

Euthanasia for children proposed in Netherlands

The editors of *EIR* express their categorical opposition to plans for legalizing euthanasia in the Netherlands, which are now far advanced. The Dutch euthanasia guidelines mimic the actions for which Nazi doctors were hanged at Nuremberg after World War II, as war criminals. But today, such "cost-cutting" measures have won "liberal" acquiescence.

On March 30, the Dutch Health Council advised the Netherlands cabinet to change the wording of proposed euthanasia guidelines to allow "terminally ill" children to be killed without parental consent, according to a dispatch from Reuter.

It is advisable, but not mandatory, for doctors to consult parents before performing euthanasia on children, according to the wording of the proposed new law.

A spokesman for the Dutch government said that he could not confirm the accuracy of the Reuter report. But the spokesman, Mr. Robert Haslach, said the Dutch cabinet had requested that the Health Council review all proposals and guidelines for legalized euthanasia that have been submitted to the government, and that this was done March 26.

Euthanasia is now a felony, under articles 293 and 294 of the Dutch Penal Code, he insisted—"just like in the United States."

Already, public officials agree that between 6,000 and 10,000 citizens of the Netherlands are killed with lethal injections in hospitals every year—by doctors. Supposedly, these patients "asked" to die. Physicians report these as "death from natural causes" on the death certificate. If the proposed guidelines are adopted, children aged 1-15 will be able to avail themselves of this privilege.

Last year a Dutch Appeals court sanctioned killing one woman because she "suffered from several mental problems." A liberal Dutch VVD Party member called for the law to include euthanasia for "mental and spiritual illnesses" as well. The Dutch Medical Association recommended in 1986 that 8-year-old children "be allowed to kill themselves or to be killed" should they request it.

In February, the Royal Dutch Pharmacists' Association published a list of the most "efficient" drugs for doctors to use to give their patients a painless death.

regarding the proportionality of the therapy certainly cannot be taken out of the hands of the doctor concerned.

Just for these reasons, we have repeatedly stated that the proponents of euthanasia, even if motivated by sincere humanitarian intentions, have no idea how complex a matter it is to presume to wish to dictate juridical norms in this field.

These difficulties are particularly manifest when, for example, in a specific case, reference is made to a so-called "patient in terminal phase of illness," for whom valid therapies that assure a significant recovery, do not exist, but only therapies that prolong the agony.

The problem can be put in the following terms: Faced with a cancer patient in terminal phase, is it just to practice euthanasia and shorten, with life, also the inevitable suffering; or, resist this temptation and let the disease run its course, limiting ourselves to the use of the palliatives which his condition requires?

There is no doubt that whoever wants to responsibly confront this problem, cannot hide behind agnosticism, nor renounce adopting a code of conduct in accordance with reason. However, to respond to the question cited, it is necessary to take into account the clinical context we are faced with, and the objective situation.

One obligatory consideration is that the evolution of a disease, even in its terminal phases, is generally not gradual, rather it is marked by multiple, acute episodes, one of which becomes the ultimate factor and decisive in death. The image of the cancer patient, tormented by grave suffering, corresponds to the truth, but this suffering derives from other medical complications that accompany the cancer condition. At times it is caused by compression or irritation of a nerve; more often, by intestinal, urinary, pulmonary, and other complications. Faced with a patient who has pain from a specific cause, are we obliged to remove the cause, or are we to let them suffer? If one patient has difficulty urinating, even if he is in a terminal phase, would it be possible to refuse to lend the necessary assistance? And again, faced with a patient afflicted with intestinal occlusion, who vomits and cannot feed himself or keep food down, and asks to have something to relieve his suffering, can we refuse to take into consideration an apposite treatment, even were it merely to relieve the symptoms? If a pulmonary infection breaks out, will it be possible to refrain from administering the suitable drug, only because the patient is not destined to live much longer?

The clinical problem, as concretized in the image of the terminal patient, is the expression of these ineluctable considerations. If a patient is terminal today, and destined to die within a brief period, that is due to the fact that still today, too many aspects of the disease are unknown, and will remain so until the point that our ceaseless efforts cause another chapter in the book of medicine to be written. And it is emphatically not rhetorical to remember that the cure for many illnesses has been found thanks to the efforts to