

Topic 2: Legalising Euthanasia: the ethical and social implications

Economic and Social Council

I. Introduction

The debate surrounding euthanasia and physician-assisted suicide is a complex issue at the intersection of medicine, law, ethics, and human rights. Derived from the Greek words "eu" (good) and "thanatos" (death), euthanasia refers to the deliberate act of ending a person's life to relieve pain and suffering. This topic is particularly relevant today due to global demographic shifts, advances in palliative care, and an increasing focus on individual autonomy and the right to self-determination. The discussion often revolves around the definition of a "good death" and the role of medical professionals in end-of-life care.

II. Key Terms

Euthanasia: The act of intentionally ending a person's life to relieve suffering.

Active Euthanasia: A deliberate act, such as administering a lethal drug, to end a patient's life. This is also known as "mercy killing".

Passive Euthanasia: The act of withholding or withdrawing life-sustaining treatment to allow a patient to die.

Physician-Assisted Suicide (PAS): A procedure where a physician provides a terminally ill patient with the means to end their own life. The patient, not the physician, performs the final act.

Palliative Care: Specialised medical care that focuses on providing relief from the symptoms and stress of a serious illness, with the goal of improving quality of life for both the patient and the family. It is provided in parallel with curative treatment.

Medical Assistance in Dying (MAID): A term used in Canada and other jurisdictions to refer to both euthanasia and physician-assisted suicide.

III. Past International Actions

The international legal landscape on euthanasia is varied and there is no universal consensus. While there are no specific UN resolutions dedicated solely to legalising or banning euthanasia, the debate often engages with fundamental human rights principles.

- **Universal Declaration of Human Rights (UDHR):** Adopted in 1948, this foundational document is paramount. **Article 3** states that "Everyone has the right to life, liberty and security of person." This is the cornerstone of arguments against euthanasia, as it is interpreted by some as an absolute right that cannot be waived. Conversely, proponents argue that "liberty and security of person" includes a person's autonomy over their own body and life, especially when facing extreme suffering.
- **International Covenant on Civil and Political Rights (ICCPR):** Adopted in 1966, this treaty legally binds its signatories to uphold the principles of the UDHR. **Article 6(1)** reinforces the right to life, stating that "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life." This is another key document used to oppose euthanasia, as ending a life, even with consent, is seen by some as an arbitrary deprivation.
- **The UN Convention on the Rights of Persons with Disabilities (CRPD):** Protects the right to life of people with disabilities on an equal basis with others. UN experts have raised concerns that legislation allowing medically assisted dying for reasons of disability could institutionalise "ableism" and violate Article 10 of the CRPD.
- **In Europe, the European Court of Human Rights:** They have considered the "right to die" under the right to a private life, while also upholding the state's responsibility to protect vulnerable people from coercion into suicide.
- Historically, the practice of medically assisted death was largely abandoned in medieval times and outlawed in many countries, partly due to the influence of Abrahamic religions and the Hippocratic Oath.

IV. Timeline of Key Events

1984: The Dutch Supreme Court allows euthanasia under strict circumstances, beginning a period of legal tolerance in the Netherlands.

2002: The Netherlands becomes the first country in the world to formally legalise euthanasia. Belgium follows shortly after, also legalising euthanasia.

2009: Luxembourg legalises euthanasia.

2014: The Canadian province of Quebec legalises physician-assisted suicide.

2016: Canada passes national legislation to legalise "Medical Assistance in Dying" (MAID), allowing both euthanasia and physician-assisted suicide. Eligibility criteria have been progressively expanded.

2019-2021: All six Australian states legalise voluntary assisted dying (VAD).

2021: Spain legalises euthanasia. New Zealand legalises assisted dying after a public referendum

V. Current Situation

The legalization of euthanasia and physician-assisted suicide has become a complex and rapidly evolving global issue, with increasing legal recognition across various jurisdictions but also growing ethical tension. Since pioneering legislation in the Netherlands and Belgium, countries such as Canada, Australia, New Zealand, and several European states have introduced or expanded laws permitting medically assisted death, while several U.S. states maintain stricter criteria for access. Canada's controversial plan to extend eligibility to individuals with mental illness highlights the contentious expansion from terminal illness-based criteria toward broader definitions of "unbearable suffering." This shift has sparked significant debate on whether such laws protect individual autonomy or risk extending eligibility too far.

Central to the current debate is the balance between patient autonomy and the sanctity of life, a divide made sharper by expansions in eligibility criteria. Countries like Canada and Colombia now allow assisted dying in cases of non-terminal but irremediable suffering, while others restrict it solely to terminally ill patients. Advocates argue this ensures dignity and self-determination even in intractable suffering, while critics warn of a “slippery slope” that could normalize euthanasia for vulnerable groups such as the elderly, disabled, or those experiencing temporary psychological distress. The controversy reflects not only legal and medical considerations, but also deep philosophical and societal questions about how suffering, quality of life, and human dignity are defined.

The modern discussion has moved beyond the question of whether euthanasia should be legal toward more complex debates over scope, safeguards, and impact. Concerns over doctor-patient trust, the role of palliative care, and potential social pressures highlight the risks of misuse, while supporters stress the moral importance of respecting individual choice. With international laws diversifying at a rapid pace and human rights courts acknowledging state discretion in this matter, the discussion remains unsettled. The current situation reflects a pivotal moment where questions of ethics, law, and medicine intersect, shaping how societies respond to suffering at the end of life.

VI. Major Parties Involved

The Netherlands: As the first country to legalise euthanasia, the Netherlands has a well-established system with strict conditions, although the criteria have been subject to continuous debate. The country's experience often serves as a case study for others considering similar legislation.

Belgium: Belgium was the second country to legalise euthanasia and, in 2014, became the first country to remove the age limit, making it available to children with "unbearable physical or psychological suffering".

Canada: Since legalising MAID in 2016, Canada has progressively expanded its eligibility criteria, moving beyond a requirement for a "reasonably foreseeable" natural death. This expansion has drawn significant international attention and internal debate, particularly regarding its potential application to mental illness.

Switzerland: Switzerland's laws are more lenient, allowing assisted suicide as long as there are no "self-seeking motives". It is a unique case because it allows non-citizens to access assisted suicide, making it a destination for "death tourism."

The Holy See (Vatican City): The Holy See, representing the Catholic Church, is a major opponent of euthanasia and assisted suicide. It argues that life is a sacred gift from God and that intentionally ending it is morally wrong, regardless of the circumstances. This position is influential in many countries with large Catholic populations.

VII. Key topics to Debate

- Should a person's "right to die" be considered a fundamental human right?
- How can states balance a person's right to autonomy with the need to protect vulnerable individuals from coercion or despair?
- Should eligibility for medically assisted death be expanded to include those with psychological suffering, non-terminal chronic illnesses, or mental health conditions?
- What is the role of palliative care in the debate? Should it be a mandatory prerequisite for medically assisted dying?
- How can we ensure that the decision to pursue euthanasia is truly voluntary and not influenced by inadequate social support, lack of access to care, or financial concerns?
- Should medical professionals have the right to conscientiously object to participating in euthanasia, and if so, how should this be balanced with a patient's access to the procedure?

VIII. Bibliography

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