USE OF THESES

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A CRITIQUE OF
BIOETHICAL
SLOPES

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This thesis is submitted in accordance with the requirements for a completion of a Masters of Arts Degree in Philosophy at the Australian National University.
I declare that this thesis contains my original work and that all sources that have been used have been acknowledged.

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INTRODUCTION

Ethical discussions are no longer limited to philosophers, and ethical writings to philosophical journals. Determinations on issues in applied ethics are being sought and made by government bodies, institutional committees and individuals. Nowhere is this better demonstrated than in bioethics, which examines the ethical problems that emerge in medical practice and research, and is now perhaps the most significant area of applied ethics.

This increased interest in bioethics means that common arguments are now being used, or misused, more widely. An example of this is the prevalence of arguments claiming that certain events should not be allowed because they will lead to moral atrocities. This argument has a variety of names but is most commonly known in philosophical literature as the 'slippery slope argument'.

This argument appears in discussions about euthanasia; the moral status of the embryo (which in turn influences debates on abortion), in vitro fertilisation (IVF) and whether embryos can be experimented on; genetic engineering; and the allocation of medical resources. Because of its versatility the argument has appeared in a variety of different reports on bioethical issues. The National Health and Medical Research Council (NHMRC) Ethics Committee's report on the ethics of limiting life sustaining treatment surveys a number of options that have been suggested for deciding whether to withdraw or stop such treatment. It is then claimed that

Many would prefer not to think about the options. Others fear that any such discussions open the way to killing the aged, the no-longer useful, and who next?¹

In his paper for the NHMRC’s Round Table Conference on the Ethics of Gene Therapy, Nicholas Tonti-Filippini argues against allowing gene therapy on somatic (non-reproductive) cells in human beings in the

Human gene therapy, albeit only on somatic cells, will result in the technological means for genetic probing ... germ cell genetic engineering, eugenics and enhancement genetic engineering.  

A report from Germany on IVF, genome analysis and gene therapy expresses a similar concern.

It is difficult to establish the borderline between therapy and eugenic measures. Diseases cannot reasonably be defined as the deviation from a fixed standard, which would be arbitrary in the last analysis.  

The moral status of the embryo has been one of the concerns raised in reports dealing with IVF and related issues. For example, the Warnock Committee’s report addresses the question of until what point in an embryo’s development experimentation on it should be allowed. It was argued that it was difficult, if not impossible to establish the existence of a morally significant marker event on the continuum between conception and birth.

While ... the timing of the different stages of development is critical, once the process has begun, there is no particular part of the developmental process that is more important than another ... Thus biologically there is no single identifiable stage in the development of the embryo beyond which the in vitro embryo should not be kept alive.  

These are a few examples of positions and points of view employing the slippery slope argument, which have appeared in public reports. It should, however, be noted that these positions have not been presented with the same depth as occurs in philosophical discussions that use the argument.

This argument is not thought of very highly amongst the group from which it originated. Trudy Govier informs us that ‘slippery slope arguments are commonly thought to be fallacious’. Max Charlesworth

4. Warnock: 1985 p.65. It should be noted that the Warnock Committee made recommendations on experimenting on embryos despite this being the case.
argues that when we are considering bioethical issues, 'we should refuse to be bullied by the so-called "slippery-slope" argument'. Marvin Kohl goes further by suggesting that the use of such arguments is an offence to normal people's intelligence. Beauchamp and Childress express concern about the way the argument has been used when considering bioethical issues.

Because of the widespread misuses of such arguments in biological ethics ... there is a tendency to dismiss them whenever they are offered.

Yet the argument is still prevalent in many non-philosophical (and some philosophical) discussions, particularly when new bioethical issues arise.

An analysis of the slippery slope argument, focusing on its use in bioethics, is needed, and this is what I shall attempt to provide in the present thesis. In the first chapter I will argue that in fact there are three versions of the argument. In the subsequent chapters, I shall analyse each of the arguments in turn. I shall conclude that there are specific and crucial problems for each of the three versions of the arguments, and that these problematic issues have to be dealt with whenever the argument is used.

CHAPTER 1: THE DIFFERENT VERSIONS OF THE SLIPPERY SLOPE ARGUMENT

As indicated in the introduction, a prevalent argument in applied ethics, although by no means exclusive to that area of philosophy, is the slippery slope argument. The motivation for using this argument is to seek to prohibit a particular act. The claim is made that if an event is allowed then a series of events will follow, ending with one that is morally unacceptable. The argument has become particularly prevalent in bioethics, and is frequently used to express opposition to new technologies or methods that are proposed in medicine, such as the various procedures that have developed as a result of in vitro fertilisation, embryo experimentation and genetic engineering. The application of the slippery slope argument is wider than this though. For example, it has appeared in the literature discussing the morality of abortion and euthanasia, and it has been advanced as a possible model for what should occur when discussing the allocation of medical resources. It is also used in debates where the issue is whether the state a person is in constitutes being alive, and whether or not that state deserves any moral consideration.

Despite the prevalence of this argument when discussing issues in bioethics, there has been little or no attempt to analyse the argument and therefore assess its suitability to these issues. This is the goal of my thesis. In this chapter I will, in the first section, give a general characterisation of the argument. In the second section, I will distinguish between three types of slippery slope arguments: the logical, the psychological and the arbitrary line versions. In the final section I will argue that my distinctions encompass all those that are made in the literature.

Section 1: A general characterisation of the argument

The slippery slope argument has been known by various names: the primrose path, the thin-edge-of-the-wedge, and opening the floodgates. There are three main features of the argument. First, there is a series of events that are related in some way - that is, a connection is posited between the different events so that they can be placed on a slope, with the events closer to the top of the slope being precedents of those further down.
The second feature of the argument is that there is a perceived moral difference between the events at different stages on the slope. The events at the top of the slope are commonly believed to be morally acceptable, (although, as we shall see, the advocates of the logical version of the argument claim that this is not the case). As we move down the slope the events become more and more morally dubious, with the one at the end being morally unacceptable. The claim is made that we cannot avoid the horrible result at the end of the slope once we have stepped onto it, and, particularly in the psychological and arbitrary line versions of the argument, this is the feature that gives the argument its force.

The third feature of the argument is the explanation of why we go down the slope. That is, what is it about the events that, when the first has occurred, so will the next and the next and so on till we have reach the end of the slope? There are three different explanations and thus three different versions of the slippery slope argument.

Section 2: Three versions of the argument

So far I have claimed that there are three features of the argument. It is the third of these that distinguishes three versions of the slippery slope argument. In this section each of these different versions will be introduced in turn, revealing the different explanations of why we go down the slope.

i. The logical version

The first explanation for why we will slide down the slope is that we are logically committed to doing so. This version of the argument makes an appeal for consistency in our moral decisions, which is that we should treat similar cases in a similar way. The claim made in this version of the argument is that there is a logical commitment to continue down the slope once we have stepped onto it. This is based on the assumption that there is only one moral principle relevant when deciding whether the events on the slope are permissible, and according to this principle all the events are not permissible. The explanation of why we go down the slope is that, once
this moral principle has been rejected, there will be nothing to prevent the rest of the events on the slope from also occurring.

Therefore, in this version of the argument, it is claimed that all the events are morally unacceptable, not just the ones further down the slope. That is, the advocates of this version claim that even though the events at the top may be perceived to be morally acceptable, these, as well as the rest of the events on the slope, are unacceptable. Of course, it is usually the case that those events at the end of the slope are more extreme cases of those at the top of the slope. So there may be degrees of moral wrongness, in the sense that those events at the beginning of the slope may not be as morally reprehensible as those events at the end of the slope. Nevertheless, all events on the slope are, by the only relevant moral principle, considered to be unacceptable.

ii. The psychological version

The second explanation of why we continue down the slope once we have stepped on to it is that even though a distinction between a pair of adjacent events may be logically possible, it may not be able to be made, or maintained, psychologically. That is, according to proponents of the psychological version of the argument, once the first event on the slope has occurred, even though in itself it causes no moral problems, the rest of the events, including the morally abhorrent one that lurks at the bottom of the slope, will eventually occur because of the inability of most people to make or maintain such distinctions.

Therefore, there is nothing to stop the move down to the next event on the slope, and the next, and so on till the end. This is despite there being a moral difference between events at either end of the slope. The problem is that between the endpoints, each event is so similar to the next one that many people will not be able to distinguish between them. So, once we have stepped onto the slope, we will slide to the bottom.

iii. The arbitrary line version

The final explanation of why we will slide down the slope is that there is no distinction that can be made at all between any pair of adjacent
events on the slope. Once we have started down a slope of this kind, any attempt to distinguish between acceptable and unacceptable events is claimed to be arbitrary. This is because any justification to draw the line at one particular point will apply equally as well to the next point, then the next and so on till the end of the slope.

In this version, as in the psychological version, there are moral differences between endpoints. However in the arbitrary line version, the explanation of why we cannot avoid going down the slope is much stronger. For it is not just that we are unable to maintain a distinction between adjacent events, but that a distinction cannot be made at all.

Section 3: Other distinctions that have been made.

There are other distinctions which have been made between different types of slippery slope arguments. Tom Beauchamp and Frank Childress distinguish between two versions of the argument: the logical-conceptual version which "commits us to ethical consistency and thus to judging similar cases in a similar way" by claiming that we cannot distinguish between acts which are defensible and those that are not 'unless there is a clear distinction sustained by moral reasons' and the psychological-sociological version which

... focuses on what the wedge is driven into by examining the society and culture in order to determine the probable impact of making exception to rules or changing rules in a more permissive direction.

The first of these seems to combine features of what I have labelled as the logical and arbitrary-line versions, and the second is equivalent to what I have described as the psychological version.

Jonathan Glover, James Rachels and Brenda Almond all distinguish between logical and psychological versions, describing similar arguments to those I have above when using these labels. But the arbitrary line version

of the argument has not been included in any of their respective discussions.

Some authors\textsuperscript{7} have discussed the arbitrary line version of the slippery slope argument, but they usually do not distinguish it from any other versions, which suggests that they consider this to be the only version of the argument. An exception to this is Douglas Walton\textsuperscript{8} who distinguishes this argument from what he refers to as the \textit{domino-effect argument}, which is more or less equivalent to what I have termed the psychological version of the argument.

One author who does distinguish between three different versions of the slippery slope arguments is Trudy Govier, who distinguishes between the following arguments:

\begin{itemize}
    \item Conceptual - relating to vagueness and the ancient \textit{sorites} paradox;
    \item Precedential - relating to the need to treat similar cases consistently;
    \item Causal - relating to the avoidance of actions which will, or would be likely to, set off a series of undesirable events.\textsuperscript{9}
\end{itemize}

Although the terminology is different, it is clear that the distinction Govier is making between different types of slippery slope arguments parallels those that I am making here. Govier also includes a fourth version of the argument which is a combination of two, or maybe even all three, of the versions described above. While I agree that it is certainly the case that some uses of the slippery slope argument combine features of the different versions of the argument, I will be examining each of the different versions individually. In this way, the relevant issues relating to these 'mixed slippery slopes' will also be addressed.

A rather different distinction is drawn by Bernard Williams, who claims that there are two types of the slippery slope argument: the horrible result and the arbitrary line arguments. His use of 'arbitrary line argument' corresponds to the way I have used the label, because it focuses on the problem of only being able to make arbitrary distinctions between the events on the slope. However, his label 'horrible result argument',

\textsuperscript{7} Jaquette: 1989(a),(b); Sorensen: 1988, 1989.
\textsuperscript{8} Walton: 1989 pp 263-269.
\textsuperscript{9} Govier: 1982 p. 303.
which describes those slippery slope arguments which object 'to what is at the bottom of the slope'\textsuperscript{10}, seems a little problematic. As suggested in the general characterisation of slippery slope arguments provided above, postulating a morally unacceptable event, that is a horrible result, at the end of the slope is a common feature of all types of slippery slope argument. So using this feature to distinguish a particular type or category of this argument is misleading.

To sum up, I have argued in this chapter that there are three versions of the slippery slope argument, the logical, psychological and arbitrary line versions, based on the three different explanations that are given for why we will continue down the slope once we have stepped on to it. These distinctions between the different versions of the slippery slope argument appear to encompass all the distinctions made in the literature. In the next three chapters I will examine each of these arguments in turn.

\textsuperscript{10} Williams: 1985 p. 126.
Advocates of the logical version of the slippery slope argument are warning that we may be about to be morally inconsistent. Moreover, even if the initial act seems to be innocuous, or even acceptable, it will lead to other events which are obviously unacceptable. This is because the first event is not acceptable, despite appearances. It, as well as the rest of the events, is impermissible according to a moral principle which is the only one relevant to the slope. So once we have stepped onto the slope, thus ignoring or rejecting this principle, we would be inconsistent if we thought we could stop anywhere before the end.

This chapter focuses on this version of the slippery slope argument. To begin with, I will present a characterisation of this argument. Then, in the second section, an evaluation of the argument will be undertaken, by examining the reasoning in the argument and then the major premise that this reasoning is based on. In the third section, the slope from voluntary to involuntary euthanasia will be examined to determine whether the premise is true in this particular use of the argument. Some counterexamples to the premise of the argument in this example will be discussed in the final section, where I assess the impact of these counterexamples on the argument as a whole.

Section 1: Characterisation of the logical version

When the logical version of the slippery slope argument is being used to argue against allowing some particular event, the following claims are made. There is a series of events that are alike in kind. The events further along the slope are extreme versions of those at the top. Once the first step onto the slope has been taken - that is, once the first event on the slope has occurred - we are then logically committed to continue down the slope until the end. This is because when we have stepped on to the slope, we have rejected or ignored the only relevant moral principle which prohibits all the events on the slope.

The literature survey of distinctions made between different versions of slippery slope arguments in the previous chapter demonstrated
that several authors have used the same labels for the different types of slippery slope argument as I have, although their meanings vary from mine.

An exception to this is Trudy Govier who uses completely different labels from those that I use, although she does distinguish between three versions of the argument. Within her framework, the 'precedential argument' - which is concerned about the setting of dangerous precedents and argues that our reasoning should be consistent - is the closest to the arguments that I have categorised as the logical version. The central feature of this argument is the principle of the universality of reasons. That is, if different events on the slope have a similar feature then, in order to be consistent, they should be treated similarly. So,

... a particular case (a) [which has factor F], though innocuous in itself is nevertheless not acceptable because it would set a precedent for (b) or for further cases in which F is present, but which are nevertheless unacceptable.¹

The major difference between this argument and the one I am discussing here is that in Govier's argument the event at the top of the slope is 'innocuous in itself'. As we shall see, it is vital for the proponents of the argument, as I am describing it, that all the events on the slope be morally unacceptable (though the ones at the top are not as reprehensible as the one at the bottom).

A similar approach to mine is that of James Rachels, who argues that the logical version of the slippery slope argument claims that:

Once a certain practice is accepted, from a logical point of view we are committed to accepting other practices as well, since there are no good reasons for not going on to accept the additional practices once we have taken the all-important first step. But, the argument continues, the additional practices are plainly unacceptable; therefore the first step had better not be taken.²

Another approach is the one taken by David Lamb who claims that

... the point behind the logical version of the slippery slope argument [is] once clear cut absolutes are replaced by indeterminate concepts moral boundaries can become a playground for sophistry.³

Lamb combines feature of the logical and the arbitrary line versions of the slippery slope argument (as I have described them) into a single argument. It is, however, necessary to distinguish different versions according to these features because vagueness and indeterminacy do not seem to be important features of the logical version of the slippery slope argument. They are, in contrast, essential features of the arbitrary line version of the slippery slope argument, which I will discuss in chapter four.

Beauchamp and Childress combine two versions of the argument that I have described, the logical and arbitrary line versions, in the logical-conceptual version of the wedge argument which

... focuses on how support for one sort of action that seems acceptable logically implies support for another unacceptable action, where it is not possible in principle to identify morally relevant differences.⁴

This argument is similar to the one Govier puts forward, for they both claim that the events at the top of the slope are morally innocuous. However, this argument is closer to the logical version than any of the other versions of the argument that I will be discussing.

So when I am using the label 'the logical version of the slippery slope argument' the following is what I have in mind. It is being claimed that there is a series of interconnected events which are similar in kind and only differ in degree, and these events constitute a slope. The events at the bottom of the slope are more extreme versions of those events at the top, so that they differ only in degree. This means that the same rationale, which justifies the first event occurring, operates for the rest of the events on the slope.

The rationale given for allowing the first event on the slope involves the rejection of a moral principle which prohibits all the events on the slope. According to the advocates of such arguments, the moral principle in question is the only one relevant to the events on the slope. So while it applies to the events on the slope to varying degrees, if we ignore the particular principle we will be logically committed to continue down the slope. This leads to the conclusion that we should not step onto the slope in the first place because we will progress further and further down, thereby allowing more and more morally dubious events until we reach the end of the slope.

Section 2: Evaluation of the logical version

In general, evaluating an argument involves two components. The first concerns the validity of the argument. In the case of the logical version of the slippery slope argument, its validity would consist in the claim that we are committed, because of consistency in our reasoning, to allow the rest of the events on the slope once we have stepped onto it. The second concerns the truth of the premise(s) of the argument. In the case of the logical version of the slippery slope argument, this would consist in there being only one relevant moral principle for all the events on the slope, namely the moral principle which prohibits all the events on the slope. Each of these components will be examined in turn.

i. First component: Logical commitment.

There is nothing wrong or problematic with the use of the notion of logical commitment in the logical version of the slippery slope argument. That is, given the right application of the argument where the premise is an appropriate one, it will be a valid objection to the set of circumstances that are under scrutiny. Comments from various authors can be used to assess the reasoning in the argument.

According to James Rachels, the logical version of the slippery slope argument determines what the agent is logically committed to allowing.5 This logical commitment arises because '... there exists no longer any rational ground for saying that the wedge can advance so far and no

further. That is, once the first event at the top of the slope has been allowed to occur, in order to be consistent an agent must not object to the next event on the slope occurring, and so on till the end of the slope.

Beauchamp and Childress explain the idea of there being a logical commitment to continue down the slope by appealing to the principle of universality. If we judge X to be right, and we can point to no relevant dissimilarities between X and Y, then we cannot judge Y to be wrong.

Govier also refers to this principle of universality of reasons by which she means

If it is in virtue of the presence of Factor F, that it is correct to do (a), then the presence of F in a further case, (b), should, other things being equal, make it correct to do (b).

The logical commitment to the rest of the events on the slope arises because the principle of universality insists that when the first event has occurred the rest will also have to be allowed. In the case of the logical version of the slippery slope argument, this is because there is only one moral principle that is relevant to all the events. So if one is allowed, they all must be.

To be logically committed to something is an appeal to be morally consistent and treat similar cases in a similar way. This version of the slippery slope argument is then effective to the degree it is because it makes the reasonable assumption that any rational agent will desire consistency between past or present ideas and events. So the reasoning in the argument seems valid.

ii. Second component: The major premise

We will now undertake the second stage in evaluating an argument by examining the premises. For, if the reasoning in an argument is valid and there is a problem with the argument, then one or more of the premises must be false or implausible. In the case of the logical version of the slippery slope argument there is only one major premise - namely, that

there is only one moral principle that is relevant to the events on the slope, and this principle prohibits all the events on the slope. So, the reasoning goes, if this moral principle is ignored or rejected and the first event on the slope is allowed, then there is nothing to prevent us continuing to the bottom of the slope.

That one moral principle could prohibit all of a particular group of events depends on the nature of those events. A situation where the premise would be correct is if there is only slight variation of some kind between the events at the top of the slope and the events at the bottom of the slope. Then it is entirely possible that the same moral principle could prohibit all the events on the slope. But in other cases, even though the events on the slope are alike in kind, there may be ... morally relevant differences to which we can appeal in order to distinguish the cases.9

We cannot determine in general whether there are problems with the premise of the argument which would make every application of the logical version of the slippery slope argument unsound. That is, it is not possible to consider all the different series of events in medical ethics that have been argued against by using the logical version of the slippery slope argument. So what is needed in each case is an examination of the premise in each particular application of this argument.

Section 3: An example: Euthanasia

In this section, I will examine a common application of the logical version of the argument, namely the often discussed slippery slope that begins with voluntary euthanasia and ends with involuntary euthanasia10 in order to assess the truth of the premise that there is only one relevant moral principle when considering the events on the slope. Two moves on the slope will be examined in detail - first, the move from voluntary to nonvoluntary euthanasia and second, the move from nonvoluntary to involuntary euthanasia. Prior to this, I will give a description of each of these terms.

10. In fact any of the different versions of the slippery slope argument can be used in relation to this particular slope.
The first event on the slope is voluntary euthanasia. This is defined by Michael Tooley as an act of euthanasia in those situations where a person exists, but his state is such that he has a rational desire that his life be terminated; that is, a desire that is in accordance with an estimate of his long-term self-interest that is based upon the best information available. Termination of life in such cases does not involve the violation of anyone's right to life, even though it does involve the destruction of a person.  

Peter Singer gives a similar description: "... voluntary euthanasia [is] euthanasia carried out at the request of the person being killed."  

Common to most definitions of voluntary euthanasia is the condition that the decision to die is made by the person who will die, and that it is a rational decision. But there is also another important feature of voluntary euthanasia - namely that it is another person that brings about or helps to brings about the death of the person, and it is this feature that proponents of this argument claim will be the impetus for the move down the slope.  

The intermediate act on the slope is nonvoluntary euthanasia. This is defined by Peter Singer as an act of euthanasia where 'a human being is not capable of understanding the choice between life and death, [in such cases] euthanasia would not be voluntary or involuntary but nonvoluntary.' This type of euthanasia is often omitted from discussions on the topic. The cases that Singer describes as acts of nonvoluntary euthanasia, such as the killing of deformed infants and people who have irreversible brain damage, are usually included under involuntary euthanasia. But, as has been argued by Singer, there are enough differences between these acts and those defined as acts of involuntary euthanasia, to justify there being different moral considerations for the two acts. So in the case of nonvoluntary euthanasia, the voluntariness of the act is unknown.  

Involuntary euthanasia, the final step on this slope, may be defined as the taking of a person's life against that person's wishes. Some other

person has judged that a person's life expectancy and/or the quality of life is such that, according to some criterion, his or her life is not worth preserving. The feature missing from nonvoluntary euthanasia that appears in involuntary euthanasia is that the act is expressly against the wishes of the person whose death is going to occur.

I will now describe the two steps on the slope: the step from voluntary to nonvoluntary euthanasia and then the step from nonvoluntary to involuntary euthanasia. Each of the components of the logical version of the slippery slope argument discussed in the previous section will also be discussed.

i. The move from voluntary to nonvoluntary euthanasia

The first step on the slope is that from voluntary to nonvoluntary euthanasia. This slide occurs, it is contended, because of the rejection of a moral principle which asserts that all forms of euthanasia are wrong. This moral principle is claimed to be the only one that is relevant to the events on the slope. It is this last claim I wish to dispute.

Proponents of this particular slope argument claim that once voluntary euthanasia has been allowed, nonvoluntary euthanasia must also be allowed. This is based on the rationale given for voluntary euthanasia, which extends to nonvoluntary euthanasia. The rationale is twofold. First, there is only one moral principle that is relevant to these different events. Second, by allowing voluntary euthanasia we have obviously ignored or rejected this moral principle, so we are logically committed to continuing down the slope. That is, we must treat similar cases similarly. Consider the following example. An elderly patient who has suffered from a long illness has requested assistance from his doctor to help him end his life. The doctor justifies her action by reasoning that the patient is suffering; he will die eventually and would be in considerable pain until then; it will free the medical resources that are currently tied up treating that patient; and the patient himself wishes to die. Proponents of this slippery slope argument claim that the reasoning the doctor uses to justify voluntary euthanasia will lead to a similar line of reasoning that will justify nonvoluntary euthanasia. For example, a patient that has been ill for a long time lapses into a coma. She has not left any directions as to how
she should be treated and she has no relatives to direct how events should proceed. According to the proponents of this application of the logical version of the slippery slope argument, a doctor who has previously helped people who have wanted to die must, in similar circumstances, reason along similar lines as she did in the case of voluntary euthanasia. That is, the patient was going to die anyway, her suffering will be over and currently utilised medical resources will be made available. The doctor may also consider the possibility that the patient would want to die if she knew her condition.

The feature of the doctor's reasoning that has changed from the cases of voluntary to nonvoluntary euthanasia concerns the clarity of the patient's wishes. Whilst it may be argued that the patient's expressed desire to die is an essential feature for allowing voluntary euthanasia, proponents of this particular slope argument argue that it is not enough to prevent the move to the next event on the slope. The argument is that once the doctor has justified voluntary euthanasia, she will also justify nonvoluntary euthanasia because there is nothing to adequately distinguish between the two. Once voluntary euthanasia has been justified and, more importantly, allowed to occur, there is nothing to stop the justification of nonvoluntary euthanasia. In addition, the advocates of this argument claim (and must claim) that a principle such as 'direct killing of innocent people is always morally wrong' is the only relevant moral principle, and therefore stopping at voluntary euthanasia would be inconsistent. Such a principle prohibits voluntary as well as nonvoluntary euthanasia and so ignoring or rejecting this principle will allow the move from voluntary to nonvoluntary euthanasia to occur.

ii. The move from nonvoluntary to involuntary euthanasia

The second move on this slope is from nonvoluntary to involuntary euthanasia. The difference between nonvoluntary and involuntary euthanasia is parallel to the difference between voluntary and nonvoluntary euthanasia, that is, the degree of voluntariness of the acts. Whereas the difference between voluntary and nonvoluntary euthanasia is that there is a move from being certain about the voluntariness of the act to it being uncertain, the move from nonvoluntary to involuntary euthanasia is a move from being unsure about the voluntariness of an act to knowing
that it is involuntary. Consider a reformulation of the previous example. An elderly patient has expressed a wish that even if he lapses in a coma or in any way becomes incapable of expressing his desires, he still wants medical attention in order to sustain his life. In these circumstances, if someone acted to take his life, or indeed neglected to act to sustain his life, such a person would be directly contravening the patient's wishes. This would constitute an act of involuntary euthanasia. Here too, it is claimed, there is a logical commitment to continue down the slope due to demands for consistency because the only relevant moral principle, which prohibits all forms of euthanasia, has been rejected.

However, there are at least two objections to the claim that there is only one moral principle that is relevant to the events on this particular slope. The first of these is that there could be another moral principle which, if correct, also applies to the events on the slope. This alternative moral principle may not assign the same moral status to all the events, unlike the one being advocated by the proponents of the argument. The alternative principle is relevant because it takes into account an objection to the original principle. So in the case of the slope from voluntary to involuntary euthanasia, an alternative moral principle could be a principle which states that innocent people should not be killed without their consent. According to this principle, acts of voluntary euthanasia would be permissible whereas acts of nonvoluntary and involuntary euthanasia would not. By using this principle, the voluntariness of the act is taken into account.

Second, there could be one or more conflicting moral principles such as ones concerning the expense or amount of resources involved in keeping someone alive. In such cases, it is simply wrong that there is only one relevant moral principle. Other considerations, that are the basis for other moral principles, are also relevant. In this case, the principle prohibiting all forms of euthanasia may come into conflict with a principle concerning the allocation of limited medical resources. In such cases, the moral principles that are in conflict have to be evaluated to determine which is more appropriate to the current situation.
Section 4: Alternative and conflicting moral principles

In Section two of this chapter, an evaluation of the logical version of the slippery slope argument showed that if there were a fault with a given instance of the argument it would likely be with its premise rather than its validity. The premise in question claims that there is only one moral principle relevant to the events on the slope. As I indicated, there may well be cases where the premise is true and the argument would therefore be sound. On the other hand, however, there may be many other cases where the premise is unreasonable and where the argument fails. In the third section we examined an application of the argument where this appears to be so, and where there were at least two counterexamples to the premise. First, there could be an alternative moral principle that is relevant. Second, there could be a conflicting one. As indicated by the description of the reasoning that could be used to move from voluntary to involuntary euthanasia, other issues were considered and at least some of these would be morally relevant. In either case, other moral principles can be argued to be relevant to the events being considered and so the premise has been undermined. I will now argue that these two counterexamples have implications for the argument whenever it is used in bioethics.

i. Where alternative moral principles could be relevant

The issues in bioethics are usually complex. Take, for example, the issue that was considered in the previous section, namely, whether euthanasia in any of its forms should be allowed. The difference between voluntary, non-voluntary and involuntary euthanasia is that in the first case, the person has expressed a rational desire to die; in the second case the person has not made her desires known; and in the third case, the person has been killed against her will. That is, a distinction can be made based on the difference between voluntary, non-voluntary and involuntary acts. The moral principle of ‘all forms of euthanasia should be prohibited’ does not take into account the voluntariness of an act. Any moral principle that cannot distinguish between acts which are voluntary and those which are not seems to be problematic. In this case, a distinction should not only be obvious but should provide the grounds for determining whether a morally relevant difference exists.
In a similar way, many bioethical issues give rise to *many* alternative moral principles. In such cases the alternative moral principle is usually a refinement of the one previously appealed to, and arises in order to take into account an objection. So in the case discussed in the previous section, a moral principle that considers the voluntariness of the act could be that 'no-one should be killed against their will'. This modification of the moral principle takes into account whether or not the act is voluntary, that is, the objection that was levelled against the original moral principle. This new principle does not prohibit all the events on the slope, which is contrary to the assumption of the logical version of the slippery slope argument.

So if a moral principle is defective because it does not take factor X into consideration, where factor X is a morally relevant feature of the event or act to which the moral principle is being applied, then an alternative moral principle is needed. This new moral principle is usually a modification of the original one, formulated in order to deal with the defect in the original principle. When this does happen, the new moral principle is necessarily more appropriate to the issue under discussion, and will thus stop someone from going down the slope.

ii. Conflicting moral principles

Where there may be conflicting moral principles, a judgement has to be made to determine which is the most appropriate principle in the current circumstances. In the particular example discussed in the previous section, a situation was hypothesized where a principle prohibiting euthanasia could be in conflict with a principle about the allocation of medical resources.

In such cases where there are two or more conflicting moral principles, there is again more than one consideration that is morally relevant to the event under discussion. It is not a matter of taking the issue into account and reformulating the principle because the issues to be dealt with are completely different. Consider two common principles that operate in the abortion debate: the sanctity of life principle, on one hand, and the autonomy and rights of the pregnant woman, on the other. For events at different points on the slope, these two principles may conflict in different ways, for example the importance of the sanctity of life principle
may vary depending on the stage of the pregnancy. Alternatively, the principle of autonomy may have more weight attributed to it in some circumstances than others. In these cases, decisions should be made in accordance with the more important principle.

In those cases where the two conflicting principles are weighted similarly, any reformulation of one of these moral principles that is made to take the other principle into account would change it so much that the sense of both moral principles would be lost. Either way, the premise of the logical version of the slippery slope argument has been undermined. For more than one moral principle has been shown to be relevant to the events on the slope.

Section 5: Conclusion

The complexity of issues in bioethics means that usually there is more than one morally relevant factor. It is rare, but not impossible, for there to be bioethical issues where only one moral principle is relevant and where there are no alternative or conflicting moral principles. It is more likely, particularly when the issues are considered as a slippery slope, that more than one moral principle is relevant. So when the logical version of the slippery slope argument is used to discuss bioethical issues the argument will probably be unsound. Thus the onus of proof is on the proponents of the argument to demonstrate that there are no other moral principles relevant to the issues being discussed. When there are other relevant principles, the proponents will need to find other means than the logical version of the slippery slope argument to object to the events.
CHAPTER 3: THE PSYCHOLOGICAL VERSION
OF THE SLIPPERY SLOPE ARGUMENT

The psychological version is perhaps the most utilised of the different versions of the slippery slope argument. It claims that people do not have adequate reasoning abilities to be able to distinguish between the events on the slope. The inability to distinguish between the events means that once we have stepped onto the slope, we will continue down to the horrible result at the end.

Empirical evidence is often used to support the claims of this argument. This evidence says that there is an analogy between events on the slope and other events that have occurred. The claims made and the evidence used to support them make the psychological version of the argument seem very convincing. For these reasons it is often very difficult to counteract the appeal of this argument.

My discussion of the psychological version of the slippery slope argument will be divided into three sections. In the first section, I will give a characterisation of the argument, looking at the claims made in, and the assumptions, of the argument. I will also examine in this section the use of analogous evidence to support the claims made, and I will argue that such evidence can, in many cases, be defective, particularly in bioethical discussions. In the second section, two examples of the psychological version of the slippery slope argument will be discussed. In the third section, two explanations of how we can avoid going down the slope will be examined. In the final section these explanations will be used to develop an objection to the argument.

Section 1: Characterisation of the psychological version

i. Formulation of the argument

Rachels characterises the psychological version of the slippery slope argument as claiming 'that once certain practices are accepted people shall
in fact go on to accept other more questionable practices.¹ For example, it is claimed that if *in vitro* fertilisation (IVF) is allowed, people will then accept other practices such as experimentation on embryos to improve IVF techniques which in turn will lead to other reasons for experimenting on embryos and so on. Clearly, distinctions can be made between these events on the proposed slope, but advocates of such arguments claim that even if distinctions can be made, they cannot be maintained psychologically. The concern is that we will move down the slope because we cannot psychologically distinguish, or maintain a distinction, between the events on the slope. That is,

... a moral decline might result, because various psychological or social forces make it unlikely that people will draw distinctions that are, in principle, clear and defensible.²

This is because, according to Bernard Williams,

... even though some distinction between A and B can be reasonably defended (there is a decent argument for distinguishing them), they cannot effectively be distinguished.³

This turns out to be the case even though the events at the top of the slope are morally innocuous while those at the bottom are morally unacceptable.

There may be a consensus on not allowing X, but as soon as X is allowed, there may be no consensus on what further distinctions can be drawn and this may predictably lead to the undesired result Y.⁴

What this means is that once the first event has occurred, the rest of the events will occur successively because people do not have the ability to distinguish between event A and B and then event B and C and so on, all the way down the slope.

This claimed inability to distinguish between events on the slope naturally enough raises the question of 'what does it mean for two events to be *psychologically* indistinguishable?' To begin with, there is an appeal to

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the inadequacy of people's reasoning abilities. This inadequacy manifests itself by allowing other more morally dubious events because similar but morally acceptable events have already been allowed. This is because there are salient similarities between the events on the slope.

The other criterion for two or more events to be psychologically indistinguishable concerns the justification given for permitting the events. Based on the first criterion, the successive events on the slope have a similar salient feature(s). So the justification for the occurrence of the events at the top of the slope also justifies the occurrence of the events further down the slope. This process is sometimes characterised as the use of a 're-application principle' which describes the process of re-applying the justification or rationale given for allowing the events all the way down the slope. So while it is often acknowledged that there are significant differences between the events at either end of the slope, because there is a continuum of successive events whose occurrence can be psychologically justified in a similar way, the danger of moving down the slope is argued to be inevitable.

Although it is a feature of all versions of the slippery slope argument, the predicted horrible result at the end of the slope is what gives this version of the argument its force. In this particular version proponents are at best advising caution, or at worst using scare tactics, to convince their audience of the evils of stepping onto the slope. Nevertheless, this aspect of the psychological version of the slippery slope argument perhaps gives it more power than the claim that the events of the slope are psychologically indistinguishable.

So there are two important aspects of the psychological version of the slippery slope argument: that adjacent events on the slope are psychologically indistinguishable, and that there is a horrible result lurking at the end of it which will inevitably occur if the journey down the slope is allowed to begin. These two aspects give rise to two different threats that are posed when the argument is used to prevent the occurrence of a particular event.

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5 The justification could be amended appropriately as we progress down the slope, but this is claimed to further demonstrate people's inability to distinguish between the events on the slope.
ii. Two different threats

In this argument, one of two lines of reasoning is used to convince people not to venture onto, and therefore down, any particular slope: either it is extremely likely that the event at the top will lead to other more problematic events or, alternatively, the consequences of the event at the end of the slope occurring, however unlikely, are atrocious.

The first of these lines of reasoning, which argues that it is extremely likely we will continue to move down the slope once we have stepped onto it, also claims that beginning the journey down the slope will lead to abuses. That is, to allow the next step once a stopping place on the slope has been determined demonstrates that ‘... any newly proposed moral boundary can be open to empirical confusion, misunderstanding and abuse’. Rachels, while admitting that such abuses are possible, points out that ‘... the crucial issue is whether the evil of the abuses would be so great as to outweigh the benefit of the practice’. This is a tangential, but nevertheless important concern in relation to the use of the psychological version of the slippery slope argument.

The alternative line of reasoning points to a particularly horrible result of the slope, the occurrence of which would be so atrocious that, no matter how unlikely, nothing should be done to increase the probability of its occurring. In such cases, the threat being made focuses on the horrible result at the end of the slope, whereas in the first line of reasoning the threat is that the journey down the slope is inevitable.

iii. The evidence

In many applications of the psychological version of the slippery slope argument, evidence is advanced in the form of analogies used to support claims that there is an inability to distinguish psychologically between events. This evidence is meant to provide psychological/social support, in order to give credence to the claim that the events on the slope are indistinguishable. It is an important feature of the analogous situation that it will have, or lead to, a horrible result.

7. Rachels: 1986 p. 175
a. An Example: The Nazi Analogy.

In the second chapter of his book *Down the Slippery Slope*, David Lamb focuses on some of the events that occurred in Nazi Germany to support the claims made in various applications of the psychological version of the slippery slope argument. This is one of the more frequent forms of historical evidence used in the bioethical applications of the argument. Specifically, he analyses the practice of euthanasia, the Nazi platform of eugenics which manifested itself in the practice of sterilisation and a regimented extermination program, and finally the performance of experiments on people. These practices, which are generally agreed to be atrocities, are used by some proponents of the psychological version of the slippery slope argument in a contemporary context. They argue that allowing practices such as voluntary euthanasia, IVF, embryo experimentation and gene therapy, will lead to practices analogous to those in Nazi Germany.

b. The problems with this particular analogy

This wide and varied use of the Nazi analogy to argue against a variety of current medical practices throws some doubt on the relevance of this analogy to all these different practices. Further, there is the issue of context. The atrocities of Nazi Germany occurred against a background which, while certainly not unique, was at least very extraordinary.

The historical and social circumstances that led to the acceptance of an ideology that justifies the practices which are now regarded as atrocious are quite complex and cannot be discussed here. What will be examined is the motivation behind these practices.

Fundamental to the Nazi ideology was the notion of *rassenhygiene* or the pure race. With that notion, the practices of euthanasia, sterilisation and, to a lesser extent, experimentation on people were considered justifiable. That is, the motivation for these practices was the purification of the Aryan race by the systematic eradication of so-called inferior people. This justification is very different from those given for current practices.

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which are claimed to be analogous to those that occurred in Nazi Germany. For example, with regard to euthanasia, Lucy Dawidowicz argues that

In none of the [Nazi] cases was death administered because of a sick or dying person's intolerable suffering or because of a patient's own feelings about the usefulness of his life. In no case did the patient ask for death... 'Euthanasia' was the code name applied to the murder - negative eugenics - of persons not of 'Aryan' origin whose bioracial characteristics were regarded by the Nazis as harmful to the social health of the Volk. [Consequently] I do not think we can usefully apply the Nazi experience to gain insight or clarity to help us resolve our problems and experience.9

Rachels also dismisses the usefulness of the Nazi analogy to objections against voluntary euthanasia that take the form of the psychological version of the slippery slope argument, because

... the Nazis never had a policy of euthanasia, in our sense, they never even considered having one. Thus, they could not have been caused to slide down any slippery slope by it. They did not, in fact, slide down any kind of slope at all, because their whole racist ideology was firmly in place from the beginning.10

Rachels' point perhaps throws some doubt on the usefulness of the Nazi analogy in any application of the psychological version of the slippery slope argument, not just those objections to euthanasia.

c. General problems with using analogies

The Nazi analogy is the most common but not the only one used when the psychological version of the slippery slope argument is presented to object to current or proposed medical practices. The description of activities in a future society given in Aldous Huxley's *Brave New World*, for example, is also used to warn against the evils of new birth technologies or genetic engineering. But again with this analogy, the ideology which is present to justify the analogous event is not present in the current circumstances and so does not achieve the purpose intended. Another problem with the use of the 'Brave New World' analogy is that it is based on fictitious events.

I am not arguing here against the use of all analogies, but instead am suggesting that when this technique is used, it is best to keep in mind that in fact it is an analogy and that there are no associated facts or features of the events or circumstances that negate its analogous value. As Hare has pointed out,

... the psychological form of the argument sometimes has merit. The argument has merit when it is based on adequate evidence in support of the prediction of disaster. At present such predictions are widely speculative and uncritical uses of the argument abound.¹¹

Very often, the analogy does not quite work, in the sense that it can be shown not to be as appropriate to the circumstances as it initially seemed. Alternatively, the analogy ends up being pushed too far and the discussion which ensues ends up being ludicrous, as is the case when analogies such as the atrocities of Nazi Germany are used to support a prediction. When it is claimed that a particular situation supports the prediction of a particularly horrible result, there may be a case as strong or even stronger that could be made for saying that the evidence does not support the claimed prediction. For example, in the Nazi case, it could be pointed out that the methods and institutional structures that have been introduced to assist in making decisions in medicine, such as ethics committees and patient counselling, and the different social climate, will prevent us sliding down any slope when undertaking new, seemingly controversial, medical procedures and research. So it must be remembered that predictions should be as accurate as possible and some attempts to judge how the situation will develop may be misleading or, in some cases, completely false.

Also, where there is an analogy that supports a slide down the slope, there may be at least one other set of circumstances, if not more, to support the claim that it is possible to stop on the slope. The same reasoning which purports to demonstrate that the Nazi experience shows the contiguousness of killing, can be used to reach a different conclusion. For example, the practice of infanticide amongst the ancient Greeks or, alternatively, parenticide amongst the Eskimos, demonstrates what Marvin Kohl has referred to as our ability to compartmentalize, that is, our ability

¹¹ Hare: 1988 p. 418.
to limit practices to particular groups or kinds and not extend these practices to other groups. So while there may be some psychological/social/historical evidence that can be used to support the claims made in particular uses of the psychological version of the slippery slope argument, the type of evidence that is most frequently used in bioethical applications of the argument seems to be inappropriate because, more often than not, the situation that has been selected is not analogous to the topic under discussion.

This examination of the type of evidence that is used to support claims made in different applications of the psychological version of the slippery slope argument ends my characterisation of the argument. I will now illustrate how the argument has been used, by examining two applications of it.

Section 2: Some examples

Laced through the literature of objection to abortion, IVF therapy and research is an argument that is variously called the primrose path argument, the thin edge of the wedge argument.\textsuperscript{12}

In this section, two common applications of the psychological version of the slippery slope argument will be examined and some of the problems with the psychological version of the slippery slope argument will be illustrated. The two applications to be discussed are the slope that is claimed to begin with abortion and end with infanticide, and then various slopes beginning with \textit{in vitro} fertilisation which are argued to have a number of horrible results.

i. The slope from abortion to infanticide

The application of the psychological version of the slippery slope argument often used by anti-abortionists is as follows. If abortion is allowed early in a pregnancy, then there will be a gradual slide down the slope, allowing it to occur later and later. For example, suppose that it has been agreed that abortions should be allowed during the first trimester of pregnancy. Someone wants an abortion a week or even a day into the

\textsuperscript{12} Gorovitz: 1983 p. 356.
second trimester. They argue that there is not much difference between allowing abortions up to the twelfth week of pregnancy and allowing abortions up to the thirteenth week of pregnancy and then the fourteenth week and so on down the slope. This demonstrates that the first distinction - that abortions are allowed only up to the end of the first trimester and not beyond this - cannot be maintained. But then if that distinction cannot be maintained, why believe that any other can?

Proponents of this argument claim that whatever distinction is made, it will not be capable of being maintained. This is because whenever a case arises where an abortion is desired slightly beyond the limit that has been agreed previously, a rationale will be given justifying this abortion even though it is beyond the agreed cut-off point. The justification that is usually given is that there is not much difference between allowing an abortion at time X and one at time X+1. So, the argument continues, abortions will be allowed later and later in the pregnancy until a justification will be sought, and given, for killing a newborn infant. This is because there will be a series of cases where an abortion is desired just a little bit later than the one that was previously allowed and the justification for the former case will be amended slightly to also allow this new case. The horrible result which is claimed to be at the end of this particular slope is the acceptance of the practice of infanticide.

The two features of the psychological version of the slippery slope argument that were discussed in the previous section of this chapter are illustrated in this argument. First, that the events on the slope are psychologically indistinguishable. Second, that there is a horrible result at the end of the slope. In this particular application of the argument, the first feature leads to the claim that once an abortion is allowed, any justification given to allow an abortion at a later stage in pregnancy will partially, at least, depend on the previous abortion being allowed. For this reason there will be no psychologically sustainable distinction to be made between allowing an abortion at any stage of the pregnancy. The point at which an abortion is allowed during a pregnancy will become later and later, until a rationale is accepted for infanticide which is, of course, the horrible result at the end of the slope.
This particular application of the argument illustrates one of the problems with this version of the slippery slope argument. It is often assumed that there will be no superior justification for why one particular point is a better place to stop on the slope than any other. However, as we shall see, people are capable of distinguishing between different points on the slope, and can allow some of the events without allowing others.

ii. The slopes that begin with IVF

Further problems with this argument can be illustrated by another application from medical ethics. The new medical technique of IVF has given rise to several contentious issues that have been expressed in terms of the psychological version of the slippery slope argument. Basically, the slope objections to IVF fall into two broad categories. To begin with, there is a concern that because IVF separates sex from reproduction, the family unit, and eventually society, will be undermined. The other area of objection to IVF claims that allowing IVF opens the way to embryo experimentation and scenarios further down that particular slope, such as genetic engineering.

a. IVF and the demise of the family.

The first of these arguments against IVF is perhaps more dubious than the second. This argument is that if IVF is allowed, it will lead to a devaluation of traditional family values and eventually completely undermine the family as a social institution.

In this particular application of the psychological version of the slippery slope argument it is not the direct connection between events on the slope which causes the horrible result, but instead a more esoteric one. This is that the occurrence of an event, in this case IVF, will lead to a principle or several principles being undermined and, consequently, the demise of a social institution. Now, while other applications of the psychological version of the slippery slope argument have held that one of the consequences of allowing a particular event to occur will be the undermining of a principle(s) that is regarded as important, or even in some cases fundamental, they have not constituted the main part of the slope. In addition, there are the usual stages of events on these slopes. For
example, it is often claimed that one of the consequences of the ‘abortion’ slope discussed early in this section, will lead to the undermining of the principle of the sanctity of human life, but in the present anti-IVF argument, this undermining of a principle constitutes part of the slope itself, and is not just a consequence of going down it.

There is also a problem with the content of this argument. As has been suggested by several writers, if the concern behind the slope is that the separation of human reproduction and sex will cause the demise of the family unit, then such separation did not begin with IVF but with contraception. In reply to this the proponents of such an argument could say, ‘Fine, the slope begins with contraception, IVF is in the middle and both will lead to a devaluation of society’. However, artificial contraception has existed for at least the last century, and has not succeeded in undermining the family or society in that time. So, it is probably rather alarmist to be concerned about IVF having such a social impact. In any case, as Gorovitz puts it,

It is worth remembering, moreover, that IVF involves hospitalisation and surgery, and it is a very small percentage of the population that is in the position to benefit from it. The traditional method of conception will remain the method of choice. It is inexpensive, can be performed at home, takes little time, training or skill, and is a great deal of fun. I do not see it in serious jeopardy.13

So this first slope objection to IVF, that allowing IVF will bring about the demise of the family, cannot be taken all that seriously. Perhaps the same cannot be said, however, about the other objection made against IVF that takes the form of the slope argument.

b. The slope to genetic engineering

Although ten years ago genetic engineering may have been dismissed as alarmist or even science fiction, with the advent of IVF it may be more credible. In this particular objection to IVF, the argument is that if IVF is allowed it will lead to events like embryonic screening for genetic diseases or sex selection, which will lead to experimenting on embryos. This will, it

is claimed, open the way to scenarios such as genetic engineering and cloning.

An obvious objection is that there is quite a leap in technology from IVF at the beginning of the slope, and cloning or genetic engineering at the end. However, proponents of the argument rely on other strategies to support their claims. To begin with, there is the power of prediction. If IVF is allowed, it is claimed that it will lead to experimentation on embryos which will occur in stages. First of all, the experiments will be allowed in order to perfect the IVF techniques. These will lead to the acceptance of other birth-related techniques, such as screening for defective genes or sex selection, and from there it is claimed that new experiments will be proposed and allowed which will involve genetic engineering and cloning.

Apart from the advances in medical techniques and technology that this slope assumes, there are other reasons for treating these claims with some scepticism. David Lamb, in dealing with this slope argument, claims that it can be dismissed because ‘... there are more feasible alternatives for reaching the postulated end of the slope’.14 He claims that the projected events can occur in other ways than by having IVF as their genesis. For example, the same result of breeding a race of slaves, zombies or whatever, which is one of the fears of genetic engineering, could also be achieved with some techniques already practised in behavioural psychology.

Another concern of those who present this slope objection against IVF is that it will undermine ‘... the idea of humaness of our human life and the meaning of our embodiment, our sexual being, and our relations to our ancestors and descendants’.15 This argument is similar to the first slope objection against IVF in that it is claimed that a principle is being undermined. However, here the undermining of the principle depends on the events on the slope occurring. That is, if IVF and related experiments are allowed, then further experiments will be proposed that, rather than being related to the improvement of IVF techniques, are motivated instead by other concerns, such as enhancing particular human characteristics by genetic techniques. These experiments, which are further down this particular slope, undermine the principle of respect for human life, because

by experimenting on embryos, which are generally given the status of potential persons, we are disregarding their value. In turn, this will lead to a loss of respect for the fetus, and then children, and eventually people. This loss of respect may manifest itself in not caring about, or even actively killing, the deformed or the sick, practices which are considered to be abhorrent.

In this particular use of the psychological version of the slippery slope argument, historical evidence is used to support the claims made in the argument. Proponents of this objection draw an analogy between what they believe IVF will lead to, namely experimentation on embryos, which is a few steps away from the eugenics programs of Nazi Germany, to give their argument more force. As I have already argued, this use of analogy is often unsound. Very often there are substantial differences between what is occurring, or proposed to occur, on the slope that is under scrutiny, and the supposed analogous set of circumstances, and so the desired effect may not be achieved.

The major objection, however, to this second use of the psychological version of the slippery slope argument as an objection to IVF is that the events on the slope are indeed distinguishable. Although scientists have continued and may continue to progress down this particular slope, the slope itself exemplifies Gorovitz's general solution to the psychological version of the slippery slope argument, which is based upon the capacity of groups to make collective judgements and exercise control. This solution will be discussed, along with Kohl's ideas about our ability to compartmentalize events and experiences, in the next section.

Section 3: Judging where to stop on the slope

Let me briefly summarise the discussion of the psychological version of the slippery slope argument to this point. First, I established that the argument has two features: that the successive adjacent events on the slope are psychologically indistinguishable and that because the journey down it will end with a horrible result, not being able to stop on the slope is a

16. There is one more objection to both IVF and abortion and that is the slope that has its genesis with the question 'Should embryos be given the same moral consideration as people?' or, more generally, 'Where does life begin?' The argument, however, takes the form of the arbitrary line version of the slippery slope argument, and so will be discussed in the next chapter.
problem. Second, I considered two bioethical examples of how the argument has been used - the slope that begins with abortion and ends with infanticide, and two objections to IVF that have taken the form of the psychological version of the slippery slope argument - which demonstrated some of the problems with the argument generally.

Finally, in this third section, I wish to examine two suggestions for avoiding such slopes. Several authors have argued that people have and exhibit reasoning abilities which allow them to make distinctions between the events on the slope. I will examine two of these arguments. Although both of these are concerned with how we can make judgements to avoid going down the slope, it seems that the authors are dealing with the problems at different levels. Marvin Kohl argues that individuals have the capacity to make the distinctions to avoid going down the slope, whereas Gorovitz that such distinctions can be made collectively.

i. The individual's ability to compartmentalize

The ability of people to compartmentalize their experiences is claimed by Marvin Kohl to counteract the concerns of proponents of the various applications of the psychological version of the slippery slope argument. This ability manifests itself through being able to distinguish kinds or classes of events.

For example, if we crush an insect and believe this to be a permissible act, we do not conclude that it is permissible to kill all living things. We conclude only that it is permissible to kill that kind of insect, or at most, all kinds of insects.\(^\text{17}\)

The claim is that it is possible to limit acts to a certain class or kind. Kohl goes on to argue that

... there is overwhelming evidence indicating that human beings compartmentalize their experience and ideas; and that it is only when the normal process of compartmentalization breaks down that one encounters difficulties.\(^\text{18}\)

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\(^{17}\) Kohl, M. 1974 p. 19.
David Lamb claims that there are two problems with Kohl’s suggestions about people's ability to compartmentalize. To begin with,

... there is the problem of "spelling out" the criteria for what shall constitute a membership of a category, for this is the very problem which the slope argument raises. ¹⁹

and secondly he queries ‘... whether the categories can ever be as watertight as Kohl suggests’. ²⁰ Lamb does not seem to realise the full extent of what Kohl is claiming. This ability to compartmentalize or distinguish between kinds means that activities can be limited to a certain class and when so defined will not cross over to other groups.

The issue of whether such distinctions can be maintained is best addressed by looking again at the slope that begins with IVF and continues on to embryo experimentation, ending with genetic engineering. As in all applications of the psychological version of the slippery slope argument, it is argued that the events automatically lead on to the next event. However, different events on the slope - IVF, embryo experimentation and types of genetic engineering - are admitted to be distinguishable from each other. These differences are significant enough to be able to consider each event discretely, and more importantly for the purposes of this version of the slippery slope argument, the events may be sufficiently different so that any action that is performed in relation to one event on the slope will not be generalised to other events on the slope, not even when they are adjacent to each other.

So Lamb's concerns about compartmentalization can be countered, at least in this particular application of the psychological version of the slippery slope argument. Kohl claims that there are many such examples that confirm that people have the ability to, and in fact do, limit their actions to discrete kinds of events. All that is needed is for there to be a significant difference between events on the slope, in order for a distinction to be made where the proponents of the argument say that such a distinction cannot be made. As I have shown with several examples it is very often the case that such a difference can be found.

ii. Society control and judgement

For Gorovitz, avoiding the slide down the slope is a matter of societal control and judgement. Another, complementary, claim is that there needs to be an impetus or some motivation for going down the slope in the first place.

It is not enough to show that disaster awaits if the process is not controlled ... The argument must also rest on evidence about likelihood that judgement and control will be exercised responsibly.21

That is, according to Gorovitz, it is not enough to demonstrate that there is a slope and to predict a disaster at the end of it; there also must be a rationale for and probability of travelling down the slope. Whilst Gorovitz would agree with Kohl that individuals have the necessary capacities to make distinctions between the events on the slope, he argues further that 'collectively we have significant capacity to exercise judgement and control'.22 That is, society, through groups of individuals and well developed procedures, can determine where to stop on the slope and maintain that distinction. For example, in reply to the claims of the antiabortionists - that to allow abortions will lead to infanticide becoming an accepted practice - Gorovitz argues that 'No such disaster has ensued. Through a process of social determination, the society has exercised judgement.'23

Gorovitz believes that there is sufficient evidence that we exercise the required judgement and control in many areas of medical treatment and research. While it is often acknowledged that in some areas of human activity there is some evidence for the caution that is advised by proponents of slippery slope arguments, it has also been claimed by Almond that

... psychologically a stand may be taken at any point on the "slope" of some particular medical issue that is judged appropriate in the light of current knowledge and medical expertise.24

Gorovitz agrees:

> We have not always done well, especially in areas like foreign policy and energy planning. But our record has been rather good in regard to medical treatment and research.\(^{25}\)

What this means is that at least in the area of medical research where many issues that have given rise to applications of the psychological version of the slippery slope argument, and many other similar issues are likely to arise ‘... human society ... is becoming progressively more capable of maintaining a firm foothold on a slippery slope’.\(^ {26}\) The processes and institutions of ethics committees, parliament and legislation have all successfully regulated new medical technologies and research projects such as IVF, surrogacy and embryo experimentation so as to prevent any potential slide to disaster from occurring.

**Section 4: Conclusion**

Both Kohl and Gorovitz have put forward convincing arguments to show that we can and do limit certain actions to certain types of events and do not generalise to other types of events even if they are vaguely related. According to Kohl, this can be done by the individual because we have a well developed ability to compartmentalize events and actions. Gorovitz argues that we do it collectively by the establishment of specialised bodies who develop and use agreed procedures to make the necessary decisions.

Now whether we are making these decisions collectively or as individuals, they will be easier to make if the important features of the event have been defined prior to the decision having to be made. That is, if we stipulate from the very beginning the nature of the act and who is involved then we will avoid the problem of the slope. For example, if we state that euthanasia should only be practised when the person concerned has rationally participated in the decision making then this stipulation would ensure that the act was not extended to acts of nonvoluntary or involuntary euthanasia. Similar, if we set a time limit on embryo experimentation then there will be a reference point for future debate\(^ {27}\).


\(^{26}\) Austin: 1989 p. 108.

\(^{27}\) As the Warnock Committee recommended - recommendation 12.
There are, of course, some problems when someone may wish to move past the agreed point a little further down the slope. However to justify such a move, more could be demanded than just an appeal to what has happened in the past. For once an agreed stopping point has been established, based on a decision that the events prior to this point do fit a certain criterion whereas those further down the slope do not, new arguments should be demanded before we can venture on.

This method, based on the arguments of Kohl and Gorovitz who claim we can confine certain acts to certain events, seems to refute the idea that the events on these slope are psychologically indistinguishable. Such claims underestimate people's reasoning abilities by making what seem to be plausible, but which are in fact implausible, predictions. Previous predictions of the consequences of medical procedures have not been fulfilled. Instead, where horrible consequences have been predicted, if conception, abortion or IVF were allowed, it has been demonstrated that ‘... it is possible to start down a slippery slope and then stop’.28

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CHAPTER FOUR: THE ARBITRARY LINE VERSION OF THE SLIPPERY SLOPE ARGUMENT

Despite the distinctions which exist between different types of slippery slope arguments, some authors only discuss and evaluate those arguments that are similar in structure to the ancient and much discussed sorites paradox. But while it is true that some applications of the slippery slope argument take this form, it is not true that all instances do.

The arbitrary line version of the slippery slope argument can be interpreted in two ways. The first of these is similar to the sorites paradox. The claim made in this interpretation is that no non-arbitrary distinction can be made between any of the adjacent events, because no distinction actually exists. Thus the first event on the slope should not be allowed to occur because we will end up at the bottom where there are morally unacceptable events. This type of slippery slope argument has, as we shall see, similar problems to the sorites paradox.

The other interpretation of this version of the slippery slope argument claims that while a distinction based on some criteria might actually exist, we cannot know the place where the distinction should be made. The dilemma in such cases is a problem about what we can know rather than what there is.¹

In this chapter I will examine the arbitrary line version of the slippery slope argument. The discussion will be divided into three parts. In the first section, a characterisation of this version of the slippery slope argument will be presented. Also, in this section, the distinction between the ontological and epistemic formulations of the argument (as I shall refer to these interpretations of the argument) will be introduced. Then I will focus on the epistemic interpretation of the argument. In the second section, an example of the arbitrary line version of the slippery slope argument, common in bioethics, will be discussed. Finally, in the third section, I will offer two replies to the problems posed by this version of the slippery slope argument.

¹. This differs from the psychological version of the slippery slope argument where, as I argued in the last chapter, the claim is that we can in principle make a distinction based on some criterion, we just cannot psychologically maintain it.
SECTION 1: Characterisation of the arbitrary line version

i. Formulation of the argument

In a similar way to other forms of the slippery slope argument, the arbitrary line version is used to discourage the occurrence of a morally innocuous events at the beginning of the slope. Like the psychological version, there is a series of events, which near the top of the slope are morally innocuous, but towards the end of the slope are morally reprehensible, with the events in between becoming more and more morally dubious the further down the slope we go. If the first event is allowed then the next one will also have to be allowed, then the next, and so on till the end of the slope. The difference between the two versions of the argument is the explanation of why we will journey to the bottom of the slope. The claim made when using the psychological version is that it is because a distinction cannot be psychologically maintained between the events on the slope. In the arbitrary line version the claim is that no distinction at all can be made between two adjacent events on the slope. That is,

... it is conceded that there is no significant difference between two things A₀ and A₁. And since A₀ is acceptable, A₁ must be acceptable too. But then because there is the very same relationship between A₁ and another thing A₂, as there was between A₀ and A₁, it must be conceded that A₂ is acceptable as well.2

So if the first event on the slope it justified, then so is the next event, and then the next, and so on till the end of the slope.

So the characterising feature of the arbitrary line version of the slippery slope argument is that a distinction cannot be made between any pair of adjacent events on the slope. However the threat of a horrible result if there is a journey down to the bottom of the slope, which is common to all versions of the slippery slope argument, should be particularly noted here. For it is this threat that makes the arbitrariness of the decision about where to stop on the slope problematic.

Any distinction between the events on the slope will be arbitrary because the terms or concepts describing these events are often vague and indeterminate. In fact, as Trudy Govier has argued

Logicians have not been interested in sorites primarily for its possibilities for generating fallacious assimilation. What has traditionally interested them is its revelation of the imprecise boundaries for the applications of terms in ordinary language, and the prospect that this imprecision may leave truth value gaps.3

Both these issues of arbitrariness of distinction and reasoning with loose concepts will be discussed in more detail in the following examination of the relationship between the arbitrary line version of the slippery slope argument and the sorites paradox.

ii. Relationship to the sorites paradox

Many of the claims made by the advocates of the arbitrary line version of the slippery slope argument are based on the claimed similarity between that argument and the sorites paradox. There are three claims. The first is that both the paradox and this version of the slippery slope argument are logically valid. The second claim is that in neither case can a distinction be made between any of the posited adjacent events. The third is that both the paradox and the dilemma posed by this argument are caused by ideas and concepts being vague. Each of these will now be examined in turn.

The first claim is that because the paradox is generally regarded as being logically valid, the arbitrary line version of the slippery slope argument is also logically valid. Max Black begins his discussion of the sorites paradox by asserting that

We may as well begin our examination of the sorites argument by conceding its validity. For the pattern of reasoning is the familiar and unimpeachable one known as "mathematical induction". 4

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Black discusses the following example of the sorites paradox.

A man whose height is four feet is short; adding one tenth of an inch to a short man's height leaves him short; therefore, a man's whose height is four feet and one tenth is short. Now begin again and argue in the same pattern.\(^5\)

The argument ends with the rather bizarre conclusion that someone who is six feet is short. This is because at no point between four feet and six feet does a person stop being short and start being tall. To attempt to answer the question by selecting an incremental stage only begs the question: why there and not the point before or after?

An author who also holds that slippery slope arguments are logically valid because they are similar to sorites arguments is Dale Jacquette\(^6\). He says that

... all slippery slopes can be reduced to a single category of arguments, which, when correctly interpreted, are always logically valid, (though sometimes unsound).\(^7\)

So just as the sorites paradox describes a situation where, for example, there is no one point where someone stops being short and starts being tall, or no number of hairs that determines when a head stops being bald, so too the arbitrary line version is used to argue, for example, that there is no one point where a fetus in its development gains moral status. The reasoning of both is valid.

The second claim is that the similarity between the arbitrary line version of the slippery slope argument and the sorites paradox means that there is no distinction to be made between adjacent events on the slope. This is because the effect of the sorites paradox is to show that there is no distinction to be made on the slope.

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6. Jacquette (1989) (a) argues that by condensing the steps of this argument, the concealed falsehood of the argument would be revealed. In Roy Sorensen's reply to Jacquette (Sorensen:1989) he does not discuss the major problem with his claim which is that an essential feature of the sorites paradox (and for Jacquette, the slippery slope argument) - indeed that which makes it a paradox - is the incremental steps between bald and not bald and heaped and not heaped and so to avoid this is to avoid the argument itself.
7. Jacquette: 1989 (a) p. 60. This demonstrates my earlier point, that some authors only consider slippery slope arguments of this type and not the other versions that I have discussed in earlier chapters.
However, there is another interpretation of this second claim. Here the contentious issue is not whether there is a distinction but whether we can know there is a distinction. That is, an epistemic rather than an ontological question is raised. For example, suppose there were a continuum of events where a distinction being sought was based on the acquisition of some characteristic. Even though it was not known - and could not be known - when the characteristic was acquired, nevertheless there is some point or other where it is acquired. So the question becomes one about knowing when this characteristic was acquired, rather than one of whether it was acquired. This differs from the bald head or heaped pile. In these cases there is no exact point between bald and not bald, heaped and not heaped, where a distinction can be made because each incremental step is as valid as the next. In contrast, in the above example, the point at which the characteristic is gained does occur, it is just an unknown (and unknowable) point.

This, then, is the difference between the sorites paradox and the many applications of the arbitrary line version of the slippery slope argument. It is certainly true that some slippery slope arguments of this type do raise ontological problems. However, I want to suggest that many bioethical applications of the arbitrary line version of the slippery slope argument are in fact of the epistemic form. Although it is impossible to claim that every use of this version of the slippery slope argument in bioethics will raise epistemic rather than ontological problems, some features of different bioethical issues seem to support my claim.

A major concern when considering issues such as abortion and euthanasia is whether the human entity has moral status at any given time. Usually such an event is explained in terms of the acquisition or loss of a property or characteristic - for example, where the fetus becomes sentient or viable. Now because the development from conception to birth or, in the case of a lingering death, the decline that occurs between the onset of a coma and death, are seen as continuous processes, it is unlikely - if not impossible - that we could know where in the process an entity gained or lost a characteristic such as sentience. However, just because we cannot know where this point is does not mean that there is no such point.

8. There are of course some people who argue that the sorites paradox is also epistemic and therefore fallacious (Sorensen: 1988 p. 398.) Their reply to the paradox is to argue that we should sharpen up our predicates and make any necessary distinction accordingly. This reply will be considered in the third section.
Likewise with other bioethical issues, such as the use of limited resources, where the arbitrariness that is claimed to exist is based on our inability to make a distinction, and is not because there is no distinction to be made.

The third similarity between the sorites paradox and the arbitrary line version of the slippery slope argument is that both involve a problem with reasoning with loose concepts. That is, in just the same way that vague and indeterminate terms like 'bald' and 'heaped' feature in different examples of the sorites paradox, questions such as 'where does life begin?' and concepts such as 'expensive' and 'inexpensive' are vague and indeterminate in bioethical discussions.

Yet the problems that such vagueness causes in bioethical applications of the arbitrary line version of the slippery slope argument are more than just interesting problems about the vagueness of ordinary language. As David Lamb has suggested, this vagueness...

... draws attention to a feature of the argument that is often overlooked by those who may not have given serious consideration to the kinds of arguments involved in proposals to create new moral boundaries.9

That is, in bioethical applications of this argument, moral determinations are being sought. Lamb argues that logical analysis is important when considering moral arguments, and that this presents a difficulty when the arbitrary line version of the slippery slope argument is being used. Max Black, arguing along similar lines, sounds the following notes of caution:

... whenever we use logical principles in reasoning with loose concepts, we must be on the alert for gradual slides into indeterminacy.10

He adds that

Just as the sharpest knife eventually fails to cut, so even the best-defined empirical concept eventually fails to discriminate ...11

So when the relevant terms or concepts are indeterminate, either because they are vague or there is disagreement about their meaning, we will have the dilemma that is posed by the argument.

So the issue of the vagueness of language is important when examining the problems of either the ontological or the epistemic interpretations of the arbitrary line version of the slippery slope argument. Since it seems that many bioethical applications of that argument could be of the epistemic rather than ontological interpretation, my examination of the arbitrary line version of the slippery slope argument will proceed by focusing on that interpretation of the argument.

iii. Epistemic arbitrariness.

In everyday discussion, the arbitrary line version of the slippery slope argument manifests itself in the question 'Where do we draw the line?' The implications of this phrase are twofold. First, there are many places on a continuum of events where a line might be drawn to distinguish between events that are permissible and those that are not. Second, by allowing some of the events to occur, others will follow and the horrible result at the end of the slope will occur. Of course, these implications are related. The reason that all the events on the slope will occur if the first event is allowed is that there are so many places where a line could be drawn. In fact, the advocates of such arguments claim that the line could be drawn anywhere and this is why the problem of the slippery slope arises.

If only arbitrary lines can be drawn between the events on the slope then the claims made in these arguments are justified. These are strong claims and, as I have argued, in many bioethical applications of this argument, they may be too strong. It may be better to say we cannot know exactly where a line could be drawn that would not be an arbitrary one.

Consider the following. The anti-abortionists argue that abortion should be prohibited because attempting to set a cut-off point between conception and birth will be arbitrary. This will mean that it will be easy for those opposing a particular time to justify the time being incrementally later and later, moving toward infanticide. Now there is usually some criterion given for why a certain point rather than another should be the
cut-off point. For example, in this case a criterion that is often given is the ability to feel pain or respond to stimuli. It is certainly the case that, on the continuum between conception and birth, we do not know exactly where the fetus acquires certain characteristics, but this is not the same as saying that there is no such point.

Yet epistemic confusion may be enough to argue convincingly that we should not step onto such slopes because a chosen stopping point will be arbitrary, simply because we cannot know exactly where we should stop. For this reason, it is often claimed that the arbitrary line version of the slippery slope argument '... serves as a warning against reasoning with loose concepts'. The arbitrariness arises because the terms and concepts that are used in the application of the arbitrary line version of the slippery slope argument are often vague and indeterminate. This, as well as other features of the argument, will be illustrated in the discussion of the example in the next section.

Section 2: An example: The moral status of the embryo

i. The argument.

Although the arbitrary line version of the slippery slope argument has been used in discussions of bioethical issues such as voluntary/involuntary euthanasia, in vitro fertilisation and allocation of medical resources, one particular bioethical problem specifically lends itself to this version of the argument, and that is the problem, or several problems, that arise when discussing the question 'Where does life begin?' Answers to this question are sought to solve dilemmas such as when during a pregnancy a fetus becomes worthy of moral consideration. These in turn give rise to secondary, more practical issues - such as up to what point in a pregnancy abortions should be allowed, and when experimenting on embryos is permissible. The horrible result at the end of

this slope is argued to be this:

... once you draw new lines, once you say it is permissible to kill human foetuses (that is, to kill less than fully potential human beings), then how does one limit the killing to that of foetuses? How does one hold the line and prevent the killing of the mentally retarded, the handicapped, the elderly, or members of any group who have not achieved, or have lost their full potential as human beings?

The problem of not being able to pin-point exactly the place between conception and birth where the fetus becomes morally significant is expressed well by Joel Rudinow:

... once birth has been demythologized, as well it should be, we are on the slippery slope. For no practical point between birth and conception is a point at which the person/non-person distinction can be non-arbitrarily located because the differences in development between any two successive intra-uterine points are so unimpressive.

One answer is to argue that the embryo/fetus does not become morally significant until birth, but this is generally thought to be too late. So having rejected both the beginning and the end of the slope as the place where the fetus becomes worthy of moral consideration, one is faced with the dilemma of when, during its development, the fetus becomes morally significant.

At first glance, considering the changes that occur between conception and birth, it might seem that there would be several distinctions that could be argued to be morally significant, but the difficulty is exactly where the line should be drawn. As Stephen Buckle has pointed out, this problem arises because the development from conception to birth is a continuous process and therefore it is argued that attempts to establish morally significant boundaries are futile.

The problem, then, is that, while there are significant differences between a fertilised egg, a one-month-old fetus and a six-month-old fetus, because these differences develop slowly and changes are not observable, it

is extremely difficult to pin-point an exact place where the fetus has gained a certain physical or psychological characteristic. Of course it may be possible to pick some time during fetal development and claim that at that time the fetus becomes morally significant, such as at eight weeks, but then opponents of this suggestion can ask what the difference is between a fetus at eight weeks and a fetus at seven weeks and six days, or at eight weeks and one day. Indeed, this problem has arisen when scientists have requested an extension on a previously agreed time limit for embryo experimentation. It would not be unreasonable to suggest that the argument in such cases has been partially based on the claim that there is little or no difference in the fetus’ development at the previously agreed time limit and the revised time that is being requested.

Another option is to pick a certain stage in the embryo/fetus’ development which is physically observable. Stages that have been suggested include conception (which takes 20-24 hours); implantation (which takes place up to the 13th day after conception); the appearance of the primitive streak (by the end of the second week); electrical brain activity (around 5-6 weeks); or quickening (4-5 months). Part of the problem with this approach is that these stages, rather than being instantaneous, occur instead over a period of time. In addition, the justification given for moral status being bestowed on the fetus at these different times depends very much on the time that is being singled out.

ii Some suggestions.

There is a wide range of views on when the fetus becomes morally significant. At one extreme there are the ‘Conservatives [who] maintain that a human life begins at conception and that therefore abortion must be wrong because it is murder.’16 Next there are several moderate positions, and then the liberal position which claims that ‘... a fetus does not become a person until birth’.17

17. English: 1983 p. 324. This debate is given a further dimension by the distinction between persons and potential persons. But, though the argument about potentiality is interesting and a significant aspect in the abortion debate, here I am only concerned with the indeterminacy of the concept of moral significance, and so I shall not discuss this further distinction here.
As was previously mentioned, at 'the centre of the storm has been the
issue of just when it is between ovulation and adulthood that a person
appears on the scene'.\textsuperscript{18} In most of the literature on this issue, moral status
is bestowed on the embryo/fetus somewhere between conception and
birth. In his survey of the various positions on when the fetus should be
given some moral status, Glover describes three commonly held positions:
from the moment of conception a person exists; as soon as a fetus is
independently viable it has some moral status; and finally, not until it is
born.\textsuperscript{19} Singer discusses a similar field of options\textsuperscript{20}, but adds the possibility
of the fetus becoming morally significant at the quickening stage or when
the mother can feel the fetus move.

A further position, which is developed by Tooley, locates the time
where the human entity becomes morally significant beyond birth by
arguing that

... the most plausible view is that it is being a subject of
non-momentary interests that makes something a person.
If this is right, there are a number of necessary conditions
that something must satisfy if it is to be a person,
including the possession, either now or at some time in the
past, of a sense of time, of a concept of a continuing subject
of mental states, and of a capacity for thought episodes.\textsuperscript{21}

These capacities, as Tooley quite rightly argues, do not develop until well
after birth.

These different descriptions of when a human entity becomes morally
significant clearly demonstrate how indeterminacy causes problems when
trying to establish a cut-off point on which to base moral claims. In this
example, the vagueness arises because the development of the fetus is
gradual. So being able to pin-point any of these places that have been
suggested for when the fetus becomes morally significant, is claimed to be
impossible.\textsuperscript{22}

\textsuperscript{18} English: 1983 p. 324.
\textsuperscript{20} Singer: 1979 pp. 107-110.
\textsuperscript{21} Tooley: 1983 pp. 419-420.
\textsuperscript{22} Of course this problem could be one of irreconcilable moral positions. If this is the case then it is not a
slippery slope argument, even though the argument may be appealed to in order to support the more
conservative position.
I have argued, however, that in many bioethical applications of this argument, the problem is more likely to be one of whether we can *know* exactly where the relevant distinction should be made, rather than a question of the existence of the place to make the relevant distinction. In the next section I will consider two general replies to the proponents of the arbitrary line version of the slippery slope argument.

Section 3: Two replies

In this chapter, I have argued that the third version of the slippery slope argument has as its central claims that any distinction made between the events on the slope can only be arbitrary, and that this is usually because the terms and concepts used in relation to the events on the slope are vague and indeterminate. In this section I will offer two replies to those who use the arbitrary line version of the slippery slope argument. The first reply, whilst being reasonable, does not address the underlying concerns of the proponents of such arguments. The second reply, on the other hand, does address these concerns and, as I will argue, deals with them adequately.

i. First reply: *It's a bad argument*

The first reply to the claim made in the arbitrary line version is simply to dismiss it as a bad argument. As we have seen, its structure resembles many other types of argument that are regarded as fallacious, such as the following problem of indeterminacy of colour on the colour spectrum. The different shades of red fade into the different shades of orange. It is claimed that there are no two adjacent shades where the first is red and the next is orange. The absurd conclusion is that a shade which is obviously orange is claimed to be red or vice versa.

Opponents of the above argument, as well as those who disagree as to what constitutes tall and short, bald and not bald, point out how people make such distinctions daily. Likewise opponents of this sort of bioethical arguments argue that we can make the necessary distinctions.

To dismiss the many bioethical uses of the arbitrary-line version of the argument simply because the arguments are analogous to other
fallacious arguments is not to treat the concerns of the proponents of these arguments seriously. The issues raised in bioethical discussions are real moral quandaries and so even though this is a reasonable reply to the dilemma posed when the arbitrary line version is used, it does not address the concerns of the proponents of the argument.

ii. Second reply: Sharpen your predicates.

David Lamb has claimed that '... once clear cut absolutes are replaced by indeterminate concepts moral boundaries can become a playground for sophistry.'\(^{23}\) As we have seen, the reason the journey down these slopes is inevitable is because the events on the slope are claimed to be indistinguishable from each other. This is because the terms and concepts used to describe the events are vague and indeterminate. Further, because no distinction can be made, stopping anywhere on the slope will be an arbitrary distinction. My second reply argues that if we sharpen our predicates and define why we are drawing the line, we will be able to draw a line and stop on the slope.

Bernard Williams has claimed that '... it cannot be an objection to drawing the line here that it would have been no worse to draw it anywhere else.'\(^{24}\) But I would demand more of a reason to draw the line than this, and that is that this place is a reasonable place for the line to be drawn. Therefore we have to determine whether we can sharpen the predicates that cause our concepts to be so vague.

Marvin Kohl argues that there is sufficient evidence to claim that 'Lines can be, and are, quite reasonably drawn,'\(^{25}\) by our normal reasoning processes. Kohl's claims about our ability to compartmentalize were discussed in the previous chapter in an argument against the psychological version of the slippery slope argument. However, this ability is relevant to this version of the slippery slope argument as well. If we can consider events discretely, it will be easier to determine where on the slope they become morally dubious.

\(^{23}\) Lamb: 1988 p. 4.  
\(^{24}\) Williams: 1985 p. 133.  
\(^{25}\) Kohl: 1974 p. 47.
So it seems to be a reasonable claim that we can sharpen our predicates and draw lines. In addition, we need to be clear about why we are drawing the line. Indeed, as Buckle has pointed out,

Exactly where the line is drawn is less important than that a line be drawn in the general area of the appearance of the morally relevant feature. A line drawn in the appropriate general area will be a reasonable line, and *ipso facto* it will be a non-arbitrary line.26

This seems to suggest that the line does not have to be all that precise, just sharp enough to be able to draw an appropriate boundary. This appropriateness is determined by the reasons we have for drawing the line. So a combination of sharpening the relevant predicates, and being clear about why we want to draw the line, seems to deal with the problem of not being able to stop on these slopes. There are, however, additional problems caused by borderline cases that this reply does not deal with.

One way of dealing with the remaining vague areas, that are more commonly known as *borderline* cases, is to draw two lines. Consider Buckle's point:

Drawing a precise line where there is no correspondingly precise natural marker means that the line in question could have been drawn somewhere else. It does not, however, mean that the line could have been drawn *anywhere* else.27

So even though there are several places where the line could be drawn, the options are not limitless. So, we can rule out drawing the line at or near the top of the slope because these events are morally acceptable. We can also rule out drawing the line at or near the end of the slope because those events are morally unacceptable, or at least extremely dubious. Williams describes this process as one where we '... make judgements that involve the predicate in question only in cases that either clearly display it or clearly fail to do so'.28 So we allow a third indeterminate group of events. Where moral decisions are needed regarding these events individual judgements can be made, considering each case's merits.

An objection to this method is that it is not clear whether or how we can stop judgements about events earlier in the indeterminate part of the slope affecting judgements about the later events in that part of the slope. If this cannot be done, then we will move further and further down the indeterminate part of the slope toward (and perhaps even into) the morally unacceptable part of the slope. A solution would be to stipulate that none of the judgements made about the events in this indeterminate area of the slope should be regarded as precedents. Thus, by judging cases individually when they are part of this third area on the slope, the three divisions on the slope of safe, indeterminate and unsafe will be maintained and decisions about the events in each group can be made accordingly.

Section 4: Conclusion

When the arbitrary line version of the slippery slope argument appears in bioethical discussions, the first question that should be asked is, ‘is it really the case that there is no distinction that can be made between the adjacent events on the slope?’ As I have argued, in many of the bioethical applications of this argument the question is whether we can know where the relevant distinction should be made, not whether it exists. When this is the case, the slide down the slope can be avoided by determining where generally on the slope the distinguishing feature appears or events occurs.

The second reply to the argument offered in the previous section does not draw the line precisely. However, precision is not an important condition for a solution to this problem. What is important is to show that a non-arbitrary line can be drawn and that there is a way to deal with borderline cases should they arise. The solution I offered to the dilemma posed by the arbitrary line version of the slippery slope argument meets both of these criteria. So even though we may not be able to make a precise distinction, it will not necessarily be an arbitrary one.
SUMMARY AND CONCLUSION

In this thesis I have attempted to provide an analysis of the slippery slope argument, focusing especially on its use in bioethics. In doing so, I have raised serious problems with the different versions of the argument. Proponents of these arguments should be aware of, and address these problems, whenever the argument is used.

The goal of the slippery slope argument is to try to prevent a particular event occurring by predicting that it will have unacceptable consequences. For the purposes of the argument, a series of events that can be placed on a slope is posited, with the early events being precedents of the later ones. Those events at the top of the slope are perceived as being morally acceptable, whereas those at the bottom are agreed to be unacceptable. It is claimed that if we step on to the slope, by allowing the first event on the slope to occur, we will continue to the bottom.

In the first chapter, I made a distinction between three different versions of the slippery slope argument, based on the different explanations for why we go down the slope. A review of the literature indicated that this provided a comprehensive classification, encompassing all the distinctions that have been made to date. The rest of the thesis concentrated on an analysis of each of the three versions of the argument.

In the second chapter, the logical version of the slippery slope argument was examined. The explanation given for moving down the slope in that version of the argument is that the only moral principle relevant to the particular circumstances has been ignored or rejected, and so to be morally consistent we have to continue once we have started on the slope.

After evaluating the argument, I concluded that while the reasoning in it was valid, no general conclusion could be drawn about the premise - that there is only one moral principle that is relevant to the circumstances under consideration - which this reasoning is based on. In order to evaluate this premise further, I examined a particular application of the argument.
This examination revealed that there were at least two situations where the premise could be undermined. First, there could be a situation where there is an *alternative* moral principle which is as relevant but which does not prohibit all the events on the slope. In such cases the new moral principle is a modification to address some problem with the original principle. Second, there could be a *conflicting* moral principle, which would be more appropriate under the circumstances. When this is the case both of the principles are relevant but they address different issues concerning the events on the slope. Either way, the premise of the logical version of the slippery slope argument has been undermined because there are different moral principles that are relevant to the events on the slope and consequently the events on the slope may differ morally.

In the third chapter, I examined the psychological version of the slippery slope argument. The explanation in this case for why we go down the slope once we have stepped on to it is that even though there is a definite difference between the endpoints on the slope, the distinction between any of the adjacent events on the slope cannot be psychologically maintained. This is because the justification for allowing the first event can be amended slightly to justify the next event and similarly for the next and so on all the way down the slope.

This explanation seems to underestimate people’s reasoning abilities. I argued that, in conjunction with Kohl’s description of an individual’s capacity to compartmentalize ideas and events, and Gorovitz’s observations that at least in the area of medical ethics, we have been able to exercise collective control and judgement, if we strictly define the act and the circumstances under which it can take place, then we will be able to judge where to stop on the slope.

The final version of the slippery slope argument, the arbitrary line version, was discussed in Chapter Four. The advocates of these arguments claim that we cannot distinguish between the adjacent events on the slope because it just can’t be done. I argued that there were two possible interpretations of the explanation for why we continue down the slope. The first interpretation is that no distinction actually exists. The second is that we cannot know where the distinction should be made, even
if it exists. I argued that when the arbitrary line version appears in bioethical discussion, it is the second, epistemic, interpretation that is (typically) relevant.

Buckle argues that in these arguments the reasons for drawing the line are more important than where it is drawn. The solution I offered to the problem of any distinction being arbitrary incorporates this idea, as well as describing a method for dealing with borderline cases. In this case we can make non-arbitrary distinctions on the slope.

The problems that I have raised against each of the three versions of the argument will possibly undermine many of the bioethical applications of the argument. So if the argument is used in this area, the onus is on the advocates to demonstrate that none of these problematic features appears in their particular applications. When these problems do appear, and cannot be adequately dealt with, another means other than the slippery slope argument should be found to formulate an objection to the particular circumstances.
BIBLIOGRAPHY


Charlesworth, M 1989. *Life, Death, Genes and Ethics* ABC Books


