

Moral Principles Concerning Infants with Anencephaly

Committee on Doctrine
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Anencephaly is a congenital anomaly characterized by failure of development of the cerebral hemispheres and overlying skull and scalp, exposing the brain stem. This condition exists in varying degrees of severity. Most infants who have anencephaly do not survive for more than a few days after birth. Modern medical techniques usually can determine this condition with a high degree of certainty before birth. When anencephaly is detected some physicians recommend that the pregnancy be terminated in order to free the mother from the psychological anxiety and possible physical complications throughout the remainder of the pregnancy.

According to the well-established teaching of the Catholic Church, the rights of a mother and her unborn child deserve equal protection because they are based on the dignity of the human person whatever the condition of that person. Consequently, it can never be morally justified directly to cause the death of an innocent person no matter the age or condition of that person.

Some have attempted to argue that anencephalic children may be prematurely delivered, even when this would be inappropriate for other children. This argument is based on the opinion that because of their apparent lack of cognitive function, and in view of the probable brevity of their lives, these infants are not the subject of human rights, or at least have lives of less meaning or purpose than others. Doubts about the human dignity of the anencephalic infant, however, have no solid ground, and the benefit of any doubt must be in the child's favour. As a general rule, conditions of the human body, regardless of severity, in no way compromise human dignity or human rights.

The *Ethical and Religious Directives for Catholic Health Care Services (ERD)* Directive 45, states:

Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo.

The phrase "sole immediate effect" is further explained by Directive 47 which states:

Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

In other words, it is permitted to treat directly a pathology of the mother even when this has the unintended side-effect of causing the death of her child, if this pathology left untreated would have life-threatening effects on both mother and child, but it is not permitted to terminate or gravely risk the child's life as a *means* of treating or protecting the mother.

Hence, it is clear that before "viability" it is never permitted to terminate the gestation of an anencephalic child as the *means* of avoiding psychological or physical risks to the mother. Nor is such termination permitted after "viability" if early delivery endangers the child's life due to complications of prematurity. In such cases, it cannot reasonably be maintained that such a termination is simply a side-effect of the treatment of a pathology of the mother (as described in Directive 47). Anencephaly is not a pathology of the mother, but of the child, and terminating her pregnancy cannot be a treatment of a pathology she does not have. Only if the complications of the pregnancy result in a life-threatening pathology of the mother, may the treatment of this pathology be permitted even at a risk to the child, and then only if the child's death is not a means to treating the mother.

The fact that the life of a child suffering from anencephaly will probably be brief cannot excuse directly causing death before "viability" or gravely endangering the child's life after "viability" as a result of the complications of prematurity.

The anencephalic child during his or her probably brief life after birth should be given the comfort and palliative care appropriate to all the dying. This failing life need not be further troubled by using extraordinary means to prolong it (see *ERD*, Directives 57 & 58). It is most commendable for parents to wish to donate the organs of an anencephalic child for transplants that may assist other children, but this may never be permitted before the donor child is certainly dead.

The profound and personal suffering of the parents of an anencephalic child gives us cause for concern and calls for compassionate pastoral and medical care as the parents prepare for the pain and emptiness that the certain death of their newborn child will bring. The mother who carries to term a child who will soon die deserves our every possible support. The baptism of the child assures the parents of the child's eternal happiness, and the provision of Christian burial of the deceased infant gives witness to the Church's unconditional respect for human life and the recognition that in the face of every human being is an encounter with God.

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