
Why Should the Baby Die?

Dear Editor,

Recently, the Journal of Medical Ethics published an article called "After-birth abortion: Why should the baby live?" The two Italian authors argue that in places where abortion is allowed, killing new-born babies even though they are healthy can be ethical. This caused quite a stir in the media, and there were a lot of names-calling as a result. Even though in Hong Kong, killing newborn infants would be illegal and unacceptable to most clinicians, it would be helpful to analyse the ethical problems related to this subject since it is increasingly being proposed in many places. For instance, columnist and writer Virginia Ironside, speaking on a BBC religious affairs programme, affirmed a year ago, "If I were the mother of a suffering child – I mean a deeply suffering child – I would be the first to want to put a pillow over its face..."

Infanticide, or killing of infants by parents, doctors or the state, is not a new idea. Ancient Greeks and Romans were documented to practice it. The Judeo-Christian tradition, however, viewed every human person as valuable and prohibited its practice. In recent years, when therapeutic abortion becomes widely accepted in many places, the question of infanticide has also been raised.

Among the most famous proponents of infanticide is the Australian-born Peter Singer, Chair of Ethics at Princeton University. He allows abortion since "fetuses have not preferences before they can feel pain" and are therefore not persons. The same can be said of the newborn: "Now it must be admitted that these arguments apply to the newborn baby as much as to the fetus. A week-old baby is not a rational and self-conscious being; and there are many nonhuman animals whose rationality, self-consciousness, awareness, capacity to feel, and so on, exceed that of a human baby a week, a month, or even a year old". Thus, he reaches the shocking

conclusion that infanticide should sometimes be allowed.

While this may seem extreme at first, infanticide is already practiced in some parts of the world. In the Netherlands, which holds one of the most liberal laws on euthanasia, a shocking revelation was made public in 2005 when some physicians published the cause of death of children born with severe spina bifida. Two Dutch physicians justified their position in the *New England Journal of Medicine* with "The Groningen Protocol for Euthanasia in Newborns". These authors believed that life-ending measures can be acceptable in cases when the child's medical team and independent doctors agree the suffering and pain cannot be eased and there is no prospect for improvement, and when the parents consent to it. Of course, it is a common and acceptable practice in pediatrics to allow newborns with no chance of survival (e.g., severe abnormalities, anencephaly, or serious chromosomal disorders) to die. But this protocol advocated active euthanasia on "babies with an extremely poor prognosis who do not depend on technology for physiologic stability and whose suffering is severe, sustained, and cannot be alleviated". Four such killings have already taken place at the Groningen hospital, where lethal doses of sedatives were pumped into terminally ill babies.

Many people are uncomfortable with actively killing infants, even though they are gravely sick or disabled. The problem lies in the fact that human beings cannot be measured in terms of their productivity or usefulness. But in a world of utilitarian ethics that Peter Singer and the authors of the Oxford article embrace, a handicapped child would not be very useful to society or to their parents, its elimination would be cost-efficient.

Understandably, disabled persons are especially worried about the use of utilitarian standards to measure human worth. Diane Coleman, a disability rights activist and the founder of *Not Dead Yet* comments, "Anti-disabled bias would become especially dangerous. If it

becomes even more respectable to label us 'inferior' or even 'less human' based on perceptions of the quality of our lives, it will become acceptable to oppress, exploit, and even kill disabled people. To some degree, this is already happening. People with disabilities are seriously discriminated against in healthcare as well as in other areas of life".

Another problem with approving measures such as that proposed in Holland is that it might lead to further erosion of care for the neonates. Since euthanasia became legal in Holland, there has been a decline of palliative medicine. If the Groningen protocol became a standard of medical practice, a similar impact might occur in neonatology, where premature babies might not be revived, even though medical advancements are continuously increasing their chances of survival.

Certainly, suffering is another reason parents and doctors might be tempted to end the life of somebody. However, this is problematic because it is based on somebody else's assessment of a child's quality of life. Since the newborn infant cannot evaluate or define his or her suffering as unbearable, it is usually the physician who makes this assessment and the parents and relatives who give the consent to the death sentence. The problem, we may ask, "Is this not more an issue of the suffering of the adults rather than the newborn in question?" In contrast, it is important to stress that every person has inherent dignity that "should be recognised and respected in any condition of health, infirmity or disability".

On this ethical slippery slope, if infants could be killed for their supposedly low quality of life, one could eventually justify killing for less severe conditions. This

is evident in the Oxford article which now suggests that infanticide could be done even when the baby is healthy.

In England in 1961, Nicky Chapman was born with osteogenesis imperfecta, a rare condition that makes the bones brittle and easy to fracture. Her case was so severe that at birth alone she suffered 50 fractures. The prognosis was very poor; she would probably grow up blind, deaf and with severely diminished mental functions. The doctors believed that her quality of life would be so poor that they recommended her parents to let her die. Luckily, her parents did not take the doctors' advice. Despite the 600 fractures in her life and a short stature of 2 feet 9 inches, she grew up, obtained education and work. In fact, Nicky managed to become the first person with a congenital disability to be appointed to the British House of Lords. Nicky—or rather—Lady Chapman of Reeds actively works against legislation in the United Kingdom that could pave the way to euthanasia. As she adeptly maneuvers her electric wheelchair in the House of Lords, it is chilling to recall her doctors' long-distant diagnosis that she had "no noticeable mental functions". "That is a little bit different from what I have managed to achieve and where I am today", she commented.

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