



Legality of Euthanasia

HRC - Anjali Yang



Committee: Human Rights Council (HRC)

Topic: Legality of euthanasia

Name: Anjali Yang

Position: Chair

Introduction:

When a terminally ill patient is constantly suffering from mental or physical pain, they can choose to commit euthanasia. There are many forms of euthanasia, some of them being active and others passive. Active euthanasia is directly injecting a dose of a drug into a patient and passive euthanasia is taking the life-support away from a patient. There is also a difference between assisted suicide and euthanasia. With assisted suicide, a patient is given the supplies to take the action themselves, instead of a physician doing it for them.

Euthanasia is currently legal in the Netherlands, Belgium, Luxembourg, Colombia, Canada, Spain, New Zealand, Portugal, Germany, Spain and Ecuador. Terminally ill patients from the rest of the world do not have access to this legally, which is a problem that is continuously being debated upon. The pro- and con arguments show that euthanasia is a controversial topic. For some, it can be a solution to their suffering. However, for others it is going against their religion. The philosophies and ethics around the matter make it incredibly hard to decide on whether euthanasia should be legal or illegal. Nevertheless, it is not a black-and-white situation, which will be discussed in this research report.

Definition of key terms:

Euthanasia/Assisted dying: The painless killing of a patient that voluntarily chooses for it. This can be due to incurable diseases or irreversible comas. Assisted dying includes voluntary active euthanasia and physician-assisted death.

Active euthanasia: The painless killing of a patient performed by a legal healthcare worker with a dose of a lethal drug. This is voluntarily at all times.

Passive euthanasia: The painless killing of a patient by letting them die naturally without any drugs, by terminating any treatments that keep a patient alive. For example, feeding tubes or chemotherapy. This is voluntarily at all times.

Assisted suicide/Physician-assisted death: A patient committing suicide in a legal way. A physician provides the supplies that the patient needs for passing away. This means that it is the patient that take the action.

Terminally ill: A patient with an incurable disease. Usually, the patient's life expectancy is short, which can range from days to months or years.

Legislation: A law that is suggested by a government and made official by a parliament.

Background Information:

It is important to keep in mind that it is best to prevent people from wanting to die. Euthanasia should only be committed by extreme cases. This is the reason that clear and reasonable regulations should be made for euthanasia.

The regulations of euthanasia are different in every country. There are legislations that allow people suffering from heavy mental issues to commit euthanasia, however there is controversy around it. Some physicians believe that mental and physical help should be equally treated, however others believe that patients should get professional help first before considering the assisted dying.



Several issues arise when euthanasia becomes legal. By making assisted dying an accessible option for disabled people, it discourages these disabled people to choose medical guidance over euthanasia. Legalizing it can influence them to think that it is better to die than to live with complications, which is not always the case. Awareness on the other options than euthanasia should therefore be made more.

However, not all disabled people can get professional help and it is often that they feel burdensome to their family and to others around them. This may cause them to get more involved with euthanasia. Furthermore, the legislation could contribute to the existing image of disabled people having a so-called negative quality of life.

Financial problems and discrimination can also play a part in the decision. For example, after the expansion of medical assistance in dying in Canada that allowed non-terminally ill patients to commit euthanasia if they met the requirements. Reports had shown that unsheltered residents had requested the assisted dying. These results were not typical, because it was usually patients who suffer from horrible diseases that requested the euthanasia.

Furthermore, the legislation may be dangerous to vulnerable people who have severe mental issues. A lot of those patients have the ability to get better with the right help. However, countless people do not have the resources and financial stability to afford it. Both examples prove that one of the root causes of the rise in euthanasia lies in the lack of mental and financial aid.

Legalizing euthanasia does not only have a negative side, because it can be a relieve for patients who are suffering immensely. For instance, cancer-, dementia-, and cardiovascular disease patients. It is unequitable for these people to continue to live in unbearable pain if the law does not allow them to have a merciful death. In these situations, it is therefore ideal for euthanasia to be legal. Otherwise, they may be forced to travel to countries that do have legalized euthanasia to end their lives. Additionally, voluntary euthanasia can provide more organ donors for patients with organ failure.

All in all, a lot of patients who suffer from painful diseases and disorders are in need of the right to die. The legalization, but also the illegalization of euthanasia has its complications. Therefore, regulations should be created upon euthanasia to prevent unnecessary pain that some people may undergo and to provide help for those in need.

Timeline:

1870: Samuel Williams proposes to use anesthetics and morphine to intentionally end a patient's life.

1885: The American Medical Association officially opposes voluntary euthanasia.

1935: The Voluntary Euthanasia Legalization Society is founded in England. The organization believes that incurable sufferers should have the right of choosing when to die.

1957: Passive euthanasia becomes acceptable in the Vatican.

1994: Oregon is the first state of the US that legalizes aid in dying.

April 1st of 2002 – now: Euthanasia becomes legal in the Netherlands. Belgium, Luxembourg, Colombia, Canada, Spain, New Zealand, Portugal, Germany, Spain, 10 states in the US and Ecuador follow.

Stakeholders:

The Netherlands: In 2002, the Netherlands became the first country to legalize euthanasia. The country now allows minors of all ages to opt for euthanasia under strict conditions. These conditions are written in the Termination of Life on Request and Assisted suicide Act. Since 2019 there has been a continuous rise in euthanasia. In 2023, 9068 people, which is 5.4 percent of deaths were patients who committed euthanasia in the Netherlands. Most of them were cancer patients and only a few were psychiatric patients.

Canada: In 2016, euthanasia for terminally ill patients above the age of eighteen became legal. Five years after in 2021, Canada started to prepare for a broader law for mentally ill patients to opt for euthanasia, however this was delayed until March 17th, 2024. Despite this, the law was delayed again until 2027, because the healthcare system was not ready for it. In 2023, 4.1 percent of deaths in Canada were from euthanasia. The country had reached the highest number compared to other countries with legalized euthanasia and most of them were cancer patients. Only two ways of euthanasia are allowed in Canada, which are active euthanasia and assisted suicide.

Belgium: The Belgium Act on Euthanasia of May was passed on May 28th, 2002.

Since the act, the rises of death by euthanasia have risen from 235 lives lost per day to 7 lives lost per day in 2021. Nearly 30 000 lives were lost due to euthanasia in the twenty years after the act, of which a lot of patients could have been given the right to life with professional help. In 2023, 3423 patients died from euthanasia, and it is a number that is increasing every year.

USA: Debating on euthanasia started in 1938 in a euthanasia society. Now, there are 10 out of 50 states in the United States of America that have legalized euthanasia: Washington DC, and the states of California, Colorado, Oregon, Vermont, New Mexico, Maine, New Jersey, Hawaii, and Washington. All of them except the state of Montana do not allow minors to opt for euthanasia. Gallup's annual Values and Beliefs poll shows that 72 percent of Americans say that euthanasia should be legal for terminally ill patients.

Non-Governmental-Organizations (NGO's): Exit, and Compassion and Choices are two big, private organizations that give patients the right to die. Exit only provides assisted dying for Swiss netizens. Compassion and Choices has the goal to support, bring awareness, and advocate for matters on euthanasia to improve it. The organization brings access for patients in euthanasia, by finding doctors who want to take the responsibility.

Relevant UN Treaties, Resolutions and Reports:

The Right to End-of-life Palliative Care and a Dignified Death, 2017 -

<https://www.un.org/development/desa/ageing/wpcontent/uploads/sites/24/2017/11/ECLAC-contribution.pdf>

End of life and the European Convention on Human Rights, 2023 -

https://www.echr.coe.int/documents/d/echr/fs_euthanasia_eng

Previous attempts to solve the issue:

As euthanasia requests are rising, legalizing it is urgent. In the last few decades, countries have been legalizing and broadening their legislations. After the Canadian

organization, the Canadian Psychiatric Organization, proclaimed that the psychiatric patients should have the same options as a terminally ill patient, a new law was passed. However, some psychiatrists became concerned because patients that were treatable requested assisted dying.

In 2021 and 2024, Canada prepared for expanding the law for mentally ill patients to commit euthanasia, however this failed twice as the medical workers were not prepared enough for the expansion. Even though the mentally ill patients who need euthanasia have already waited three years, they now are forced to wait another three years for a decision to be made.

Possible Solutions:

1. Spreading awareness on the help that can be provided for disabled and mentally ill patients rather than focusing on euthanasia.
2. Aiding an training the medical and psychiatric sector to be prepared for the rising euthanasia numbers.
3. Providing enough medical and psychological support for those in need. For example, housing and work.

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