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Euthanasia For Babies?

By Jim Holt

One sure way to start a lively argument at a dinner party is to raise the question Are we humans getting more decent over time? Optimists about moral progress will point out that the last few centuries have seen, in the West at least, such welcome developments as the abolition of slavery and of legal segregation, the expansion of freedoms (of religion, speech and press), better treatment of women and a gradual reduction of violence, notably murder, in everyday life. Pessimists will respond by citing the epic evils of the 20th century -- the Holocaust, the Gulag. Depending on their religious convictions, some may call attention to the breakdown of the family and a supposed decline in sexual morality. Others will complain of backsliding in areas where moral progress had seemingly been secured, like the killing of civilians in war, the reintroduction of the death penalty or the use of torture. And it is quite possible, if your dinner guests are especially well informed, that someone will bring up infanticide.

Infanticide -- the deliberate killing of newborns with the consent of the parents and the community -- has been common throughout most of human history. [...] This year, however, a new chapter may have begun in the history of infanticide. Two physicians practicing in the Netherlands, the very heart of civilized Europe, this spring published in *The New England Journal of Medicine* a set of guidelines for what they called infant "euthanasia." The authors named their guidelines the Groningen protocol, after the city where they work. One of the physicians, Dr. Eduard Verhagen, has admitted to presiding over the killing of four babies in the last three years, by means of a lethal intravenous drip of morphine and midazolam (a sleeping agent). While Verhagen's actions were illegal under Dutch law, he hasn't been prosecuted for them; and if his guidelines were to be accepted, they could establish a legal basis for his death-administering work.

At first blush, a call for open infanticide would seem to be the opposite of moral progress. It offends against the "sanctity of life," a doctrine that has come to suffuse moral consciousness, especially in the United States. All human life is held to be of equal and inestimable value. A newborn baby, no matter how deformed or retarded, has a right to life -- a right that trumps all other moral considerations. Violating that right is always and everywhere murder.

The sanctity-of-life doctrine has an impressively absolute ring to it. In practice, however, it has proved quite flexible. Take the case of a baby who is born missing most or all of its brain. This condition, known as anencephaly, occurs in about 1 in every 2,000 births. An anencephalic baby, while biologically human, will never develop a rudimentary consciousness, let alone an ability to relate to others or a sense of the future. Yet according to the sanctity-of-life doctrine, those deficiencies do not affect its moral status and hence its right to life. Anencephalic babies could be kept alive for years, given the necessary life support. Yet treatment is typically withheld from them on the grounds that it amounts to "extraordinary means" -- even though a baby with a normal brain in need of similar treatment would not be so deprived. Thus they are allowed to die.

Are there any limits to such "passive" euthanasia? A famous test case occurred in 1982 in Indiana, when an infant known as Baby Doe was born with Down syndrome. Children with Down syndrome typically suffer some retardation and other difficulties; while presenting a great challenge to their parents and families, they often live joyful and relatively independent lives. As it happened, Baby Doe also had an improperly formed esophagus, which meant that food put into his mouth could not reach his stomach. Surgery might have remedied this problem, but his parents and physician decided against it, opting for painkillers instead. Within a few days, Baby Doe starved to death. The Reagan administration responded to the case by drafting the "Baby Doe guidelines," which mandated life-sustaining care for such handicapped newborns. But the guidelines were opposed by the American Medical Association and were eventually struck down by the Supreme Court.

The distinction between killing a baby and letting it die may be convenient. But is there any moral difference? Failing to save someone's life out of ignorance or laziness or cowardice is one thing. But when available lifesaving treatment is deliberately withheld from a baby, the intention is to cause that baby's death. And the result is just as sure -- if possibly more protracted and painful -- as it would have been through lethal injection.

It is interesting to contrast the sort of passive euthanasia of infants that is deemed acceptable in our sanctity-of-life culture with the active form that has been advocated in the Netherlands. The Groningen protocol is concerned with an element not present in the above cases: unbearable and unrelievable suffering. Consider the case of Sanne, a Dutch baby girl who was born with a severe form of Hallopeau-Siemens syndrome, a rare skin disease. As reported earlier this year by Gregory Crouch in *The Times*, the baby Sanne's "skin would literally come off if anyone touched her, leaving painful scar tissue in its place." With this condition, she was expected to live at most 9 or 10 years before dying of skin cancer. Her parents asked that an end be put to her ordeal, but hospital officials, fearing criminal prosecution, refused. After six months of agony, Sanne finally died of pneumonia.

In a case like Sanne's, a new moral duty would seem to be germane: the duty to prevent suffering, especially futile suffering. That is what the Groningen protocol seeks to recognize. If the newborn's prognosis is hopeless and the pain both severe and unrelievable, it observes, the parents and physicians "may concur that death would be more humane than continued life." The protocol aims to safeguard against "unjustified" euthanasia by offering a checklist of requirements, including informed consent of both parents, certain diagnosis, confirmation by at least one independent doctor and so on.

The debate over infant euthanasia is usually framed as a collision between two values: sanctity of life and quality of life. Judgments about the latter, of course, are notoriously subjective and can lead you down a slippery slope. But shifting the emphasis to suffering changes the terms of the debate. To keep alive an infant whose short life expectancy will be dominated by pain -- pain that it can neither bear nor comprehend -- is, it might be argued, to do that infant a continuous injury.

Our sense of what constitutes moral progress is a matter partly of reason and partly of sentiment. On the reason side, the Groningen protocol may seem progressive because it refuses to countenance the prolonging of an infant's suffering merely to satisfy a dubious distinction between "killing" and "letting nature take its course." It insists on unflinching honesty about a practice that is often shrouded in casuistry in the United States. Moral sentiments, though, have an inertia that sometimes resists the force of moral reasons. Just quote Verhagen's description of the medically induced infant deaths over which he has presided -- "it's beautiful in a way. . . . It is after they die that you see them relaxed for the first time" -- and even the most spirited dinner-table debate over moral progress will, for a moment, fall silent.