

Prestigious British Medical Group Urges Consideration of Euthanasia for Premature Babies

By Liz Townsend

As NRL News goes to press, a prestigious private think tank in Great Britain is about to submit recommendations to deal with what the Nuffield Council on Bioethics describes as "Critical care decisions in fetal and neonatal medicine: ethical issues." Among the most controversial recommendations submitted came from Britain's Royal College of Obstetricians and Gynaecologists (RCOG), which persuaded the council to consider the "ethics" of killing disabled newborns in its inquiry into the issues surrounding premature birth.

While most of the attention paid to RCOG's startling recommendations focused on the threat to babies born with disabilities, in fact its recommendations would sweep in many more newborns deemed to lack a sufficiently high "quality of life."

While RCOG's submission did not "formally" call for what the Times of London described as "active euthanasia" of newborns (which is currently illegal in Britain), RCOG "wants the mercy killing of newborn babies to be debated by society."

Part of RCOG's submission stated, "We would like the working party ... to think more radically about non-resuscitation, withdrawal of treatment decisions, the best interests test and active euthanasia as they are ways of widening the management options available to the sickest of newborns."

Naturally, disability rights groups were alarmed. "Disabled people, particularly those with conditions regarded as 'severe' will be both appalled and afraid by the RCOG's call," Alison Davis of No Less Human, a disability rights group affiliated with the Society for the Protection of Unborn Children, said in a press release.

"Already we are aware that disabled babies are killed up to birth because of 'severe disability.' Once it is established that killing is acceptable on grounds of disability it is inevitable that it will spread to encompass increasing numbers of victims."

RCOG pointed to an "inequity" in current British law, which allows unborn babies to be killed by abortion up to birth if there is a "substantial risk of such physical or mental abnormalities that the child if born would be seriously handicapped." However, if the disability goes undiagnosed and a baby is born who would otherwise have been aborted, there is no current legal way to kill the now-born child.

"It would be relevant to the inequity that a termination for a serious abnormality found on ultrasound might presently be possible in utero at 28 weeks for one couple," RCOG stated, "but another couple with a baby born without warning at 24 weeks, with just as bad a prognosis, have no choice about their parenting responsibilities."

Background

The Nuffield Council on Bioethics is “considering the implications of advances which enable babies to be born little more than halfway through pregnancy and kept alive,” according to the Guardian. While the language is ominous in its own right, originally the council was not going to include euthanasia in its discussions, since it is currently illegal in Britain.

In July 2005, however, RCOG submitted a statement to the council with extremely dangerous implications. RCOG encouraged the Council “to think more radically about non-resuscitation, withdrawal of treatment decisions, the best-interests test and active euthanasia.”

Were the RCOG recommendations to be adopted, the number of targets for euthanasia would potentially be greatly expanded. RCOG also stated that treatment decisions for disabled newborns should encompass more than the level of disability.

These decisions should be made “by the usual balancing principles; where we assess harms and benefits of life-prolonging treatments in order to get to a life that is worth living or valued. ... [T]he question is whether there should be other factors for babies such as being wanted (by their parents or other carers) and having the potential to make some, even if small, contribution to wider society.”

In response to the statement, the council has agreed to consider euthanasia of newborns within its discussion, the London Sunday Times reported.

RCOG also attempted to posit legal euthanasia as a means to reduce the number of abortions. If parents are given a questionable diagnosis, they could bring the baby to term and then kill her after birth if the disability is serious.

“If life-shortening and deliberate interventions to kill infants were available,” according to RCOG, “they might have an impact on obstetric decision making, even preventing some late abortions, as some parents would be more confident about continuing a pregnancy and taking a risk on outcome.”

Pro-life and disability groups and some medical professionals in Britain have condemned the RCOG statement. “Intentional killing is not part of medical care,” said John Wyatt, consultant neonatologist at University College London hospital, according to the Times. “The majority of doctors and health professionals believe that once you introduce the possibility of intentional killing into medical practice you change the fundamental nature of medicine. It immediately becomes a subjective decision as to whose life is worthwhile.”

A spokeswoman for the British Council of Disabled People agreed. “Euthanasia for disabled newborns tells society that being born disabled is a bad thing,” said Simone Aspis, the Independent reported. “If we introduced euthanasia for certain conditions, it would tell adults with those conditions that they are worth less than other members of society.”