



The Abuse of History: The Use of the Nazi Analogy in Contemporary Euthanasia Debate

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On 1 July 1996, the Northern Territory legalised medically assisted dying under the auspices of the Rights of the Terminally ILL Act (ROTTI). Under the ROTTI Act, four terminally ill people ended their lives, and although a physician could have actively administered the required drugs, a suicide machine developed by Dr Philip Nitschke allowed patients to control the process. This effectively rendered the deaths as physician-assisted suicide. Interestingly, Shane Stone, Chief Minister of the Territory, despite being philosophically opposed to the legislation stated: 'I thought it was implemented in a pretty responsible way. And I would have to say that all the forecasts of slippery slopes... were actually not fulfilled.' Even so, a private member's bill introduced by Liberal Kevin Andrews into the federal parliament succeeded in overturning the ROTTI Act. Nonetheless, in the past ten years voluntary euthanasia legislation has been proposed (and defeated) three times in South Australia, once each in Victoria and Tasmania and again at the federal level when Bob Brown's introduction of a Euthanasia Law Repeal Bill also was unsuccessful. At present a bill is under consideration in Western Australia and another is proposed for re-introduction into the Tasmanian parliament.

In rejecting euthanasia law reform, opponents rely heavily on slippery-slope arguments often based on a questionable interpretation of history. During debate over the ROTTI Act, an opponent of euthanasia and the current federal Opposition leader Tony Abbott (then a parliamentary secretary) adopted a scattergun approach to the use of history in contemporary debate. Abbott, in 'The Right to Die: Act of compassion or merely killing?' *The Australian*, 27 September 1996, stated: 'In a century that has given us the Holocaust, the killing fields and the terror bombing of defenceless cities, perhaps this [euthanasia law reform] is a trifling transgression. But why are we letting it happen here?' Clearly, Abbott's generalisations, (surprisingly he left out Phar Lap's death and the collapse of the West Gate Bridge), and in particular his reference to the Holocaust, need to be assessed to establish if

his analogies are relevant to contemporary debate over euthanasia. Although the use of the Nazi analogy in debate has declined significantly, even in the period since the defeat of the ROTTI Act it remains a touchstone for opponents. The Reverend Spencer Gear in a submission to Brown's bill (2008) stated: 'We have glaring examples before us of where permissive euthanasia laws will lead us. (e.g. Germany before and during World War II and currently in Holland.)'

Arguments such as this persist despite broad consensus among historians that the use of the Nazi analogy in contemporary debate amounts to little more than scare mongering. At the Hastings Centre conference (1976), convened to discuss the use of the Nazi analogy in ethical debate, historian Lucy S. Dawidowicz warned against using generalisations in history for ulterior political purposes. She argued it was illogical to assert that 'the Nazis performed euthanasia; the Nazis were bad; therefore, euthanasia is bad', when what the Nazis described as 'euthanasia' was not the same as what is now proposed. Gary E. Crum, in a later Hastings Centre report (1988), outlined how the moral 'high ground' often is secured in bioethical debate by the assertion that one of the protagonists is 'embracing a Nazi-like position. The opponent usually audibly groans in disbelief that such an inflammatory accusation would be used in serious debate. Meanwhile, sympathizers nod in agreement with the charge, seeing it as the ultimate blow to their opponents'. With respect to contemporary euthanasia law reform, opponents readily evoke this tactic by citing the Nazi 'euthanasia' program to bolster their arguments.

However, this is misleading, as Nazi 'euthanasia' differed considerably from the ROTTI Act, and was influenced by eugenics where individual rights were negated for the supposed betterment of the community. As ethicist Helga Kuhse notes: 'the motivation behind these killings was neither mercy nor respect for autonomy: it was, rather, racial prejudice and the belief that the racial purity of the *Volk* required the elimination of certain individuals and groups'. In addition, 'euthanasia' during the Third Reich was neither voluntary nor open. Christian Wirth, a nonmedical supervisor in the program, stressed this to new recruits. He stated: 'Above all else, the motto is silence or the death penalty. Whosoever fails to observe this silence will end up in a concentration camp or be shot'. Ultimately, the program seen as a precursor to the Holocaust, despite Jews not being the primary target, prospered because of Hitler and his regime. As Richard Weikart outlines, although Social

Darwinian ideas were widespread, only in Germany did they become extreme and occurred 'because a radical adherent of a naturalistic Darwinian world view, in which individual human life had little value, gained the reins of power'.

Given the substantial differences between Nazi 'euthanasia' and the ROTTI Act, Tasmanian Labor Senator Sue Mackay during debate over the Andrews Bill questioned the merit of the Nazi slippery slope. She maintained that attempts to link the ROTTI Act 'with the horrors of six million dead in the European death camps is odious [because the] slippery slope argument exists only to scare the vulnerable; it has no merit, it is preposterous and it is false'. Her position was supported by an editorial in *Modern Medicine in Australia*, which succinctly delineated the differences between Nazi 'euthanasia' and the ROTTI Act. It stated: 'Don't hide behind Hitler. There is no resemblance between the Nazi murder spree and a professional consideration, case-by-case and peer-reviewed of suicide requested by a sane, suffering patient'.

Undeterred, opponents of euthanasia have now changed their focus to the Netherlands where the legalisation of euthanasia has provided them with a new 'slippery slope'. These arguments, based on fear, effectively mask a predominantly religious prohibition to euthanasia grounded in the sanctity/inviolability-of-life. Kevin Andrews, who Nitschke referred to as an 'errand boy for the Pope', would do well to heed the words of Professor Tony Coady. Coady suggested that those of a religious persuasion 'weaken the impact of their values if they behave like puppets of their religious leadership or seek to further their ends by devious or surreptitious means'. As for Tony Abbott, it is somewhat surprising that a Rhodes Scholar (for whatever reasons) should stoop to playing so 'fast and loose' with history in opposing voluntary euthanasia for the terminally ill.

With respect to euthanasia, government policymakers would be better served by an examination of the experience of Physician Assisted Suicide in Oregon under that state's Death with Dignity Law. Oregon's legislation, which permits a physician to prescribe lethal drugs to the terminally ill after consultation with another doctor, predated the ROTTI Act but was not operational until after the Northern Territory legislation. The findings of annual reports from 1997-2009 have shown that slippery-slope arguments are baseless. In twelve years of operation, 460 Oregonians have chosen to end their lives under the auspices of the law, making up 19.3 deaths per 10,000, the recipients of the prescriptions are white, middle-class, and well-

educated. Given the results from Oregon, it is not surprising that the Howard government refused to put a sunset clause on the Northern Territory ROTTI Act, which given time could have established empirically the impact of legal euthanasia. Unless corrective voices are heard, the abuse of history evident in the arguments of Abbott and Gear will continue to influence debate on an issue that deserves more serious consideration.

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