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Euthanasia for Newborns–Killing in the Netherlands

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The latest proof of this comes in a March 10, 2005 article published in the New England Journal of Medicine. In "The Groningen Protocol–Euthanasia in Severely Ill Newborns," Dutch doctors Eduard Verhagen and Pieter J. J. Sauer defend the policy they established for euthanizing newborns in the Netherlands.

The infamous "Groningen Protocol" was released last year, leading to a wave of moral outrage and revulsion. Doctors Verhagen and Sauer, affiliated with the University Medical Center in Groningen, developed guidelines for euthanizing newborns. In the face of international outrage, the doctors decided to defend their policy in the prestigious New England Journal of Medicine. That journal's publication of this article marks a critical milestone in America's medical debate, and sets a chilling precedent for even more ominous developments in the future. "Of the 200,000 children born in the Netherlands every year, about 1,000 die during the first year of life," the doctors report. "For approximately 600 of these infants, death is preceded by a medical decision regarding the end of life. Discussions about the initiation and continuation of treatment in newborns with serious medical conditions are one of the most difficult aspects of pediatric practice."

Thus, the authors argue that when "a medical decision regarding the end of life" is necessary with respect to newborns, policies should be in place that would allow doctors to choose euthanasia–the willful killing of a newborn baby–as a medically accepted practice, at least under certain circumstances.

"Suffering is a subjective feeling that cannot be measured objectively, whether in adults or in infants," the doctors admit. "But we accept that adults can indicate when their suffering is unbearable. Infants cannot express their feelings through speech, but they do so through different types of crying, movements, and reactions to feeding." This debatable clinical observation sets the stage for Verhagen and Sauer to argue that infants should have a "right" to euthanasia if they are likely to experience extreme pain and discomfort, and if they face a poor prognosis and "a poor quality of life."

The doctors advise that, in the Netherlands, "euthanasia for competent persons older than 16 years of age has been legally accepted since 1985." That observation is true, though the Dutch began experiments with illegal euthanasia long before 1985. The so-called "Dutch Cure" has become a standard feature of medical practice in the Netherlands. "Voluntary" euthanasia is now considered a legal "right" for all those 16 years of age and older. Recently, Dutch physicians have been arguing for the age of consent to be reduced to age 12. Beyond this, what has been described as "voluntary" euthanasia has, by some reports, led to involuntary forms of euthanasia as well. The legal notion of "consent" is a thin legal principle, easily manipulated in actual practice.

Verhagen and Sauer pose the central question of their policy with clarity: "The question under consideration now is

whether deliberate life-ending procedures are also acceptable for newborns and infants, despite the fact that these patients cannot express their own will. Or must infants with disorders associated with severe and sustained suffering be kept alive when their suffering cannot be adequately reduced?"

Of course, the way a question is posed largely determines the shape of the answer. The Dutch doctors frame their question with the assumption that infant suffering can, in some cases, be beyond medical alleviation or treatment.

"In the Netherlands, as in all other countries, ending someone's life, except in extreme conditions, is considered murder." They go on to argue, "A life of suffering that cannot be alleviated by any means might be considered one of those extreme conditions." The "might" in that sentence is critical, for this is not a universally held belief.

The "Groningen Protocol" was developed in order to protect physicians who induce the death of infants from interrogation, investigation, and possible prosecution by police. Admitting that infants and newborns are being euthanized in the Netherlands, Verhagen and Sauer developed their policy, "To provide all the information needed for assessment and to prevent interrogations by police officers."

The revulsion and reaction to the release of the "Groningen Protocol" apparently surprised the Dutch physicians, who described media reports of their policy as "blood-chilling accounts and misunderstandings concerning this protocol." But, if these doctors hoped that publishing their argument in the New England Journal of Medicine would help, they are likely to be severely disappointed.

The doctors divide seriously ill newborns and infants into three different categories. The first are almost certain to die, given unquestionably terminal diseases or conditions. Infants in the second category "have a very poor prognosis and are dependent on intensive care." Verhagen and Sauer argue that these babies "may survive after a period of intensive treatment, but expectations regarding their future condition are very grim." They describe these infants as characterized by "an extremely poor prognosis and a poor quality of life."

The third category of infants are those "who experience what parents and medical experts deem to be unbearable suffering." The doctors admit that this group of infants "is difficult to define in the abstract," but would include "patients who are not dependent on intensive medical treatment but for whom a very poor quality of life, associated with sustained suffering, is predicted." They offer as an example a child "with the most serious form of spina bifida."

Note carefully that the doctors define infants in the second and third groups as those who face a poor "quality of life." This concept is the fuse that detonates the movement for euthanasia. Doctors, and other medical professionals, presume to be able to determine and define an adequate quality of life for human existence. Once doctors become the quality control engineers for the human race, they can define whatever category they choose as constituting those with an inadequate quality of life, who can then be denied medical treatment or, in some cases, see their lives terminated.

"Neonatologists in the Netherlands and the majority of neonatologists in Europe are convinced that intensive care treatment is not a goal in itself," the doctors claim. "Its aim is not only survival of the infant, but also an acceptable quality of life." For the second category of infants, the doctors argue that forgoing or not initiating life-sustaining treatment is acceptable "if both the medical team and the parents are convinced that treatment is not in the best interest of the child because the outlook is extremely poor."

The explicit shift to active euthanasia comes in the cases of infants in the doctors' third category. "All possible measures must be taken to alleviate severe pain and discomfort," the doctors argue. "There are, however, circumstances in which, despite all measures taken, suffering cannot be relieved and no improvement can be expected. When both the parents and the physicians are convinced that there is an extremely poor prognosis, they may concur that death would be more humane than continued life." That is a breathtaking assertion. These doctors argue that, if parents and physicians agree, they may choose death for an infant believed to be suffering "severe pain and discomfort."

All this would be sufficiently frightening, but reports out of the Netherlands indicate that some doctors are killing newborns without the knowledge or consent of parents.

Even in the Netherlands, parents are not allowed to request euthanasia for their newborns, acting as representatives of their child. This poses a problem for doctors who would wish to euthanize infants. Since newborns "cannot ask for

euthanasia," and since their parents are unable to act as legal representatives to indicate consent, this poses a legal challenge. "Does this mean that euthanasia in a newborn is always prohibited?" The Dutch doctors think not.

"We are convinced that life-ending measures can be acceptable in these cases under very strict conditions; the parents must agree fully, on the basis of a thorough explanation of the condition and prognosis; a team of physicians, including at least one who is not directly involved in the care of the patient, must agree; and the condition and prognosis must be very well defined. After the decision has been made and the child has died, an outside legal body should determine whether the decision was justified and all necessary procedures have been followed."

All this amounts to a bureaucratic rationalization for killing newborn babies. There can be no doubt that the practice of killing newborns is already a reality of Dutch medical culture. Verhagen and Sauer report that "there are 15 to 20 cases of euthanasia in newborn infants" each year in the Netherlands. Two Dutch court cases, both decided in the 1990s, ruled that physicians had met "the requirements for good medical practice" in ending the lives of infants, even though the practice is apparently illegal. Here again, the "slippery slope" is aided and abetted by courts that will not prosecute doctors who are violating the very laws intended to protect individuals from euthanasia–much less involuntary euthanasia. In the aftermath of the two court cases, physicians requested additional guidance and guidelines. Verhagen and Sauer report that the Dutch government has failed to provide these guidelines, "despite having promised repeatedly, since 1997, to do so."

Over the last several years, 22 cases of euthanasia in newborns were reported to Dutch district attorneys' offices. Verhagen and Sauer reviewed the cases, reporting that all of them "involved infants with very severe forms of spina bifida."

The reluctance of Dutch courts to evaluate doctors–even in matters of life and death–is made apparent when Verhagen and Sauer report on these cases. "The decisions were always made in collaboration with, and were fully approved by, both parents. The prosecutor used four criteria to assess each case: the presence of hopeless and unbearable suffering and a very poor quality of life, parental consent, consultation with an independent physician and his or her agreement with the treating physicians, and the carrying out of the procedures in accordance with the accepted medical standard. The conclusion in all 22 cases was that the requirements of careful practice were fulfilled. None of the physicians were prosecuted."

Finally, the doctors argue that "all cases must be reported if the country is to prevent uncontrolled and unjustified euthanasia and if we are to discuss the issue publicly and thus further develop norms regarding euthanasia in newborns." This is a clear assertion that the euthanizing of newborns should be standard medical procedure, so long as such physician-directed deaths are neither "uncontrolled" nor "unjustified." Of course, these doctors presume that euthanasia itself is justifiable and that they possess the moral wisdom to decide when euthanasia would be "unjustified."

Verhagen and Sauer provide two tables of data that accompany their article. In the first table, the doctors indicate that all 22 cases of newborn euthanasia considered in their study involved an "extremely poor quality of life." Stunningly, their report also indicates that, in the case of at least 18 of these infants, a "predicted inability to communicate" was a factor in making the decision for death.

Their article also raises another frightening question. If Dutch citizens age 16 and older can request euthanasia, and if doctors and parents can agree that newborns and infants can be euthanized under certain circumstances, what about children beyond infancy but under age 16? This is not a hypothetical question, for children are also being euthanized in Dutch clinics and hospitals. Should we expect yet another "Groningen Protocol" for older children?

Verhagen and Sauer recognize that the "Dutch Cure" is considered murder by many outside the Netherlands. "This approach suits our legal and social culture," the doctors allow, "but it is unclear to what extent it would be transferable to other countries."

Verhagen and Sauer may be unclear about the transferability of their protocol to other cultures, but the Culture of Death is not found only in the Netherlands. Here in the United States, the logic behind the "Groningen Protocol" is gaining traction. The "Dutch Cure" now seems to be a contagious Dutch disease.
