Drs. Verhagen and Sauer reported in the March 10, 2005, issue of the New England Journal of Medicine (NEJM) about the Groningen Protocol. This algorithm is used to avoid prosecution in the Netherlands when performing euthanasia on infants. The impetus for this protocol was not that physicians were being actively prosecuted, but that the authors felt that physicians failed to report acts of euthanasia in infants and children for fear of prosecution. The purpose of the protocol is to insure accurate reporting in order to prevent uncontrolled and unjustified euthanasia, and to develop norms regarding euthanasia in newborns. Their publication in the NEJM is specifically intended to combat the blood-chilling accounts and misunderstanding concerning this protocol.

The article summarizes 22 cases of infant euthanasia in the Netherlands. The authors outline the criteria by which they considered euthanasia, and how this process should be performed. A review of these cases raises several questions about the basis for considering ending these infants' lives and even more ominous, includes only that small percentage of cases actually reported.

In every case, the prime, determining factor for euthanasia was quality of life. This was defined as having some functional disability or perceived potential to require long-term assistance (lack of self-sufficiency). Other factors included the inability to communicate verbally or dependence on medical care. These factors were considered to be the cause of suffering in these infants. The Netherlands' laws concerning euthanasia find such action legally permissible in cases where a life of suffering cannot be alleviated by any means. By the authors' reasoning, functional disability that cannot be completely abrogated is such suffering.

Should we perceive a disability as inexorable suffering? The infants in this report were stricken
with spina bifida, a disorder that causes physical paralysis and dysfunction, but is typically less associated with cognitive deficits. I have many patients that are leading fulfilled, productive lives despite their disability with spina bifida. One, for example, recently returned from a mission trip. Although these patients require special help with mobility, bowel, and bladder function, isn’t it the purpose of medicine to provide these solutions? If we allow medical practice to decide what quality these lives might have in the future and ?proactively? end lives of perceived suffering, are we not on the road to eugenics? Once on that road, the human race has not been proven very trustworthy.²

In healthcare, we must safeguard the rights of the disabled. This is even more important when dealing with children: they cannot speak for themselves and parents are in a particularly vulnerable position. These children should be treated with special concern, to find every way to help them have fulfilling lives, not with distain, dismissing their lives as not worth living. I certainly can see how the authors would like to correct ?misunderstandings? about their protocol. One thing is not misunderstood: this is a blood-chilling crime against a helpless population. No amount of legal correctness will ever make this a moral decision. The fact that most of these cases of infant euthanasia are not reported only confirms that the practitioners themselves know this is wrong and should be concealed.

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