RE: PROPOSED EXTENTION OF BELGIAN EUTHANASIA LAW TO INCLUDE MINORS

DATE: 06 DECEMBER 2013

INRODUCTION

The following legal memorandum will analyze the proposed extension of the Belgian law on euthanasia to include minors. At the outset it must be noted that the proposal is indeed novel and should be approached with tremendous caution as it is the first legislative extension of euthanasia to minors among any nation. First and foremost, the legalization of euthanasia for minors in Belgium would have drastic public policy implications. Furthermore, no "right" to end one's life prematurely can be recognized as it fundamentally and diametrically opposes the right to life afforded by Article 2 of the European Convention of Human Rights. Freedom of choice is not an absolute value. Nor is the concept of human dignity compatible with children's euthanasia which necessarily undervalues life with the underlying premise that life is not worth living. Additionally, as the example of both the Netherlands and Belgium have proven euthanasia cannot be properly or legally regulated. Incidences of non-voluntary euthanasia and situations of euthanasia outside of situations of "unbearable suffering" have become shockingly prevalent in both Dutch and Belgian society. Finally, as exemplified by the abuse of the Dutch assisted suicide law, it is clear that legalization of euthanasia for minors lacks the requisite clarity and forseeability to be deemed prescribed by law by the Council of Europe institutions.

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Right to Life

The right to life is anchored by both human dignity and the doctrine of equal protection under the law. By removing government intervention in the area of euthanasia for minors, the Constitutional protections in Belgium for equal protections are thereby obliterated. A distinct class of people is thereafter created who do not enjoy the inalienable protection of the right to life guaranteed to the entire human family under Article 3 of the Universal Declaration of Human Rights.

States not only have a compelling interest in the right to life but also a positive obligation to protect it. As such, choice is not an absolute value when balanced against the right to life. This position speaks to the fact that life is an inviolable good and is not valued merely based on the patient's subjective appreciation of it. The acceptance of an argument which places value based on quality of life has colossal implications for the most vulnerable elements of society and promotes further liberalization of the law, including eugenics.

Furthermore, the decriminalization of euthanasia for minors fails to take into consideration the patient's state of mind and therefore preys on the vulnerable. It is evident, both from practical reason and international law itself, that minors do not have the capacity to make an end of life decision and can be unduly influenced by parents, caretakers or a supervising physician. As Article 5 of the United Nations Convention on the Rights of the Child, to which Belgium is a party to, dictates: "States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide,

in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention."[1] It strains credulity that Belgium respects this concept of a premature level of capacity with regard to the purchase of tobacco (age 16), alcohol (age 18), the right to marry (age 18), to vote (age 18) or to have a driver's license (age 18). At the same time, the government seeks to push through as fast as possible a law, the only one of its kind in the world, which would allow children much younger than this to end their lives. Such a position would clearly be in contravention of Belgium's obligations under the Convention of the Rights of the Child. Article 6 of the Convention could not be more clear: "1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the child."[2]

Furthermore, disability cannot be used as a basis to extend the euthanasia law to include children. The United Nations Convention on Disability, to which Belgium is a signatory (including the Optional Protocol), holds that: "States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children."[3] The Convention further holds that the best interests of the disabled child and their evolving capacities must also be taken into consideration.[4]

[1] UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3. Belgium ratified the Convention on 16 December 2001. Belgium did not register reservations to any of the quoted Articles in this memorandum.

[2] *Id.*

[3] UN General Assembly, *Convention on the Rights of Persons with Disabilities : resolution / adopted by the General Assembly*, 24 January 2007, A/RES/61/106, Article 7(1). Belgium ratified both the Convention and Protocol on 2 July 2009. The Belgian government did not register any reservations relating to the quoted Article.

[4] *Id.*, Arts. 3(h) and 7(2).

Article 8 of the European Convention of Human Rights, in complimentarily to both the aforementioned United Nations Conventions, also requires that states act in the best interests of the children standard as defined by international law. This requires a positive obligation upon states to guarantee the best interests of children.[5] Clearly, this includes the right to life, access to appropriate health care and treatment, and protection based on developing capacities and vulnerability due to age. These obligations stand in the starkest of contrast with the proposed extenstion of the euthanasia law in Belgium.

Care Rather Than Killing

The overwhelming evidence in the corpus of international medical and legal opinion on euthanasia shows that the universally accepted standard of treatment of individuals seeking to be euthanized is care rather than assisted suicide or euthanasia.

In 2006, the Royal College of Psychiatrists in England observed that systematic studies have "clearly shown" that the wish for assisted suicide among the terminally ill is "strongly associated" with depression.[6] The Royal College continues by stating that with the proper medical and psychiatric treatment, 98-99% of these patients would withdraw their request for assisted suicide.[7] As such, the "right to die" clearly has absolutely nothing to do with personal

[5] *See e.g.*: ECHR, *Marckx v. Belgium* (1979-1980) 3 EHRR 230. Interestingly, the Court's emphasis on positive obligations regarding the best interests of children predates the United Nations Convention of the Rights of the Child by more than a decade.

[6] Royal College of Psychiatrists, *Statement on Physician-Assisted Suicide* para. 2.4 (Apr. 24, 2006), *available at* http://www.rcpsych.ac.uk/pressparliament/collegeresponses/physicianassistedsuicide.aspx (last accessed Apr. 21, 2009).

[7] *Id.*

autonomy and must be governed by the protections inherent in the right to life, including state intervention to guarantee that life is not taken unnaturally. This is all the more paramount in the case of minors who are incapable of making informed decisions about end of life matters.

Article 2 of the European Convention of Human Rights, which governs the protection of the right to life, envisages only minimal circumstances in which the right to life may be deprived[8]; assisted suicide is not one of these exceptions. The Council of Europe has further stated, in Recommendation 1418 (1999), that "mercy killings" are not acceptable within the Council of Europe:

> …that the Committee of Ministers encourage the Member States of the Council of Europe to respect and protect the dignity of the terminally ill or dying persons in all respects:
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> c. by upholding the prohibition against intentionally taking the life of terminally ill or dying persons, while:
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> i. recognizing that the right to life, especially with regard to the terminally ill or dying person, is guaranteed by the Member States in accordance with Article 2 of the European Convention of Human Rights which states that "no one shall be deprived of his life intentionally";
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> ii. recognising that a terminally ill or dying person's wish to die never constitutes a legal claim to die at the hand of another person;
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> iii. recognising that a terminally ill or dying person's wish to die cannot of itself constitute a legal justification to carry out actions to bring about death.

The European Court of Human Rights has held in the case of *X v. Germany* that when a conflict arises between Article 2 [right to life] and 3 [prohibition of torture or inhuman and

[8] The second clause of §1 notes that capital punishment is one of the exceptions. This clause has been in large part nullified by Protocol 6 on the prohibition of the death penalty. Article 2§2 provides further exceptions to the right to life for lawful self-defense, effectuating an arrest or preventing the escape of a prisoner or in quelling riots.

degrading treatment], the State has a duty to uphold the right to life even where an element of inhuman or degrading treatment is present. In the *X* case, a prisoner complained of inhuman and degrading treatment after being force fed by German prison authorities during a hunger strike which prison officials deemed to be tantamount to suicide. The Court dismissed the application noting the primacy of life as a fundamental right and the duty of the state to secure this right even to those who wish to no longer live.[9]

The European Court has directly faced the issue of assisted suicide or euthanasia on several occasions. In the first case, *Sanles Sanles v. Spain*, the Court dismissed the application of the representative of the estate of Mr. Sampedro for lack of standing. Mr. Sampredo, a tetraplegic, had petitioned the Spanish courts for a "right" to assisted suicide but died before the completion of the proceedings. As his legal representative no longer carried "victim status", the case was dismissed.[10]

Two years later, the Court ruled on what is now the seminal case on assisted suicide before the Court, *Pretty v. the United Kingdom*. The applicant in *Pretty* sought recognition in the United Kingdom of a "right to die". Mrs. Diane Pretty suffers from the incurable and degenerative illness known as motor neurone disease. The Court held that no right to assisted suicide exists and that in certain situations the state has a positive obligation to ensure "preventative operational measures to protect an individual whose life is at risk."[11]

The majority opinion further held that:

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[9] ECHR, *X v. Germany*, Application No. 10565/83, admissibility decision of 9 May 1984.
[10] ECHR, *Sanales Sanles v. Spain*, admissibility decision of 20 December 2000.
[11] ECHR, *Pretty v. the United Kingdom*, Application No. 2346/02 [2002] ECHR 423 (29 April 2002) § 24.

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Article 2 cannot, without a distortion of the language, be interpreted as conferring the diametrically opposite right, namely a right to die; nor can it create a right to self-determination in the sense of conferring on an individual the entitlement to choose death rather than life.

The Court accordingly finds that no right to die, whether at the hands of a third person or with the assistance of a public authority, can be derived from Article 2 of the Convention.[12]

In addition to Article 2, no binding interpretation of any international document governing the right to life has ever recognized the opposite right to die. As such the proposed Belgian law on euthanasia for minors has no legal foundation and should be abandoned.

The Failure of the Dutch Model

The Netherlands, in 1984, was the first nation to lift criminal penalties for assisted suicide. The Dutch model allowed for assisted suicide only at the explicit request of the patient and to put an end to "unbearable suffering".[13] Despite guidelines laid down in the law and by the Royal Dutch Medical Association, abuse has been rampant.

Perhaps most alarming are the statistics relating to failure to follow the guidelines for assisted suicide which require consultation with another physician and the filing of a report with the medical examiner. A 1990 government sponsored survey showed that instead, over 80 percent

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[12] *Id.*, §§ 39-40. The Court further solidified its jurisprudence both as relates to the positive obligations of governments to ensure the right to life and the rejection of euthanasia as a right in: ECHR, *Haas v. Switzerland* (2011) 53 E.H.R.R. 33.

[13] *See*: Schoonan, Sup. Ct., Alkmaar, 27 November 1984, NJ 106:451; Central Committee of the Royal Dutch Medical Association, *Vision on Euthanasia* (Utrecht: KNMG, 1986); cited and discussed in John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* 83 n.2 and accompanying text (Cambridge U. Press, 2002).

of cases went unreported and were certified as deaths stemming from natural causes.[14] A more recent survey from 2005 shows that the illegal certification of assisted suicides as natural deaths is still a rampant problem in the Netherlands.[15] Clearly the lack of transparency in reporting makes obvious that any protections afforded by law with the legalization of assisted suicide are illusory and leave the most vulnerable citizens in society open to involuntary euthanasia.

Verifiable statistics also show the shocking reality that shortly after the decriminalization of assisted suicide in the Netherlands, the practice of involuntary euthanasia commenced; that being euthanasia without the requisite "express consent" called for in the medical guidelines. In 1990, at least 1000 patients were given lethal injections without express consent amounting to nearly 1% of all deaths caused that year in the Netherlands.[16] Despite government threats that all instances of euthanasia without the express consent of the patient would be prosecuted as murder, an astonishing 0.4% of the deaths in the Netherlands as recently as 2005 were attributed to involuntary euthanasia.[17]

Beyond creating a "right" to assisted suicide, the judicial activism of the Dutch courts did not end there. Departing from the guidelines requiring that assisted suicide be done only vis-à-vis express consent, the courts have also held legal the practice of infanticide, the giving of lethal

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[14] P.J. van der Maas, J.M.M. van Delden, L. Pijnenborg, *Medische beslissingen rond het levenseinde. Het onderzoek voor de Commissie onderzoek medische praktijk inzake euthanasia* (The Hague, SDU Uitgeverij Plantijnstraat 1991) ("1990 Survey").

[15] *See*: A. van der Heide, et al, "End-of-Life Practices in the Netherlands under the Euthanasia Act," 356 NEW ENGLAND JOURNAL OF MEDICINE 1957 (2007) ("2005Survey").

[16] *Id.* at Table 1.
[17] *Id.*

injections to disabled babies.[18] Dutch legal authorities are also working to expand euthanasia to those with dementia.[19] More disturbing still, the Dutch Supreme Court has gone so far as to declare that a woman's suffering from the loss of her two children qualified her for assisted suicide.[20] Subsequent attempts to bring legal cases against this flagrant abuse have failed and the courts have instead shown an increasingly liberal approach to the law.[21] For example, the Dutch courts have allowed for the estimated euthanasia of 15 to 20 newborns per year.[22] Thus, as has been pointed out: "Dutch doctors have gone from euthanizing the terminally ill to the chronically ill, to people with serious disabilities, to the emotionally and mentally ill."[23] Belgium has followed this exact radical trajectory and have, like the Netherlands, moved onto minors.

The number of deaths attributed to euthanasia increases rapidly each year. In fact, from 2006 to 2012 the overall increase in euthanasia deaths rose a remarkable 118% and euthanasia now accounts for over 3% of all Dutch deaths.[24] Secondly, despite guidelines laid down in the law and by the Royal Dutch Medical Association, abuse has been rampant. A survey from 2005 showed that the illegal certification of assisted suicides as natural deaths is still a rampant problem in the

[18] Edouard Verhagen and Pieter Sauer, "The Groningen Protocol—Euthanasia in Severely Ill Newborns," 352 NEW ENGLAND JOURNAL OF MEDICINE 959 (2005).

[19] House of Lords Select Committee, *Report of the Select Committee on Medical Ethics*, para. 5, 1993–94 HL Paper 21-I.

[20] *See*: John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legislation* (Cambridge University Press, 2002) at 87, 109, 131.

[21] See T Smets, et al, "The medical practice of euthanasia in Belgium and the Netherlands: legal notification, control and evaluation procedures." HEALTH POLICY (2009), May;90(2-3), p.181-7.

[22] *Op cit*, n. 50.

[58] Wesley J. Smith, "Euthanasia Spreads in Europe: Several nations find themselves far down the slippery slope," *National Review*, October 26, 2011.

[47] Dr. Peter Saunders, 'Euthanasia: the horrifying slippery slope' *available at* <http://www.lifesitenews.com/news/euthanasia-the-horrifying-slippery-slope>.

Netherlands.[25] More recently, a 2012 study revealed that that in 2010, 23% of all euthanasia deaths went unreported.[26]

If the Dutch model is any indication, the decriminalization of euthanasia for minors is a slippery slope which once enacted expands exponentially beyond its original intent.

Belgium

Like the Netherlands, Belgium also legalized euthanasia in 2002. The risk of abuse has now become epidemic,[27] with statistics suggesting that the rate of involuntary euthanasia deaths in Belgium is three times higher than the Netherlands.[28] In the decade since Belgium legalized euthanasia, there has been a 500% increase in euthanasia deaths.[29]

A recent study found that in one region of Belgium, 66 out of 208 "euthanasia" deaths occurred in the absence of a request or consent.[30] The reasons for the lack of consent included

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[49] See A. van der Heide, et al, "End-of-Life Practices in the Netherlands under the Euthanasia Act," 356 NEW ENGLAND JOURNAL OF MEDICINE 1957 (2007) ("2005 Survey").

[50] Dr. Peter Saunders, 'Euthanasia deaths continue their relentless rise in the Netherlands,' 24 September 2013, citing a report produced by Bregje D Onwuteaka-Philipsen, Arianne Brinkman-Stoppelenburg, Corine Penning, Gwen J F de Jong-Krul, Johannes J M van Delden and Agnes van der Heide, 'Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey,' *available at* <http://press.thelancet.com/netherlands_euthanasia.pdf>.

[27] See J Pereira, "Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls", CURRENT ONCOLOGY, Vol 18, No 2 (2011).

[69] See L Van den Block et al, "Euthanasia and other end of life decisions and care provided in final three months of life: nationwide retrospective study in Belgium" *BMJ* (2009) 339:b2772; L Van den Block, "Euthanasia and other end-of-life decisions: a mortality follow-back study in Belgium." BMC PUBLIC HEALTH (2009) 9:79.

[61] Dr. Peter Saunders, 'Stunning 5,000% increase in Belgian euthanasia cases in eleven years since legalisation,' 6 April 2013. *Available at* <http://pjsaunders.blogspot.co.uk/2013/04/stunning-4620-increase-in-belgian.html.>

[30] K Chambaere et al, "Physician-assisted deaths under the euthanasia law in Belgium: a population-based

the fact that the patient was unconscious or had dementia, or because the physicians felt that euthanasia was “clearly in the patient’s best interest” and discussing it with the patient would have been harmful for the patient.[31] This epidemic of involuntary euthanasia legally cannot be allowed to stand with regard to minors because of the high threshold of protection attributed to children by the international instruments to which Belgium is a party. As the Belgian model has proven to be ripe with unregulated euthanasia, no adequate safeguards can be guaranteed which would meet the standards of international law and protect children from involuntary euthanasia.

Switzerland and Luxembourg

In Switzerland, Article 115 of the Penal Code of Switzerland (1942) states that assisted suicide is not punishable unless a selfish motive is proven. Switzerland released statistics on assisted suicide deaths for the first time in 2009 and they revealed a 700% rise in cases from 1998 to 2009. Moreover, these statistics only relate to Swiss residents. There are also five facilities in Switzerland that allow approximately 550 to 600 people to kill themselves every year.[32] Luxembourg only legalized euthanasia and assisted suicide in certain limited circumstances in 2009. Therefore, while the statistics reveal a relatively small amount of deaths initially, there have been 1249 advanced declarations signed by citizen – a particularly large figure given the size of the population.[33]

Legal Prescription: Council of Europe Standards

The jurisprudence of the European Court of Human Rights dictates that provisions in the domestic law of Member States must be precise enough and reasonably foreseeable enough to

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survey.” *CMAJ* (2010) 182:895–901.

[31] *Id.*

[32] See <http://www.epce.eu/en/countries/switzerland/>.

[33] See < http://www.epce.eu/en/countries/luxembourg/>.

anticipate the consequences which one's actions may entail. The law should also provide adequate safeguards against arbitrary interference with respective substantive rights.[34] The legislation in question must therefore be easy to access as well as clear in order that the public may govern their actions accordingly. It is only thus, when these four elements of precision, access, clarity and forseeability are met that the law will be deemed to meet the criteria of prescription by law.[35]

As has been exhibited by the Belgian and Dutch models, it is impossible for the state to properly regulate assisted suicide or euthanasia. Incidences of gross un-reporting, involuntary euthanasia and euthanasia for reasons other than unbearable suffering have reached epidemic proportions. Furthermore, the most vulnerable elements of society (the elderly, the ill, the depressed and the disabled) have become susceptible to the victimization of family members and physicians who do not necessarily have their best interests in mind and who do not have the legal right to make the decision on assisted suicide for the individual, either explicitly or through coercion. To now extend these grounds to minors, an equally vulnerable segment of society due to a lower level of emotional and cognitive capacities, would be a gross violation of international human rights law.

The state has a compelling interest in ensuring that the right to life be guaranteed, especially for minors. Through the legalization of euthanasia for minors, the inability to properly supervise the execution of the allowance for euthanasia leaves giant holes in the ability of the

[34] ECHR, *Huvig v. Belgium*, Judgment of 24 April 1990, Series A no. 176-B § 27; ECHR, *Kruslin v. Belgium*, Judgment of 24 April 1990, Series A no. 176-A § 36.

[35] ECHR, 26 April 1991, *Ezelin v. Belgium*, series A, No. 152, § 56.

state to then protect the right to life of children. As such, the proposed legislation cannot be said to be prescribed by law because of its lack of forseeability and ripeness for abuse.

Practice of euthanasia and assisted suicide almost universally rejected

In addition to the aforementioned Council of Europe Recommendation 1418 (1999) on the "Protection of the human rights and dignity of the terminally ill and the dying", the Parliamentary Assembly of the Council of Europe on 25 January 2012, went even further. In Resolution 1859 (2012), the Assembly stated unequivocally that: "Euthanasia, in the sense of the intentional killing by act or omission of a dependent human being for his or her alleged benefit, must always be prohibited."[36] The clear pronouncements of the Parliamentary Assembly ought to be a strong consideration for the Belgian government as it debates the adoption of this controversial law.[37]

Similarly, the international fora surrounding the issue of euthanasia and assisted suicide must also be considered.[38] It is particularly striking that no other international human rights treaty even references euthanasia and assisted suicide, and the interpretation of such treaties over the course of several decades, for example by the UN treaty monitoring bodies, has not resulted in a single piece of support for either practice. On the contrary, the UN treaty monitoring bodies have questioned the practice of euthanasia and assisted suicide in the small minority of countries where it is legal. For example, the most recent Concluding observations of the Human Rights Committee on the Netherlands states: "The Committee remains concerned at the extent of

[36] Paragraph 5. Text adopted by the Assembly on 25 January 2012 (6th Sitting).

[37] *See,* for example, *Bayatyan v. Armenia*, Application no. 23459/03, judgment of 7 July 2011 [G.C.] at § 107.
[38] *Bayatyan* at § 105.

euthanasia and assisted suicides in the State party … The Committee reiterates its previous recommendations in this regard and urges that this legislation be reviewed in light of the Covenant's recognition of the right to life."[39] Many similar statements of concern can be seen by other UN treaty monitoring bodies.[40]

Equally pertinent, the World Medical Association has consistently and categorically rejected the practice of euthanasia and assisted suicide as being unethical. Following the Second World War, the World Medical Association adopted two modernized forms of the Hippocratic Oath,[41] known as the Declaration of Geneva (1948) and the International Code of Medical Ethics (1949). While the Hippocratic Oath stated that "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect," the WMA documents were similarly clear on the need for doctors to protect life, not facilitate death. The Declaration of Geneva stated that "I will maintain the utmost respect for human life from the time of conception" and the International Code of Medical Ethics stated that "a doctor must always bear in mind the obligation of preserving human life from the time of conception until death."

Most recently, the WMA reaffirmed an earlier resolution against euthanasia in Bali, Indonesia, April 2013. The resolution includes the following statements:

> Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient

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[39] Ninety-sixth session, (CCPR/C/NLD/CO/42), 5 August 2009, at § 7.
[40] For example, *see* Committee on the Rights of the Child, Fiftieth session, (CRC/C/NLD/CO/3), 27 March 2009, Concluding Observations: Netherlands, at §§ 30-31; Human Rights Committee, Ninety-seventh session, (CCPR/C/CHE/CO/3), 3 November 2009, Concluding Observations: Switzerland, at § 13.
[12] The Hippocratic Oath was written in approximately 600BC and is seen as the foundational medical oath. Historically, qualifying medical students had to swear by the oath before the could begin their medical practice.

to allow the natural process of death to follow its course in the terminal phase of sickness.[42]

Physicians-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.[43]

BE IT RESOLVED that:

The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and

The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.[44]

Thus, the Parliamentary Assembly as well as influential international bodies clearly reject the practice of euthanasia and assisted suicide. The extension of the law of euthanasia to include minors in Belgium clearly does violence to these universally held international principles and customary international law.

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[42] WMA Declaration on Euthanasia, adopted by the 38th World Medical Assembly, Madrid, Spain, October 1987 and reaffirmed by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005.

[14] WMA Statement on Physician-Assisted Suicide, adopted by the 44th World Medical Assembly, Marbella, Spain, September 1992 and editorially revised by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005

[44] See <http://www.wma.net/en/30publications/10policies/e13b/>.

Conclusion

Life is the fundamental human right. Without it, no other rights can exist. The legalization of euthanasia for minors is not compatible with the right to life or the best interests of the child standard in international law. Furthermore, as the examples of the Netherlands, Belgium and Switzerland have shown, the impossibility of regulation of euthanasia creates a legal situation which lacks the requisite clarity and foreseeability required by Council of Europe organs. Human dignity requires that life be respected from conception until natural death. It is thus paramount that Belgian law be in conformity with European Court of Human Rights case law and Council of Europe Recommendations, as well as the United Nations Conventions and committees in maintaining the criminalization of euthanasia for minors.