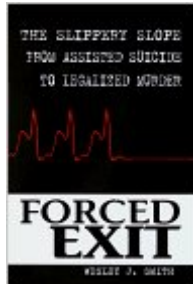




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Forced Exit: The Slippery Slope From Assisted Suicide To Legalized Murder



Synopsis

Exposing the false premise of the euthanasia movement to make a compelling case against assisted suicide, *Forced Exit* reveals the horrors of the Netherlands, where 8.5 percent of all deaths are attributed to assisted suicide and where Dutch doctors have rapidly moved from euthanizing the terminally ill to killing infants with birth defects.

Book Information

Hardcover: 291 pages

Publisher: Times Books; 1 edition (May 27, 1997)

Language: English

ISBN-10: 0812927907

ISBN-13: 978-0812927900

Product Dimensions: 1.2 x 6.5 x 10 inches

Shipping Weight: 1.2 pounds

Average Customer Review: 4.1 out of 5 stars 10 customer reviews

Best Sellers Rank: #3,508,119 in Books (See Top 100 in Books) #75 in [Books > Medical Books > Medicine > Euthanasia](#) #623 in [Books > Medical Books > Medicine > Hospice Care](#) #1364 in [Books > Self-Help > Death & Grief > Suicide](#)

Customer Reviews

Suicide isn't what it's cracked up to be, according to lawyer and consumer advocate Smith, who condemns the increasing public acceptance of all forms of suicide and euthanasia when ultimately inadequate medical care and an impersonal healthcare system are at fault. Above all, he fears that euthanasia will eventually become a legally enforceable right to kill. Not one to mince words, he calls proponents of the right-to-die movement "death fundamentalists" and warns against the degeneration of essential human values. Instead of legitimized euthanasia, Smith would like to see public policies designed to offer care to the clinically depressed and the terminally ill. At times emotional and rambling, his book nonetheless offers valuable insights into the consequences of condoned death. © Mary Hemmings, Univ. of Calgary Lib., Alberta Copyright 1997 Reed Business Information, Inc.

Smith, coauthor of Nader's recent books on insurance (1993), airline safety (1993), and "power lawyers", makes the case against assisted suicide, challenging "right to die" advocates (whom he labels supporters of "Death Fundamentalism") and urging that "euthanasia is unwise, unethical, and

just plain wrong, a social experiment that if implemented will lead to cultural and ethical catastrophe." Smith examines the philosophical and cultural roots of support for assisted suicide; outlines the Dutch experience; explores the growth of euthanasia advocacy in the U.S.; analyzes the likely place of assisted suicide within an increasingly market-driven medical marketplace, and specific groups (e.g., people with disabilities) most likely to be victimized; sketches and responds to "commonly heard arguments

This book, and Ian Dowbiggin's "A Concise History of Euthanasia," are the best on the topic; Herbert Hendin, M.D., has written "Seduced by Death," which is good on the experience in the Netherlands. These were some of the resources that I used - as a physician and active (Lutheran) layman - in preparing a paper on the topic for a diocesan meeting in 2010. The one criticism I would have of such books, however, is that in being comprehensive they are obscuring the focal point of the "anti-pro-life" (or "pro-choice" of whatever other euphemism they are using these days) advocates, which is passive euthanasia, meaning the withholding of hydration and nutrition (as well as other compassionate and non-heroic measures, such as antibiotics and even anticonvulsants) from the helpless. As the resources point out, acceptance of passive euthanasia by mainstream medicine and Christianity - and we all want to be mainstream - was heavily promoted by the switch of hydration and nutrition from basic care (which includes warmth, cleanliness and safety) to medical therapy by the American Medical Association in 1986 and 1992. (Example of the former - a patient is found sitting in a chair in front of an open window in wintertime and expresses his wish to die - the nurse shuts the window and puts him back to bed, whether he desires it or not). It is mainstream, mostly, to condemn the death of an infant, whom we envision as cuddly and lovable, but now no longer mainstream to condemn the unnecessary death of an old man, lying comatose from a stroke, and at best pitiable. In making this distinction, we are doing exactly what promoters of eugenics in the late 1800's and 1930's did (it is sobering to learn that the T-4 program - euthanasia of the mentally retarded and psychiatric patients in National Socialist Germany - did NOT arise from the government, but from physicians). Determination of whether someone comatose is actually (brain) dead is not difficult at all - if the patient breathes after removal of a respirator, he is alive (and perhaps imperceptibly conscious, if that matters). If you withdraw his fluids and nutrition, you - the physician and his next of kin - are killing him by dehydration, in about one week. And whether he should (or perhaps we would now say, deserves to) live or die is not your choice, but the choice of his Maker. Fluid and nutrition can easily be provided - intravenously or, long term, by a simple line to the stomach (gastrostomy) - Rose Kennedy, matriarch of the Kennedy clan, lived with one for ten

years. Physicians who have forgotten why they went to medical school and clergymen who - unlike the noble Bishop Clemens von Galen of Muenster - are unwilling to educate their congregations - about these simple facts and measures - are failing those who depend on them. And that's why these books are around and need to be read.

Bioethicist Wesley J. Smith pierces the emotionalism, fear mongering, and euphemisms that are the standard fare of the assisted suicide movement to expose its attempt to strip the sick and disabled of their dignity. Far from a compassionate answer to suffering, assisted suicide is a new form of oppression. *Forced Exit* offers chilling evidence of just how powerful and dangerous the death culture in America has become. Smith makes a compelling case against legalizing assisted suicide and takes a close look at the truly humane and compassionate alternatives, challenging us to maintain morality in medicine and protect the most vulnerable among us. Smith recounts his entry into this debate after a close elderly friend committed suicide. This friend relied upon materials from the Hemlock Society, a pro-euthanasia advocacy organization encouraging people to see suicide as a joyous act of deliverance. Using books with titles such as "Let Me Die Before I Wake" or "Self-Deliverance with Certainty," Smith's friend found the tools and encouragement she needed to plan and carry out her death. The self-killer was instructed on proper technique and then, in an ineffectual disclaimer, warned that the information was only to be used for "self-deliverance from a terminal illness." Smith's friend had no such illness. Explains theologian Richard John Neuhaus, "Thousands of ethicists and bioethicists, as they are called, professionally guide the unthinkable on its passage through the debatable on its way to becoming the justifiable until it is finally established as the unexceptional." It is precisely this arc that Smith urges our culture to stop as regards euthanasia. To that end, Smith offers sobering evidence that the right of the terminally ill to "die with dignity" will lead to involuntary euthanasia, or selective medical treatment, and perhaps even forced death apart from terminal illness. Smith treats with compassion those who long to commit suicide. He recognizes that the euthanasia issue arose because people watched their loved ones writhe in pain after receiving inadequate medical care. He realizes that many support euthanasia because of a very reasonable fear of being victimized by our money-driven, dehumanizing, and increasingly impersonal health-care system. The unraveling of communities and the breakdown of families has also contributed to a system of malaise and despair within society, giving many fewer reasons to live or value life. While Smith does not deny the valid emotions driving the euthanasia movement, he recognizes that euthanasia is not the solution to these problems, but is rather a surrender to them.

This is the first book I have read that deals exclusively with the subject of euthanasia but Wesley J. Smith's compelling arguments have ensured that it will not be the last. The statistics in this book about the Netherlands alone are horrifying and yet, unfortunately, not especially surprising. Once you have crossed the line between forbidding and permitting physicians to kill, how can you prevent them from believing that they know best regardless of the guidelines that are supposed to prevent them from ending their patients' lives even against the explicit wishes and fears of those patients? As euthanasia enthusiasts push their agenda in the media, it is important that people like Smith reveal the true nature and consequences of their arguments. In spite of assurances to the contrary, even cautiously starting down the path to the death culture will lead to inevitable nightmare consequences like those seen in the Netherlands. To the "death fundamentalists" there is nothing particularly troubling about that; to the rest of us this horrifying example should be enough to halt us all in our tracks.

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