The Michigan conviction of Jack Kevorkian on a charge of second degree homicide offers us an opportunity for reflection on the state of the debate over euthanasia. Kevorkian's first criminal conviction in his participation in more than 130 deaths is at one level good news. It shows that it is possible to get a jury to convict a physician for killing a patient who wanted to die. That is itself an exceedingly difficult thing. Juries can give big awards against doctors in civil cases; they are extremely reluctant to convict them for conscientious acts in the course of their medical practice.

Nullification (the capacity of juries to set the law to one side) was not entirely absent from this case; by rights it should have been first degree homicide, not second. But we have here at least a little line in the sand which should make it harder for the U.S. to go Dutch. In Holland, the world's grim euthanasia lab, it was a succession of improper court decisions which led to the de facto legalization of a regime which has now sanctioned the killing of many thousands of people.

However, the advocates of euthanasia are basically pleased that Kevorkian is out of action (though he is hardly out of the limelight). He had become an embarrassment, even though he has long enabled them to claim that they offer a more responsible alternative. Of course, the sepulchral face of Jack Kevorkian has kept the issue on the covers of the news magazines for years, and keeping it there may be central to effecting the changes in public policy which
The Oregon assisted suicide law is now a year old and under review. It seems that there were few takers in its first year, although (and this is where the Dutch stats from the Remmelink Report are so chilling) the option of medical killing, in whatever form, will immediately begin to affect a wide range of decision-making in subtle and perhaps unconscious ways. Clinical management, especially with the chronically and terminally ill, is a highly nuanced art with considerable scope for the mixing of motives as decisions are taken which will have as their outcome life or death. At the end of the day, public policy is indivisible; and the case against euthanasia as public policy turns crucially on the claim that voluntary, non-voluntary and involuntary euthanasia are ultimately interconnected in ways which demonstrate that the sanctity of life is indivisible. The naïveté of those who favor a limited euthanasia regime (starting with assistance in suicide as its softest case) should not survive a serious visit to Holland, where the legal requirement of a patient's informed consent has all too often been disregarded.

It is hard to read the runes. Will the Kevorkian verdict serve one day as a way mark on the long road to protecting the lives of innocent human beings in all circumstances? Will Oregon be followed by ten or twenty other states-and suicide turn into direct killing and voluntary into anything but-before the tide turns and we see how wrong we have been? What we do know is that the best defense against the pro-death advocates is good medical care, with hospice and palliative options the context for excellence as lives get harder and finally draw to a conclusion. As we work and pray for true dignity in dying-for dying to be kept quite separate from killing-we should take heart that a Michigan jury decided that Kevorkian's action was a homicide. And we should redouble our efforts to argue our case and make this verdict the turning-point which it might yet prove to be.

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