



## LETTER TO THE EDITOR

**The child's right to be cared for: A humane option in the euthanasia debate****El derecho del niño a ser cuidado: una opción humana en el debate de la eutanasia**

Dear Editor:

In the letter recently published by Martin-Fumadó et al, titled "The Debate on Euthanasia in Minors",<sup>1</sup> the authors invited an open debate among pediatricians in regard to physician-assisted suicide in children and adolescents. The authors stated this need due to the likelihood that the controversy surrounding this issue will reach our borders, proposing a forum for debate like one held in the Netherlands, where the implementation of euthanasia is feasible from the neonatal period.

In our opinion, as a "modern and mature society," if we are to open a debate on euthanasia in minors, all points of view must be considered and none "silenced or evaded," especially when it comes to those of pluralistic, interdisciplinary and authoritative bodies such as the Bioethics Committee of Spain, whose report<sup>2</sup> was not taken into consideration in the passing of Organic Law 3/2021 regulating euthanasia. In said report, the Committee called for the effective universalization of palliative care and the improvement of social welfare and health care support measures and resources, with particular emphasis on mental illness and disability, as the appropriate direction to move forward, as opposed to proclaiming a right to end one's own life through a public service.

Despite the increasing progress in pediatric palliative care services from neonatal age through adolescence, organizational barriers, gaps in care and health care inequalities between geographical areas continue to exist, hindering the delivery of comprehensive care to children with life-limiting conditions.<sup>3</sup> The lack of access to treatment that prevents suffering, far from a mere ideological issue, is a harrowing reality for many patients. Now that Organic Law 3/2021 is in force, the use of advanced palliative interventions, such as neuromodulation in adults with intractable pain,

has motivated these patients to withdraw their requests for euthanasia due to the improvement in their symptoms.<sup>4</sup> This situation poses a dilemma: whether patients who are suffering intensely and not receiving adequate care or treatment actually have the freedom to make decisions regarding the option of ending their lives.

Euthanasia in minors brings up a series of ethical dilemmas that are more serious than those that arise in relation to adults. The pediatric population is a particularly sensitive group, as children are developing individuals whose vulnerability and need for protection has already been highlighted in other areas, such as medical research (Declaration of Helsinki), in which the bioethical principle of nonmaleficence prevails, as does protection against utilitarianism or the trivialization of vulnerable life. These principles and guarantees are even more important in the case of irreversible decisions, such as the intentional termination of life, or unacceptable practices such as therapeutic obstinacy.

Back in the day, Albert Jovell reminded us that "the right to dying with dignity cannot be turned into an invitation to seek death in order to impose finitude and certainty on an uncertain situation marked by suffering and pain." For, before we concern ourselves with hastening the death of our children and adolescents with serious health conditions, we ought to ask ourselves whether all possible resources and care have been afforded to ensure that they can live their lives, brief as may be, with a much dignity as possible.

**References**

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