**An Analysis of the Morality of Infanticide**

**Abstract**

In this paper, I will analyze the morality of infanticide as practiced in developed societies. Infanticide refers to the intentional killing of a newborn or very young child, and there is an ongoing debate as to whether or not there are certain contexts that morally warrant this kind of action. To address this debate, I will independently analyze what I believe to be the two most compelling arguments for infanticide. The first, known as “after-birth abortion,” uses personhood status to argue that infanticide is morally permissible in all cases in which an abortion would be morally permissible. The second, known as “neonatal euthanasia,” appeals to the principle of beneficence in order to argue that infanticide is morally permissible only when performed to spare a newborn from a life of unbearable pain. Ultimately, my evaluation will conclude that the justifications for these arguments are unconvincing, and thus infanticide as discussed in this paper must be morally impermissible.

**Introduction**

In this paper, I will analyze the morality of infanticide as practiced in developed societies. Infanticide refers to the intentional killing of a newborn or very young child, and there is an ongoing debate as to whether there are certain contexts that morally warrant this kind of action. The two most convincing arguments in support of infanticide are those defending after-birth abortion and neonatal euthanasia. Ultimately, my evaluation will conclude that neither argument can adequately address its flaws. Therefore, I will conclude that infanticide is morally impermissible.

I will begin my evaluation by first addressing the claim that infanticide is morally permissible under allconditions. This view of infanticide is known as “after-birth abortion,” and its proponents argue that reasons ranging from sudden parental divorce to a mere desire not to see the newborn raised by other parents function as justifiable motives for ending a newborn’s life.[[1]](#footnote-0) I will respond to this proposition by highlighting its reliance on a strict definition of personhood as a necessary condition in order to have a moral right to life. I will reject this necessity and will propose an alternative interpretation of abortion rights which grants a moral right to life onto newborns. I will then condemn after-birth abortion as morally impermissible.

The second half of my paper will address the claim that infanticide is morally permissible onlywhen it is done to spare an infant from unbearable suffering. This version of infanticide is referred to as “neonatal euthanasia.” Supporters claim that certain illnesses or disabilities confer upon those who experience them such an overwhelming amount of suffering that any and all merits of life will be overshadowed by the burdens of their condition. Therefore, neonatal euthanasia is a mercy for all newborns in such a state. However, I will build upon the previously established moral right to life of newborns and demonstrate that a decision to terminate life based on suffering should only be made by the person who is experiencing the suffering. I will also discuss the societal impact that a neonatal euthanasia policy may have on disabled populations around the world, and I will conclude that neonatal euthanasia, like after-birth abortion, is morally impermissible.

**Part 1: The Permissibility of After-Birth Abortion**

**Background**

In their paper “After-birth abortion: why should the baby live?,” Alberto Giubilini and Francesca Minerva argue that infanticide is morally permissible in every situation in which abortion is permissible.[[2]](#footnote-1) They set out a strict definition for what it means to be a “person” and mandate that certain capacities must be present for a being to be characterized as a person. Some of these capacities include: being cognizant enough to recognize one’s existence, being able to understand that death would be a great personal loss, and holding certain aims and developed plans for one’s future. By requiring such capacities, Giubilini and Minerva demonstrate that they expect persons to possess and display relatively robust mental traits.

Moreover, they argue that fetuses and newborns do not possess these capacities and therefore do not fulfill the criteria for personhood. Furthermore, because they are not persons, Giubilini and Minerva argue they do not have the corresponding right to life. Additionally, potential persons are not harmed if prevented from developing into actual persons, and thus, all appropriate justifications for abortion are also justifiable grounds for infanticide. To drive home the moral equivalence between fetuses and newborns, Giubilini and Minerva refer to infanticide as “after-birth abortion.”

In this portion of the paper, I will argue that Giubilini and Minerva have not successfully argued for the permissibility of after-birth abortion. Mainly, I will offer a rendition of abortion rights that reaches decisions of permissibility through an assessment of competing rights and interests. To demonstrate why this rendition ought to be the default method for assessing the permissibility of after-birth abortion, I will dissect the flaws present in arguments that rely on personhood or a right to life. I will highlight the flaws in arguments that support personhood and a right to life because these seem to be the most commonly appealed to premises used to justify terminating young life.[[3]](#footnote-2) Yet, these arguments are unable to work the way that after-birth abortion supporters want them to. For, even if definitive proof could be given showing that newborns are not full persons and thus have no right to life, there still remains a lack of argumentation demonstrating why it follows that this information makes infanticide morally permissible.

I will therefore maintain that arguments that rely on personhood or a right to life fall short in leading to the conclusion that Giubilini and Minerva want. To convince those who believe that personhood status is critical to this debate, however, I shall note that the rendition I propose is ethically consistent whether the newborn is granted personhood status or not. In this way, my paper will maintain the moral permissibility of abortion *—* in most cases *—* while also providing a logical condemnation of after-birth abortion.

**Permissibility Measured in Terms of Competing Interests**

Some of the most common arguments employed by those opposed to abortion follow from the personhood status of the fetus.[[4]](#footnote-3) Anti-abortionists argue that like adult humans, fetuses are full persons and possess an absolute moral right to life. They then conclude that the possession of this right to life must mean that it is almost always impermissible to terminate the fetus’ life. Yet, anti-abortionists differ from their opponents in that they believe this fetal right to life requires the mother, in most cases, to complete her pregnancy regardless of her willingness to do so. In contrast, pro-choicers, who support a woman’s right to choose what happens to her body, argue that women not only have the right to practice bodily integrity, but also that the fetus is not morally equivalent with a fully developed human person. Pro-choicers often allege that fetuses simply do not have personhood status.

Thus, it is important to note that the abortion debate is largely grounded in the personhood status of the fetus and its corresponding right to life. These same arguments are employed by Giubilini and Minerva in the discussion of after-birth abortion. I shall show that these arguments mistake what the rights in the abortion debate consist of, and I will propose a corrected interpretation of these arguments. I will start by asserting that even complete personhood status does not justify the unwanted use of another person’s body in most cases.

As stated in “A Defense of Abortion,” Thomson argues that “having a right to life does not guarantee…a right to be allowed continued use of another person’s body — even if one needs it for life itself.”[[5]](#footnote-4) Just as no extrauterine person has the right to the use of another’s body *even if* it would sustain that person’s life,[[6]](#footnote-5) so too does a fetus lack this right.[[7]](#footnote-6) Thus, even if the fetus has an absolute right to life, an abortion would nevertheless be permissible at most points throughout pregnancy. For a majority of a woman’s pregnancy, this right of the fetus, no matter how absolute, does not usurp the woman’s right to reject the fetus’ use of her body. It is worth noting however that Thomson questions this right to reject the use of one’s body in certain cases. For example, she admits that it seems unlikely that this right is morally defensible in the final month of pregnancy in cases where the fetus does not threaten the woman’s health.[[8]](#footnote-7) She comes to this conclusion because *—* in allowing the pregnancy to continue to this final stage *—* the mother may have demonstrated some type of commitment to the fetus which ought not to be arbitrarily disregarded. Nevertheless, the woman’s right to deny the use of her body exists in most cases in pregnancy, and this right is not minimized even in situations in which she might have engaged in actions that knowingly made it likely that a fetus would become dependent on her for its survival.[[9]](#footnote-8)

However, one must note that such an expression of bodily autonomy does not simultaneously equate to the right to the guaranteed death of the fetus.[[10]](#footnote-9) If, by some strange miracle, the fetus were to survive after it was extracted from the mother’s body, the mother does not then have the right to kill it outside of her womb.

I am now proposing that the application of this view of competing interests should extend beyond the narrative of abortion and should be applied to the infanticide debate. Thomson’s reasoning is important in this debate because it circumvents the metaphysical problem of personhood. In adopting this view, the “personhood” status of the fetus or newborn is inconsequential. Likewise, the “amount” of moral status is also beside the point. In fact, even if we were to grant personhood status to fetuses and newborns, which subsequently grants them an absolute moral right to life, we still have a clear system with which to answer our question: at what point does it become impermissible to terminate early life?

In response to this central question, an important distinction about rights can be made at the moment of birth. Although no change in personhood or moral status occurs when the fetus/newborn changes location from inside the womb to outside of it, the rights that come into question do. No longer need we worry about weighing the fetus’ right *—* however small *—* to life against the mother’s right to refuse the use of her body as life-support. Now, we simply compare the newborn’s right to life against any other relevant concerns. For example, any economic, social, or psychological circumstances of parents or family that may or may not have been present during the pregnancy now become the most relevant competing interests against the newborn’s right to life.

It now becomes clear that, if the newborn holds such a right to life, this right surely outweighs the right of the family not to experience economic hardship or psychological stress at the expense of the life of the newborn. Furthermore, if these other burdens do prove to be too troublesome to the family, then adoption and foster care are morally justifiable methods with which to alleviate the family of these burdens. Therefore, I will argue in the next section of my paper that the newborn does possess this certain right to life, and this right surpasses all other competing interests. Thus, the moment of birth marks a significant distinction between when it was permissible to terminate life and at which point this permissibility ends.

**The Metaphysics of Personhood**

It is often assumed that a certain moral status is conveyed upon all individuals who can be classified as persons. This assumption is important to note because it is the possession of this moral status that makes it wrong for persons to be killed. So, before discussing how Giubilini and Minerva define “personhood,” I must mention that philosophical attempts to define what it means to be a person tend to skirt the line between applied bioethics and metaphysics. As ethicist Anthony Wrigley points out:

“Basing any argument on claims about the nature and status of persons will be open to significant disagreement from the outset… [and] might cast doubt on whether the significant emphasis should be placed on [personhood] to justify ending the existence of something.”[[11]](#footnote-10)

Clearly, there are mixed views as to what truly constitutes a person’s metaphysical identity. Some, such as Don Marquis, argue that personhood is based on a biological criterion of identity.[[12]](#footnote-11) This view derives personhood from our persistence as the same human organism over time, and it commits us to believe that who we are today is identical to even the early-stage embryo that we (according to this view) once were. However, others *—* such as Giubilini and Minerva *—* appeal to the psychological criteria of identity. This account highlights our essence as thinking beings who persist over time through psychological continuity. This account commits us to believe that many humans are not in fact persons: humans such as fetuses, newborns, comatose patients, and even developmentally disabled people do not meet the criteria for personhood outlined in this view.

In fact, Giubilini and Minerva define a person, i.e. anyone who has a “right to life,” as:

“an individual who is capable of attributing to her own existence some (at least) basic value such that being deprived of this existence represents a loss to her.”

Giubilini and Minerva claim only those who meet the criteria of this definition have a moral right to life, and they do not believe that fetuses and newborns meet this criterion. However, must an individual be capable of attributing value to something in order to be harmed by its loss? It seems possible that there are instances in which individuals are harmed by a loss of X even when they are unable to appreciate X. Moreover, it seems as though this definition presents a kind of ambiguity in that there are two distinct ways in which an individual can attribute value to her own existence.[[13]](#footnote-12)

In the first sense, it seems as though an individual must *directly* value her existence in order to be harmed by the loss of her existence. This sense mandates rather robust mental traits; it requires the individual to have the cognitive capacity to recognize herself as the subject of her own life. She must be capable of perceiving herself as an entity that persists over time as the same being, and she must be able to knowingly value certain types of situations over other, less favorable ones. She must directlytake an interest in her life.

The second sense seems to require a more indirectvalue for one’s existence. In such a case, the individual may indeed possess an interest in X even if he cannot actively contemplate a scenario in which he lacked X. For example, let’s say an otherwise healthy newborn contracted pneumonia and required administration of readily available antibiotics in order to recover. Certainly, this newborn is not self-conscious enough to recognize what it means to be alive and to then value his life. He does not yet possess the mental faculties to be in such a condition as to actively place value in his life and be anxious at the thought of his death. Thus, despite what a diagnosis of pneumonia could mean for him if left untreated, he does not have the capacity to take an interest in receiving the antibiotics. Nevertheless, he still has aninterestin them.

He has this interest because the medication benefits him; it cures his pneumonia and enables the continuation of his life. Additionally, this interest is not projected onto him by loving parents or concerned physicians, it is the interest of the newborn himself.[[14]](#footnote-13) He would retain this interest even if he had no one to care for him, for his continued existence is a benefit to him. Thus, merely maintaining such an interest in the indirect sense seems sufficient in order to grant at least some moral status to the being that maintains such an interest.

Even if not full persons, fetuses and newborns have some inherent value that conveys upon them at least some moral status below that of personhood.[[15]](#footnote-14) The indirect interests of these potential persons in continuing to live are part of what establishes at least some of their moral status. Additionally, the moral status awarded to the newborn based on the possession of these indirect interests can be further enhanced by the newborn’s possession of “time-relative interests.”

Time-relative interests encompass the range of positive experiences that the newborn’s future will contain, and they are determined by the strength of the psychological relationship between the newborn’s current and future self. As the psychological development of the newborn improves with age, his time-relative interests will increase. With age, he develops his personhood. This moves him closer to achieving the psychological continuity that will eventually connect his current self to his future self, thus strengthening his claim to the right to experience the potential good of his future.

Yet, as a newborn, his time-relative interests are weak because he currently lacks any psychological ties to his future self,[[16]](#footnote-15) for he is not yet a person capable of having psychological continuity with his future self. Nevertheless, even weak time-relative interests demonstrate the existence of some moral status on behalf of the newborn. Moreover, Anthony Wrigley rightly argues that the time-relative interests of a late-term fetus are comparable to those of a newborn, as there is little psychological difference between the two. Lastly, the wrongness of killing potential persons, particularly late-term fetuses and newborns, results from the frustration of their interests if killed.[[17]](#footnote-16)

**Rights to Life of Non-Persons**

For the sake of the argument, however, I will adopt Giubilini and Minerva’s use of the psychological account of personal identity and will assume that neither fetuses nor newborns meet the criteria of absolute moral personhood. Nevertheless, I will demonstrate that they are unable to justify the permissibility of after-birth abortion even when appealing to their arguments.

Giubilini and Minerva outline two premises that serve as the foundation to their claim.

1. The moral status of an infant is equivalent to that of a fetus, that is, neither can be considered a “person” in a morally relevant sense.
2. It is not possible to damage a newborn by preventing her from developing the potentiality to become a person in the morally relevant sense.[[18]](#footnote-17)

According to their first premise, neither a fetus nor a newborn maintains the status of personhood. Giubilini and Minerva thus conclude that neither possesses the corresponding right to life that is granted to all persons. However, after closer inspection regarding how far a “right to life” can actually take their argument, it seems as though the possession, or lack thereof, cannot function as an automatic justification for the moral permissibility of terminating life.

Certainly, maintaining a right to life does not directly necessitate that it is morally wrong to kill the bearer of this right.[[19]](#footnote-18) For example, in acts of self-defense, we often accept the killing of an enemy soldier during wartime or the killing of an armed home invader in the middle of the night. Yet, why is this? These individuals who were killed meet the criteria of personhood and thus have an “absolute” moral right to life. Even so, the context of competing rights warranted justifiable killings.

The converse of this statement is also true. There are situations in which an individual might *not* have a moral right to life, yet in which it is still wrong to kill said individual. For example, consider the moral permissibility of killing a member of an endangered species. Even though it lacks a right to life, since it does not meet the criteria of personhood, it would still be wrong to kill it. Killing such a creature simply because it does not have an absolute moral right to life would be a wanton destruction of life. Not only is this careless and distasteful, but it also further risks the extinction of the species. Don’t we have a duty to protect vulnerable species and do our part to ensure they don’t reach extinction? Thus, it seems morally wrong to kill a member of an endangered species for no other reason than simply because you can.

It is also worth noting that Giubilini and Minerva seem to regard personhood status as both a necessary and sufficient condition for possessing an absolute moral right to life, when in fact personhood status is a sufficient condition but is certainly not necessary. They fail to consider ulterior means with which an individual can acquire at least some moral status derived from something other thanits personhood status.[[20]](#footnote-19) They seem to imply that an individual’s personhood status tells us everything we need to know about the permissibility of killing an individual. But, it seems as though possessing a “right to life,” no matter how graded, does not lead to a consistent determination of when it is morally right versus morally wrong to kill.

Giubilini and Minerva’s second premise further reflects the flaw in grounding permissibility on a lack of personhood status. Although they recognize that both fetuses and newborns will eventually develop into true “persons” in the sense they have defined, they nevertheless argue that their current status of development only renders them from becoming potential persons. Thus, in killing a fetus or a newborn, no harm can be done, for no actualperson is harmed. This argument seems to liken abortion and after-birth abortion to a form of contraception in that, according to Giubilini and Minerva, the end result is to simply prevent the existence of a currently undetermined future person.

Yet, there are certain traits possessed by both late-term fetuses and newborns which seem to assert the presence of some moral status that should be respected in the absence of strong justifications to the contrary. As previously discussed, the time-relative interests of late-term fetuses and newborns make it wrong to wantonly kill them. Additionally, they are also capable of feeling pleasure and pain as sentient beings. These reasons and interests provide a level of moral status that ought to be overturned only in very specific circumstances, such as when the mother no longer wishes for the fetus to use her body. However, once born, this concern is removed. Surely, no other concerns take priority over the infant’s right to continue living at this point. Therefore, because the newborn’s right to life surpasses all other competing interests, the moment of birth marks a significant distinction between when it was permissible to terminate life and at which point it is no longer permissible.

**Part 2: The Permissibility of Neonatal Euthanasia**

**Background**

Perhaps I have persuaded you into believing that after-birth abortion is normally morally impermissible. Perhaps you can agree that even if the newborn does not have absolute moral status, it does have some. And perhaps even still, you acquiesce that none of the previously mentioned concerns, economic burden, psychological hardship, etc., are strong enough to take priority over even the small moral status possessed by the newborn. However, it is at this point that you might make an objection; there is one concern, you might say, which does seem to take priority over the right to continue the newborn’s life. Perhaps infanticide might be morally permissible in cases of severe hardship for the infant.

The reasoning in support of infanticide which I am now discussing is referred to as “neonatal euthanasia,” and it is seen by those who choose to pursue it as an act of mercy towards either an extremely sick or disabled newborn. Euthanasia is either an act or an omission that intentionally brings about the death of another person for that person’s sake.[[21]](#footnote-20) Yet, in the context of newborns, I shall point out that there is a difference between limiting or withdrawing medical interventions for those with whom an inevitable death is merely being delayed, and doing so with newborns for whom survival is almost otherwise guaranteed. Yet, systems such as the Dutch Groningen Protocol have been put into place which specifically focus on the latter group — on those newborns who would survive if treated.[[22]](#footnote-21) These infants are those with whom the medical community and parents deem to be in such a state of unbearable suffering that their predicted quality of life has been judged to be worse than death.

In the following portion of this paper, I will discuss the legalized protocol for euthanasia in non-terminal newborns. I will discuss moral inconsistencies in its implementation, such as the violation of nonmaleficence and the disregard for the newborn’s potential autonomy. The societal consequences for the disabled will then be presented. In the final portion of this paper, I will conclude that a life of disease or disability is *not* one that should be judged by others as worse than death. Moreover, even if considered an act of mercy, the neonatal euthanasia of non-terminal newborns, like after-birth abortion, is morally impermissible.

**Duties towards the Patient**

The common phrase, “do no harm,” highlights the importance of upholding the principle of nonmaleficence in medicine. In order to uphold this principle, medical professionals must not intentionally or unintentionally inflict harm upon others. To do so would violate this key moral issue, and it would compromise the trust patients have in their physicians.[[23]](#footnote-22) By employing a policy of neonatal euthanasia, physicians bring about the ultimate harm to their patients. Additionally, parents of ill or disabled newborns may grow skeptical of their physician’s motives.

Also pressing, in this case, is compliance with the moral principle of autonomy. As defined by Lewis Vaughan, autonomy is “a person’s rational capacity for self-governance or self-determination; [it is] the ability to direct one’s own life and choose for oneself.”[[24]](#footnote-23)

When, as in the case of infants, the patient is not capable of expressing their preference for certain treatments, these choices fall to surrogate decision-makers. Often, these surrogates are close family members. One important caveat, however, is that these surrogates are close; they ought to know the patient well enough to make a decision based on what they believe the patient would have wanted. Their decisions aren’t expressions of their own desires but are expressions of what they believe the patient would have desired. You would not want your long-estranged father to make a life or death medical decision for you if the last time you saw him was when he walked out on you when you were five. Likewise, it seems problematic that parents who have not yet gotten to know the personality of their newborn should be allowed to subject the newborn to a life-ending protocol. These parents have no way of knowing what decision their newborn would prefer if he was capable of expressing his opinion. Furthermore, because people systematically misjudge how bad it would be to have a disability, I shall argue that it is not ethically permissible to rely on surrogate decision-makers who will predictably misjudge the quality of life of those with disabilities.

I admit that it is possible to use this argument in reverse. In fact, some question why physicians treat newborns at all. Surely, newborns are incapable of implementing their autonomy and cannot consent to any forms of treatment,[[25]](#footnote-24) so why assume that they would want to be treated? However, this reversal to me seems unconvincing.

Certainly, when a patient is unable to consent (and when no surrogates are available to provide consent on the patient’s behalf), the default in medical practice is to treat the condition and prolong life. I argue that this default also exists when the patient is a newborn. Surely, the moral status that newborns possess is reason enough to justify prolonging life until the patient himself is able to request otherwise. As Alexander Kon proposes, we ought to provide these non-terminal patients with the best possible medical care until they are capable of expressing their own decisions.[[26]](#footnote-25) Healthcare providers ought to work diligently to minimize the newborn’s suffering whenever possible. As he grows older, he will be better equipped to understand his condition and to compare its burdens against the joys in his life. Only he, upon reaching the age that confers upon him the legal authority to consent, may make the determination that his suffering is truly unbearable and that he would be better if allowed to die. However, he must be of a rational decision-making capacity and must not be experiencing psychological illnesses, such as depression, which might cloud his decision. As Kon pointed out, if the illness or disability prevents the neurocognitive functioning needed in order to accurately evaluate one’s own level of suffering, then it remains impermissible to terminate this person’s life.

**Harmful Societal Implications**

An acceptance of neonatal euthanasia as an act of mercy signifies a belief that certain lives are worse than death. It reveals an acceptance that certain conditions bring about so much hardship and suffering that all future joys in life are not capable of outweighing this suffering. However, I am skeptical that the value of a life should be determined by extrinsic factors such as health and productivity. I argue that we must not only recognize the intrinsic value of individual life, but we must also protect vulnerable newborns so as to avoid setting a precedent about what forms of life we judge as worth living.

The indirect and time-relative interests which accord newborns with some right to life remain equally present and unaltered regardless of a newborn’s disability status. However, by implementing a protocol that essentially condemns all participating infants who experience certain illnesses or diseases to relatively certain death, a precedent is established regarding all persons who experience those conditions. If it is acceptable to euthanize infants for a given disease, then it would logically follow that adults with the same conditions might feel societal pressures to pursue the same end.

In the face of extensive medical bills, frequent hospital visits, and poorly managed pain, this pressure could build to a point such that disabled people may begin to view euthanasia and physician-assisted suicide as the only treatments left which grant them some form of dignity. It is possible that disabled people may be unconsciously coerced by the pressures of society to prematurely end their lives so as to achieve what society views as death with dignity.[[27]](#footnote-26) In such a way, handicapped people are at increased risk of facing the unspoken but deeply felt duty to die, and it truly might seem to them more of a duty rather than a choice.[[28]](#footnote-27) Thus, acceptance of a neonatal euthanasia protocol places already vulnerable adult populations at increased risk for harm and susceptibility to coercion for treatments they may not truly want.

This potentially felt “duty to die” is harmful for several reasons. First, it validates an already unjustified double standard for patients who usually just want to escape from the pain of their current condition. For example, when a 30-year-old businesswoman requests voluntary active euthanasia because she feels isolated from her peers and feels as though she cannot contribute meaningfully to her work, support and prevention tools are provided to her in response. It is seen as a very tragic situation that ought to be worked through without resulting in the termination of her life.

However, Liz Carr points out that if a disabled woman in an otherwise identical situation were to request to end her life, her decision would not only be supported, but it would be seen as rational and understandable![[29]](#footnote-28) The disabled woman is rarely offered the same treatment for depression or provided other prevention tools, rather, her decision is seen as final. This negative societal view of life with handicaps will only be reinforced if we accept euthanasia in infants with these conditions.

Additionally, neonatal euthanasia risks developing increasingly negative views of those newborns who “survive” the protocol. As more infants with certain conditions intentionally do not survive due to neonatal euthanasia, all other persons living with those conditions will come to be viewed callously as mistakes in a system that was designed to prevent their survival. Misunderstanding and discrimination are likely to increase as the number of people with a given disability decreases. Moreover, it is possible that these views will lead to a less supportive environment for those living with these handicaps. In fact, initiatives for research may decline; funds for facilities to care for these individuals may decrease; and attitudes of medical personnel towards these patients at the end of their lives may become overbearingly paternalistic.

Yet, it is possible to object that I am perhaps overlooking the bigger picture. The goal of policies such as the Groningen Protocol is not to increase discrimination against severely sick and disabled peoples. The main goal is to spare infants from a life of unbearable suffering.

While it might follow that euthanasia can function as a mercy to newborns in theory, in practice, there are too many dangers that cannot be presently accounted for. For example, this objection fails to consider that implementing euthanasia based on “unbearable suffering” is inherently flawed and prone to mistakes. The “unbearable suffering” is an estimate of the sum of both the physical and mental pain that the newborn is predicted to experience if treated for his condition and permitted to survive. It is a determination that there will never be enough joys present in the newborn’s life to ever outweigh the suffering he will experience because of his diagnosis.

But, how can medical personnel knowingly bring about the death of an infant based on the subjective experience of the infant himself — based on something that cannot be expressed to them at the time at which the protocol is implemented? Additionally, what one individual might deem unbearable suffering, another might be capable of enduring. So, although medical care providers and parents believe they are acting in the newborn’s best interest if they spare the newborn from experiencing such a life,[[30]](#footnote-29) in reality, they merely risk killing newborns who would grow to determine that their suffering does *not* actually outweigh the joys of their life.

Clearly, the consequences of such a protocol demonstrate that those with disabilities will be placed at increased risk for even further marginalization. In fact, studies have demonstrated that a physician’s evaluation regarding the quality of life experienced by a disabled person often ranks it much lower than the disabled person himself ranks it.[[31]](#footnote-30) It is possible that physicians, who often do not themselves suffer from such disabilities, attempt to estimate its impact on the quality of life by imagining how they would feel if suddenly shifted from an able-bodied life to one tackling disability. Yet, in doing so, they consider the devastation of losing certain abilities which they have taken for granted as guaranteed, and they must then imagine a world in which they must adapt to a new and permanent loss. However, this is surely not the situation experienced by newborns who come into this world already disabled. These newborns know nothing of their loss, in the sense that they never experienced life without their disability. Often, in fact, children born with disabilities rate their quality of life on par with their non-disabled counterparts.[[32]](#footnote-31)

Already, I have demonstrated that medical professionals often mischaracterize a life of disability as being of lower quality than what people with disabilities actually report. I have also demonstrated that pain and suffering are utterly subjective topics. Furthermore, newborns are not able to voice their subjective experiences at the time when they are subjected to the Groningen Protocol. Yet, one might argue that even with these concerns, a neonatal euthanasia protocol will still succeed in its goal of sparing infants who, if treated and survived, would have later expressed that their pain truly was unbearable. After all, it is a very selective protocol and only newborns who truly are in grave conditions will be considered for it.

However, I think it is important to note two important distinctions here. First, as mentioned earlier, the analysis of the morality of neonatal euthanasia in this essay focuses strictly on the killings of infants with severe but non-terminal cases. Here, I have attempted to analyze the moral permissibility of killing newborns who otherwise would have survived if given treatment. In these cases, I have argued that it is unjustifiable to kill newborns who would have otherwise lived. However, in order to analyze the permissibility of killing severely ill newborns who also have a fatal prognosis, further arguments would need to be evaluated. These would include considerations of how convincing the newborn’s indirect interests are, how likely the newborn is to develop any valuable capacities which might allow for a subjective experience and evaluation of the quality of one’s life, and how much good can come to the infant by merely delaying an inevitable death. Nevertheless, I note that these arguments are beyond the scope of the focus of this paper, and they will not be further addressed here. Furthermore, this paper does not draw conclusions about the moral permissibility of hastening the death of already terminal infants.

Second, I believe here that I ought to highlight the distinction between suffering and suffering *unbearably.* It is quite clear that any infant whose conditions are grim enough to warrant consideration for euthanasia must surely be suffering. Yet, it is not clear to me if the infant’s suffering has reached such a point that it has become unbearable for him. Thus, neonatal euthanasia risks condemning to death newborns whose suffering would have turned out not to be unbearable for them *—* newborns who would have judged their quality of life as satisfactory and indeed worth living. So, by subjecting newborns to neonatal euthanasia, physicians risk doing the ultimate harm to their patients by potentially depriving them of a life which they may have judged as worth living.

**Conclusion**

In this paper, I have provided an account that addresses critical components of the infanticide debate and ultimately demonstrates that infanticide is morally impermissible in all contexts discussed. I have addressed the two primary arguments for infanticide in developed societies, namely: after-birth abortion and neonatal euthanasia. Through an analysis of the metaphysics of personhood, I have shown that personhood is not a necessary condition in order for a being to maintain some moral right to life. I have also proposed a new method of assessing both the morality of abortion *and* after-birth abortion; an account of competing interests ensures that even a small moral life warrants protection from unjust claims against it.

Additionally, I have demonstrated why infanticide cannot be viewed as a form of beneficence to a sick newborn. I have assessed the risks this protocol poses both to the individuals subjected to it and to the larger population of handicapped persons. Moreover, because newborns maintain at least some moral right to life, and because suffering is a subjective concept, the neonatal euthanasia of non-terminal newborns is too ethically dubious to support. Therefore, I have provided an assessment of infanticide that does not rely on the metaphysically controversial personhood status of the newborn and which does not commit one to reject the moral permissibility of abortion as a result.

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