

The New York Times Reprints

This copy is for your personal, noncommercial use only. You can order presentation-ready copies for distribution to your colleagues, clients or customers [here](#) or use the "Reprints" tool that appears next to any article. Visit www.nytreprints.com for samples and additional information. [Order a reprint of this article now.](#)



June 5, 2011

Dr. Kevorkian's Victims

By **ROSS DOUTHAT**

The case for assisted suicide seems to depend on human sympathy — on the impulse toward mercy, the desire to ease what seems like pointless pain and suffering. Why shouldn't the terminally ill meet death on their own terms, rather than at the end of prolonged agonies? Why shouldn't the dying depart this earth with dignity, instead of enduring the inexorable stripping away of their physical and mental faculties?

Such are the sentiments that made Jack Kevorkian, who died last week of natural causes, a hero to many millions of Americans. Though he was tried repeatedly and finally convicted of second-degree murder, the former pathologist's career as "Dr. Death" (he said he assisted at more than 130 suicides) was widely regarded as a form of humanitarianism rather than a criminal enterprise.

But if such sentiments are understandable, they are morally perilous as well. We do not generally praise doctors who help dispatch their terminally ill patients, as Kevorkian repeatedly and unashamedly did. Even when death is inevitable and inevitably painful, it is not considered merciful to prescribe an overdose to a cancer victim against her will, or to gently smother a sleeping Alzheimer's patient.

The difference, of course, is that Kevorkian's clients asked for it. That free choice is what separates assisted suicide from murder, his defenders would insist.

But this means that the moral case for assisted suicide depends much more on our respect for people's own desire to die than on our sympathy for their devastating medical conditions. If participating in a suicide is legally and ethically acceptable, in other words, it can't just be because cancer is brutal and dementia is dehumanizing. It can only be because there's a *right* to suicide.

And once we allow that such a right exists, the arguments for confining it to the dying seem arbitrary at best. We are all dying, day by day: do the terminally ill really occupy a completely different moral category from the rest? A cancer patient's suffering isn't necessarily more

unbearable than the more indefinite agony of someone living with multiple sclerosis or quadriplegia or manic depression. And not every unbearable agony is medical: if a man losing a battle with Parkinson's disease can claim the relief of physician-assisted suicide, then why not a devastated widower, or a parent who has lost her only child?

This isn't a hypothetical slippery slope. Jack Kevorkian spent his career putting this dark, expansive logic into practice. He didn't just provide death to the dying; he helped anyone whose suffering seemed sufficient to warrant his deadly assistance. When The Detroit Free Press investigated his "practice" in 1997, it found that 60 percent of those he assisted weren't actually terminally ill. In several cases, autopsies revealed "no anatomical evidence of disease."

This record was ignored or glossed over by his admirers. (So were the roots of his interest in euthanasia: Kevorkian was obsessed with human experimentation, and pined for a day when both assisted suicides and executions could be accompanied by vivisection.) After his release from prison in 2007, he was treated like a civil rights revolutionary rather a killer — with fawning interviews on "60 Minutes," \$50,000 speaking engagements, and a hagiographic HBO biopic starring Al Pacino.

Fortunately, the revolution Kevorkian envisioned hasn't yet succeeded. Despite decades of agitation, only three states allow some form of physician-assisted suicide. The Supreme Court, in a unanimous 1997 decision, declined to invent a constitutional right to die. There is no American equivalent of the kind of suicide clinics that have sprung up in Switzerland, providing painless poisons to a steady flow of people from around the globe.

Writing in The Atlantic three years ago, Bruce Falconer profiled one such clinic: Dignitas, founded by a former journalist named Ludwig Minelli, which charges around \$6,000 for its ministrations. Like Kevorkian, Minelli sees himself as a crusader for what he calls "the last human right." And like Kevorkian, he sees no reason why this right — "a marvelous possibility given to a human being," as he describes it — should be confined to the dying. (A study in The Journal of Medical Ethics suggested that 21 percent of the people whom Dignitas helps to commit suicide are not terminally ill.)

But unlike Kevorkian, Minelli has been free to help kill the suicidal without fear of prosecution. In the last 15 years, more than 1,000 people have made their final exit under his supervision, eased into eternity by a glass of sodium pentobarbital.

Were Minelli operating in the United States, he might well have as many apologists and admirers as the late Dr. Death. But it should make us proud of our country that he would likely find himself in prison, where murderers belong.

