International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

https://doi.org/10.26520/mcdsare.2025.9.154-161

MCDSARE: 2025
International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education

THE SLIPPERY SLOPE ARGUMENT IN THE CONTEXT OF EUTHANASIA

Miltiadis VANTSOS*,
*Corresponding author
a) PhD. Professor, Faculty of Orthodox Theology, Aristotle University of Thessaloniki, Greece,
*E-mail: mvantsos@past.auth.gr

ABSTRACT

This article examines the slippery slope argument in the context of euthanasia, focusing on the probative force and legitimate use of this argument in contemporary bioethical debate. After presenting the structure and consequentialist character of the slippery slope argument, the study analyses its use in opposing the acceptance and legalisation of euthanasia, with particular attention to four negative consequences that, according to the argument under consideration, justify its rejection: the acceptance of non-voluntary euthanasia, the pressure exerted on patients to request euthanasia, the undermining of the physician-patient relationship, and the weakening of the prohibition against killing. The article then evaluates two objections to the argument: first, that it may rely excessively on fear of future developments, and second, that the transition from one accepted practice to further negative consequences is not logically inevitable. It concludes that, although the slippery slope argument cannot by itself determine the moral evaluation of euthanasia, it remains a significant supplementary argument when its anticipated consequences are well substantiated and highly probable, especially within a Christian ethical framework that gives priority to the origin, value, purpose, and destiny of human life.

Keywords: *euthanasia; slippery slope argument; consequentialist reasoning; physician-patient relationship; patient autonomy; prohibition against killing; sacredness of life; Christian ethics;*

INTRODUCTION

Euthanasia is one of the most topical and widely debated issues in contemporary bioethics, engaging not only specialists but society as a whole. There are several reasons for this. First, it is literally a matter of life and death, insofar as it concerns a decision about the termination of human life. Second, the core moral problem does not presuppose specialised knowledge or familiarity with complex medical interventions. Most people have, to some degree, experience of illness and physical pain and are therefore able to grasp the fundamental moral tension between preserving the sacredness of life and autonomously deciding to end it. Third, euthanasia potentially concerns every person, both directly and through their loved ones, since the end of life is ultimately inevitable. As scientific progress increasingly enables the prolongation of life, situations requiring decisions about medical treatment at the terminal stage have become more frequent. Thus, the debate on euthanasia does not merely concern the regulation of a medical issue affecting a specific group of patients; it also acquires personal significance, insofar as it is linked to existential anxiety in the face of death.

IFIASA
International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

Euthanasia is debated in an era in which, on the one hand, human life enjoys unprecedented respect and protection, while on the other hand great value is attributed to self-determination, free will, and individual rights. As such, it is a controversial issue that seems to divide contemporary society. It is therefore unsurprising that arguments grounded in ethical principles and values are advanced both in support of and in opposition to the moral acceptance of euthanasia. Arguments in favour of euthanasia include, among others, the principle of autonomy and the virtue of compassion toward the suffering fellow human being. Conversely, the sacredness of life, the prohibition of killing fellow human beings, and the medical ethos of healing and pain relief are advanced as arguments against it.

The present study examines and evaluates a different argument frequently invoked in discussions of euthanasia, namely the slippery slope argument. The analysis does not aim to assess the moral permissibility of euthanasia per se, but rather to examine the probative force of this specific argument. Unlike arguments grounded in moral theories or primarily deontological principles, the slippery slope argument is a purely teleological and consequentialist argument. Its evidential force does not derive from a widely accepted ethical principle, such as respect for human life or personal autonomy. Rather, it is based on the consequences of the action under consideration. Whereas, for example, Christian ethics evaluates what is good according to its conformity or opposition to the will of God, a consequentialist argument evaluates an act on the basis of its consequences. Making consequences the decisive criterion for moral evaluation undoubtedly provides an unstable foundation for a strong argument, since consequences may vary according to time and social context. At the same time, it gives rise to an easily comprehensible and profoundly influential argument, since all people readily understand and seek favourable outcomes.

While a moral principle may be subject to divergent interpretations and understandings, the outcomes are typically tangible, measurable, and fully comprehensible. Consequently, a consequentialist argument, such as that of the slippery slope, although not typically regarded by bioethicists as one of the most significant arguments in the ethical debate on euthanasia, exerts a considerable influence on society. In what follows, the slippery slope argument will be presented, and the manner in which it is formulated and applied in opposition to euthanasia will be examined. The study will conclude with an assessment of its probative value and of the limits of its legitimate use in the contemporary bioethical debate.

1. PRESENTATION OF THE ARGUMENT

According to this argument, an act is initially assessed in terms of its ethical acceptability, and its anticipated consequences are subsequently examined in order to confirm or revise that initial moral assessment. While the slippery slope argument can, in theory, be used either to support or to oppose an action, in practice it is almost exclusively employed to reject an action on moral grounds. For this reason, although other terms have been used to indicate the importance of the consequences of an action for its ethical evaluation, the term “slippery slope argument” ultimately prevailed in English-language literature, while in German-language literature the term “Dammbruchargument” (“the argument of the dam’s collapse”) is used. Both expressions are particularly vivid and clearly suggest the negative consequences of an action.

The former evokes the image of a slippery road, where the risk of losing control and causing serious harm is high. Similarly, the latter brings to mind the image of water that rapidly and uncontrollably flows down after a dam's collapse, causing significant destruction in its path. The loss of control precipitated by a slip or a dam’s collapse invariably leads to catastrophic consequences that can no longer be managed. These images vividly convey the central idea of the argument, namely that acceptance of a given act under consideration will inevitably or very likely lead to significant negative consequences, which can no longer be halted. Accordingly, in order to avoid such consequences, it is deemed necessary to refrain from accepting the act under consideration, even if it is regarded as ethically acceptable in itself.

The slippery slope argument is distinct from the mere expression of apprehensions about the future, since it presents the anticipated negative consequences in a reasoned and evidence-based manner. The structure of the argument can be summarized as follows:

1) Let us assume that an action A is morally acceptable.

International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

2) The acceptance of action A inevitably leads, or at least with a high probability, to action B, which in turn leads to action C, and so on.

3) Because actions B and C have significant negative consequences and are considered morally unacceptable, one must therefore reject action A as well.

The slippery slope argument is widely used in bioethics, since ethical reflection concern, among other things, the consequences of the new possibilities arising from the rapid advances in medicine and, more generally, in biotechnology. Those who place considerable weight on such consequences tend to view this argument favourably. It is worth noting that Tom Beauchamp and James Childress, two distinguished bioethicists and proponents of the well-known four principles of bioethics, although they regard euthanasia as morally justifiable under certain conditions, ultimately reject it in view of the negative consequences that they believe it is likely to entail. Others, however, maintain that the slippery slope argument does not make a meaningful contribution to ethical deliberation, since it appeals to fear in a demagogic way about scientific and technological progress. It is therefore a highly controversial argument, one that will be evaluated after examining how it is formulated in the context of euthanasia.

2. THE USE OF THE ARGUMENT TO REJECT EUTHANASIA

The present analysis begins with a paradigmatic example of the use of this argument to reject euthanasia, offered by the late Archbishop Christodoulos of Athens. He envisages a future society in which the natural law according to which no one has the right to kill a fellow human being is no longer respected. In this hypothetical society, the prevailing view is that it is good for a person to die with dignity. He continues: "For the very elderly or the terminally ill, there will be a first stage, which will be the request of the person themselves or their relatives for euthanasia.

The request will undergo a preliminary evaluation by medical professionals and, following a summary procedure, the relevant permission will be granted. This will be followed by a second stage, which will entail the legal imposition of euthanasia in specific cases, regardless of the patient's wishes, for economic reasons and to care for other patients who, in the opinion of doctors, have a chance of recovery ... In accordance with the logic of a so-called “practical spirit”, for reasons of economy, in order not to burden younger relatives, and in order to reduce healthcare costs, such a development may culminate in the emergence of a nightmarish society. Within this society, individuals over the age of 90 would be subjected to an "objective" health examination. In the event that the examination determines that their lives should be terminated in order to ensure their dignity in death, they would be transferred to specially constructed luxury crematoria ..."[1].

The late Archbishop characterised the prospect of such a society as nightmarish and consequently concluded that one must uphold respect for life and reject euthanasia. Let us now examine more systematically the alleged negative consequences that, according to the argument under consideration, justify the categorical rejection of euthanasia. Typically, proponents of the argument identify the following four consequences:

a) Acceptance of non-voluntary euthanasia

While proponents of euthanasia present it as an act of freedom and an expression of human dignity, its acceptance will ultimately lead, according to the argument, to the acceptance of non-voluntary euthanasia, which these same proponents reject. When one consents to a patient’s request to die with dignity in order to relieve suffering, on the grounds that the termination of life is ethically justified, it appears logically consistent to proceed with the termination of another patient’s life in an identical clinical situation, even if that patient is unable to articulate such a request[2]. James Keown argues that the transition from voluntary to non-voluntary euthanasia is, in practice, difficult to avoid. He maintains that the conditions relating to the patient’s free will and the consent of the attending physician do not, in reality, carry the same weight. The

[1] Christodoulos Paraskevaidis (Archbishop of Athens and All Greece), Χριστιανικές σκέψεις περί εὐθανασίας, in: " Τό πνεῦμα μή σβέννυτε ". Λόγοι τοῦ Ἀρχιεπ. Ἀθηνῶν σέ ἐπίκαιρα θέματα, Athens 2003, pp. 383-385.

[2] Nat Hentoff, "The Slippery Slope of Euthanasia", in: Jonathan Moreno (ed.), Arguing Euthanasia, New York 1995, pp. 110-112. Hans Rotter, Die Würde des Lebens. Fragen zur medizinischen Ethik, Innsbruck – Vienna 1987, pp. 116-117.

IFIASA
International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

physician's role thus becomes decisive, since it is the physician who will be called upon to decide whether there are grounds for ending the patient's life, such as incurable illness, unbearable pain, or a short life expectancy, and subsequently to carry out the act. In this way, however, the patient's will becomes of secondary importance, since the legalisation of voluntary euthanasia has already shifted the moral criterion from the inviolable value of life to the assessment of its quality. As a result, it is considered logically consistent to perform euthanasia also on a patient with a similar clinical condition who is unable to express their will[3]. Moreover, the free expression of the patient's will, the reliability of the request for euthanasia, and the assessment of the loss of dignity do not have an objective character in such a way as to be universally accepted, but are left to subjective interpretation and therefore to possible abuse on the part of the physician[4]. Consequently, it is reasonable to assume that the physician will ultimately act in accordance with what is deemed ethically or institutionally necessary, whether on the basis of personal judgment or in compliance with guidelines issued by relevant health authorities, which may prescribe, for example, the omission of surgery or other costly forms of treatment in certain cases of illness[5].

b) Pressure on the patient to request euthanasia

While euthanasia is presented by its proponents as an additional option that expands the patient's freedom, the possibility of directly ending one's life is likely to create strong psychological pressure on the patient to choose what appears to be beneficial for everyone: relief from their own suffering, the alleviation of the burden placed on their loved ones, the reduction of costs for the healthcare system, and the freeing up of a hospital bed. When the physician, from whom the patient expects healing and relief, informs the patient of the possibility of deciding to end their life, this may give the impression that the physician is indirectly encouraging such a decision. This is particularly the case when patients feel that they have become a burden to their loved ones, imposing financial and physical demands on them through their care, and that they have a moral obligation to relieve them of this burden[6].

Empirical research indicates that, for many terminally ill patients, the wish for death is motivated by the desire to relieve their loved ones of the perceived burden of care[7]. It is reasonable to assume that comparable psychological pressure may also be exerted at the societal level, particularly where many people need medical care and resources are limited[8]. In such a context, any decision to refuse euthanasia is likely to appear as a selfish and antisocial choice. Thus, while euthanasia is presented by its proponents merely as an

[3] John Keown, Euthanasia, Ethics, and Public Policy, op. cit., p. 77.
[4] David Lamb, Down the Slippery Slope, op. cit., p. 3.
[5] See John Harris, Der Wert des Lebens. Eine Einführung in die medizinische Ethik, Berlin 1995, pp. 132-133 (original title: The Value of Life. An Introduction to Medical Ethics, London 1985). The British philosopher argues that the real problem of euthanasia does not lie in voluntary euthanasia, which he accepts, but in compulsory euthanasia, which, in his view, is systematically promoted by various authorities in the field of healthcare. He also cites specific examples of guidelines addressed to hospitals that were reported in the British press. Nevertheless, this reference appears to strengthen the slippery slope argument against euthanasia.
[6] Johannes Gründel, " *Euthanasie aus Mitleid? Ethisch – theologische Anfragen*", in: Walther Gose et al. (eds.), *Aktive Sterbehilfe? Zum Selbstbestimmungsrecht des Patienten*, Trier 1997, pp. 110-112 and 116. Eberhard Schockenhoff, Sterbehilfe und Menschenwürde, Begleitung zu einem 'eigenen' Tod, Regensburg 1991, p. 102. Bernhard Häring, Heilender Dienst, Ethische Probleme der modernen Medizin, Mainz 1972, pp. 131-132. Hans Rotter, Die Würde des Lebens, op. cit., p. 115.
[7] Christine J. McPherson - Keith G. Wilson - Mary Ann Murray**,** 'Feeling like a burden: Exploring the perspectives of patients at the end of life', in: Social Science & Medicine 64 (2007), 417–427. Heike Gudat - Kathrin Ohnsorge - Nina Streeck - Christoph Rehmann-Sutter, "**How palliative care patients' feelings of being a burden to others can motivate a wish to** die", in: Bioethics 33 (2019) 421–430.
[8] "There are limited resources available for saving lives, and if the cost of keeping a person alive is too great, one will be able to save more lives either by diverting the resources to other patients or to medical research". Michael Tooley, "Decisions to Terminate Life and the Concept of a Person", in: John Ladd (ed.), Ethical Issues Relating to Life and Death, New York 1979, p. 73.

International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

additional option and as a last resort, its acceptance and legalisation turn it into an easy way out of an unpleasant situation, rendering unnecessary the search for other forms of care and pain management.

c) Undermining of the physician-patient relationship

Euthanasia runs counter to fundamental principles of medical ethics, since it does not fall within the scope of a physician's professional responsibilities to cause a patient's death; rather, the physician's role is directed toward healing and the alleviation of suffering. However, once euthanasia becomes a viable option, the relationship between physician, patient, and family becomes particularly difficult, since the physician is called upon to decide whether and when it is right to respond to a request that is often made under conditions of pain and despair and may not express the patient's true will. In this context, the physician is required to decide about the life of another human being, a responsibility that runs counter to the medical vocation and places the physician before a demanding and critical dilemma. Should the physician respond to a request for euthanasia, they abandon the effort to heal and relieve suffering. Such a decision may give rise to doubt as to whether it was taken prematurely, since there is no possibility of reversal. Should the physician refuse the request, they assume responsibility for the continuation of the patient's life and suffering[9]. In both cases, the decision will be accompanied by doubts concerning its motives and correctness, with the result that trust in the physician is seriously undermined, a trust that is fundamental to the successful exercise of medical practice. Since the time of the Hippocratic Oath, the importance of the relationship of trust between physician and patient has been recognised, while medical confidentiality, as defined in the oath, is intended precisely to safeguard this relationship[10]. It is worth noting that medical confidentiality has not historically been questioned, even in difficult cases, such as debates concerning whether the sexual partners of AIDS patients should be informed. As even some proponents of euthanasia concede, following its legalisation many patients—particularly the elderly—may regard the administration of medication by their physician with suspicion and fear[11].

d) Weakening of the prohibition against killing

This prohibition against killing safeguards the fundamental right to life and expresses society's collective commitment to its protection; for this reason, it also has a distinctly social dimension. Undermining the value of human life by rendering it subject to the discretionary decisions of others endangers not only specific categories of people but also disrupts social peace and cohesion. Viewing euthanasia as an exception to the prohibition against killing establishes a negative precedent that can easily justify further exceptions, since every departure from the rule functions as an argument for the acceptance of additional ones[12]. In this way, new violations of human life are facilitated. For example, the denial of the unborn human being's right to life through the legalisation of abortion becomes an argument for the acceptance of embryo research, preimplantation diagnosis, and the removal of ethical restraints concerning the creation of so-called "surplus

[9] Eberhard Schockenhoff, Sterbehilfe und Menschenwürde, op. cit., pp. 101-102. Dirk Bakker, "Active Euthanasia: Is Mercy Killing the Killing of Mercy?", in: Robert I. Misbin (ed.), Euthanasia: the good of the patient, the good of society, Maryland 1992, p. 91.

[10] Edmund D. Pellegrino, "Trust and Distrust in Professional Ethics", in: *Theoretical Medicine* 17 (1996), 345–359.

[11] The Australian philosopher Peter Singer, an advocate of euthanasia, observes that such fears are irrational and unjustified, but admits that it is difficult to persuade elderly people of this. See Peter Singer, *Praktische Ethik*, Stuttgart 1991, p. 246.

[12] "Once respect for human life is so low that an innocent person may be killed directly even at his own request, compulsory euthanasia will necessarily be very close. This could easily lead to the killing of all incurable charity patients, the elderly who are in public care, wounded soldiers, captured enemy soldiers, all deformed children, the mentally afflicted, and so on. Before long, the danger would be at the door of every citizen." See Joseph V. Sullivan, "The Immortality of Euthanasia", in: Marvin Kohl (ed.), Beneficent Euthanasia, Buffalo – New York 1975, p. 24.

International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

embryos"[13] in the context of in vitro fertilisation[14]. By contrast, the unwavering defence of the prohibition against killing promotes solidarity, protects the most vulnerable, and strengthens social cohesion. If society rejects the death penalty even for the worst criminals out of respect for the good of life, it appears inconsistent to accept a form of killing that is, moreover, carried out by physicians, whose vocation is to serve life. With these four consequences, the slippery slope argument seeks to demonstrate that the acceptance of euthanasia sets in motion a process of shifting moral and institutional boundaries with a momentum that becomes increasingly difficult to control.

3. EVALUATION OF THE ARGUMENT

Although the preceding examination of the anticipated negative consequences of the possible acceptance and legalisation of euthanasia was partly evaluative, insofar as these consequences were presented as plausible, we shall now proceed to a more general assessment of the slippery slope argument in the context of euthanasia, on the basis of two objections that are raised.

According to the first objection, the slippery slope argument appears convincing because it appeals to fear and insecurity in the face of what is new, calling for the timely prevention of negative consequences which, although possible, are neither inevitable nor incapable of being addressed in the future[15]. Moreover, exaggerating potential future risks may hinder scientific and technological progress, as well as any form of social change, since novel developments can also entail undesirable consequences. To use a characteristic formulation that summarizes this criticism, life itself may be described as a slippery slope that must be navigated by moving forward while avoiding its inherent dangers[16] . In our view, however, this criticism is directed not against the slippery slope argument itself, but against its misuse. It is certainly unjustified to reject any innovation outright solely on the basis of possible future risks; arguments of this kind are therefore not strong. The credibility of the slippery slope argument depends on the logical or empirical substantiation of the predicted consequences, the probability of their occurrence, and their undesirable and destructive character. The more convincingly the inevitability of these consequences is demonstrated, and the more negative their impact appears, the stronger the argument becomes.

According to the second objection, the slippery slope argument exhibits an inherent weakness, insofar as it is based on a transition from action A to actions B and C, which are then shown to have particularly negative consequences. Even if such a transition appears plausible, it should not be taken for granted or regarded as necessary, since human beings have the capacity to distinguish between these actions without conflating them and therefore need not slide into actions B and C [17]. In this context, reference is often made to the Latin maxim *abusus non tollit usum*, which expresses the view that misuse does not negate the possibility of legitimate use[18]. Applied to the alleged transition from voluntary to non-voluntary euthanasia, this line of criticism maintains that such a slide is by no means unavoidable, since there is a significant

[13] The term "surplus embryos" is the term that has prevailed in international literature for embryos created in vitro but not ultimately implanted in a woman's uterus. This term is degrading with regard to the human being, since it lowers the embryo to the category of a means to be used, which may either be surplus to or fall short of existing needs. For more on this term and, more generally, on the significance of terminology in bioethics, see Miltiadis Vantsos, "Ἡ σημασία τῆς ὁρολογίας στὴ βιοηθική", in: Ἐπιστημονικὴ Ἐπετηρίδα Θεολογικῆς Σχολῆς τοῦ Α.Π.Θ. / Τμῆμα Ποιμαντικῆς καί Κοινωνικῆς Θεολογίας 9 (2004), 147–160.

[14] Regarding the prohibition against killing, Christian Netzer points out that it is illogical to permit the abortion of a foetus a few months old after prenatal testing while at the same time prohibiting the destruction of an embryo only a few days old after preimplantation testing. Christian Netzer, "Führt uns die Präimplantationsdiagnostik auf eine Schiefe Ebene?", op. cit., p. 142.

[15] Peter Singer, Practical Ethics, Cambridge 1993, p. 77. Christian Netzer, "Führt uns die Präimplantationsdiagnostik auf eine Schiefe Ebene?", op. cit., p. 140.

[16] Hugh Lafollete, "Living on a Slippery Slope", op. cit., pp. 498-499.

[17] Marvin Kohl, The Morality of Killing, London 1974, pp. 19-20. David Enoch, "Once You Start Using Slippery Slope Arguments, You're on a Very Slippery Slope", in: Oxford Journal of Legal Studies 21 (2001) 630-631.

[18] Josef Schuster, "Sterbehilfe", in: Lexikon der Bioethik, vol. 3, Gütersloh 1998, p. 454.

IFIASA
International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

difference that prevents the two from being confused, namely the presence or absence of the patient's freely expressed will. This criticism is, in our opinion, convincing at a theoretical level. It is indeed possible for a society to accept voluntary euthanasia without ever sliding into non-voluntary euthanasia; accordingly, the transition from action A to action B is not theoretically inevitable. However, as already noted, such a transition remains plausible and highly probable, and this probability cannot be ignored in ethical evaluation. The acceptance of voluntary euthanasia would introduce a new normative reality in which society has already crossed the threshold of permitting physicians to intentionally end the lives of patients, having already accepted that the good of life is neither absolute nor always deserving of protection. Within this altered moral landscape, although it may not be absolutely necessary in theoretical terms, it would be reasonable to expect that society would at some point also accept the presumed consent of a patient who is unable to express their will, and thus proceed to the acceptance of non-voluntary euthanasia. This would be based on the view that such a patient should not be deprived of the possibility of euthanasia, which, it should be reiterated, has already been regarded as a morally legitimate option by the healthcare system and society.

CONCLUSION

In conclusion, the following observations may be drawn from the preceding analysis:

1. Unlike many ethical arguments that rely on abstract concepts or subtle theoretical distinctions, the slippery slope argument is easily comprehensible, as it is grounded in the description of the anticipated consequences of accepting a given practice. This characteristic largely explains its strong impact on public opinion. In the context of euthanasia, the argument is widely used because ethical evaluation necessarily involves consideration of the foreseeable consequences of its possible acceptance and legalisation. For such reasoning to be persuasive, however, the anticipated consequences must be adequately substantiated, and they must be widely recognised as particularly serious or undesirable.

2. Even when these conditions are met, the slippery slope argument should be understood as a supplementary argument that enriches ethical deliberation, and not as an argument that is sufficient in itself for moral evaluation. The main reason is that the evaluation of an act in itself takes precedence, while the assessment of its consequences follows. In Christian ethics in particular, the evaluation of bioethical issues is based on the Church's teaching on the origin, value, character, purpose, and destiny of human life and, specifically in relation to euthanasia, on the meaning of illness and pain, and on the hope of eternal life. Nevertheless, the consideration of anticipated consequences constitutes an important dimension of ethical reflection.

3. This understanding of the argument as a supplementary argument that enriches ethical reflection also weakens the force of the objections raised against it. While it is rightly observed that a slide toward negative consequences is not strictly inevitable, insofar as it depends on human freedom and responsibility, the well-substantiated presentation of the anticipated consequences as highly probable allows for the formulation of a strong argument that retains considerable persuasive power. Moreover, the argument has value even when it does not lead to the rejection of the act under consideration, since the mere identification of possible negative consequences constitutes an important contribution to moral evaluation, as it allows the timely recognition of dangers and the adoption of measures aimed at preventing their realisation.

International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

BIBLIOGRAPHY

[1] Bakker Dirk, "Active Euthanasia: Is Mercy Killing the Killing of Mercy?", in: Robert I. Misbin (ed.), Euthanasia: the good of the patient, the good of society, Maryland 1992.
[2] Christine J. McPherson - Keith G. Wilson - Mary Ann Murray, 'Feeling like a burden: Exploring the perspectives of patients at the end of life', in: Social Science & Medicine 64 (2007), 417–427.
[3] Enoch David, "Once You Start Using Slippery Slope Arguments, You're on a Very Slippery Slope", in: Oxford Journal of Legal Studies 21 (2001) 630-631.
[4] Gose Walther et al. (eds.), Aktive Sterbehilfe? Zum Selbstbestimmungsrecht des Patienten, Trier 1997.
[5] Gudat Heike - Kathrin Ohnsorge - Nina Streeck - Christoph Rehmann-Sutter, "How palliative care patients' feelings of being a burden to others can motivate a wish to die", in: Bioethics 33 (2019) 421–430.
[6] Häring Bernhard, Heilender Dienst, Ethische Probleme der modernen Medizin, Mainz 1972.
[7] Harris John, Der Wert des Lebens. Eine Einführung in die medizinische Ethik, Berlin 1995.
[8] Hentoff Nat, "The Slippery Slope of Euthanasia", in: Jonathan Moreno (ed.), Arguing Euthanasia, New York 1995.
[9] Hans Rotter, Die Würde des Lebens. Fragen zur medizinischen Ethik, Innsbruck – Vienna 1987.
[10] Joseph V. Sullivan, "The Immortality of Euthanasia", in: Marvin Kohl (ed.), Beneficent Euthanasia, Buffalo – New York 1975.
[11] Kohl Marvin, The Morality of Killing, London 1974
[12] Paraskevaidis Christodoulos (Archbishop of Athens and All Greece), Χριστιανικές σκέψεις περί εὐθανασίας, in: " Τό πνεῦμα μή σβέννυτε ". Λόγοι τοῦ Ἀρχιεπ. Ἀθηνῶν σέ ἐπίκαιρα θέματα, Athens 2003.
[13] Schockenhoff Eberhard, Sterbehilfe und Menschenwürde, Begleitung zu einem 'eigenen' Tod, Regensburg 1991.
[14] Schuster Josef, "Sterbehilfe", in: Lexikon der Bioethik, vol. 3, Gütersloh 1998.
[15] Singer Peter, Practical Ethics, Cambridge 1993.
[16] Singer Peter, Praktische Ethik, Stuttgart 1991.
[17] Tooley Michael, "Decisions to Terminate Life and the Concept of a Person", in: John Ladd (ed.), Ethical Issues Relating to Life and Death, New York 1979.
[18] Vantsos Miltiadis, "Η σημασία τῆς ὁρολογίας στὴ βιοηθική", in: Ἐπιστημονικὴ Ἐπετηρίδα Θεολογικῆς Σχολῆς τοῦ Α.Π.Θ. / Τμῆμα Ποιμαντικῆς καί Κοινωνικῆς Θεολογίας 9 (2004).

International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education
MCDSARE 2025 e-ISSN: 2601-8403 p-ISSN2601-839X
https://www.ifiasa.com/mcdsare

International Multidisciplinary Scientific Conferences on the Dialogue between Sciences & Arts, Religion & Education

MCDSARE- ISSN 2601-8403 |ISSN-L 2601-839X | https://doi.org/10.26520/mcdsare
Frequency: 1 issues/year, with possible supplementary issues. |

About IFIASA
Ideas Forum International Academic and Scientific Association (IFIASA) is a cultural-educational organization of distinguished members engaged in academic and scientific research.
IFIASA is a publisher, open access journals since its establishment in 2015.
IFIASA Publishing House
Târgoviște, Dâmbovița, Romania
https://www.ifiasa.com/
Email: ifiasa@yahoo.com

About MCDSARE
International Multidisciplinary Scientific Conferences on the Dialogue between Sciences & Arts, Religion & Education (MCDSARE) is a peer reviewed anualy international journal for encouraging Researchers, Practitioners, Academicians from Life Sciences, Philosophy, Sociology, Communication, Social Work, Anthropology, Applied Philosophy, Ethics, Bioethics, History, Religious Studies, Arts & Architecture, Psychology, Educational Sciences.

Abstract & Index
Ceeol;
CrossRef; Doi;
Ezb; WorldCat;
Google Scholar;
Philpapers;
Scilit; PubMed;
OpenAlex; Fact;
Sudoc; Ifiasa-Red;

Publisher: IFIASA© Ideas Forum International Academic and Scientific Association