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Commentary on 7th Lanson Lecture by Prof. Bonnie Steinbock

Socio-cultural context of Slippery Slope

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This commentary

- This commentary aims at providing a socio-cultural angle in the context of the mainland of China and Hong Kong. It is not a piece of critique of Professor Steinbock's thesis as such.
- I acknowledge that, in the context of Canada and states in the US where physician-assisted dying (PAD) is already legalized, many of the points made are sound. With my background in geriatric and rehabilitation medicine in early years, I remain concerned about the vulnerability of mentally ill patients.
- I am of the view that the risk of eroding professional values may deserve a separate treatment.

[1] My comments are focused on these points made by Prof. Steinbock

- In physician-assisted dying (PAD), slippery slopes are not inevitable. They can be prevented with appropriate safeguards..
- Safeguards need not be static. Subsequent proposals to amend and expand eligibility criteria may be justifiable.
- Slippery slope concerns may contain both empirical or psychological, and logical arguments. Logical arguments can be effectively refuted, empirical slippery slope arguments require a close look at the evidence.

[2] Her observations on Medical Aid in Dying (MAID) in Canada are illustrative

- MAID as initially legalized in Canada in 2016 was limited to cases with of “reasonably foreseeable natural death” (RFND). In 2021, the requirement was removed through Bill C-7, to require only “a grievous and irremediable medical condition”. This is often cited as evidence of slippery slope happening in Canada. Prof. Steinbock disagrees. Arguments are provided.
- The next agenda for MAID in Canada concerns people suffering solely from a mental illness. The implementation of this has been delayed until March 2027. Again, this is not considered necessarily slippery slope. In a small number of cases, PAD for treatment-resistant depression may be justifiable.

[3] My initial thoughts were in the form of questions

- What is the relevance of this lecture to Hong Kong? Might it be delivering a message that, to fully address the need of some patients with serious illnesses, to relieve suffering and respect autonomy, there is a *universal* need to consider PAD as a last resort?
- If such need is *universal*, can one go so far as to claim that, in modern societies, governments have *some* moral obligation to consider some provisions for legal PAD, for at least some conditions?

My underlying question is:

**May there not be a socio-cultural context to
slippery slope concerns?**

[4] Present scene in Hong Kong

- On November 20, 2024, a new *Advance Decision on Life-sustaining Treatment Ordinance* was passed in Hong Kong, codifying the practice of advance medical directives (AMD) and Do-not-attempt-CPR orders. Advance instructions to refuse life-sustaining treatments can be made for specified preconditions (not restricted to terminally ill).
- The Government emphasizes that AMD and euthanasia are “two completely distinct concepts”.
- The Code of Professional Conduct of the Medical Council of Hong Kong is repeatedly quoted: “Euthanasia is defined as ‘direct intentional killing of a person as part of the medical care being offered.’ *It is illegal and unethical.*” (Section 34.2)

[5] Hong Kong has not publicly discussed euthanasia and assisted suicide to any significant extent since the “Tang Siu Bun case” in 2003

- Tang was a newly graduated teacher who was left with quadriplegia after a gymnastics accident in 1991.
- Long-stay in an acute hospital on ventilator, experienced isolation throughout the SARS pandemic in 2003, made appeal to the Hong Kong CE pleading for ‘legalizing euthanasia’.
- Intensive rehabilitation facilitated a period of purposeful home-living till his death in 2012.



Tang Siu Pun (1969-2012)

In the mainland of China, since 1988, from time to time, submissions have been made by members of the two National Congresses proposing to legalize euthanasia.

[6] In 2019, the National Health Commission replied o a proposal submitted by National Committee members of CPPCC* to legalize euthanasia in China, **providing rationales**

*Southern Metropolis
Daily 《南方都市报》
Feb 15, 2019*

国家卫健委答复政协委员提案：“安乐死”立法存在较多困难

2019-02-15 09:57 南方都市报

相关医学、伦理学界存在较大争议，需要社会伦理及前期相关立法支持

在2018年的全国两会中，有多位政协委员提交提案，建议组织专门机构启动对“安乐死”问题进行科学论证。国家卫健委在近期公开的一份提案答复中表示，相关医学、伦理学界对于“安乐死”存在较大争议。目前，行业内对于“安乐死”的有关政策持相对谨慎的态度。立法实施“安乐死”，需要社会伦理及前期相关立法支持，目前还存在较多困难。



图/视觉中国 (图文无关)

不过，国家卫健委也在答复中坦承，实施“安乐死”帮助患者结束生命，有助于免除患者临终难以忍受的痛苦，尊重患者选择死亡的权利，也减轻了患者家庭和社会的经济负担。

* CPPCC: The Chinese People's Political Consultative Conference

[7] Rationales provided by the National Health Commission explaining why legislating for euthanasia “has many difficulties”

1. Value of life and No-harm principle: Sun Simio (孫思邈) : “The human life is of utmost importance, it is worth more than a thousand gold.” (人命至重，有貴千金) .
2. Death is irreversible and therefore using active means to deprive others of their lives should be treated with extreme caution.
3. Euthanasia may undermine physicians’ commitment and determination to “overcome incurable diseases” through research.
4. It is difficult to ascertain “genuine voluntariness”. Financially poor patients may renounce their lives for the sake of easing the burden on the family.
5. Much work still needs to be done to promote and develop palliative care.

[8] On socio-cultural characteristics of EOL decision making in China, honest observations were made by a critical care physician in Hangzhou (Li LB, 2013)

- ‘Family-oriented autonomy’ is prevailing, reflected in informed consent, truth-telling and decision-making regarding forgoing medical treatments.
- Respect of older generation and filial piety are often expressed in the form not letting go, requesting physicians to ‘rescue with all their strength’.
- Emphasis on harmony and taboo on the topic of death prohibit physicians from laying open possibly disturbing conversations on death and dying with the family.
- Taoist religious beliefs and Confucian values are both in favor of preserving life.

[9] Culture and attitudes towards euthanasia from an integrative review (Karumathil AA, & Tripathi R, 2022)

- Chinese culture was described as comprising mutually coherent but heterogeneous regional subcultures. On the whole, it is said to have collective attributes, favoring collective decision making, hierarchy, and maintaining social order and self-restraint. Individual autonomy may be devalued, aiming to achieve social cohesion.
- Altruism is valued, therefore against ideas of harming others; Conscientious adherence to social norms is appreciated.
- These together with the Confucian way of Zhongyong thinking (中庸之道, or 'taking the moderate way') are important restraints against extreme decisions. They influence attitude towards euthanasia.

[10] Debate on individual decisional autonomy in China and Asia is ongoing


- As discussed by Prof. Steinbock, justifications for PAD are mainly along two lines: Relief of extreme **suffering**, and respect for individual decisional **autonomy**. The latter is often disputed by Asian bioethicists.
- Some have resorted to cultural relativism as a fence against the libertarian conception of individual decisional autonomy. Others caution that cultural relativism should not be simplistically equated with ethical relativism. The debate is ongoing.

[11] Prof. Steinbock's approach is to deal with concerns of expansions of PAD eligibility one by one

- Terminally ill with intractable suffering, as last resort
 - Non-terminal incurable debilitating illness
 - Dementia patients (with advance request)
 - Treatment-resistant psychiatric illness
 - PAD becomes a routine treatment option
 - Children and infants (non-voluntary)
 - 'Tired of life' cases

Each proposed expansion of eligibility requirement can be separately argued (possibly justified)

[12] Yet, at the point of time-zero, the real concern of policy makers may be slipping on an increasingly liberal slope

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- 

[13] So, is it a slippery slope or not?

- Precisely because of the increasing ease of progressive justification, taking a first step may entail ‘inevitable’ shift of social and cultural values which will be substantial, even threatening.
- This may be conceived as a ‘**socio-cultural slippery slope** concern’.

[14] Mixing up biopolitics with bioethics?

- In the terminology used by a political scientist (Gregg B, 2024) the worry is that bioethical principle of individual decisional autonomy might have a “politically liberalizing effect when practiced in illiberal communities”.
- He was discussing bioethics in the context of Singapore and global bioethics. His own view is that bioethics is unlikely ever to be a politically liberalizing force. Governments will not yield, and a global bioethics will remain utopian.
- A more empirically plausible goal might be some kind of “enlightened, bioethical localism.”

For Hong Kong and China, our motherland, being at the point of time-zero, the question posed in the beginning of this commentary must first be addressed : -

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Summary thought

- Whether a society is willing or reluctant to embark on the path of legalizing PAD has much to do with firmly held values and beliefs.
- Prevailing values can be challenged, and cultural-relativism must be reasonably limited, yet, at time-zero, the ‘socio-cultural slippery slope concern’ can be quite real.

Thank you for your attention

