

address this political issue, the solution is not to stand by and force patients to suffer longer as collateral damage. Instead, we should push for legislation that protect the rights of patient and prevent them from making decisions based on economic needs. This solution benefits more than just the MAID movement.

Death comes for us all, regardless of age or background. Legalizing MAID for minors would destigmatize the taboo around end-of-life options for terminal patients, which allows for more preparedness for end-of-life.⁴ As with all medical decisions, one does not have to take it—MAID will simply be another device in the toolkit for minors and parents as they grapple with the complex tribulations of terminal illness.

AGAINST PAEDIATRIC MAID

Since the 1990s, society has become increasingly liberal in its attitude on the individual's "right to die."⁷ Despite this shift in opinion, the discussion on the ethics and logistics of institutional MAID has been slow and uncertain. The current laws in Canada only grant MAID to individuals aged 18 or older, citing their abilities to make informed healthcare decisions.⁸ Proponents of paediatric MAID argue that the exclusion of minors is not only unethical but also unconstitutional, as the Charter of Rights and Freedoms states that all individuals have the right to "life, liberty, and security of the person."⁸ Hence, there has been a call for the Canadian government to extend MAID to paediatric populations. However, given the inherent complexity in assessing and obtaining informed consent from minors, the proponents fail to appreciate the full scope of the issue and consequently fail to provide convincing safeguards to protect this vulnerable population from impulse and coercion.

One of the most prevalent issues that emerges in paediatric MAID is the maturity of patients involved, which determines their ability to provide informed consent. Even though the parent is allowed to provide informed consent on behalf of the incapable child for most medical decisions, for a decision as irreversible as MAID, it is paramount that the autonomy of the child is safeguarded and respected throughout the decision-making process. Current MAID laws strive to respect autonomy by requiring that the patient understands the available alternatives—such as palliative care and aggressive pain management—and the consequences of choosing MAID. However, there are some key differences between paediatric and adult terminal patients that complicate the issue of informed consent in the former. For adults, their decision for choosing MAID over alternatives such as palliative care may include fear of losing personal integrity and burdening their family—reasons that children may not fully understand.⁹ Over the past decade, a preponderance of neuroimaging research has indicated that adolescence is a period of continued brain growth and change.¹⁰ The frontal lobe—the region associated with conscience, higher-level thinking, and decision making—does not mature until late adolescence.¹¹ These physiological differences call into

question the minor's ability to make sound judgments in complex situations, free from the influence of authority figures in their life such as physicians and parents.¹² In fact, some medical experts have termed the concerning proposal in the Netherlands to offer MAID to severely disabled newborns as "non-voluntary active euthanasia" to illustrate how the practice severely undermines patient autonomy.⁹ Hence, there are many logistical difficulties in ensuring that children making decisions about MAID are fully informed, able to appreciate the complex consequences and benefits of treatment choices, and act free of impulse or coercion.

Although children may not be able to grasp the complexities inherent to end-of-life decisions in their entirety, the negative experiences of physical pain can be understood at all developmental stages, making pain management a viable alternative.⁹ Current studies surrounding palliative care have identified techniques that significantly improve the quality of life of patients with a variety of intractable symptoms through pain alleviation.¹³ Although palliative care methods are not perfect and research is ongoing, it is preferable to the extreme option of MAID while still addressing the needs of the child.

When adult MAID legislation was introduced in Canada, it received criticism for being overly vague—providing poor definitions of terminal illness and intractable pain.¹⁴ In a paediatric context, this establishes an environment of uncertainty for children and families in which the standard practices of care would vary drastically between healthcare providers and legal institutions within and between Canadian provinces.

Current evidence presents clear obstacles to paediatric MAID including difficulties in ascertaining informed consent, inadequate legal infrastructure to address the complex concerns around paediatric MAID, and the availability of other end-of-life care options. Thus, we believe the legalization of paediatric euthanasia could lead to deleterious consequences as it is far too ethically dangerous and legislatively premature. Further investigation into alternatives must thus be prioritized. Death may come for us all at the end but not today. ■



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