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PONTIFICAL ACADEMY FOR LIFE

STATEMENT BY H.E. MSGR ELIO SGRECCIA

Legalizing euthanasia for children in the Netherlands

The last restriction overcome

It has not been possible thus far to locate the text of the protocol describing the agreement made by the University Clinic of Groningen in The Netherlands and the Dutch judicial Authorities concerning the extension of euthanasia to children under the age of 12 and even at birth. This protocol, according to press reports attributed to Dr Edward Verhagen, director of the clinic mentioned, establishes "extremely strictly, step by step, the procedures that doctors are obliged to follow" when dealing with the problem of "freeing from pain" children (within the above-mentioned age group) who are seriously ill by subjecting them to euthanasia.

A law passed by the Dutch Parliament on 1 April 2002 had already provided for help in dying ("assisted suicide"), not only for sick adults who make "an explicit, logical and repeated" request for it and young people between the ages of 16 to 18 who submit a written request (art. 3, sect. 2 of the law), but also for adolescents capable of consent from 12 to 16 years of age, on condition that their parents or legal guardian add their consent to the personal request of those affected by incurable disease or pain (art. 4, sect. 2).

Now, in Holland, with this latest medical-juridical agreement, a boundary prescribed by the Helsinki Code and thus far prohibited even for clinical experimentation has also been crossed: euthanasia is permitted - according to the news published which, unfortunately, we are bound to accept as well-founded - also for children under age 12, including newborn infants, for whom it is of course impossible to speak of valid consent. For this age group, as mentioned, clinical experimentation continues to be prohibited throughout the world because of the risk, however minimal, to the subject that is always involved; nor is it possible to depart from this norm with the consent of the parents or guardians, except in the case that such experimentation will be of benefit to the life or health of the subject on whom it is carried out.

Recent events in The Netherlands have gone far beyond the ethical norms concerning clinical experimentation, inspired by the principles proclaimed after the Nuremberg Trials. In fact, the medical-judiciary agreement allows for access to euthanasia as long as the consent of the parents and the opinion of the doctor treating the patient and - as rumour has it - of a possibly "independent" doctor have been obtained.

Here it is not a question of "helping someone to die" or of "assisted suicide" but of death inflicted "to release from pain", in other words, euthanasia true and proper.

The observations this gives rise to are many and deeply disconcerting, particularly on the moral plane.

The "slippery slope"

It is easy to see how the law of the "slippery slope" functions: once the legitimacy had been recognized of inducing death out of pity for the lucid adult who has made an explicit, repeated and documented request for it, its application was then extended to young people, to adolescents with the consent of their parents or guardians, and in the end, also to children and newborn infants, obviously without their consent.

It is also easy to foresee that people will slide further down the *slippery slope* of euthanasia in years to come, until adult patients deemed incapable of being asked for their consent are included, such as, for example, the mentally ill or those in a persistent coma or so-called vegetative state.

It is said that in any case there is always a judge who can monitor abuses and punish the physician who might violate the norms, but to what can the judge appeal when the norm removes all grounds for the definition of the abuse itself?

It is also said that the argument of the *slippery slope* is a weak one: in my opinion, however, it shows that its perverse efficiency functions unavoidably because it implies the absence of absolute values that are to be upheld and is accompanied by an obvious moral relativism. It functions in the context of euthanasia as in various other fields of public ethics, regardless of whether it is a question of abortion (in this case, one begins with the case of anencephaly and ends up with the case of the child conceived before a holiday), or a matter of procreation (here, the first step is the request for the legalization of the homologous insemination, that ends up with the matter of the authorization of therapeutic cloning).

Once on the *slippery slope*, not only the logical slant comes into play but also economic interests, and then the slipperiness becomes fatal and inexorable.

On what ethical basis?

Should one wish to seek an "ethical reason" for this "gradual decline in humanity", it would be easy to trace it to contemporary literature.

To justify mercy killing, the starting point was the reference to the principle of autonomy as it was spelled out by the *Manifesto on Euthanasia* in 1974, and reinforced in some countries by the request for the so-called "testament of life"; in this perspective, its morality would be focused in the fact that patients, knowing they can do what they wish with their life, also want to do what they wish with their death.

To reassure public opinion, the Dutch law at the time of its approval emphasized that the patient's request must be insistent, lucid, preferably in writing; but with this new Dutch development, the wishes of the subject, who is obviously incapable of expressing a choice of his own because of his age, are overruled, and his will is substituted by the desire of others - parents or guardians, with the opinion of the doctor who interprets it. The doctor must also assess the pain and suffering of the patient and ascertain whether they are such as to justify inducing his or her death.

But then, it is no longer the principle of autonomy which is at stake, but rather an "external" decision which must be considered ethical even when it is imposed by an able, thinking adult on behalf of a subject who is incapable of making an evaluation or request: following this, death is deliberately forced upon the "beneficiary", who dies like someone "put to death": quite different from autonomy and a sense of compassion!

We are dealing with a type of freedom available to adults that is considered legitimate even when it is exercised over those who have no autonomy.

So, in order to justify euthanasia, there has even been an appeal for liberation from "useless" pain and suffering, as shown by the gentle prefix "eu" of the deadly term euthanasia (easy death). But what kind of suffering is involved? And to whom does this suffering belong?

The child or newborn infant, who as the paediatricians say suffers less than the adult, is not capable of evaluating or defining his or her suffering as *unbearable;* the person who assesses it, according to Dutch law, is the doctor, and those who consent and decide are relatives. Incidentally, is not this an issue of their own suffering?

Everyone then knows that in our time almost all pain has become "curable"; palliative and analgesic treatments, promoted, thanks be to God, throughout the world and prescribed by doctors and by health ministries, succeed in maintaining and harmonizing the humanity of treatments and the serenity of death.

The dignity of the sick person's pain aside and the value of solidarity that innocent suffering raises, should pain and suffering be treated by recourse to the violence of inducing premature death?
We should think seriously about the possible appearance of a kind of "social Darwinism" that is intended to facilitate the elimination of human beings burdened by suffering or defects, all in order to "anaesthetize" the whole of society. Darwin himself held that building hospitals for the insane, the disabled and the sick and passing laws for the support of the poverty-stricken were obstacles to human evolution (cf. C. Darwin, *The Descent of Man and Selection in Relation to Sex [1871],* cited in J.C. Guillebaud, *Le principe d'humanité,* Editions du Seuil, 2001, p. 368), because such an attitude on the part of society would prevent or delay the natural elimination of defective persons.
It is not for nothing that certain commentators, also non-medical, have recently been reported in the newspapers as speaking of "eugenics in disguise", with reference to this latest development in Dutch law concerning euthanasia.

The utilitarian drift

I think, however, that it would not be incongruous to focus attention on a utilitarian mindset that is steadily penetrating Western society, together with the ideology of the maximization of pleasure and the minimization of pain. This ideology is backed by a utilitarianism linked to budgets and the allocation of resources in the field of medicine which is defined as "impossible" precisely because of its excessive cost for the community. This utilitarianism, given its budgetary links, stresses programmes involving an increase of wealth and productivity or industrial competition rather than the duty to relieve suffering and support the sick, persons who increasingly have to depend on the precarious situation of their own financial resources as they receive less and less assistance from the State.

So we have gone a long way not only from the ethic of freedom, but also from the ethic of solidarity. We are dominated by the society of the strong and the healthy and by the logic of the primacy of the economy. But are we still part of "humanity"?

The principle of humanity

Some scholars have noted the existence of a great contradiction in contemporary society, a sort of schiz-ophrenic split: on the one hand, the proclamation of "human rights" and the search for the definition of "crimes against humanity", and on the other, the inability to define who the human person is, and consequently, what action should be deemed human or inhuman (cf. J.C. Guillebaud, *Le principe d'humanité,* Chap. I).

What it seems we are losing in our culture is the "principle of humanity".

Is it human to treat pain and to provide hospices for the sick afflicted with tumours or is it more humane to make available to those afflicted by incurable illnesses lethal drugs, whether they ask for them personally or their doctors presume that they would seek them if they could?

Who has the authority to decide whether a concept is "humane or inhumane", when human nature, the ontology of the person and an adequate concept of human dignity have been denied?

Does the person who is dying retain his or her human dignity so that no one can impose a despotism of life and death on one suffering and about to die?

This is the point: rediscovering human dignity, the dignity of every person who has value as such, a value that transcends earthly reality and is the source and purpose of social life, a good on which the universe converges (St Thomas Aquinas describes the person "*quod est perfectissimum in rerum natura*"), a good that cannot be exploited for any other interest by anyone (as the best of the secular moral traditions recalls, starting with Kant).

Biblical tradition sees in the human person's dignity the "image and likeness" of the Creator and, particularly in Christianity, identifies it with Christ himself: "I was sick and you visited me" (cf. Mt 25).

This is a matter of saving both the concept of humanity and the foundations of morality, with respect for the life and dignity of the human person.

The contribution of the Church

The Church's position on the subject of euthanasia is well known, constantly reasserted and confirmed with the intention to uphold the dignity and life of every human being:
"It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it amounts to the violation of the divine law, an offence against the dignity of the human person, a crime against life and an attack on humanity" (Congregation for the Doctrine of the Faith, *Iura et Bona,* Chap. II).

John Paul II's Encyclical *Evangelium Vitae*, which reaffirms the moral condemnation of euthanasia as "a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person" (n. 65), insists on suggesting a quite different way, "*the way of love and true mercy,* which our common humanity calls for and upon which faith in Christ the Redeemer, who died and rose again, sheds ever new light".

"The request which rises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial" (n. 67). The Church, with her teaching, her activities and her own structures, constantly takes this view.

Europe, which is presenting itself to the world as a unity of peoples in solidarity in the name of "human rights", and which can still today preserve a plurimillennial patrimony of humanist civilization marked by respect for the human person and the practice of solidarity, must reject every cultural trend inspired by utilitarian cynicism or by the primacy of the economy over the human being, in order to continue to draft legislation that supports men

and women and their dignity in a supportive society.

