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EUTHANASIA AND ALLOWING TO DIE/ MINORS

Anencephaly and organ transplantation. *International Journal of Gynaecology and Obstetrics* 2008 July; 102(1): 99. NRCBL: 20.5.2; 19.5.

Artificial feeding for a child with a degenerative disorder: a family's view. *Archives of Disease in Childhood* 2005 September; 90(9): 979. NRCBL: 20.5.2; 8.3.2; 20.4.2. SC: cs.

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Abstract: I will consider how we can assess the interests of critically ill children who will survive only while aggressive medical support is continued. If aggressive medical support is withdrawn, the child will die shortly afterwards. This is important because when the courts are asked to decide treatments, the standard is that decisions should be made in the best interests of the child. My claim is that this is not a coherent way to consider how some children in this situation should be treated. I will consider two separate aspects of this problem. First, I will argue that there is no objective best interests test and no immediate prospect that we will be able to develop one. Secondly, I will argue that best interests are not a coherent way to consider the interests of children who will die shortly after treatment is withdrawn. To reinforce this claim, I will describe an example of two children where acting in the child's best interests produces counter-intuitive conclusions.

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