is unable to ask for it? One response to the logical argument is that it would be possible for the law to require both the presence of suffering and a request from the patient before allowing the doctor to perform euthanasia. That would indeed be possible for the law to require a request, but logically, why should it?

Why if euthanasia would benefit a patient who can't ask for it should the doctor not confer that benefit? Interestingly, in 1984, the Dutch courts declared it lawful for doctors to perform euthanasia in order to end the suffering of patients who asked for it. In 1996, they declared it lawful for doctors to give lethal injections to disabled babies in certain circumstances in order to end their suffering. This was a clear endorsement of non-voluntary euthanasia.

The empirical or practical slippery slope argument concerns the question whether if voluntary active euthanasia were legalized it could be effectively controlled. Could the saw achieve the degree of control

and protection that's warranted by the importance of the rights and interest to be protected and it's been accepted by euthanasia advocates to be desirable in virtue of the safeguards contained in their proposals to relax the law.

Opponents of legalization argue that because of the difficulties of drafting adequate safeguards and of enforcing those safeguards, abuses could not be prevented. Three particular abuses predicted are firstly, non-voluntary euthanasia, secondly, euthanasia where the patient's request is only apparent not real, weather because of clinical depression or if pressured by others, and thirdly, euthanasia in the absence of truly unbearable suffering or in cases where suffering could be alleviated another way such as palliative care.

Euthanasia advocates claim that voluntary acts of euthanasia and or physician-assisted suicide can, in fact, be effectively controlled and that the evidence from those States which permit them, particularly the Netherlands, Belgium, and Oregon shows this. What is the situation in these three States?

The Dutch Supreme Court declared voluntary euthanasia lawful in 1984. The guidelines regulating it were later put into statutory form. Essentially, the law permits euthanasia if the patient makes an explicit request, the doctor judges that the patient is suffering unbearably, and that euthanasia is a last resort and if the doctor consults with another doctor beforehand and sends a report to a review committee afterwards.

Since 1984, several large-scale, government-sponsored survey of Dutch doctors have generated a wealth of empirical evidence. Belgium legalized voluntary euthanasia in 2002 and the law broadly follows the Dutch model. In the US State of Oregon, a voter referendum in 1994 approved physician-assisted suicide, and the Death with Dignity Act came into force in 1997.

The Oregon health authority publishes an annual statistical report on the basis of reports they received from physicians who have issued lethal prescriptions. There is an intense and ongoing debate about precisely what the empirical evidence from these three States shows. Broadly speaking, euthanasia supporters claim that the evidence refutes the empirical slippery slope argument. Euthanasia opponents claim that the evidence confirms the empirical slippery slope argument.

In the suggested reading for the sequence, you'll find references to some of the leading materials on both sides of this question. You will, for example, find references to two legal cases in which courts

have arrived at different interpretations of the evidence. In one case, the Carter case in Canada, the judge concluded in 2012 that the evidence showed that the risks of decriminalization can be very largely avoided through carefully-designed, well-monitored safeguards.

In the other case, the Fleming case in Ireland decided in 2013 the court explicitly disagreed with the Canadian judge pointing to the evidence showing a substantial incidence of non-voluntary euthanasia in both the Netherlands and Belgium. The question whether the laws in States like the Netherlands, Belgium, and Oregon demonstrates effective control is likely to remain at the forefront of the euthanasia debate.