

Pushing Infanticide

From Holland to New Jersey

By Wesley J. Smith

Bureaucracy has trumped morality in the Netherlands. How else can one explain a country where when doctors admit publicly that they commit eugenic infanticide, the leaders' response is not to prosecute them for murder but instead to urge that guidelines be created under which future baby killings can openly take place?

The "Groningen Protocol" – named after a pediatric hospital which admittedly permits doctors to end the lives of babies born with disabilities or terminal conditions – seeks to normalize infanticide by bringing the practice out of the shadows and into the light of day. Under this thinking, it isn't the killing that is wrong, but the secrecy.

Secrecy? What secrecy? It has been widely known for years that Dutch doctors kill disabled and dying babies. As far back as 1992, the Dutch Royal Society of Medicine published guidelines to be used in deciding whether to kill a baby, including whether the child would ever be able to live independently, experience "self realization" (being able to hear, read, write, labor) and have meaningful interpersonal relations.

By 1993, as documented in PBS's *Choosing Death*, three out of eight neonatal intensive care units in the Netherlands had specific policies, endorsed by the Dutch Pediatric Society, that permitted infanticide by lethal injection. Rita Marker's breakthrough book *Deadly Compassion* (Marker leads the International Task Force on Euthanasia and Assisted Suicide), raised the warning flag about Dutch infanticide in 1993. In 1996, the *Lancet* published a study finding that 8 percent of all Dutch infant deaths each year -- between 80 and 100 -- result from lethal injections, many without parental consent. I wrote about the matter extensively in my 1997 book *Forced Exit*.

No, the publishing of the Groningen Protocol isn't designed to end the secret that is not a secret. It is intended to legitimize eugenic infanticide and move it from a crime tolerated by the, oh, so tolerant Dutch, to outright legality. In other words, the last vestige of protection left in the Netherlands against infanticide – that is, the technical illegality of killing babies in the Netherlands – is to be stripped away, including the protection against the killing of disabled infants not dependent on intensive care for survival.

Murdering babies because they are disabled or dying is a profound violation of their human rights. At least, it used to be. After all, German doctors who killed disabled infants during World War II faced the business side of the hangman's noose for their crimes.

This belief appears to be changing, at least among elites. As a consequence, an effort appears to be under way to spread the Dutch cancer to our own shores. *The New England*

Journal of Medicine, for example, recently provided a forum for two Dutch doctors to explain dispassionately how the Groningen Protocol seeks “to develop norms” for infanticide. This was merely the most recent in a series of euthanasia/assisted suicide-promoting articles that have been published in that once august journal in recent years. (Perhaps the *NEJM* should change its name to *The New Euthanasia Journal of Medicine*.)

Meanwhile, rather than writing scathing editorials against infanticide, the *New York Times* instead published “A Crusade Born of a Suffering Infant’s Cry,” a puff profile of one of the leaders of the Dutch infanticide movement, Dr. Eduard Verhagen, “a father of three who spent years tending to sick children in underdeveloped countries.” The article laments, “For his efforts to end what he calls their unbearable and incurable suffering, Dr. Verhagen has been called Dr. Death, a second Hitler and worse – mostly by American opponents of euthanasia.” Poor baby.

Meanwhile, the *Los Angeles Times* published an apologia for infanticide by Princeton’s notorious Peter Singer, which its subheadline described as “an ethics expert,” in which the world’s most famous proponent of infanticide—he once explicitly compared the killing of a baby to the catching of a mackerel – attempts to conflate removing intensive care and other life support from a dying baby with active killing based on quality of life considerations: “The dispute is no longer about whether it is justifiable to end an infant’s life if it won’t be worth living,” Singer wrote, “but whether that end may be brought about by active means....”

Not mentioned by Singer or the *Los Angeles Times* is that the “ethics expert” believes that babies who could unquestionably lead happy lives, such as those with Down syndrome and hemophilia, indeed, *any* infant – not just the dying or disabled – can be killed if their deaths would serve the interests of their families. Indeed, Singer does not consider infants to be “persons,” and hence under his thinking, no infant has the right to life.

The Dutch have fallen into a moral abyss of utter relativism where even the lives of helpless babies are not sacrosanct. But this isn’t a foreign problem: Many of our own molders of professional and public attitudes apparently want to drag us over the same precipice. Whatever the *New Euthanasia Journal of Medicine* is trying to cell [sell], when it comes to infant euthanasia, this a time for repulsion, not acceptance.

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