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Also in this issue: "Fiducia Supplicans—a Bag of Mixed Blessings?" by James McTavish

PROMOTING THE VALUE OF LIFE IN THE FACE OF LEGAL CHALLENGES

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The recent ruling by a UK appeals court to discontinue life support for 8-month-old Indi Gregory, despite the strong opposition from her parents, presents significant ethical inquiries in a sad context. Indi, who was diagnosed with a rare degenerative mitochondrial disease, emerged as a poignant representation of the intricate nexus, including medical choices, legal actions, and the fundamental entitlement to life.

The very distressing legal dispute transpired when the parents of Indi pursued alternative medical intervention at a facility affiliated with the Vatican, thereby presenting a prospect of hope that the British judicial system withheld. In light of the current turbulent circumstances, the pro-life perspective, grounded in Christian principles, advocates for reassessing the moral foundations that inform such choices.

The necessity of protecting life, mainly when viable alternatives are accessible, is underscored by the participation of Christian organizations such as Christian Concern and the Christian Legal Centre. The provision of aid from the Bambino Gesù Paediatric Hospital in Rome and the Italian government's pledge to provide the necessary medical care signified a promising prospect for Indi's chances of survival.

The decision made by Indi's parents to have her baptized, despite their nonreligious upbringing, demonstrates a deep recognition of the sacredness inherent in human life. The request made to the British government to facilitate Indi's relocation to Italy underscores the pressing need to harmonize legal judgments with the ethical obligation to safeguard those in a vulnerable position.

The court's decision to dismiss the appeal and the eventual withdrawal of life support are lamentable occurrences. However, it is worth noting that the pro-life community persisted in advocating for Indi's entitlement to life. As per the Hague Convention, the request for intervention from British Prime Minister Rishi Sunak and the plea for cooperation between the United Kingdom and Italy underscore the continuous endeavors to achieve a fair and compassionate conclusion.

Within a societal framework that places significant importance on preserving life, the case prompts us to contemplate the intricate equilibrium between medical proficiency, legal jurisdiction, and empathetic involvement. The pro-life community remains resolute in its dedication to advocating for the preservation of life, especially in the face of formidable obstacles. We kindly request collective participation in prayer for Indi Gregory and her family.

The intricate tapestry of bioethics reveals itself through the interwoven narratives that explore the delicate balance between life's sanctity, parents' rights, and the complexities of medical decision-making. Through comparative analysis, we explore the intricate nuances surrounding the Indi Gregory case, skillfully drawing parallels to the extensively documented Charlie Gard case. This comprehensive analysis adopts a pro-life perspective to examine the ethical complexities surrounding contentious issues such as treatment disputes, considerations of international transfer, and the legal foundations that shape these highly emotive deliberations.

Disputes over Treatment

The saga of Indi Gregory unfolds against contentious disputes over what medical professionals deem as "futile" or "potentially inappropriate" treatment.¹ In the heart of this ethical quagmire lies a legal contestation between Indi's parents and the medical establishment, each asserting their perspective on the best course of action. This heartbreaking scenario forces a reckoning with the profound questions surrounding parental rights, the elusive definition of "best interests," and the intrinsic value of human life.

Rosamond Rhodes and Ian Holzman contend that there are several problems with the current "best-interest standard" used in surrogate decision-making for children. This has led to an investigation of a different framework known as the "not unreasonable" norm. The best-interest criteria are criticized for their subjectivity, propensity to promote polarization and intolerance, and inherent ambiguity and indeterminacy in their implementation. The authors claim that disagreements about what represents a child's best interest frequently give rise to controversy surrounding cases.²

The suggestion is made for a paradigm shift in favor of the "not unreasonable" norm in order to alleviate these worries. Parental judgments would be respected under these suggested criteria unless they were shown to be unreasonable. Compared to the best-interest standard, the basic principle of this alternative criterion is to provide parents more discretion. This change seeks to reduce the subjective aspect of decision-making, promote an inclusive and tolerant decision-making environment, and offer a more definitive and transparent basis for assessing parental choices related to pediatric health care.

The epicenter of the Gregory case revolves around the intricate ethical considerations regarding the potential transfer of Indi to an Italian hospital that provides life-prolonging medical interventions. The pro-life standpoint emphasizes the importance of respecting the rights of parents when faced with challenging decisions regarding medical interventions and the perceived lack of effectiveness in treatment.³ The discussion surrounding international transfer highlights the intricate interplay between parents' autonomy, medical professionals' expertise, and the overarching objective of safeguarding the child's welfare.