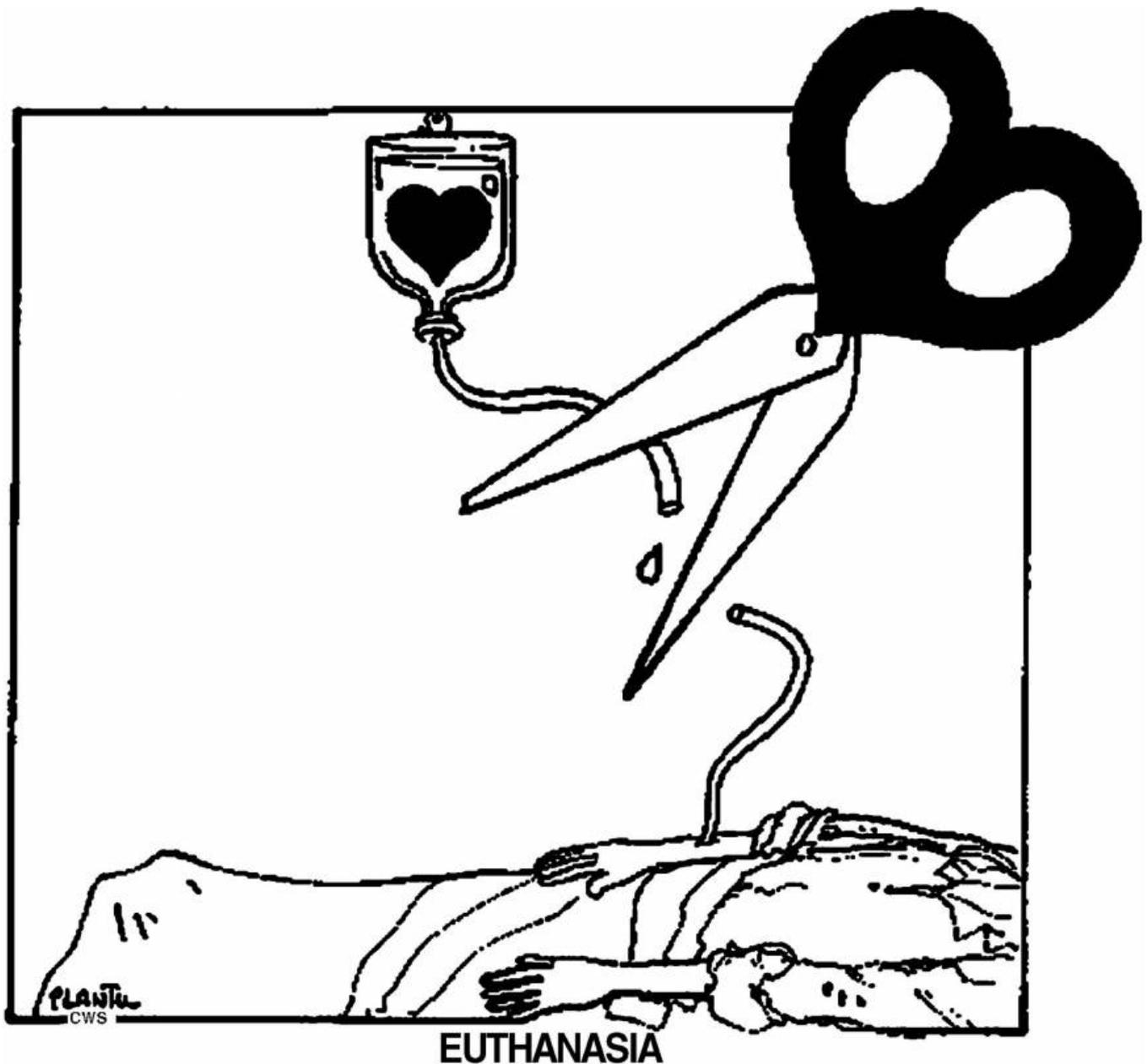


Should children be granted the right to die?

[Peter Singer](#) • PRINCETON, NEW JERSEY –



Since 2002, Belgium has permitted terminally or incurably ill adults to request and receive euthanasia from a doctor. In February 2014, the Belgian parliament removed the provision of the country's law on euthanasia that restricted the law's use to adults. That led to an outcry.

Predictably, the uproar resumed last month when the first minor requested and received euthanasia. Cardinal Elio Sgreccia, speaking on Radio

Vatican, said that the Belgian law denies children the right to life. But the circumstances of the case, and the fact that it took 2½ years for this to happen, show just the opposite: The Belgian law respects the right to life — and, in carefully defined circumstances, the right to die.

Although Belgium’s euthanasia law now has no specific age requirement — thus differing from Dutch legislation, which permits doctors to provide euthanasia, on request, to minors who are at least 12 years old — it does require the person requesting euthanasia to have a demonstrable capacity for rational decision-making. This effectively excludes very small children from the law’s scope. The request must be examined by a team of doctors and a psychiatrist or psychologist, and requires the approval of the minor’s parents. The minor has to be “in a hopeless medical situation of constant and unbearable suffering that cannot be eased and which will cause death in the short term.”

In announcing the first use of the law by a minor, Wim Distelmans, the head of Belgium’s federal euthanasia commission, pointed out that there are very few children for whom the question of euthanasia is raised. He added that this is not a reason for refusing a dignified death for those who request it and meet the law’s stringent requirements.

Although no details about the minor were initially provided, it was subsequently revealed that he or she was 17 years old. The patient would therefore also have been eligible for euthanasia in the Netherlands.

If Cardinal Sgreccia had responded to the teenager’s death by saying that the Belgian law denies that children have a duty to live, he might have begun a useful debate that would have clarified differences between those who believe that there is such a duty and those who do not. Thomas Aquinas, still an influential figure in the Catholic tradition, thought that we have a duty not to end our own life because to do so is a sin against God.

He illustrated this claim by drawing an analogy between ending one’s own life and killing a slave belonging to someone else, which means that one “sins against that slave’s master.” Putting aside that grotesquely insensitive

analogy, it is obvious that this argument provides no reason against suicide for people who do not believe in the existence of a god. Even theists will struggle to understand why a benevolent deity should want someone who is dying to remain alive until the last possible moment, no matter how severe the pain, discomfort or loss of dignity may be.

There is a further reason why even Sgreccia might hesitate to assert that there is a duty to live. The Catholic Church has long accepted that it is not obligatory for a doctor or a patient to continue all means of life support, irrespective of the patient's condition or prognosis.

In Catholic hospitals everywhere, respirators and other forms of life support are withdrawn from patients when the burdens of continuing the treatment are judged "disproportionate" to the benefits likely to be achieved. That surely indicates that any duty to live is subject to the benefits of continued life outweighing the burdens of treatment. Patients requesting euthanasia judge that the benefits of continued life do not outweigh the burdens of treatment, or of continuing to live, with or without treatment.

A right, however, is different from a duty. I have a right to freedom of expression, but I may remain silent. I have a right to my body parts, but I may donate a kidney to a relative, a friend or a complete stranger who is suffering from kidney failure. My right gives me a choice. I can choose to exercise it or to waive it.

Age limits are always to some extent arbitrary. Chronological age and mental age can diverge. For some activities for which a mental age limit may be relevant, the number of people engaging in the activity is very large: voting, obtaining a driving license and having sex, for example. But it would be very costly to scrutinize whether every person interested in those activities has the capacity to understand what is involved in voting, driving responsibly or giving informed consent to sex. That is why we rely on chronological age as a rough indication of the relevant mental capacity.

This is not true of minors requesting euthanasia. If the number of those

who meet the requirements of the law is so small that Belgium has had only one case over the past two years, it is not difficult to carry out a thorough examination of these patients' capacities to make such a request.

For these reasons, Belgium's extension of its law on euthanasia to minors with a demonstrable capacity for rational decision-making does not deny anyone's right to life. On the contrary, it grants a right to die to those who may reasonably choose to exercise that right.

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