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Physician-assisted suicide is the latest and most extraordinary conflict in the notion of a patient's right to control the time, place, and manner of death. In roughly three overlapping phases, euthanasia activists have revealed the harmful conditions of institutionalized dying, introduced new meanings of suicide, and pressed the notion of choice to the center of these debates. They say that orders not to resuscitate, removing breathing and feeding apparatuses, and sedating the imminently dying are all strong indicators that choice in dying occurs already. Doctors such as Timothy Quill in New York and Peter Goodwin in Oregon say they cannot practice end of life medicine any better without professional and legal acquiescence in helping patients to exercise choice before death is imminent.

On the other side are antieuthanasia activists who report that we have been deceived about what is at stake in this debate and that these deceptions threaten us all. In *Forced Exit: The Slippery Slope From Assisted Suicide to Legalized Murder*, Wesley J. Smith makes the case against permitting doctors to be killers as well as healers. Smith argues cogently that legalizing euthanasia and assisted suicide would be a disaster for the most powerless: the disabled, the critically ill, the indigent. His interest in the subject was piqued when a friend checked into a hotel room and committed suicide using the Hemlock Society's method of overdosing and suffocating oneself with a plastic bag. Since then, Smith has worked closely with the International Anti-Euthanasia Task Force to write and speak on the dangers of legitimizing and legalizing euthanasia and assisted suicide. Like others associated with the task force, Smith is a self-proclaimed antieuthanasia activist. His goal is to provide a source of information about euthanasia from an opposition standpoint (pp. xiii-xxiii).

Smith and many of his detractors do share the common view that the euthanasia movement is driven by neglect of a larger social problem: the disgraceful state of care for the ill and disabled. The familiar image of dying alone in an institution with tubes running through one's body has elevated fear of involuntary suffering beyond fear of involuntary death. Fear of suffering has roused social ambivalence toward euthanasia, leading to higher public and private approval of physician-assisted suicide. As a result, assisted suicide law has been increasingly regarded as intruding on personal choice and privacy. These historical and cultural changes have culminated in a steady social movement to legalize physician-assisted suicide in the case of the competent, terminally ill.

A decade ago, people whose physical anguish superseded their will to live were viewed as sick, inept, or despondent. By contrast, when the first legal assisted suicide was announced in Oregon in early 1998, it was hailed in many ways as a momentous occasion. Smith describes this shift as a co-optation of the equality-of-human-life ethic by a burgeoning death culture.

The equality-of-human-life ethic requires that each of us be considered of equal inherent moral worth, and it makes the preservation and protection of human life society's first priority. Accepting euthanasia would replace the equality-of-human-life ethic with a utilitarian and nihilistic "death culture" that views the intentional ending of certain human lives as an appropriate and necessary answer to life's most difficult challenges. (p. xxi)
Forced Exit presents the dark side of euthanasia. Most of the book is spent examining (and deriding) the operation of de jure assisted suicide.

Smith’s chosen terminology and depiction of the fundamentals of the euthanasia movement set the tone for three chapters that illustrate the dangers of the slippery slope. Two chapters explore how euthanasia activists have capitalized on the despairing conditions of modern life—and death medicine to urge state ballot initiatives and constitutional adjudication. The cases for and against euthanasia are laid out most forcefully in the last three chapters, with the last chapter taking a close look at hospice care for the dying, more effective pain control, and independent living for the disabled as the proper social response to the modern desire for individual control of dying.

In chapter 1, Smith tells the first of many stories that he says illustrate how choice in dying is too easily transmogrified into a duty to die. This is forced exit, and from such stories, Smith induces, “Abuse and exploitation are inherent in euthanasia consciousness” (p. 25). Over the next three chapters, Smith’s focus on abuse and exploitation is developed in terms of how euthanasia consciousness creates a caste of disposable people. He observes euthanasia practices in the United States, Germany, and the Netherlands. Smith says that what these three countries have in common is that “the relatively small beginnings” of stopping heroic measures for the least sapient people “have been a springboard for legalizing euthanasia and assisted suicide for the many” (p. 67). As proof, Smith systematically compares language from the Ninth Circuit’s ruling that banning assisted suicide is unconstitutional, with excerpts from the infamous Permitting the Destruction of Unworthy Life and concludes,

There is a general, if not precise, analogy between the attitudes expressed during the pre-Nazi and Nazi periods in Germany and some of our own. (p. 86)

That they are presented in warm tones of compassion or the bland prose of scholarly dispassion does not make them any less dangerous. (p. 88)

Similarly,

The Dutch have proved that once killing is accepted as a solution for one problem, tomorrow it will be seen as the solution for hundreds of problems. Once we accept the killing of terminally ill patients ... we will invariably accept the killing of chronically ill patients, depressed patients, and ultimately, children. (p. 109)

Smith turns to challenging the discourse of euthanasia activists, casting it as a further example of the erosion of the quality-of-human-life ethic. Social constructions such as choosing the manner and timing of one’s death “keep the discussion on a theoretical level and allow suicide proponents to avoid an in-depth analysis of the dysfunctional context within which the ‘choices to die’ would be exercised” (p. 10). Smith points to what he sees as a cultural contradiction between applauding hospice care and Jack Kevorkian’s five acquittals in three trials. Furthermore, Smith charges euthanasia activists with using political and legal tactics and rhetoric to establish a so-called right to die for the purpose of bestowing a measure of moral and ethical respectability upon the death culture (p. 115). He charges,

[Efforts to make euthanasia] just another medical treatment [would not] prevent doctors from coming to believe they were entitled to actively kill patients whose continued care they deemed futile [. Hence, they] give top priority to physician morale and values over patient desires and choices [and] serve the financial bottom line of H.M.O.s. (p. 179).
This charge is expanded in the next two chapters, in which Smith considers the commonly heard arguments for assisted suicide and euthanasia to buttress his position that any way one looks at it, any form of killing is a form of oppression.

In these two chapters, Smith contends that advance directives are adequate to prevent doctors from keeping patients alive for too long. (Notably, during the time of this writing, the American Medical Association announced a study of whether physicians should sometimes ignore advance directives.) He blames euthanasia activists for the perception that suffering cannot be ameliorated in so-called hard cases, claiming this perception alone accounts for some degree of suicidal ideation. Smith stands behind terminal sedation and the ethical principle of double effect as a good alternative to euthanasia. He repudiates the effectiveness of protective guidelines, presenting Nazi Germany, the Netherlands, and Jack Kevorkian as evidence that “guidelines serve no useful purpose other than to provide false assurances to the public” (p. 205).

Regarding ambivalent attitudes about terminal sedation and the ethical principle of double effect, Smith proclaims, “Pain control is not a subtle form of euthanasia and euthanasia is not a synonym for pain control” (p. 223). Furthermore, he derides euthanasia supporters for drawing parallels between choice in euthanasia and choice in abortion, claiming that using abortion to bootstrap euthanasia arguments is disingenuous because the euthanasia debate is still fluid. As evidence of this fluidness Smith points to the fact that even though public opinion polls suggest that there is strong support for euthanasia, support generally plummets when a concrete opportunity (e.g., ballot referendums) to officially sanction euthanasia occurs (p. 213). He also demonstrates that euthanasia opposition is not limited to religious or conservative viewpoints and maintains that like euthanizing suffering animals, euthanizing people will result in killing not just the sick but the abandoned.

In the final chapter, Smith leaves no doubt that in his assessment, the choice between euthanasia is an either/or proposition: either “we choose the road of inclusion and caregiving for all, including the weakest and most vulnerable among us, or that of exclusion and ever-expanding killing opportunities” (pp. 251-252). Quoting Dr. Ira Byock, Smith concludes. “The hospice focus is on life and the alleviation of suffering,” whereas “the goal of assisted suicide and euthanasia is death” (p. 230). In Smith’s view, there can be no compassion in euthanasia without cruelty. Legalized murder is practically inevitable when society allows any form of complicity in death. The only possible result is calamity.

But caught between patients’ rights, insurance companies, and the limits of medical competence, many physicians would accede to patients’ requests for euthanasia if it were legal. Physicians such as Timothy Quill and Peter Goodwin see voluntary euthanasia not as a panacea but as a welcome last resort that is in demand. That demand is evidenced by ballot initiatives, state legislative proposals, and supreme court cases in which ordinary people mobilize and countermobilize to preserve control over their own worldviews and referents for self-worth. Many people sense that personal control brings meaning to one’s life. This desire for control extends well into the dying process, and for some, it includes choosing when to die. Moreover, some people want help. Nevertheless, the long list of those whom Smith acknowledges in Forced Exit clearly demonstrates that Smith’s view against hastening the death of others is shared by many prominent people with a strong commitment to easing dying and death.

In conclusion, Forced Exit forcefully makes the points in opposition to the claims of euthanasia activists and further demonstrates that fundamental definitions, meanings, and moralities are potential sites of struggle and are created, maintained, and changed through individuals and groups exercising agency within historical and structural constraints.