

The slippery euthanasia slope has reached children

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By Dejan Hinic and Gabriël Moens AM

The Netherlands has recorded its first euthanasia case of a child under 12 years of age, following a 2024 legal change that extended assisted dying to children aged from 1 to 12 years who experience “unbearable suffering with no prospect of improvement.”^[1] This change in the law decriminalised the provision of euthanasia for children who suffer from a serious illness or disorder that inevitably results in their death in the foreseeable future.^[2] No details about the child’s identity or condition were released, but the case was reviewed by a medical committee and referred to prosecutors, as required by Dutch law.^[3]

This unsettling event marks a profound ethical shift because euthanasia, euphemistically known as voluntary assisted dying (VAD), is no longer limited to adults or adolescents capable of consenting to a life-ending procedure, but now extends to children who cannot fully comprehend the long-term consequences of such a procedure. This event demonstrates that VAD tends to become available to members of groups that, initially, were not its intended beneficiaries. These groups may include the mentally ill, people living with dementia, those who are tired of life and, as the Netherlands case reveals, even children.

One wonders how the legislative authorities could possibly justify this extension of VAD to children.

Advocates of VAD rely on, or are inspired by, various utilitarian arguments to grant benefits to the greatest number of people. The successful promotion of these arguments is an example of the validity of the slippery slope argument, according to which each extension might seem to be an acceptable, even appealing, occurrence, but the aggregated effect of all expansions results in a situation which is ethically challenging and medically opportunistic. In this context, Australian academic and writer, Matthew Ogilvie, notes that 'Normally one would caution against 'slippery slope' arguments because they rely on predictions that may or may not come true. But in the case of euthanasia, the slippery slope is a reality.'^[4] Similarly, Wesley J. Smith, who has been following the rise of medically assisted suicide in Western countries since the 1990s, argued that 'when you turn ... from a value system of equal intrinsic dignity to ... values based on quality [of life], it becomes subjective and it becomes a real slippery slope leading to people being abandoned and exploited.' And 'once you say that killing is an acceptable and indeed a splendid answer to human suffering, how do you limit the ... suffering that would qualify for killing?'^[5] Smith argues that medically assisted suicide is a symptom of a deep nihilism that is infecting society.

Canada provides a good example of the operation of the slippery slope argument. In that country, VAD was initially only available to individuals with a terminal illness whose death was foreseeable. But the program now allows patients who are chronically ill or in severe pain to apply, even if they do not have a fatal or terminal condition. In 2024, 16,499 Canadians died through Canada's Medical Assistance in Dying (MAID) program, about 1 in 20 deaths nationwide.^[6] It represents an increase of 1,156 people over 2023, when 15,343 Canadians were euthanised as part of the government's MAID program.^[7] The loneliness of applicants was cited as 23% of the reasons for seeking MAID and 50% sought to end their life because they felt like a burden. But MAID still restricts eligibility to adults aged 18 and older. Also, Canada requires informed consent, meaning the patient must be mentally competent, something impossible for young children. But concerningly, a parliamentary committee has recommended considering MAID for "mature minors" in the future. Canada's system is under scrutiny for expanding too quickly, with concerns about disabled people feeling pressured or socially isolated.

Australia too, has legalised Voluntary Assisted Dying (VAD) in every state, but only for adults aged 18 or older with a terminal illness and a prognosis of 6 to 12 months to live.^[8] Well-publicised cases include Lily Thai, 23 years old, who chose VAD due to severe genetic and autoimmune conditions^[9] and Annaliese Holland who, at 26, lived with a rare neurological disease causing extreme suffering and was approved for VAD in South Australia. Australia's model is restrictive compared to the Netherlands: minors cannot access VAD and eligibility requires a terminal prognosis, multiple assessments, and strict safeguards.

In Spain, a euthanasia case recently raised controversy. Spain legalised euthanasia in 2021 for terminal or permanently unbearable conditions. The recent case of Noelia

Castillo, a 25-year-old woman who fought a two-year legal battle for her right to die, illustrates the complexities of euthanasia for young adults.^[10] Noelia suffered irreversible paraplegia, chronic pain and severe psychological trauma after suicide attempts linked to sexual assault. Her father opposed the procedure, arguing she lacked capacity, but the courts upheld her right. Spain's case shows the difficulty of determining autonomy in young adults with psychiatric histories, yet even Spain does not permit euthanasia for children.

Is there a moral basis for euthanasia? Supporters argue euthanasia is justified by the right to decide one's own fate (principle of autonomy), relieving unbearable suffering (principle of compassion) and allowing a controlled, peaceful death rather than prolonged agony (principle of dignity). These principles rely on informed consent, stable identity, and mature reasoning, all of which require adult cognitive development and are usually lacking in children.

Why is euthanasia for children morally indefensible? Foremost, children cannot give informed consent. Even adolescents struggle with long-term reasoning; children under 12 cannot meaningfully understand death, suffering or alternatives. If adults feel pressured, children, who internalise parental emotions, would be even more susceptible.^[11] Dutch law requires parental consent, but parental consent is not equivalent to autonomous choice.^[12] Children depend entirely on adults, parents, doctors, and institutions. Their suffering may be interpreted through adult biases, including exhaustion, fear, or hopelessness. Children often have unpredictable prognoses. Conditions deemed "incurable" may improve with time, new treatments, or developmental changes.

The Dutch case illustrates that the moral boundary between relieving suffering through palliative care and normalising death as a solution for vulnerable populations is steadily being eroded. The Netherlands expected 5 to 10 child euthanasia cases per year.^[13] Under any circumstances, this number is too high. When a boundary is crossed, expansion becomes easier, just as Canada expanded MAID from terminal illness to chronic conditions and soon to mental illness.

For any parent, the idea of euthanising a child is not just troubling; it is horrific, a moral rupture that defies the deepest human instincts. Children embody possibility, vulnerability, and the unspoken promise that adults will fight for their future even when they cannot fight for themselves. To end a child's life through euthanasia, no matter how carefully framed by medical committees or legal safeguards, feels fundamentally unexplainable to anyone who has held a child, comforted one through illness or watched one grow. Parents are wired to protect, to endure sleepless nights, to cling to hope even when doctors cannot offer it. Euthanising a child replaces that hope with finality, turning temporary suffering into an irreversible decision. It crosses a boundary that societies have long treated as sacred: that children, by virtue of their innocence and incomplete understanding of life, must never bear the weight of adult moral choices. When a nation begins to justify the deliberate ending of a child's life, it signals not compassion but a profound societal despair, one that parents

instinctively reject because it violates the very essence of what it means to love and safeguard the young.

The Dutch case thus crossed a moral boundary: ending the life of someone who cannot choose, the life of a child who is innocent by any standard and common understanding.

The question of euthanasia is a sensitive topic, whether in social, legal, or religious terms. All major religions explicitly denounce euthanasia. Most Christian churches, including the Catholic, Orthodox and many Protestant traditions, view euthanasia as morally wrong because life is considered a sacred gift from God, not something humans may deliberately end. The Catholic Church teaches that suffering has spiritual meaning and that intentionally causing death violates the commandment “Thou shalt not kill,” while the Eastern Orthodox Church emphasises that life and death belong to God alone, urging palliative care and compassion rather than assisted dying. In Islam, euthanasia is prohibited because only God determines the moment of death and suffering is seen as a test of faith; similarly, Judaism generally forbids active euthanasia, though some branches allow withdrawal of extraordinary treatment. Hinduism and Buddhism vary more widely, but both warn that intentionally ending life can generate negative karma and disrupt the soul’s journey. Across religions, the common thread is caution: euthanasia is regarded as morally dangerous because it risks reducing human life to a utilitarian calculation, undermining the dignity of the vulnerable and placing too much power in human hands over matters traditionally entrusted to the divine.

Without a doubt, euthanasia is an extremely sensitive topic, but it becomes even more delicate if organ donation is considered immediately after medically assisted dying. Organ donation after euthanasia is often presented as a humane pairing of two noble acts, a dignified death and the gift of life. But the reality is far more complicated. As more countries permit organ retrieval immediately after assisted dying, a quiet ethical tension has emerged. Patients who already feel burdensome due to illness or disability may sense an unspoken expectation to “make their death useful.” That is not true autonomy; it is emotional pressure shaped by circumstance.

The choreography of euthanasia and organ procurement also raises uncomfortable questions. In some jurisdictions, patients are euthanised in operating rooms, with transplant teams waiting nearby. This efficiency may save lives, but it risks using the patient’s death as a means to an end. When a healthcare system benefits from a person’s decision to die, even unintentionally, the moral ground shifts. Although there is no evidence of criminal misconduct, the combination of euthanasia with organ donation, especially if children are involved, creates incentives that demand far more scrutiny than they currently receive.

Euthanising children risks embracing a pre-crime ideology, ending life not because of present unbearable suffering alone, but because of predicted future suffering or lack of

improvement, and the expectation that their organs might save other children.

When society begins to treat death as a medical treatment for suffering, especially for those who cannot choose, we risk redefining the value of human life itself. As Pope John Paul II notes in his encyclical *Evangelium Vitae*: 'Within this ... cultural climate, the body is no longer perceived as a properly personal reality, a sign and place of relations with others, with God and with the world. It is reduced to pure materiality: it is simply a complex of organs, functions and energies to be used according to the sole criteria of pleasure and efficiency.'^[14]

Hence, euthanasia for children is not compassion. It is surrender. And surrender is failure. As such, it is appropriate to consider the question asked by Madeleine Teahan, a perceptive commentator: "How have liberal democracies become so enticed by the sinister notion that children should be eligible for euthanasia?"^[15] Rephrasing her question, how did our civilisation allow the slippery slope to ensnare children in this culture of death?

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Footnotes

[1] 'Netherlands records first euthanasia death of child under 12', *Dutch News*, 23 June 2026, at https://www.dutchnews.nl/2026/06/netherlands-records-first-euthanasia-death-of-child-under-12/?utm_source=copilot.com.

[2] Dominic Wilkinson, 'Cross Post: Dutch Government to Expand Euthanasia Law to Include Children Aged One to 12: An Ethicist's View', *Practical Ethics* (Blog Post, 20 April 2023) <<https://blog.practicaethics.ox.ac.uk/2023/04/cross-post-dutch-government-to-expand-euthanasia-law-to-include-children-aged-one-to-12-an-ethicists-view/>>.

[3] Srishti Singh Sisodia, 'Netherlands Confirms First Case Of Euthanasia Involving Child Under 12 Since Law Change', *NDTV World*, 25 June 2026, at https://www.ndtv.com/world-news/netherlands-confirms-first-case-of-euthanasia-involving-child-under-12-since-law-change-11683263?utm_source=copilot.com.

[4] Matthew Ogilvie, 'Are We a Culture that Celebrates Life or Death?', *The Epoch Times* (Opinion Post, 26 May 2024) <<https://www.theepochtimes.com/opinion/are-we-a-culture-that-celebrates-life-or-death-5657070>>.

[5] 'Death on Demand? Wesley J Smith Explains the Assisted Suicide Movement', *American Thought Leaders* (The Epoch TV, 12 November 2024) <<https://www.theepochtimes.com/epochtv/death-on-demand-wesley-j-smith-explains-the-assisted-suicide-movement-5745848>>.

[6] Talia Wise, 'Canada Sets New Record, Killing 16,499 People by Euthanasia – Disabled Citizens Feel 'Threatened'', *The Christian Broadcasting Network*, 12 May 2026, at https://cbn.com/news/health/canada-sets-new-record-killing-16499-people-euthanasia-disabled-citizens-feel?utm_source=copilot.com.

[7] Government of Canada, *Medical Assistance in Dying in Canada 2023* (Report No 5, 2023) <<https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>>.

[8] VAD has been available in Victoria since 19 June 2019, Western Australia since 1 July 2021, Tasmania since 23 October 2022, Queensland since 1 January 2023, South Australia since 31 January 2023, and New South Wales since 28 November 2023. For an overview of the Australian situation, see Gabriël Moens, 'Australia's Culture of Death: Rejecting the 'Sanctity of Life' Principle', *Australian Journal of Law & Religion*, vol. 6, 2025, 80-86.

[9] Go Gentle Australia, 'Lily Thai's death sparks increased interest in voluntary assisted dying', 23 August 2023, at https://www.gogentleaustralia.org.au/lily_thai_s_death_sparks_increased_interest_in_voluntary_assisted_dying/.

[10] Suman Naishadham, '25-year-old Noelia Castillo dies by legal euthanasia in case that drew national spotlight in Spain', *Associated Press*, 30 March 2026, at https://apnews.com/article/spain-euthanasia-case-03852078fc0c5ec75559c7d3fd3f0643?utm_source=copilot.com/.

[11] See fn. 3.

[12] See fn. 1.

[13] Child under 12 euthanised in the Netherlands, *Care*, 23 June 2026, at https://care.org.uk/news/2026/06/child-under-12-euthanised-in-the-netherlands?utm_source=copilot.com.

[14] Pope John Paul II, *Evangelium Vitae* (Encyclical Letter, Dicastery of Communication Vatican, 25 March 1995) 23 <https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html>.

[15] Madeleine Teahan, 'The Alarming Spread of Child Euthanasia' (4 May 2023) *The Spectator Australia* <<https://www.spectator.com.au/2023/05/the-alarming-spread-of-child>>.

euthanasia/>.