

Euthansia



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An old man with lung cancer is lying on his deathbed, wheezing as his lungs slowly close up, inching towards his slow and painful death. Just seeing a terminally ill patient endure unbearable pain is difficult for us viewers. The feeling of sympathy or even pity can not be avoided. We want to help in anyway possible. This desire to help gave birth to the concept of euthanasia. Thus giving as ease as the old man gets his eternal peace.

But terminal illnesses don't always come to people above the age of sixty. These often come to people from all age groups, even newborns. Seeing a smoking sixty year old grandfather die is different from seeing a newborn with underdeveloped lungs turn blue. Both are surely dying in a few days, don't they deserve equal chances of a decent death

The Netherlands as been practicing euthanasia legally for quite some time now and it has gone relatively smoothly. Some are concerned with the increase in the number of cases as well as some gray areas. One of which is its administration to newborns and this lead the Groningen Protocol for Euthanasia in Newborns to be written. The Groningen Protocol helps doctors, or even parents, to administer euthanasia to babies based on the provided information so as to avoid interrogations by the authorities.

The babies who are candidates for euthanasia are put into three categories according to Verhagen. First are infants with zero chance of survival. These are babies who are expected to die soon after birth even with upmost care and the latest medical technologies. The next group consists of infants with conditions which require intensive care. This group is delicate and even with great medical attention shows a grim future. And the third group is of infants who do not require intensive care but shows signs of intense suffering. They may survive but are believed to have a poor quality of life onwards.

Among the three groups, the third one posts the most troubling decisions. The doctors should have a very clear idea of the infant's condition and are convinced that there is no chance of even an improved life. These findings must be discussed with the parents who must make the decision of whether going through the euthanasia or not. After which, both the doctors and the parents should agree on the decision before the doctor can administer the necessary humane treatment.

Being trapped in a hospital bed with wires and tubes attached to your boy is no way to live. " Neonatologists in the Netherlands as well as most of Europe are convinced that intensive care treatment is not a goal in itself"

(Verhagen). The infant may survive in this manner but the quality of life that he faces is in question. The practice of newborn euthanasia may be as brutal as it may sound but with the proper standards, rules and laws, is the most humane way of showing concern.

Majority of us, if not everybody, would agree that life is not about quantity but of quality. We should be thankful to have the chance of living a life the way we chose. The Groningen Protocol helps those infants and the parents to have a life which is as normal as possible. This eliminates the suffering of the parents by raising a child who requires much attention than a normal child would. This will save them from the expenses of time, effort and money which are directed towards the child. And most importantly, the Groningen Protocol will prevent the child from living a life that is substandard based on everybody else' eyes.

References:

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