Can a physician ever justifiably euthanize a severely disabled neonate?

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Physician-assisted suicide has been legalized in 3 states (Oregon and Washington by public referendum and Vermont by legislation) and has been judicially sanctioned in 2 others (Montana and New Mexico)¹; it is illegal in the remaining 45 states. In assisted suicide, the assister is passively involved in causing death; in euthanasia, a person actively causes the death of another for the purpose of relieving pain and suffering. Euthanasia is illegal in all US states; to some, however, it seems only a matter of time before euthanasia is legalized, particularly in states where physician-assisted suicide has already been adopted.

Euthanasia is legally sanctioned in 3 European countries: The Netherlands, Belgium, and Luxembourg. In The Netherlands, a specific process guides selection of children younger than 12 years who could be candidates for euthanasia: the Groningen Protocol, developed in 2004, which is not a law, although public prosecutors deem it acceptable under certain guidelines.^{2,3} The Belgian Parliament recently modified its 2002 Act on Euthanasia to include not only adults but also children younger than 18 years.⁴

Assisted suicide and euthanasia have profound implications for the way we view the relationship among physicians, other professionals, health care, and death; the implications are especially serious for medical ethics. The Cardiothoracic Ethics Forum invited 2 outstanding philosophers to explore some of these issues; they are both well-known for their scholarly positions in defense of opposing viewpoints regarding the acceptability of euthanasia. Their debate at the 94th Annual Meeting of The American Association for Thoracic Surgery focused on a hypothetical case involving euthanasia of a newborn infant.

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THE CASE OF THE ILL-FATED NEONATE

A full-term newborn infant is noted to turn blue while feeding a few hours after birth. Evaluation by a pediatric cardiologist reveals heterotaxy syndrome (polysplenia) with a group of extremely complex heart malformations that result in complete mixing of blood flow to the body and to the lungs. The cardiologist meets with the parents, explains the diagnosis, and outlines 4 alternative courses: surgical treatment, medical treatment, comfort care with feeding, and euthanasia.

Surgical treatment will require at least 3 risky heart operations before the age of 5 years. If these 3 or more operations were successful, the child might survive his teenage years. Additionally, the infant has impaired splenic function, which exposes him to increased threat of infections, and is at risk for intestinal obstruction, which would require 1 or more abdominal operations.

Medical therapy for heart failure without surgery would not reverse the infant's inevitably declining condition and at best would allow him to survive into early childhood.

With *feeding and comfort care only*, the baby would be expected to become progressively disabled and would most likely die within a year.

Euthanasia at this point would prevent future suffering. It is an option only because the state in which they reside has had a long-time policy allowing physician-assisted suicide and recently amended the law to allow euthanasia under circumstances such as this.

The parents consider this information and discuss it with other family members, close friends, and their spiritual advisor before making their decision. At the cardiologist's next visit, they tell him that if they had known about this problem, they would have terminated the pregnancy, because they do not wish their child to have a poor quality of life. Of the 4 available options, they believe euthanasia to be the most humane. Should the physician help them in this way?

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