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Identity and Conflict

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Topic: Discussing the criminalization of assisted suicide and medical euthanasia

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Introduction

Euthanasia and assisted suicide are two distinct forms of ending one's life. Euthanasia is a type of drug administered by a doctor themselves, while assisted suicide refers to a doctor's prescription of a life-ending medication which the patient goes on to ingest themselves. In large parts of the world, euthanasia is a highly regulated and legally bound practice, while it remains completely outlawed in others. Most nations create distinctions between active and passive euthanasia in their laws in order to be able to better adjudicate separate circumstances. Assisted suicide is enacted on rarer occasions, particularly due to its generally lower legality rates in comparison to euthanasia.

Both forms of ending one's life create a great moral dilemma, as assisted dying and euthanasia fall under more of a "gray" area than humanity's more frequented norms of "right and wrong". By some, these methodologies can be considered a form of murder, particularly in the case that it is involuntary (which applies more to euthanasia). Others argue that in some circumstances ending one's life and 'putting them out of their misery' is in fact the ethical choice. In fact, the word euthanasia means this itself; as according to the NHS (National Healthcare Service), euthanasia makes reference to "deliberately ending a person's life to relieve suffering". Humans have been shooting ill and injured animals for centuries, and since euthanizing them became a possibility, it is considered the most humane option to end an animal's life by the vast majority of the world. Animals are sometimes killed even when certain actors deem them *unnecessary*. In most parts of the world, animal euthanasia is a legal practice, while its implementation on humans remains illegal. The vast majority of the population places a higher value on human life than that of animals, therefore

deeming these laws completely logical. In some areas, however, this distinction in species has raised the question as to whether or not assisted suicide and medically administered euthanasia should continue to be illegal in humans. If we were able to come to the consensus that euthanizing animals is “ethical”, experts argue that it’s nonsensical to claim the opposite for humans. This has continued to further controversy on this topic, fueling both arguments on the legality of these practices.

A challenge that persists in this dispute is the broad area which euthanasia and assisted suicide covers many different ways of death. Assisted suicide is more straightforward; it is simply the type of drug that differs in circumstances. However, euthanizing someone becomes more complicated. There are different forms of euthanasia, voluntary and involuntary, passive and active, and indirect. As far as legality goes, it is difficult to draw a clear enough distinction for separate circumstances to undoubtedly each fall under one of these categories, making it difficult to outlaw a “less humane” type of euthanasia but continue to administer one considered more ethical. This creates a complex situation that enters a huge moral gray area.

Definition of Key Terms

Euthanasia

Euthanasia means to purposefully end one’s life to limit suffering. Medical euthanasia is always administered by a doctor, usually in the form of intravenous anesthetic. Voluntary euthanasia, the most common form, is when a patient requests to be euthanized.

Active Euthanasia

This term refers to a patient making the conscious decision to have euthanasia administered to them by a medical professional to end their life.

Passive Euthanasia

Passive euthanasia occurs when a (normally comatose) patient has a low chance of survival, and treatment is either withheld or withdrawn. This includes instances in which a patient may be on life support, but is then taken off of it, indirectly killing the person, or when there is a surgery or treatment with the ability to cure or temporarily avert the illness and it is not used on the patient, leading to inevitable death.

Non-voluntary Euthanasia

A slight distinction from passive euthanasia, non-voluntary euthanasia occurs when a patient in hospice is somehow seen as unable to officially make their own decision in terms of their life, like an infant (or someone under the legal age) or some mentally impaired people, so a trusted adult makes their decision for them in the eyes of the law. However, they will then likely be subject to active euthanasia, not passive euthanasia.

Indirect Euthanasia

Indirect euthanasia occurs when a patient is provided with a (usually) pain-relieving drug with the side effect of a hastened death.

Assisted Suicide

Physician-assisted suicide (PAS) otherwise known as assisted dying or medical assistance in dying (MAiD) is when a doctor purposefully prescribes a patient with a life-ending medication, but the patient administers it to themselves, unlike euthanasia.

Terminal Illness

A terminal illness makes reference to a disease or ailment that is unable to be cured, and inevitably will end in an earlier than average death.

Background Information

A History of Euthanasia and Assisted Suicide

Euthanasia dates back millenia, to Ancient Rome and Greece. However, as today, the focus was more on a debate of the ethics of this procedure much less so than the actual development of it. It was not until centuries later that prominent examples of the use of euthanasia and its advancement in the scientific world began. Ambroise Paré, a barber surgeon who lived between 1510-1590 recounts in his autobiography *Apologie* one of the earliest recorded types of euthanasia.

In this book, he tells of his encounter with three injured soldiers. They were accompanied by another who remained unscathed. After examining the soldiers and their wounds, the uninjured one asked the surgeon whether or not the other three would live. Upon his reply stating that they would not survive, the soldier slit the others' throats. It was not until long after this that drugs began being formulated to make this process less gory, however, this still classifies as one of the earliest forms of euthanasia. From there, euthanasia's use evolved to the discovery of morphine, and the 19th century evolution to chloroform, a drug with fewer negative side effects than its predecessor. Soon after, the American Medical Association opposed voluntary euthanasia in 1885. Despite this development, pain-relieving drugs continued to be studied and advanced by scientists and medics, consequentially bringing with it the question of the least painless and most merciful form of death. In 1935, a group that assembled for routine meetings was inaugurated in England by the name of the Voluntary Euthanasia Legalization Society. However, the movement failed, and to this day, euthanasia is considered murder or manslaughter in England, punishable by a life sentence. Nowadays, many have similar views to this country's, but there are a good deal whose minds are developing with the medicine used for these procedures.

The National Library of Medicine states that "medical assistance in dying (MAiD) is a modern name for an ancient idea". All the way back to ancient times, physician's aid in dying is exemplified, despite the Hippocratic conviction *primum non nocere*, translating to 'first, do no harm'. This was one of the very first concepts of ethics in the field of medicine that physicians of the time were expected to abide by. Many considered assisted suicide an opposition to this, although in many ways the opposite can be argued. Just like euthanasia, the goal of MAiD is to minimize a patient's suffering and create the most painless death possible. There is harm in death, but if it is inevitable and the pain is minimized, then so must be the harm. As it is in some ways more difficult to look at as a medical procedure, the process of MAiD has been found as more grotesque or disturbing than euthanasia, especially as it is a procedure that can more easily evade the law. In 1961, the Suicide Act was passed in the UK, declaring this form of death a crime. Soon after in the 1970's, countries like the Netherlands, Japan, and Germany formed societies holding international meetings expressing opposite beliefs. Assisted suicide continues to be a controversial topic to this day, most countries declaring it an illegal act, but more and more implementing measures to legalize it.

Current Points of Controversy

Most religious groups are in opposition to euthanasia and MAiD. Below is a tally including the most populous religions with subjects and their opinions on physician assisted suicide and euthanasia. The grand majority are in complete disapproval of the practice. The reason for religious distaste of these is the steadfast belief that God (or the gods) gave life to a human being, and it is His (or their) prerogative to make the decision of when that life is finished.



Any form of suicide goes against most religion's sentiments, although not a criminal act in their eyes the same way as another aiding suicide is. Pope Francis of the Catholic Church made a statement in 2017 including that "it is morally licit to decide not to adopt therapeutic measures, or to discontinue them" for an ill or injured person. These provide an example of passive euthanasia, which the Pope clearly states is seen as morally wrong in his specific religion. As exemplified by the above image, this is the general consensus in the religious community, extended also to any other form of euthanasia as well as PAS.

Religious views are not the only opposition to MAiD and euthanasia. There are a great deal of arguments that make this topic more complex and the ethics more complicated than many others. These arguments can be broken down into three main concepts; the issue of care, choice, and society.

As far as care goes, there are a number of arguments as to why euthanasia or PAS (Physician-assisted suicide) are a greater harm than help. There is much treatment thus far that aids patients in lessening pain levels, a large aim of euthanasia. Furthermore, it is argued that if dying is an option, it can discourage doctors and nurses in attempting to save peoples' lives, in addition to scientists' motivation to search for cures to terminal illnesses, impeding advancement in medicine.

On the matter of choice, this topic goes multiple ways. First, a patient may feel pressured to choose euthanasia by doctors or family members when it is, in fact, not the choice they would make themselves. Another patient may change their mind last minute and not have the option to not go through with the procedure. On the other hand, legalizing euthanasia completely can simply be the beginning of a bigger issue, where lines and boundaries blur and voluntary euthanasia can turn into involuntary euthanasia in the blink of an eye without anyone taking notice.

Finally, there are societal implications in regard to the legalization of euthanasia and PAS. Some argue that these two practices could weaken societal respect for life and the idea that it is worth living, a concept that could grow to be highly problematic. Additionally, PAS and euthanasia put incredible power in doctor's hands, leading to potential sorts of corruption or the weakening of trust in doctors from patients. With all the viewpoints and insights of these arguments, the endless limitations and moral boundaries of euthanasia and MAiD become evident. Nonetheless, there are just as many arguments on the other end as to why the practice of these two procedures can be a helpful tool to society.

The first argument is that the positive effects of euthanasia and MAiD outweigh the negative, supporting that it is important to many humans to die with dignity. For a terminally ill patient, euthanasia or PAS give this option while extended treatment likely would not. Tied to this point, researchers argue that humans should have the ability to determine their death to some degree, in order to feel more in control in the last of their life. From an economic perspective, it is also more ethical to euthanize a patient in hospice rather than continue with treatment, as that will waste time and resources that could be better used on a patient with a higher likelihood of surviving. As a reflection of the argument against euthanasia and MAiD in the paragraph above, many wish to be spared from seeing their loved ones in suffering, making it more ethical overall to let one die peacefully rather than draw out the process and create a painful memory for family and friends as well. The bottom line to defenders of euthanasia is that humans should be given choice, especially if that allows them to die with dignity. They additionally bring into their argument the question of animal euthanasia, where some question the ethics of legalizing animal euthanasia while outlawing that of humans.

Legality of Euthanasia and Assisted Suicide

Euthanasia is currently legal in a handful of countries across the world, those being: Belgium, the Netherlands, Luxembourg, Germany, Spain, Portugal, Canada, Colombia, Ecuador, New Zealand and Australia. There are also other nations looking into changing their laws regarding

Comparison of some international jurisdictions that allow MAiD (July 2022)

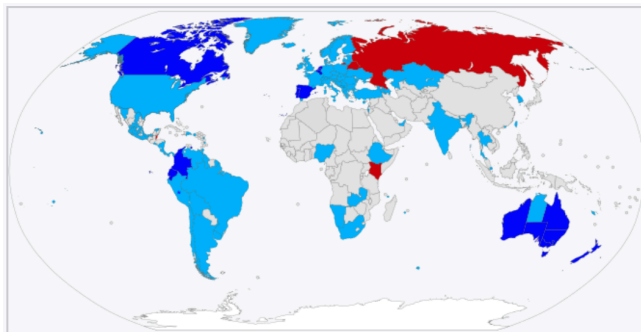
Jurisdiction	Terminal Illness Requirement	Minors	Mental Disorder	Advance Requests	Methods of Provision
Netherlands	No	Yes*	Yes	Yes, 12+	Both
Belgium	No (yes for minors)	Yes*	Yes	Yes*	Euthanasia*
Luxembourg	No	No	Yes	Yes*	Both
Switzerland	No	No*	Yes	No	Assisted suicide
Spain	No	No	Yes*	Yes	Both
Canada	No	No	Yes, in March 2027	No	Both
Colombia	No*	Yes*	Yes*	Yes	Both
United States ²	Yes*	No	No	No	Assisted suicide
New Zealand	Yes	No	No	No	Both
Australia ³	Yes	No	No	No	Varies across states


**This chart summarizes access to MAiD in each country under certain categories; content with an asterisk is more complex than the simplified chart can convey.*





euthanasia, a recent example being France. The laws for assisted suicide, however, vary from these countries, Switzerland and the United States appearing on the list that allow only assisted suicide; most of the former states allowing both. To the left is a table including the majority of countries that allow either practice and specifications as to how exactly those requests can be enacted.

Belgium is known to have one of the most liberal laws regarding euthanasia and PAS. For a long time, the only thought reasoning for the above-mentioned practices was terminal illness, and the notion of these being carried out for another reason was viewed as ludicrous. For this reason, when Belgium and a handful of other (mostly European) countries began legalizing MAiD and euthanasia for people without such an ailment, it sparked much controversy. In Belgium and the Netherlands, there have been PAS cases for patients with autism, anorexia, borderline personality disorder or even manic depression. With laws within these countries becoming more liberal, they are even allowing foreigners to enter the country with the intention to terminate their lives, bringing more frustration from countries against MAiD and euthanasia.

Here is a map diagram to give a little more information on the world as a whole:



Current status of euthanasia around the world: 

-  Active voluntary euthanasia legal (Belgium, Canada, Colombia, Ecuador, Luxembourg, the Netherlands, New Zealand, Portugal,^[a] Spain, and the Australian states of New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia)
-  Passive euthanasia legal (refusal of treatment / withdrawal of life support)
-  Active euthanasia illegal, passive euthanasia not legislated or regulated
-  All forms of euthanasia illegal

As seen in this map, many parts of the world, including sections of Africa and Asia, are unregulated on this topic. Generally, they have vague laws, except those on active euthanasia, which is illegal in most of the world except the previously mentioned nations. Moreover, there are very few countries that have spoken out as being completely against all forms of euthanasia, including Russia, Kenya and Belize.

Major Countries and Organizations Involved

Belgium

Belgium, as previously mentioned, has been most liberal with euthanasia laws. The nation has been under a great deal of scrutiny since passing their legislation on the topic, particularly as it allows foreigners to undergo the procedure. As seen above, there are a handful of countries who allow euthanasia and MAiD, but most of them draw the line at allowing non-citizens to be aided in death. Many countries have viewed Belgium's regulations as problematic seeing as it can allow a person who either doesn't qualify for euthanasia in their own country or where it is simply illegal may go to this nation and be euthanized, going against the values of countries who have kept euthanasia an illegal practice. Concerns on the anti-euthanasia side have escalated even more after seeing the exponential increase in euthanasia cases since its legalization in the country in 2002.

Netherlands

Where in Belgium only euthanasia is generally legal, the Netherlands implements the similarly 'liberal' laws and applies them to assisted suicide as well. The nation joins Belgium in allowing minors to be euthanized, stirring controversy as many do not consider them old enough to make a rational and well-informed decision on the matter. However, while for people over the age of 18, terminal illness is not a requirement (although the circumstances are still quite strict), for minors terminal illness is a necessary constituent to be allowed MAiD or euthanasia.

Russia

The Russian Federation has made their opinion clear on the topic of euthanasia, particularly with a powerful orthodox Catholic Church. The Moscow Patriarchate representative himself stated that euthanasia was “absolutely amoral from the Christian viewpoint to help one commit a suicide,” while in the process of creating a vet to outlaw euthanasia in all but the most “exceptional cases” with the Federation Council.

United Kingdom

The UK has repeatedly strongly opposed anesthesia and assisted suicide, considering either manslaughter, with a maximum penalty of a life sentence of imprisonment. From the House of Lords first debating the issue to its continued controversy in 2024, this nation has not swayed at all in its unwavering belief that voluntary euthanasia is completely unethical.

International Task Force on Euthanasia and Assisted Suicide

This organization, founded in 1987, was actually done so under the name of the “International Anti-Euthanasia Task Force (IAETF)”, quite accurately portraying the organization’s view on euthanasia and assisted suicide in itself. Since the group’s foundation, it has become an educative non-profit organization with the aim of properly informing the public on euthanasia and assisted suicide, along with its implications.

World Medical Association

The World Medical Association was founded in 1947 as an organization to represent physicians on a larger scale. 114 nations around the world are current constituents with over a thousand associate members. In October of 2019, the WMA stated that they were “firmly opposed to euthanasia and physician-assisted suicide”, adopted by the 70th general assembly, claiming that the organization “reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life”, thus being unable to justify such procedures.

The World Federation of Right to Die Societies

This federation consists of over 60 societies across a total of 30 countries, all vying for a human’s choice and dignity in their death to be a human right. The federation has in fact begun

spreading the celebration of a new day, World Right to Die Day, celebrated in some countries in which societies from this federation have been founded on November 2.

Timeline of Events

Date	Description of event
399 BCE	Renowned Greek philosopher Socrates raised a cup of poison to his lips after being imprisoned and sentenced to death by hemlock on “the charges of impiety and corrupting Athenian youth”, according to the National Library of Medicine. This is an early example of assisted suicide, giving the example of someone committing suicide with death looming over them already, with the means intentionally provided to him by a cell guard, no doubt.
1800	As stated by Michael Stolberg in “Two Pioneers of Euthanasia Around 1800,” at the beginning of the century there were accounts of people going around hanging sites and pulling on the legs who had been subjected to the hanging as a manner of hastening death, therefore minimizing suffering.
1827	After its invention between 1803 and 1805, morphine began being marketed commercially in 1827. The drug created an opportunity to minimize pain for patients in suffering, sparking the idea of a painless death in the minds of many doctors.
1850	In the mid 19th-century, chloroform replaced morphine, providing what seemed a greater opportunity to investigate euthanasia particularly seeing as this one made people lose consciousness, one step closer to death.
1870	S.D. Williams (physician) was the first to propose the use of anesthetics as a way to intentionally end a patient's life.
1885	The American Medical Association spoke out

and officially opposed voluntary euthanasia, saying it did not align with their values. However, the organization speaking out against the procedure was not enough to close the floodgates and prevent further research on the subject.

January 23, 1906

The 'chloroform bills' were introduced. An Ohio legislature presented a bill on euthanasia, closely followed by one in Iowa. A woman from Cincinnati vied for this legislature after finding her mother with a terminal illness and hoping to give her a hastened, painless, and dignified death.

1911

Sadie Marchant, a woman living in a Shaker colony, begged for help in dying after suffering from one inoperative lung for years. Two Shakers decided to help her in her miserable state and aided her in her death. The two were later arrested for their actions, but had their case dismissed at the beginning of the following year.

1915

In Chicago, Illinois, Dr. Harry Haiselden advised the parents of a newborn baby with physical deformities to not undergo a surgery able to potentially save the baby's life, as it would not remove all later suffering, leading to the infant's inevitable death when the parents heeded the doctor's words.

1935

The Voluntary Euthanasia Legalization Society was founded in England. The organization's founder, C. Killick Millard stated that he, and his society, firmly believed that death was not a medical matter and the British Medical Association would have no right in publishing an opinion on euthanasia.

1936

A bill was debated in the English House of Lords outlining regulations to make voluntary euthanasia legal. The bill stated that a person seeking euthanasia must be 21 years of age, able to make rational decisions, terminally ill and in great suffering. From there, there would be witnesses, doctor visits and a personal

interview to ensure that the person could proceed to be euthanized. However, the bill was still defeated with an overwhelming majority of 35 to 14.

1957

The Vatican announced that it was their belief that passive euthanasia was acceptable due to its (passive) nature, but the Pope did not say the same about any other type of euthanasia or assisted suicide. Due to this development, pro-euthanasia crowds began pushing harder for the legalization of passive euthanasia as a first step.

1993

Sue Rodriguez, a Canadian woman with amyotrophic lateral sclerosis (ALS) requested that the Canadian government change their laws around assisted suicide, arguing that it was unjust that she would not be able to end her life with a physician's help to make the process as quick and painless as possible. The Supreme Court of Canada voted on the topic on the 30th of September and voted to keep the segment of the Canadian Criminal Code (241(b)) outlawing the practice. Sue Rodriguez committed suicide nonetheless with the help of an anonymous medical professional with the support of an advocate for the right to die with dignity. It was not until over two decades later that assisted suicide was legalized in Canada.

1997

The state of Oregon initially proposed a bill legalizing assisted suicide in 1994. However, it was immediately countered and drawn through court for an entire three years until the state won and the Oregon Death with Dignity Act was enacted in 1997.

2001

The Netherlands became the first country worldwide to decriminalize both assisted suicide and euthanasia.

Relevant UN Treaties and Resolutions

Although a highly controversial topic with many different perspectives, euthanasia and PAS are not considered to currently be a crisis, particularly seeing as the ethics of the practice are difficult to discern. A large part of the world views euthanasia and assisted suicide as strengthening of human rights laws, while others see them as a breaking of them. For these reasons, branches of the UN provide many more declarations rather than delegations convening and crafting/passing resolutions.

12 December 2006 “Convention on the Rights of Persons with Disabilities” A/RES/61/106 (GA)

Article 10 of this convention, passed in December of 2006 states that “every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.” GENEVA (25 January 2021) had experts of the Office of the United Nations High Commissioner for Human Rights (OHCHR) state that the practice of assisted dying enforced ableism, therefore contradicting Article 10 of the convention.

13 February 2013 “Towards a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons ” A/RES/67/139 (GA)

The United Nations have repeatedly expressed their investment in care for the elderly, who are often overlooked. In 2017, reiterating the point of this resolution, “The Right to End-of-Life Palliative Care and a Dignified Death” document was published, summarizing that elderly persons are more susceptible to disease or ailments, and therefore death, and that due to this “older persons are sometimes treated like cadavers even when they are, clinically and biologically, still alive.” In these two documents, the UN advocates for the elderly to be treated with just as much care as the young, not withdrawing or withholding treatment due to age and prejudice.

Previous Attempts to solve the Issue

It is difficult to pinpoint individual efforts to solve the 'issue' seeing as there are different perspectives as to what the actual issue is, and so many complexities arise. There were efforts from both sides to win over parliaments and spread ideologies, but there have not been significant united international efforts.

The Voluntary Euthanasia Legalization Society was previously mentioned at a few points. This was one of the earliest attempts at solving the issue from the perspective of the pro-euthanasia and assisted suicide movement. Evidently, it failed after its appeal to the British Medical Association and the House of Lords. This is an example of an attempt in Britain specifically, although other nations had their own organizations.

Neither a failed nor a successful attempt, that continues to be an ongoing and existing organization is The World Federation of Right to Die Societies. It combines societies like the Voluntary Euthanasia Legalization Society among others. This organization has spread widely but not been completely effective in swaying governmental choices and regulations on the matter.

Additionally, the UK also has an informative organization called CareNOTKilling, which endorses further research and effort into medicine, and investing as much time and money as necessary into taking care of diseased patients rather than seeking death. Though the website exists to inform people of the group's beliefs, it has not become popular or crossed many borders to have the necessary effect.

Possible Solutions

Seeing as numerous organizations currently exist, a way to reach a consensus on this issue and its criminalization is to encourage these societies to expand and further push their agendas, a solution able to align with any belief. In terms of laws, countries such as Spain, Germany, Belgium, and the Netherlands might present the more liberal side of this argument, and propose worldwide laws similar to the ones in their countries, calling for the legality of euthanasia and MAiD, while Canada and Australia are representative of a slightly more conservative perspective, specifying terminal illness requirements more strictly. Russia proposes the most negative perspective on euthanasia, and may push its agenda on to more neutral countries, calling for PAS and euthanasia to

be made illegal, criminalizing both. There are these extreme perspectives in these countries with another few, but discourse on this topic continues to be rather obsolete in many nations across the world. These nations could all come together and attempt to create more international regulations, or continue in their contrasting views, and allow each country to create their own laws-

There is definitely a more extreme perspective on the matter. If a nation is very involved with an orthodox Catholic Church or otherwise has reason to believe euthanasia and MAiD is completely morally wrong, a proposal to enforce worldwide regulations on the matter, banning euthanasia and assisted suicide, is a possibility with the ability to quickly de-escalate the situation. These regulations may be more strongly enforced with severe punishments to prevent opposition in order to reduce crime rates. Of course, this goes for the other side too, who can make the attempt to legalize euthanasia and assisted suicide with regulations, as it does not mean everyone will have the ability to be euthanized.

The UN has suggested that PAS and euthanasia are a solution to "severe physical or mental pain and suffering" to be used in cases where a patient is experiencing this extent of agony. All countries could adopt similar strict regulations that allow for euthanasia in special circumstances after a thorough screening that the person applying for it is, in fact, in "severe physical or mental pain and suffering." A solution that somewhat aligns with this is allowing each country to implement their own laws and criminal code on the matter, while all following a baseline to ensure no human rights are violated, such as making sure no patient who is not suffering as so is subjected to physician assisted suicide or euthanasia.

Vague and/or nonexistent guidelines persist as an issue for this topic, and much of this is due to the lack of education on it. Great parts of the population are under informed on the topic of PAS and euthanasia, and it's important to include this subject in educational programs. Whether by pushing facts and statistics through flyers and posters or begin teaching the topic sustainably in schools, it's important for the general public to know more about the topic and avoid misinformation on it as these two practices become more and more prominent.

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