The Moral Implications of Child Euthanasia

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Background

Euthanasia, meaning "good death" in Greek, involves the killing of a patient by a physician with the intent to end suffering, whether that be physical or mental/emotional; it is often referred to as a "mercy killing" by proponents of the act. It differs from physician-assisted suicide in that it directly involves the physician in the act as opposed to just providing the means for the patient to self-administer a lethal dose. Euthanasia can be categorized as voluntary or involuntary as well as active or passive. Voluntary euthanasia is done at the request of the patient, whereas involuntary euthanasia is carried out without the patient's consent, usually due to the patient being unconscious and/or unable to make informed decisions. Active euthanasia involves administration of a drug to end a patient's life whereas passive euthanasia involves the withdrawal of life-sustaining measures such as ventilators or feeding tubes (Rolfsen). As with physician-assisted suicide and abortion, euthanasia remains a largely debated topic in bioethics as it calls into question issues of autonomy, paternalism, and a physician's oath to do only good and cause no harm. Any lines regarding euthanasia become even blurrier when considering infants and children.

12 years after Belgium legalized euthanasia for adults, Parliament voted to remove all age limitations, allowing for the euthanasia of children. The vote, met with large opposition, made Belgium the first country to entirely legalize the practice (BBC News). Belgium's neighboring country, the Netherlands, operating under Dutch Law, permits voluntary euthanasia in those 16 years of age or older. Seeing a need for directives for newborns with hopeless prognoses, Dr. Eduard Verhagen and Dr. Pieter J.J. Sauer developed The Groningen Protocol, which outlines guidelines that must be met in order to justify euthanasia in infants and protect physicians from

legal action, though it does not serve to directly oppose Dutch law. The protocol calls for five requirements:

1. The diagnosis and prognosis must be certain and severe.
2. Unbearable suffering must be present
3. An independent doctor must give confirmation.
4. Both parents must consent to the termination of life.
5. Procedures must be executed carefully and accordingly. (Verhagen *et al.*).

This was laid out under the premise that there are cases in which infants are subjected to immense discomfort/pain that cannot be relieved by any other measures than terminal sedation (Manninen).

The protocol as well as further discussion on the ethics of child euthanasia may set precedence for possible legalization in the United States, where currently only physician-assisted suicide is legal in a few states (Rolfsen).

Bioethical Issues and Concerns

Beauchamp and Childress's four principles of autonomy, justice, beneficence, and nonmaleficence can be used to govern most ethical decisions. Child euthanasia can be argued against from an autonomous point of view, more specifically, the condition of capacity, which involves the use of reason to make a well-informed decision regarding one's healthcare (Beauchamp *et al*). Church leaders have argued euthanasia's immorality on the grounds that children who do not have the capacity to make important decisions regarding emotions or economics cannot decide whether or not they can die (BBC). While autonomy normally reigns supreme in bioethics, it cannot be used as a principle to justify child euthanasia for this reason.

That being said, substituted judgment and paternalism may step in order to help make these decisions in the best interest for the child (Giubilini). While infants may be unable to explicitly express unbearable pain that may lead to a request for death, physicians are able to make inferences from crying, movement, and drastic deviations from normal vital signs. Parents, while expected to act in their child's best interest, may not be able to do so under the emotional distress. For that reason, discretion is mainly given to physicians as their level of expertise may help curb subjectivity in the situation (Sklansky). Bioethicist Jacob Appel even argues that it is possible for pediatric euthanasia without parental consent to be ethical (Appel). Dr. Daniel Beals argues, however, that severe disabilities such as spina bifida should not be associated with suffering and a decreased quality of life and that medical professionals have no place in proactively making that decision. He says that most patients, though suffering, prefer living to the alternative (Beals).

The notions of beneficence and nonmaleficence (which often go hand in hand) can be used to argue both for and against child euthanasia. Beauchamp and Childress break down beneficence, the moral duty to help others, into five standard rules:

1. Protect and defend the rights of others.
2. Prevent harm from coming to others.
3. Remove conditions that will cause harm to others
4. Help persons with disabilities
5. Rescue persons in danger (Beauchamp *et al*).

While the taking of a life would not be considered protection and defense of the rights of others, as it is incongruent with the Hippocratic oath, it can be justified in that it removes harmful conditions and prevents disabled children from unbearable pain. Proponents of child euthanasia

believe that any prolonging of a life that subjects a child to discomfort cannot be ethically justified (Appel).

Lastly, Beauchamp and Childress's principle of justice can be used to evaluate euthanasia. In distributive justice, physicians must consider the real-life cost of providing life-sustaining measures that may possibly be futile. With limited resources available, child euthanasia may be the better option. In extreme cases, it can be argued that a child having no mental capabilities lacks the moral status required to consider it a person deserving of care, in which case resources would have to be allocated elsewhere.

Addressing the Issue

In 2016, two years after revisions to the euthanasia laws in Belgium were made, a minor with an incurable disease requested euthanasia (Narayan). The child's name, age, and any other information were excluded from the media out of respect for family members. With details unknown, it allows ethicists a base-level case to work with. Using casuistry to determine morality, we define the maxims as pertaining to patient autonomy, relief of pain, and a physician's oath to do no harm. Take, for instance, a wounded animal crying out in pain after being hit by a car. In this paradigm case, it would be cruel and unusual to leave it suffering any longer than it has to. To put it out of its misery and provide a "mercy killing" would be of greater benefit than what the harm may imply. In this argument, euthanasia seems like a no-brainer.

As divine command theory and the first of the two formulations of Kant ("I ought never to act except in such a way that I can also will that my maxim become a universal law.") would have it, allowing this child to request euthanasia and have it be granted is grossly unethical and morally irresponsible, as is any other form of murder. While divine command theory is one of

the weaker ethical arguments, it has also been one of the biggest pushes against the movement for patient rights and autonomy in regards to euthanasia. The Catholic Church has spoken out repeatedly against euthanasia. “It pains us a Christians but it also pains us a persons,” says Cardinal Angelo Bagnasco (Narayan). This argument could also be used in conjunction with the wisdom of repugnance, which would argue that euthanasia is wrong, though it offers no real way to fully articulate why (Rolfsen).

Ethical Conclusion

Based on arguments presented and circumstances evaluated, it has become clearer to me that involuntary euthanasia of children is more morally acceptable than voluntary euthanasia for reasons of paternalism and best interest. Too much is called into question when giving children autonomy over their own bodies when they are not expected to make rational decisions in any other cases. It would be wrong to fully support their decisions on taking their own lives. Involuntary euthanasia, on the other hand, allows for thorough discussion by parents, doctors, third parties, etc. that make for a more objective decision that more people can feel easy about. But as our individualist society has started to lean towards acceptance of abortion and physician assisted suicide, I see euthanasia on the horizon on the United States as it follows behind Belgium and the Netherlands. With that must come extensive protocols and requirements, which must be met, not only to protect physicians from legal repercussions, but also to protect the patient in minimizing the risks of abuse and mistakes.

Sources

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