SECTION I

EUTHANASIA AND ALLOWING TO DIE/ MINORS


Smith, George P., II. When mercy seasons justice. Unpublished Document. Washington, DC: The Catholic University of America, Columbus School of Law 2007: 1-38. NRCBL: 20.5.1; 1.1; 1.2; 4.4; 8.1; 9.4; 20.4.1. SC: an; le. Note: Monograph derived from the lecture: The Quality of Mercy and Common Dignity: Safeguarding the Last Right. The lecture was delivered by the author at the University of St. Andrews, Scotland, Centre for The Study of Religion and Politics on March 1, 2007.


Szasz, Thomas. “A rose for Emily,” a rose for Terri: the lifeless body as love object and the case of Theresa Marie Schindler Schiavo. Palliative and Supportive Care 2006 June; 4(2): 159-167. NRCBL: 20.5.1; 8.3.3. SC: le.


Turone, Fabio. Court is asked to rule on woman in persistent vegetative state [news]. BMJ: British Medical Journal 2008 October 4; 337(7673): 780. NRCBL: 20.5.1; 4.4. SC: le. Identifiers: Italy; Eluana Englaro.

Werth, James L., Jr. Legal and ethical considerations for mental health professionals related to end-of-life care and decision making. American Behavioral Scientist 2002 November; 46(3): 373-388. NRCBL: 20.5.1; 4.1.1; 17.1; 8.1. SC: le.

Wolfson, J. Schiavo’s lessons for health attorneys when good law is all you have: reflections of the special guardian ad litem to Theresa Marie Schiavo. Journal of Health Law 2005 Fall; 38(4): 535-586. NRCBL: 20.5.1; 1.3.8. SC: le.


Wong, Kam C. Whose life is it anyway? Cardozo Public Law, Policy, and Ethics Journal 2006 Fall; 5(1): 233-307. NRCBL: 20.5.1; 4.1.2; 20.7. SC: cs; le.

EUTHANASIA AND ALLOWING TO DIE/ MINORS


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.

Austin, Anthony W. Medical decisions and children: how much voice should children have in their medical care? Arizona Law Review 2007 Spring; 49(1): 143-170. NRCBL: 20.5.2; 8.3.1; 8.3.2. SC: le.

Baines, Paul. Death and best interests. Clinical Ethics 2008 December; 3(4): 171-175. NRCBL: 20.5.2; 8.3.2; 20.4.2. SC: an; cs. 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 If aggressive medical support is withdrawn, the child will die shortly afterwards.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.