

# Is Neonatal Euthanasia and End-of-Life Morally Acceptable?

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The four main ethical principles, that is beneficence, nonmaleficence, autonomy, and justice, are defined and explained (1).

in many counties, illegal termination of life of infants was done. Active voluntary euthanasia ("good death") has been legal since 2002, for adults and children over 11 years of age, in the Netherlands (2). But neonates cannot participate in decision-making, and neonatal euthanasia is necessarily nonvoluntary (3).

In 2005 a protocol was developed by a group of Dutch experts, providing guidelines for infant euthanasia and Physician-Assisted Dying.

This protocol, known as the Groningen Protocol, is based on five criteria:

- 1- the diagnosis and prognosis must be certain.
- 2- hopeless and unbearable suffering must be present.
- 3- diagnosis, prognosis, and unbearable suffering must be confirmed by at least one independent doctor.
- 4- both parents must give informed consent.
- 5- the procedure must be performed in accordance with the accepted medical standard (4).

One of the problems with this protocol is that it focuses mainly on babies with spina bifida, many of whom can now lead satisfactory lives. Also, in this protocol, decisions are made on behalf of the neonates and the autonomy of the baby is not respected (4).

Even the concepts of hopeless, unnecessary and unbearable suffering for the neonate are

qualitative concepts and the amount and threshold of pain are different for everyone. And there are no tools to accurately assess pain and discomfort in infants.

In addition, the decision for unbearable suffering and end of life of neonates, is made by others!?

Also, in neonatal euthanasia, the benefits of the family and the health system are mainly considered rather than the benefits of the neonates.

And this is a serious question, who has given permission to a doctor or a parent to decide for end of life of neonates?

Globally, 2.3 million children died in the first month of life in 2021 – approximately 6,400 neonatal deaths every day (4). "End of life care" (ELC) is a part of "palliative care" (5). And isn't it better to improve the level of palliative care for neonates instead of euthanasia?

Finally, according to the slippery slope argument, such protocols allow possible abuse. And it seriously damages the image of doctors and the public perception of the medical profession (6).

In our opinion, the major flaw in the Groningen protocol is the attempt to derive general criteria from specific cases to legitimize euthanasia in neonates.

In other words, this protocol is followed about legal protection for those who perform neonatal euthanasia, instead of looking for the benefits of neonates.

Also, predicting definite death in an infant and

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useless treatment is a rare condition and we should not make it simple and common.

We must promote neonatal palliative medicine and look for new and possible treatments and prevent the abuse of neonatal euthanasia guidelines.

And finally, Neonatal euthanasia contradicts ethical principles and it is a sin in most religions.

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