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Abstract

In biomedical ethics the slippery slope argument has been used in such issues as abortion, legalizing marijuana, physicians having to disclose their HIV status, euthanasia and gene therapy. Its uses in ethical controversies on the latter two topics have been most prominent, and the main examples treated in this article are slippery slope arguments about euthanasia and gene therapy.

Keywords

Ethical argumentation, dam burst argument, thin edge of the wedge, vagueness, eugenics, euthanasia, deliberation

Introduction

The slippery slope argument goes by different names such as the thin edge of the wedge argument, the dam burst argument, the Pandora's box argument, the domino argument, the snowball argument and the camel's nose in the tent argument. But depending on how you define these other arguments, they may be different from the slippery slope argument. Because slippery slope is both highly intuitive as a form of argument, but also highly complex in its logical structure, it has resisted attempts to provide a precise and comprehensive definition. Slippery slope arguments are often mixed up with related arguments, such as argument from negative consequences, that are inherently different from the slippery slope argument. Another problem is that slippery slope arguments are typically put forward in a compressed way that conceals implicit premises drawn from common knowledge. This means that identifying a slippery slope argument in ethical controversies has been a difficult or even an impossible problem. Although different types of slippery slope arguments have been identified in the literature (Govier, 1982; Walton, 1992), so far no central type of slippery slope argument, that they fall under and that ties them all together, has been identified. In this article, four identifying characteristics are formulated for determining whether an argument is a slippery slope argument or not.

Yet another problem is that although slippery slope arguments have often been assumed to be fallacious by the logic textbooks, many in the literature accept the hypothesis that they can sometimes be reasonable. This state of affairs raises the question of how slippery slope arguments can be evaluated, so that one can tell which are the reasonable ones and which are the fallacious or defective ones. This short article cannot solve these problems, but can only give the reader some idea of what slippery slope arguments are like in the examples treated. It will be shown that a slippery slope argument has four basic components. One is a first step, an action or policy being considered. A second is a sequence in which this action leads to other actions. A third is a so-called gray zone or area of indeterminacy along the sequence where the agent loses control. The fourth is the catastrophic outcome at the very end of the sequence. The idea is that

as soon as the agent in question takes the first step he will be impelled forward through the sequence, losing control so that in the end he will reach the catastrophic outcome. Not all of these components are typically made explicit, however, in examples of the slippery slope argument seen in biomedical ethics.

Historical Background

The slippery slope argument is closely related to the *sorites* (heap) paradox known to the ancient Greek philosophers, and attributed to Eubulides (Kneale and Kneale, 1962, 114). The heap paradox can be formulated as an argument with two true premises leading by an apparently valid argument to a false conclusion.

Premise 1: If you take one grain away from a heap, it makes no significant difference - you still have a heap.
Premise 2: Each time you repeat this step, it makes no difference, because one grain is too small to make a difference between something being a heap or not.
Conclusion: Even if you only have a few grains left, after repeating this step in premise 2 many times, what you have left has to be a heap.

This argument represents a paradox, because if a deductive argument is valid and the premises are all true, then the conclusion cannot be false.

This form of argument is similar in general outline to the slippery slope argument because the problem in both instances is related to vagueness, specifically the grey area on a continuum where a specific criterion cannot be applied to differentiate one thing from another. Sometimes the heap paradox is also called the bald man paradox. Consider a man who starts pulling out the hairs on his head one at a time. When he starts this procedure is clear that he is not bald, but at some undefinable point it has become clear that he is bald. Sometimes the same form of argument or comparable one is also called the argument of the beard, for the same reasons. At what point does a man go from clean-shaven to having a beard? The argument of the beard has been described in logic textbooks as the fallacy of arguing that there is no difference between two things because there is a continuum between them and no sharp dividing line between them (Thouless, 1930). For example, one could contend using this argument that there is no difference between being rich and not being rich.

The heap paradox and the beard argument are different from the slippery slope argument, however, even though the latter two evolve from vagueness. The slippery slope argument is about a decision to take action or adopt a proposal. It is an argument against an action because that action represents a first step in a sequence of actions on a continuum with a grey zone wherein the possibility of stopping cannot be pinpointed, and where the sequence past that point inevitably (or with high probability) leads to a highly undesirable outcome. Vagueness here is part of the problem, but not the whole story.

It would appear that there is no direct historical link between the heap paradox and the slippery slope argument. The latter began to appear in textbooks on informal logic, for example (Beardsley, 1966, 176) and has continued to do so. Although the slippery slope argument is typically included in such textbooks under the heading of informal fallacies, the textbook accounts do not generally claim that this type of argument is always fallacious, and sometimes

specifically state that is not. In recent history, the kinds of examples of the slippery slope argument that have been discussed extensively occur in law and biomedical ethics.

The First Example: Euthanasia

An example of the use of the slippery slope argument attributed to Bishop Sullivan has been much quoted in the biomedical ethics literature (Rachels, 1986, 171).

> If voluntary euthanasia were legalized, there is good reason to believe that at a later date another bill for compulsory euthanasia would be legalized. Once the 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 near. This could lead easily to killing all incurable cancer patients, the aged who are a public care, wounded soldiers, all deformed children, the mentally afflicted, and so on. Before long the danger would be at the door of every citizen. Once a man is permitted on his own authority to kill an innocent person directly, there is no way of stopping the advancement of that wedge.

In this example see some elements of the slippery slope argument can be seen. There is the first step where voluntary euthanasia is legalized. There appears to be a sequence of events flowing from this initial event: respect for human life is less, which leads to innocent persons being killed directly, which takes us to compulsory euthanasia, which takes us to killing incurable cancer patients, the aged, wounded soldiers, deformed children, mentally afflicted persons and so forth. It is not clear however, whether all these events are supposed to happen at more or less the same time or whether there is some sequence whereby one leads to another. However, compulsory euthanasia is supposedly being taken as a very bad policy, which includes outcomes such as killing deformed children and so forth. So there do appear to be some of the elements of the slippery slope argument here, assuming that having compulsory euthanasia is the catastrophic outcome at the end of the slope. Finally, there is the statement at the very end that there is no way of stopping the advancement of the sequence.

It is this last statement which brings up consideration of whether the slippery slope argument can properly be evaluated as a fallacy in this case. For the argument is a prediction about what might or will happen in the future, and such an argument is always a contingent matter. Even if voluntary euthanasia were to be legalized, it might well be possible that some bright line, some legal guidelines for distinguishing between compulsory euthanasia and voluntary euthanasia, could be devised that would be found to be workable and adequate to prevent compulsory euthanasia from being permitted.

According to Saliger (2007, 342) slippery slope arguments are called dam burst arguments in the biomedical ethics literature in Germany. But these appear to be two different kinds of arguments. In a slippery slope argument, the agent is proceeding gradually down a slope but can still turn back until he gets to a grey area of indeterminacy where he loses control. In the dam burst argument, once the dam bursts, the water floods out flooding of the area below. The flooding procedure may happen gradually, but there is no element of a sequence containing a grey area where the agent loses control over its actions. For these reasons Rachels' example may be better classified as a dam burst argument rather than a slippery slope argument. It's impossible to tell until there exists a set of identifying characteristics to define a slippery slope argument.

Defining the Slippery Slope Type of Argument

A genuine slippery slope argument should have four basic characteristics. First there is a framework of discussion in which two agents, in the simplest case, are deliberating on whether to take an action or policy that they are considering, or that one of them is considering. Let us call the agent who is considering taking the action the proponent and the other party who is raising some doubts about whether the action is prudent the critic. Second, the critic postulates a sequence of actions that will flow progressively from the first action being considered. Third, although the first steps in the sequence may be harmless, the proponent will gradually be propelled along the sequence to actions that are progressively more serious. Fourth, at some indeterminate point that cannot be defined in advance, the so-called gray area, the agent loses control and can no longer stop the sequence of actions from moving ahead to the final catastrophic outcome. This set of identifying characteristics is based on the existence of a continuum form a first step to a final outcome, and the continuum is the basis of an argumentation model (Walton, 1992). This model has been shown to apply to the kind of slippery slope arguments used in the ethical issue surrounding genetic therapy by (Luanus, 2002, 174). This example is outlined below.

Using these characteristics, a slippery slope argument is defined as one in which the agent initially has control over its actions and can still stop the descent towards the ultimate catastrophic outcome, but at some point loses control, so that after that point the catastrophic outcome has become inevitable. So, although the slippery slope argument is a prediction about what will happen in the future, and it is generally an exaggeration to claim that any prediction of the sort has an outcome that is inevitable, there is an aspect of inevitability involved. The tricky part of the argument is that at some indeterminate point along the sequence of actions, the agent loses control. In other words, after the agent has proceeded through this gray zone, then the final outcome may be described as inevitable. But this is tricky, because if you claim that the final outcome is inevitable from the first step, that claim would make the slippery slope argument fallacious. So considerable care needs to be taken in formulating such an argument.

Reasonable Slippery Slope Argument

A simple example of a reasonable slippery slope argument is a good starting point to discuss slippery slopes. Let’s consider the hypothetical case of a father warning his son not to take drugs, even if one of his schoolmates offers a free sample, and tells him that taking the drug will make him feel good and is harmless. The father advises his son that although taking this drug may make him feel good, it can not only be dangerous but can lead to a situation of dependency where the body craves more and more of the substance. As the drug continues to be taken to achieve the same effect, it gets harder and harder to stop taking it, and at some point it will become impossible to stop taking it because of the withdrawal symptoms, such as cravings and nausea. You become addicted to the drug. Because continuing to take the drug has side effects that are harmful to health, the end result is that you will become sick, you will not be able to carry on with your daily activities, and your life will be ruined. Even with treatment it may be difficult or impossible for you to stop taking the drug.

This example can be classified as a slippery slope argument, because it has all four characteristics described above. But nevertheless it is hard to deny that it is an extremely reasonable argument for the father to use to try to persuade his son not to take drugs. Of course

some drugs can be more addictive than others, and it will complicate the example by naming a specific drug, such as cocaine or heroin. But generally it can be said that this sort of example is in principle a reasonable kind of argument.

Other non-fallacious examples of the slippery slope argument can be found in legal arguments. A series of cases on the flag-burning issue ruled on by American courts can be found in (Walton, 1992, chapter 7).

The Example of Genetic Therapy

Somatic gene therapy refers to the insertion of therapeutic genes into the somatic cells (the nonreproductive cells) of a patient. In somatic gene therapy, the effects are restricted and not inherited by the person's offspring or later generations. Germline gene therapy carries its effects over to future generations (Launus, 2002, 170). Somatic gene therapy is currently used to treat genetic disorders such as immunodeficiencies, hemophilia, cystic fibrosis, and is also used to avoid complications of organ rejection by inserting bone marrow (Resnik, 1994). Some countries such as Australia, Canada, Germany, Israel, Switzerland and the Netherlands prohibit treating patients with germline gene therapy, even though it shows promise for treating some genetic disorders.

Recently there is some apprehension that the introduction of germline therapy is the first step in the slippery slope of that will ultimately force the adoption of genetic enhancement. Gardner (1995) has described a series of steps that will move us further along the slippery slope sequence that will result in standardized use of germline therapy as a medical reproductive series available to parents to genetically improve the cognitive abilities of their children. He describes several forces that will move this sequence of steps forward. One is technological development of the kind that always tends to drive us forward to use any new technology that promises to be successful. Another is that as genetic therapy becomes more and more successful, it will achieve greater public acceptance (Holtug, 1993, 414). Once parents start using it, they will see the advantages of it for their children. Once it becomes more widely adopted, it will become apparent that the children who have benefited from genetic enhancement technology will do better in competitions, in test scores and school grades. Once this stage is reached, genetic enhancement will begin to be adopted by nations because they are constantly competing to promote higher rates of economic growth, so they will take a strong interest in producing skilled and well-educated children who are joining the workforce. As nations compete with each other, they will see genetic enhancement as a way to compete with other nations to achieve their economic growth.

Gardner does not see this sequence of events as inevitably leading to the adoption of genetic enhancement over the world, he only sees it as a highly probable outcome of events that will be driven forward by natural forces, once the first steps are taken to accept germline therapy. There is also another respect in which the argument he describes is different from the slippery slope argument. He doesn't see genetic cognitive enhancement as a bad thing, something with a negative value, or as a catastrophic outcome that should be avoided at all costs.

However, others have taken this argument another step forward by describing the outcome as the acceptance of eugenics. For historical reasons this term has emotional connotations for many, and might be perceived as a scary outcome that is fearful and dangerous. The term eugenics, coined by Francis Galton in 1884, refers to a social program for promoting the higher reproduction of people with valuable characteristics and the reduction of the reproduction of

people with characteristics deemed to be undesirable (Bashford, and Levine, 2010). Eugenics was popular in America in the 19th century and early 20th century, but became discredited when it was used as a justification for the racial policies of Nazi Germany. Because of this historical association, the word eugenics has highly negative connotations, suggesting or implying something fearful and even evil.

Cognitive enhancement of children's abilities doesn't sound like such a bad thing in itself. It could even be seen as a good thing, perhaps increasingly so as genetic technology improves, for the reasons adduced by Gardner. However as soon as genetic cognitive enhancement is linked to the word 'eugenics', people definitely take a step back from it, and it might well be seen as a catastrophic outcome of a kind to rightly be fearful about. So once genetic cognitive enhancement is associated with eugenics, taking the step of moving forward with accepting germline therapy could be setting a slippery slope sequence into place. But even without eugenics coming into it, germline therapy can be attacked using value-based argumentation on the grounds that could worsen existing economic and social inequities (Resnik, 1994, 32).

Compressed Slippery Slope Arguments

Slippery slope arguments are typically put forward in natural language argumentation in a compressed form in which parts of the argument indicated by the four characteristics of the slippery slope argument given above are not explicitly stated. Based on common knowledge, these components are only present in an enthymematic (non-explicit) form. An enthymeme, in logic is an argument that has some of its components implicitly indicated, but not explicitly expressed in the text of discourse in which the argument was put forward. Usually an argument is said to be an enthymeme if it has a missing premise, but sometimes the not explicitly stated component can be the conclusion. The classic example is the following argument: all men are mortal, therefore Socrates is mortal. The unstated premise is the proposition that Socrates is a man. This premise can be taken to be generally known in common knowledge, and since its insertion into the original incomplete argument would make the argument valid, there are grounds for taking the argument to be also based on this implicit premise along with the explicit premise that all men are mortal.

Slippery slope arguments often have this feature of being incompletely expressed or enthymematic. Consider the following example: if voluntary euthanasia is legalized, in the future there will be more cases of medical murder. Because of common knowledge, an audience can understand that there is some sort of implied transition so that there are a series of steps between the first action of legalizing voluntary euthanasia and the undesirable outcome of more cases of medical murder. Murder is something very bad; indeed it is a crime, a so-called capital offense. Hence this outcome can be taken to have a high negative value, something that one would definitely want to avoid because it is dangerous. But what the steps are between legalizing voluntary euthanasia and the outcome of more cases of medical murder is left entirely implicit. Even so, if it can be assumed that there is an intervening sequence of events between these two polar events that link the polar events together going over some gray zone in which there is a loss of control leading down the slope to the catastrophic outcome, then the initial argument from negative consequences can be identified as a slippery slope argument. Such a classification rests, however, on several implicit assumptions that are only thinly supported at present by the original formulation of the argument. In such cases, the critic needs to test the original argument as formulated, and try to get its proponent to fill in the missing steps. Otherwise, there is danger of

confusion and misdirection, and this is the kind of tricky case associated with fallacious uses of the slippery slope argument.

Close Relationships to Associated Types of Arguments

The slippery slope argument is related to several other forms of argument that are not identical to it but are often confused with it. Argument from negative consequences cites the consequences of a proposed course of action as a reason for not taking that course of action. Argument from negative consequences has the following general form (Walton, Reed and Macagno, 2008, 332).

Premise: If action *A* is brought about, negative consequences will plausibly occur.
Conclusion: Therefore *A* should not be brought about.

This structure represents a kind of reasoning that is used all the time in natural language deliberations. It is a reasonable argument, and the slippery slope argument is a subspecies of argument from negative consequences. But argument from negative consequences is not the same kind of argument as slippery slope argument. It is more general. In order to be a slippery slope argument, a given argument has to fit the scheme for argument from negative consequences above, but it also has to have several other components. The action *A* has to be the first step in a sequence leading through a gray zone to an ultimate outcome that has an unusually high negative value. Moreover, there also has to be an element of loss of control involved that takes place during the gray zone.

Two examples from (Corner et al. (2011, 135) help us to distinguish between slippery slope arguments and arguments from negative consequences. One example they cite is the argument opposing the legalization of cannabis because it would lead to an increase in lung disease. This is an example of argument from negative consequences, but as the example is stated, it cannot be classified as an instance of the slippery slope argument, because the evidence that it has the other required characteristics of the slippery slope argument is not there in the example. An example of an argument they consider as fitting the requirements of a slippery slope argument is this one: if cannabis were legalized, attitudes towards harder drugs might become more positive, and in the future heroin might also become legalized. This argument can be classified as a compressed version of the slippery slope argument, given that the final outcome of legalization of heroin is being put forward as an outcome with high negative value, and given that there is an implicit sequence from the first step of legalization of cannabis to other steps in which progressively harder drugs are legalized, then the sequence is driven forward by an increase in positive attitudes towards harder drugs. These intervening steps are not stated explicitly, which is a defect of the argument if it is to be classified as a proper slippery slope argument. Nevertheless enough of the characteristics of the slippery slope argument are there, that it could be provisionally classified as fitting the requirements for this type of argument.

The slippery slope argument is also closely related to a type of argument that is familiar in logic called *reductio ad absurdum*. In this type of argument, a hypothesis is put forward and an absurd consequence is drawn from it by a sequence of logical reasoning. Typically the absurd consequence is a logical inconsistency. Since a logical inconsistency is a false statement, by the rule of deductive inference called *modus tollens*, the hypothesis itself must be false. The rule of *modus tollens* has the following form in deductive logic, where *P* and *Q* are propositions.

If *P* then *Q*.
Not-*Q*.
Therefore not-*P*.

Once again though the point needs to be made that the slippery slope argument is not identical to the form of argument called *reductio ad absurdum*, but is a subtype of it. The slippery slope type of argument also takes values into account, and is therefore related to a simpler form of argument called argument from values.

Argument from negative consequences is based on the assumption that consequences of an action can be designated as having a negative value, and the slippery slope argument also has this feature when it postulates the ultimate outcome of the slope will be catastrophic, something with a very high negative value. But arguments from positive and negative value are independent forms of argument in their own right that give practical reasons for carrying out (or not carrying out) a contemplated action (Walton, Reed and Macagno, 2008). Argument from negative value has the following general form.

> Major Premise: If action *A* has negative value *V*, *A* should not be carried out.
> Minor Premise: Action *A* has negative value *V*.
> Conclusion: *A* should not be carried out.

It is important to note that this form of argument is defeasible, meaning that it offers a presumption in favor of its conclusion if the premises are accepted, but this presumption can be defeated by new evidence that comes into a case. So the finding that action *A* has negative value *V* which is a reason for not carrying out *A* is not final, it may be possible in a given case that there are countervailing reasons for carrying out *A*, for example the finding that *A* has positive value greater than its negative value.

Domino Arguments and Dam Burst Arguments

The terminology used to identify and classify slippery slope arguments has not yet stabilized. But it can be helpful to propose that there are two types of arguments often equated with the slippery slope argument that need to be seen as special instances of it but are not equivalent to it as forms of argument. The first of these is the so-called domino argument. The domino argument has a sequence of events in which each one in the sequence causes the next one to happen in such a manner that once the first event occurs at will lead to the next event, and so forth, until the last event in the sequence finally occurs. In slippery slope arguments, the sequence on which these actions are propelled forward is often at least partly causal in nature. Therefore it seems reasonable to propose that on the definition of the slippery slope argument given above, the domino argument represents one part of the slippery slope argument. However the domino argument does not postulate the catastrophic outcome as the last step in the sequence. It merely says that once the first step is taken it will lead to a sequence of outcomes that will tend to be quite lengthy and therefore might be more serious than was originally anticipated. Another difference between the Domino argument and the slippery slope argument is that the Domino argument requires no step-by-step participation by the decision-maker in the process of sliding down the slope (Saliger, 2007, 343). How to define these terms is not yet settled, but if the

domino argument is defined in this way, it is clearly different from the slippery slope argument, but can be seen as a part of it, and closely related to it.

The other type of argument often equated with the slippery slope argument is called the dam burst argument (Saliger, 2007). In the case of the latter type of argument there is one cataclysmic event, the dam bursting, and then there is either slowly or immediately the catastrophic outcome of the flooding of the area below the dam, presumably with loss of property and lives of those affected by the flooding. This metaphor suggests a special kind of argument from negative consequences that has a highly negatively evaluated outcome, a ruinous disaster. In this respect it is comparable to a slippery slope argument. But the metaphor of the dam bursting carries with it no essential element of a sequence of steps from an initial action through a gray zone with its accompanying loss of control eventuated in the ultimate outcome of the ruinous disaster. For these reasons, it seems best to propose drawing a distinction between dam burst arguments and slippery slope arguments.

It is also very useful for practical purposes in biomedical ethics to distinguish between the heap paradox known to the Greeks and the slippery slope argument. Clearly the slippery slope argument is related to the paradox, because an essential component in both structures is the gray zone of indeterminacy within the sequence of smaller steps. And it is true that in many instances, especially in legal arguments, the slippery slope is due to the vagueness of the key term that is hard or tricky to define precisely. While it is very useful to recognize that what makes a slippery slope argument slippery is vagueness (the gray zone), the slippery slope argument has other key identifying characteristics connected to its vagueness that makes it distinctive.

Conclusion

Because slippery slope arguments require making a prediction about what will happen at some possibly distant point in the future, they need to be recognized as defeasible arguments and contrasted with conclusive arguments, such as deductively valid arguments. In a deductively valid argument is logically impossible for the premises to be true and the conclusion false. In other words if the premises are true, and the argument fits a logically valid deductive form, the conclusion must be true. Defeasible arguments in contrast are arguments for tentatively accepting a conclusion, provided one has accepted its premises, and there is a defeasible link between the premises and conclusions because the argument fits a known defeasible form of argument. For these reasons, defeasible arguments are always subject to defeat as new evidence comes into a case, based on exceptions to a rule, and counter-arguments that are also presumptively acceptable.

Consider the slippery slope argument on euthanasia as an example. Using case-based reasoning, such an argument needs to be evaluated in an evidential situation where other arguments supporting or attacking it need to be taken into account. For example, a counterargument to a slippery slope argument against allowing euthanasia might be the argument that a system of counseling and psychiatric assessment can be put in place using physicians to judge whether the patient is making a voluntary decision. In such a case the counterargument offers a mechanism whereby the indeterminacy of the gray zone can be offset by some rational mechanism that enables a reasonable way of making decisions about the borderline cases. With this kind of counterargument in place, the slippery slope argument is defeated by a counterargument that attacks one of its premises. Unless the proponent of the original slippery slope argument can attack the attack with another counterargument, his argument is defeated.

The general method whereby such defeasible arguments are evaluated is on the basis of burden of proof as it shifts back and forth in a larger network of argumentation. To evaluate ethical arguments by fairly considering both sides it is necessary to construct an argumentation tree structure that models the pro and con arguments taking the logical form of each argument into account.

Cross-references

Bioengineering, eugenics, euthanasia (international debate), future generations, genetic modification (human beings), euthanasia (active)

References

Bashford, A. and Levine, P. (2010). Introduction: Eugenics and the Modern World. *The Oxford Handbook of the History of Eugenics*, ed. A. Bashford and P. Levine. Oxford: Oxford University Press, 3-24.

Beardsley, M. C. (1966). *Thinking Straight*. Englewood Cliffs: Prentice-Hall.

Corner, A., Hahn, U. and Oaksford, M. (2011). The Psychological Mechanism of the Slippery Slope Argument, *Journal of Memory and Language*, 64, 133-152.

Gardner, W. (1995). Can Human Genetic Enhancement be Prohibited?, *The Journal of Medicine and Philosophy*, 20, 65-84.

Govier, T. (1982). What's Wrong with Slippery Slope Arguments?, *Canadian Journal of Philosophy*, 12, 303-316.

Holtug, N. (1993). Human Gene Therapy: Down the Slippery Slope, *Bioethics*, 7(5) 402-419.

Kneale, W. and M. (1962). *The Development of Logic*. Oxford: Oxford University Press.

Launis, V. (2002). Human Gene Therapy and the Slippery Slope Argument, *Medicine, Health Care and Philosophy*, 5(2), 169-179.

Rachels, J. (1986). *The End of Life*. Oxford: Oxford University Press.

Resnik, D. (1994). Debunking the Slippery Slope Argument against Human Germ-line Gene Therapy, *The Journal of Medicine and Philosophy*, 19(1), 23-40.

Saliger, F. (2007). The Dam Burst and Slippery Slope Argument in Medical Law and Medical Ethics, *Zeitschrift fur Internationale Strafrechtsdogmatik*, 9, 341-352.

Thouless, R. H. (1930). *Straight and Crooked Thinking*. London: English Universities Press.

Van der Burg W. (1991). The Slippery Slope Argument, *Ethics*, (102), 42-65.

Walton, D. (1992). *Slippery Slope Arguments*. Oxford: Oxford University Press.

Walton, D., Reed, C. and Macagno, F. (2008). *Argumentation Schemes*, Cambridge: Cambridge University Press.

Cross-references

Further Reading

Schauer, F. (1985). Slippery Slopes, *Harvard Law Review*, 99(2), 361-383.

Van der Burg W. (1991). The Slippery Slope Argument, *Ethics*, (102), 42-65.

Volokh, E. (2002). The Mechanisms of the Slippery Slope, *Harvard Law Review*, 116(4), 1026-1137.