

Slippery slope arguments

In general, slippery slope arguments claim that if a certain stable boundary line is shifted (e.g., by lifting prohibitions on AVE), then it will be very hard in practice to set up another stable boundary that doesn't allow for some very undesirable outcomes (e.g., involuntary euthanasia).

Assumptions:

- The current boundary line is “clearer and more justified on moral grounds than the proposed new line would be” (p. 114).
 - In other words, the *status quo* is morally defensible.
- “[T]he contemplated change risks producing highly undesirable results; and ... these risks are aggravated whenever society forces such as demographic pressures, scarcity of resources, religious zealotry, racism, or sheer greed may cause the process of change to continue, once it has been initiated.” (p. 115)

In sum, the claim is that once the risks are fully appreciated, the case for keeping the *status quo* is stronger than for the proposed change.:

The Oregon “Death with Dignity” Act

In 1994, Oregon passed the “Death with Dignity Act,” which legalized PAS. In 2008, Washington state passed a very similar law.

According to the Oregon law, PAS may be practiced only if

- The patient is a capable adult state resident diagnosed by a physician with a terminal illness that will kill the patient within 6 months.
- The patient has requested in writing, from a physician, a prescription for a lethal dose of medication for the purpose of ending his life.
- The patient initiated the request.
- The request has been confirmed by 2 witnesses, at least one of whom is not related to the patient, is not entitled to any portion of the patient’s estate, is not the patient’s physician, and is not employed by a health care facility caring for the patient
- After the request is made, another physician must examine the patient’s medical records and confirm the diagnosis.

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- The patient has been determined to be free of a mental condition impairing judgment.
- If the request is authorized, the patient must wait at least 15 days and make a second oral request before the prescription may be written.
- The patient may rescind at any time.
- Should either physician have concerns about the patient’s ability to make an informed decision, or feel the patient’s request may be motivated by depression or coercion, the patient must be referred for a psychological evaluation.
- Also, any physician, pharmacist or healthcare provider who has moral objections may refuse to participate.