Neonatal euthanasia in modern China

By Eun Kyung Kim

MODERN ETHICS IN CHINA are different from those of the past. Ancient Chinese medical ethics had a strong deontological feature and exemplified the nature of duty-based ethics. They were established on the foundations of Confucian ethics, which was the dominant moral philosophy and ideology of Chinese culture.[1] Wu states that this approach emphasised the moral significance of the obligations that physicians held toward their patients, which restricted their actions to a rational scope and guaranteed all treatment measures were morally appropriate for the benefit of patients.[2] Chinese medical ethics as laid down by Sun Si-Miao during the Tang dynasty[3] focused its moral doctrine of beneficence on humaneness and compassion in attempting to save every living creature.[1] As the influence of ancient Chinese ethics waned, it was pushed aside in favour of contemporary, modern medical ethics in which the needs of society take precedence over the individual.

In the modern debate over euthanasia, commentators in the West have pointed to ancient Greece and Rome where many people preferred voluntary death to endless agony. This form of euthanasia was an everyday reality and many physicians actually gave their patients the poisons for which they asked.[4] Later, new ideas of medical ethics rose within the Hippocratic School. In ancient China, Sun Si-Miao formulated the first set of medical ethics. Both scholars, Hippocrates and Sun Si-Miao, established certain protocols in which the needs of the patient, the medical establishment and society were considered. Classifications by religion, nationality, race, party politics, social standing and lifestyle should not interfere, they said, with the basic obligation to treat the patient as a patient.

Today in China, the healthcare practitioner is torn between two paradigms: traditional Chinese medical ethics as laid down by Sun Si-Miao, versus modern ethics that are State endorsed. The practitioner also faces a complex conflict of interest: the patient's needs, the family's wishes, ancient ideals and government protocol.

Is it ethically justifiable to conduct euthanasia on the grounds of neonatal illness, genetic defects or excessive population? Is the benefit calculated in relation to society rather than the individual? Is euthanasia more enforceable when autonomy is removed from the equation because of mental neonatal immaturity or cultural traditions? The aim of this paper is to discuss these issues that form the complex conflicts of interest faced by the modern healthcare practitioner in China today. Euthanasia and modern bioethics have been extensively debated; the focus of this article is restricted to neonatal euthanasia and two modern aspects of medical ethics: autonomy and beneficence.

Discussion

The few physicians in ancient Greece and Rome who had sworn to the Hippocratic School oath were against the issuing of poisons to patients. The rise of Christianity in Europe further supported the Hippocratic position on euthanasia. Today, however, in the Netherlands and Switzerland, euthanasia has been decriminalised, while in the UK and the USA, it is being practised, but illegally.[5, 4]

Support for euthanasia in Britain has enjoyed a long-standing tradition. In 1516, Sir Thomas More

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wrote "Should life become unbearable for these incurables, the magistrates and priests do not hesitate to prescribe euthanasia."[6] Later, in the 17th century, Francis Bacon expressed his belief that science should help relieve man's estate by arguing that "the physician's duty was to not only restore the health, but to migrate pain and dolours; and not only when such mitigation may conduce to recovery, but when it may serve a fair and easy passage".[7]

Modern western bioethics first appeared in the latter half of the 20th century and consists of four principles: autonomy, beneficence, non-maleficence and justice. Autonomy – literally, self rule – is probably better described as deliberated self rule. "Beneficence" is the intention to provide a net benefit to patients.[8]

Until very recently the consensus view in most countries was that passive euthanasia, the allowance of death, was acceptable, but active euthanasia – deliberate killing – was not.[9] In the UK, the law will not permit the deliberate administration of a drug intended to terminate life. It will allow a drug to be administered for the relief of pain that will incidentally hasten death. In certain limited circumstances it will also allow an omission to treat (or continue treatment) in the knowledge that such omission will lead to death. The law respects highly the principle of sanctity of life but in some circumstances this principle gives way to the right to die with dignity. The law will not regard it as being in the best interests of a patient to maintain futile treatment or treatment that is intolerable to the patient.[10]

The upsurge in calls for euthanasia to be legalised have occurred in the USA and UK in times of economic hardship.[4] In China over the past half a century, the progression to a modern civilisation striving to produce stability left the world's most populous country in decades of recession.

Traditional Chinese medical ethics drew upon China's major traditions: Confucianism, Daoism and Buddhism. Contemporary Chinese medical ethics have developed in a country with a backward economy, a power-centralised political system and a population of one billion plus. Moral intuition and moral attitudes towards medical ethical issues, and the resolution of ethical issues and ethical dilemmas, are affected both by long-standing and socially entrenched traditional values, and by the current dominant ideology.[11] Contemporary Chinese medical ethics provides an example of a Marxist socialist society's alternative to Hippocratic and liberal Western medical ethics.[12]

Through ancient Chinese medical ethics, Chinese humanitarianism has nurtured thousands of noble-minded medical workers and has contributed to health and human well-being. However, in the contemporary era, when science and society are developing at a tremendous pace, traditional philosophy can no longer provide current and scientific guidelines for a physician's actions.[2] The pragmatic economic wasteland seen in China during the past half century has led the political system to reconsider the heavy economic burden of supporting increased numbers of handicapped people in the face of uncontrollable and unsustainable population growth along with decreased living standards.[2] The political idealism of "one couple, one child" has resulted in a short-term slowing of the population but also placed great pressure upon parents to withdraw treatment from a sick second child.[13] Today, the gynaecological wards in Chinese hospitals are a mass of women seeking abortions when state sponsored contraception measures have failed.

Neonatal euthanasia can be beneficial for families who would have the responsibility of caring for severely compromised newborns.[14, 2] Euthanasia in China is gaining increasing acceptance among physicians, intellectuals, and even the people.[15, 14] Active euthanasia is not yet legally permissible but that practised in the case of seriously defective newborns and low-birth-weight infants seems to be receiving increased support from professionals as well as the general public in China.[14]

A 1985 survey of attitudes towards euthanasia in China asked health professionals, lawyers, students, and members of the general public to examine four actual cases of euthanasia: 1. a newborn with serious heart disease; 2. a one-month-old female baby with micro-encephaly; 3. an irreversibly comatose patient; and 4. a cancer patient dying in intractable pain. The results were surprising when compared to Western ideology but almost predictable when perceived from a Chinese viewpoint. They showed 14.7 per cent approval for euthanasia in case 1; 62.4 per cent approval in case 2; 37.1 per cent in case 3; and 39.4 per cent in case 4.[2] It is permissible to take life if the quality of that life is very low? The approval of so many in case 2 (62.4 per cent) illustrates a disregard for the traditional principle of the sanctity of life.

The four general arguments used to support euthanasia in the West have not changed over a century:

a . Self-determination is a human right;
b . It would produce more good than harm, mainly through pain relief;
c . There is no substantive distinction between active euthanasia and the withdrawal of life-sustaining medical interventions;
d . Its legalisation would not produce deleterious consequences.[4]

However, among those actually requesting euthanasia the five main themes include:

a . the reality of disease progression;
b . perception of suffering;
c . anticipation of a future worse than death;
d . desire for quality end-of-life care; and
e . presence of care and connectedness.[16]

These Western arguments do not fit the generally held views, government protocol or economic situation in China. Euthanasia in modern China is born out of economic necessity, the need for sustainable population numbers and society's beneficence. In the age-old country of China, a country that still frequently employs ethical terms in the naming of children (words such as "virtue", "moral" and "principle"), it is strange to see a substantial lack of debate into euthanasia. What is clear is the trend toward substitution of economic reality for morality.

The Western argument against euthanasia is strong: legalising euthanasia would lead to abuse; medicine is not an exact science and hopeless cases sometime end in full recovery; legalising euthanasia would place tremendous pressure on patients to request it in order to relieve their families of distress; legalising euthanasia would undermine the medical profession and finally, once euthanasia was introduced for the terminally ill, other requests would be put forward to those that are genetically inferior or disabled.[4] The key question for both adults and children living outside of China is to determine what is in their best interests: this involves a detailed assessment of medical, emotional and other welfare issues.[10] As euthanasia is strongly related to clinical depression[5,17] opponents have noted that many patients requesting euthanasia actually revive the will to live once their clinical depression has been treated.

The argument against euthanasia in China is substantially weaker. According to the principles of contemporary medical ethics, autonomy has become the centrepiece of Western contemporary theories about how patients and physicians should relate to one another in a market-driven healthcare system. It is the individual, seen as an autonomous, self-determining entity rather than in relationship to significant others that is the starting point and the foundation stone of modern bioethics.[18] Kant excluded children and the insane from the principle of respect

of persons who are autonomous.[19] Neonates lack the ability to make decision about their future, thus the conventional meaning of autonomy has little moral bearing on the treatment of defective newborn infants. Outside of neonatal and paediatric medicine, paternalistic inclinations may conflict with the principle of autonomy. In neonatal medicine however, the principle of autonomy naturally takes a backseat to the moral imperatives of beneficence.[20] Because neonates are unable to form opinions regarding what would maximise their short and long term best interests, those individuals caring for newborns may offer "substituted judgements".

However, whether the principle of beneficence supports prolonging the life of a critically defective newborn baby may not always be clear[20]. The parents have the authority to make decisions on behalf of their child, and their consent should be sought in treatment except in cases of emergency.[21] In the UK and the Netherlands, where clinical judgments about the child's best interests are permissible, doctors must use their intuition to determine what is best for the child and family, and what is and what is not an intolerable burden.[21] However, intuition is a subjective form of thinking based on lifetime experiences in a cultural environment. In China, doctors have access to various doctrines of thought, whether based on Sun Si-Miao or that of modern state enforced programs of thinking.

The cases for and against euthanasia in China have not been actively debated. A reason for this is the strong practice of paternalism that has been handed down from ancient times to the present. Patient autonomy appeared nowhere in traditional Chinese medical ethics.[1] Chinese doctors seldom discussed a patient's autonomy or self-determination, except when treating powerful people. In the making of a medical decision, the health care professionals protect a patient's interests and their own, by emphasising the wishes of the family, but at the expense of the patient's right to self-determination in treatment decisions.[3]

When it comes to limiting treatment, the ethics of individual countries vary. Infants for whom aggressive treatment might not be desirable fall into two groups: those who will die whether or not there is medical intervention (the "no hope" situation), and those who might live if treatment is given but whose outlook is extremely poor (the "no purpose" situation). All countries permit non-treatment decisions to be made for the former group but there is much more debate about withholding treatment from an infant on the basis of future quality of life.[21]

A scenario in which these complex issues can arise is illustrated in this example: a healthcare practitioner in China is asked by the parents of a second-born infant to help them end its life as it sufferers from a crippling disability. The parents' reasons are financial, but they also recognise the emotional burden placed upon them. As the child is disabled there are huge costs involved in its ongoing care. Secondly, the Chinese governments protocol of "one family-one child" does not support the reviving of a second child. The practitioner faces a complex dilemma that must balance the will of the paternalist government in wanting them to take life, the parents' will, as well as what's best for the child and their own autonomy as a physician. The practitioner has "interests that may incline away from fulfilment of their obligations to patients."[22] Putting the parents' wishes and that of a pro-euthanasia government aside, at the heart of this issue lies the practitioner's ideas of life and suffering.

Resolving such issues can be controversial, raising questions of belief, religious or otherwise and of moral values.[10] Lowy, Sawyer and Williams[23] state that the principles of beneficence and compassion have been used as arguments in favour of neonate euthanasia. In China, the argument for euthanasia is based upon the principles of beneficence for the whole society and the economic necessity of population control.

Conclusion

The degree of influence exerted upon a practitioner by traditional and contemporary medical ethics will vary from country to country. For Chinese practitioners, the long history and moral depth of their traditional medical ethics carries an influence that conflicts intensely with modern government-endorsed ethical programs. Particularly in neonatal euthanasia, matters of ethics, law, moral and economic development create dilemmas to which there are no easy answers.

With China's newly open market economy, the world's largest economic boom in recent years and increased GDP, the burden of an ever-increasing population may now become affordable. The increasing shift from an education system that encourages dedication to society to one that embraces individualism[24] will certainly influence the perception of euthanasia at the primary care level. This may well affect state policy on neonatal euthanasia in the future.

In the West, when a child or baby is involved, the courts bear the heart-rending duty to arbitrate between the wishes of parents and the advice of medical professionals on continuing life-support.[10] In China, the court is replaced by a government protocol that places that burden upon the attending physician who are called upon to make the final and often fatal judgement.

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