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No, we don't think our doctors are out to get us: Responding to the straw man distortions of disability rights arguments against assisted suicide

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The arguments that disability rights advocates present in opposition to legalized assisted suicide are frequently misconstrued in public debate. The goal of this paper is to identify and analyze key ''straw man'' fallacies about the disability rights opposition in order to clarify this position and the factors that contribute to its distortion. The author adopts a first-person perspective as a disability scholar/activist who has participated in ''right to die'' debates for over two decades. Three possible barriers that potentially impede comprehension of disability rights arguments are discussed. Prominent fallacies that assisted suicide proponents attribute to disability rights opponents are analyzed in relation to the dynamics of the assisted suicide debate, social views of disability and incurable illness, and available evidence. The author's position is that disability rights arguments against legalized assisted suicide contribute a complex intellectual and experience-based perspective to the debate that can illuminate immediate and distal consequences of altering public policy.

Keywords: Assisted suicide; People with disabilities; Disability rights; Bioethics; Right to die

The first time I heard the term ''straw man'' was during graduate school. A classmate, whose scholarship I admired, had used it for a touch of irony in the title of a course paper. I remember nothing else about the paper, and very little about the student, but the term has stayed in the back of my mind. It moves to the front every time I hear a dismissal of the disability rights opposition to legalized assisted suicide.[1]

Philosophers Robert Talisse and Scott F. Aikin [1] explain that ''One commits the straw man fallacy when one misrepresents an opponent's position in a way that imputes to it implausible commitments, and then refutes the misrepresentation instead of the opponent's actual view'' (p. 345).

Although evil intentions may hatch such specious refutations in some cases, other cases of ''straw-manning'' are reducible to something more innocent: the failure to comprehend the opponent's argument. In the 25 years that I have been involved in the right-to-die debate, I have seen both dynamics at play. Sometimes, missionaries for assisted suicide are zealous rhetoricians who strategically corrupt opposing viewpoints for easy dispatch. Often, though, proponents of legalized assisted suicide distort their opponents' position simply because they miss the fine points of counter-arguments. I think failure of comprehension accounts for many of the straw man fallacies that disability rights opponents encounter in response to their most carefully articulated economic, political, and cultural analyses of the issues.

Dominant dynamics in the debate

Support for assisted suicide has been driven not by subtle distinctions but by strong emotions and large ideas. Fear of suffering, humiliation over needing care, and anger over threatened loss of independence are powerful emotions. Freedom, autonomy, quality of life, and control over one's body are huge concepts. Occasionally, big drama also enters the mix. Tragic case studies are presented to underscore the horror of particular lives lacking an assisted exit. Keeping the debate at this coarse level fits well with sound-bite media coverage, where complexities and subtle implications have little place. Unfortunately, gross analysis fails miserably to illuminate a phenomenon as complex as assisted suicide.

Many of the key spokespersons in favor of assisted suicide are comfortable dealing in big ideas on center stage. They are familiar with ideals such as independence, control, and freedom because they are by and large from the dominant sector of society that has had access to those experiences. Diane Coleman has characterized the leading proponents of legalized assisted suicide as ''white, well-off,

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[1] Like many other disability advocates, I choose to use the term ''assisted suicide'' rather than ''death with dignity'' and other terms that euphemize the phenomenon and obscure its nature.

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worried, and well" [2]. They have enjoyed a good deal of control, know exactly what they have to lose, and are determined to retain it until death. Unfortunately, viewing the world from a position of privilege may limit one's insight into the consequences of a policy change whose greatest impact could fall on socially marginalized groups.

Three barriers to comprehension

In a forum dominated by visceral feelings, vaguely defined ideals, and privileged voices, the disability rights opposition to assisted suicide has not played well—when it has been heard at all. Disability rights opponents are frequently excluded from the stage in public debate, or they find themselves participating under handicapping conditions.[2]

Even when disability rights activists and scholars are allowed to present their views, I have noticed three mechanisms that commonly prevent a fair hearing. The first is an intellectual barrier, or what ethicist Howard Brody [3] refers to as "short-sightedness." Brody issued a public apology for having dismissed the well-documented arguments of disability activists in right-to-die cases such as that of quadriplegic David Rivlin, who had requested physician assisted dying, through ventilator disconnection, to escape institutional life in a nursing home. Brody admitted that in his excitement over the judge's ruling in favor of Rivlin's request, he saw himself as a "champion of patient's rights" and saw disabled protesters as "busybodies" interfering in a private right to autonomy. Years later, Brody confessed to embarrassment over the limited basis of his thinking about such cases and his failure to grasp the "key lesson that disabilities advocates are trying to teach the rest of us." Challenged to think more deeply about disability, he ended up agreeing with the advocates that Rivlin most likely had died unnecessarily, having received no reasonable options for a meaningful life.

The second barrier to comprehension is experiential. Although the disability rights arguments against legalized assisted suicide have been sophisticated and even abstract at times, they are also grounded in the life experience of people with disabilities, especially those residing at the economic and social margins. It is this combination of analytic astuteness and first-hand experience that sets off the disability rights opposition from other positions in the debate. However, knowledge from experience is difficult to transmit across an experiential divide. I should point out that by "experiential divide," I am referring to something more complex than a disabled versus nondisabled standpoint. The kind of knowledge at issue here is imparted by very real threats to one's life—experiences such as institutionalization, neglect, abuse, discriminatory treatment, social devaluation, and impoverished resources. Some people grasp the depths of those experiences and some do not. Well-meaning nondisabled and disabled proponents of assisted suicide, even those who express fervent support of disability rights, often fail to comprehend the depth and danger of an oppression that they have not personally experienced.[3] Disability historian Paul Longmore, in challenging experientially uninformed dismissals of the danger of legalized assisted suicide, characterizes them as "naive" [4]. I will return to the idea of naiveté later in relation to safeguards.

The third barrier to comprehension involves defensiveness. Acknowledging the validity of the disability rights opposition to assisted suicide entails related acknowledgements that may be hard to confront, such as realizing the pervasiveness of social devaluation based on class, age, and disability, and recognizing the injustices of our country's health care system, including the growing physical danger that many people experience in hospitals because of cost-cutting policies and changing values of care. To concede those points, proponents must face their own feelings about sharing resources and shouldering social responsibilities. They must deal with deeply buried fears about disability and must confront their own potential vulnerability should they become incurably ill, alone, or impoverished. On top of all those troubling insights and associated threats to peace-of-mind, proponents who truly absorb disability rights arguments against assisted suicide might have to give up cherished identities as defenders of autonomy. Just as Howard Brody has to admit every time he thinks about a lonely, dispirited, and impoverished David Rivlin giving up his right to breathe to escape a nursing home, what looks like autonomy on surface examination is often much more complicated and much less free. These are thorny realities that tempt avoidance.

Taking on the straw men

The following sections of this paper will present a list of straw man fallacies commonly used by proponents of

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[2] Disability activists and scholars arguing against legalized assisted suicide have faced an uphill battle in public debate. Forum organizers often tell them that they have no standing in a matter affecting only "the terminally ill." Accordingly, they receive outsider treatment in a debate that is ironically dominated by people who are neither disabled nor terminally ill. Spokespersons from the disability rights opposition are rarely invited to speak at public events and are told that they can express their views from the audience during Q & A. After pushing for their own inclusion, they may win token invitations to speak but then find they are given insufficient time to lay out their arguments in a program so stacked against them that even "neutral" moderators may openly dismiss their points.

[3] For example, attorney Andrew Batavia and historian Hugh Gallagher were two prominent individuals with disabilities who publicly supported the legalization of assisted suicide. Significantly, both denied that people with disabilities were socially oppressed (Batavia quoted in Corbet, 1997 [5]; Gallagher, 2001 [6]) According to Gallagher, "As a general proposition, American disabled citizens today are oppressed only so far as they allow themselves to be oppressed. They have the right, as they choose to exercise and demand the right, to control their bodies, their lives, and their destinies" (Gallagher, 2001, pp. 98-99 [6]). In contrast, two political progressives who identify as nondisabled, activist Ralph Nader and pro--choice U.S. Representative Jan Schakowsky, have consistently opposed the legalization of assisted suicide because of the potential for lethal discriminatory treatment of people with disabilities in health care.