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A Threat to the Disabled . . . and to Us All

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The state of Oregon legalized a form of assisted suicide in 1994, but its neighbor to the south, the nation's most populous state, has no such provision. Efforts in California to pass legislation allowing assisted suicide have failed five times over the past fifteen years. California has adopted liberal legislation on any number of controversial issues, but not this one. Why? Assisted suicide proposals have been thwarted by disability rights activists.

The logic of the disability rights movement is easy to understand. Once a society adopts a *right* to die as a matter of policy, a *duty* to die cannot be far behind. This logic is already evident when it comes to babies born with Down syndrome. Among many doctors and ethicists, the question has shifted from the right of parents to abort a baby diagnosed with Down syndrome to a duty to abort.

These doctors and ethicists frame the question this way: What right do you have to bring such a child into this world when we already face huge social costs of health care and face scarce resources? This is the logic of the Culture of Death, but it is a logic now argued rather openly.

Disability rights activists understand that this same logic threatens persons with disabilities. When does the argument for a right to die morph into an argument for a duty to die? The question is not merely a matter of intellectual interest. It is a question of life or death.

The Los Angeles Times reports that a bill modeled on the Oregon legislation failed to make it out of a General Assembly committee in June. As the paper explained:

Many disability rights activists contend that the increasingly cost-conscious healthcare system, especially health maintenance organizations, inevitably would respond to legalized suicide by withholding expensive care from the disabled and terminally ill until they chose to end their lives.

Paul Longmore, a history professor at San Francisco State University, argued that assisted suicide would lead to inequities and would not be limited to those with a terminal illness. "Our concern is not just how this will affect us. Given the way the U.S. healthcare system is getting increasingly unjust and even savage, I don't think this system could be trusted to implement such a system equitably, or confine it to people who are immediately terminally ill."

His concerns are clearly justified. These patterns are already clear in countries such as the Netherlands, where the so-called "Dutch cure" now includes policies for infanticide when a baby is born with severe abnormalities. Professor Longmore is also right when he asserts that the grounds for assisted suicide will be broadened beyond what is sold to the public when the legislation is adopted. A look just to the north will be sufficient to prove that point.

Even if legislation could protect those with disabilities from the threat of involuntary elimination, how long will it be before the disabled, the elderly, and others requiring extra care begin to wonder if their loved ones would not be better off with them gone?

Calls for assisted suicide arise at the intersection of human despair and political opportunity. The absence of a Christian worldview leaves personal autonomy as the foundation of ethical choice. Death becomes, of all things, a matter

of individual rights.

The only real alternative to this logic is the framework of the biblical worldview — a worldview that understands every single human life to be sacred, every individual to possess full human dignity, all life to be a stewardship, and death to be a matter for God, not we ourselves, to decide.

Make no mistake. When death is claimed as a right, it will soon become a duty. You don't have to be in a wheelchair to see where that leads.

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