

Committee: SOCHUM 1

Topic: The Question of Euthanasia

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Summary

Euthanasia (from Greek: εὐθανασία; "good death") is widely accepted as the practice of intentionally ending a life to relieve pain and suffering. Typically, it is advocated for in the case of terminal or life-long illnesses. Euthanasia remains a very controversial issue, based on moral and sometimes religious grounds, as well as due to concerns around mal practice. As such remains illegal in most countries, although it has been legalised in some.

Euthanasia is categorized in different ways, which include voluntary, non-voluntary, or involuntary:

- Voluntary euthanasia is legal in some countries.
- Non-voluntary euthanasia (patient's consent unavailable) is illegal in all countries.
- Involuntary euthanasia (without asking consent or against the patient's will) is also illegal in all countries and is usually considered murder

Definition of Key Terms

Passive Euthanasia: the withholding of treatment necessary for the continuance of life, for example switching off a life support machine – known as 'pulling the plug'.

Active Euthanasia; the use of lethal substances or forces with the intention of ending a life.

Suicide: the act of intentionally causing one's own death.

Assisted suicide: suicide undertaken with the aid of another person. The term refers to physician-assisted suicide, which is suicide that is assisted by a physician or other healthcare provider.

Background Information

Euthanasia laws and definitions can vary depending on the country. In Britain it is defined as "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering". In the Netherlands and Belgium, euthanasia is understood as "termination of life by a doctor at the request of a patient". The Dutch law, however, does not use the term 'euthanasia' but

includes the concept under the broader definition of "assisted suicide and termination of life on request".

Opposition to Euthanasia can come from a range of different perspectives. Some groups may be opposed due to moral/religious reasons, believing that it is not the right of one person to end the life of another. Therefore, delegates may wish to consider whether religious views would influence a country's policies on euthanasia.

The United Nations has recognised some of the risks involved in euthanasia, regarding exploitation. Often, the same people who might be suffering with long-term illnesses or conditions may also be vulnerable individuals at risk of exploitation. Thus, there is concern that people may be pressured into thinking euthanasia is an appropriate course of action. In countries with legalised euthanasia, one condition is often an assessment by a medical professional, however many opponents to euthanasia would question how a person can decide whether a person should die or not, due to the level of subjectivity. Those against euthanasia also express concerns regarding the doctors involved and how they may be affected by carrying out the procedure– both on a personal and professional level. Therefore, there is some opposition to euthanasia on the basis that it has many risks.

Major Countries and Organizations Involved

Countries:

The Netherlands; one of the biggest advocates for euthanasia on a global level.

The USA: some US states allow for assisted suicide. In 2013, roughly 300 terminally ill Americans were prescribed lethal medications, and around 230 people died as a result of taking them. Some patients choose not to take the medication.

Germany and Switzerland: in these countries active assisted suicide (a doctor prescribing and handing over a lethal drug) is illegal. But German and Swiss law does allow assisted suicide within certain circumstances. In Germany, assisted suicide is legal as long as the lethal drug is taken independently. In Switzerland, the law is more relaxed: it allows assisted suicide as long as there are no "self-seeking motives" involved. Switzerland has tolerated the creation of organisations such as **Dignitas** and **Exit**, which provide assisted dying services for a fee.

In 2015, **Colombia** legalised Euthanasia

In 2017, the **Australian state of Victoria** legalised Euthanasia.

Canada has permitted euthanasia and assisted suicide since February 2016 (slightly earlier in the province of Quebec)

Religious organisations:

Catholic Church and **Orthodox Christians** tend to be against Euthanasia,

Judaism & Islam are generally against active euthanasia but accept passive euthanasia in some circumstances.

NGOs:

Exit International is an international non-profit organisation advocating legalisation of voluntary euthanasia and assisted suicide.

Similar NGOs include **Dignity in Dying** and **Dignitas**

Timeline of Events

Date	Information
Ancient World	Euthanasia was practiced in Ancient Greece and Rome: Euthanasia was supported by Socrates, Plato and Seneca the Elder in the ancient world. Hippocrates appears to have spoken against the practice, writing "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death"
Early Modern Period	Thomas Aquinas (Judeo-Christian philosopher) argued that the practice of euthanasia contradicted our natural human instincts of survival, as did Francois Ranchin (1565–1641), a French physician and professor of medicine, and Michael Boudewijns (1601–1681), a physician and teacher. Other voices argued for euthanasia, such as John Donne in 1624.
1939-1945	Adolf Hitler & the Nazi Regime allowed for the killing of 4000-8000 disabled children and 70000 adults, under the label of euthanasia.
1997	Oregon became the first US state to legalise assisted dying
2002	The Netherlands legalised euthanasia for patients experiencing "unbearable suffering with no prospect of improvement". Belgium also legalised euthanasia
2015	Colombia legalised euthanasia

Relevant UN Treaties and Events

At the 72nd session of the UN Human Rights Committee, the Netherlands presented a set of recommendations which included suggestions on the matter of Euthanasia. The recommendations

were not particularly well received as the committee expressed concerns over the influence of third parties, and the possibility of patients being pressured into Euthanasia. The committee was also concerned by the possibility of medical practitioners being wrongly convicted and the fact that the new laws in place in the Netherlands allowed for minors, aged just twelve, to make the decision for Euthanasia.

The UN does recognise the right to end-of-life palliative care and to dignity in death and so some states may consider euthanasia to be a part of this. Thus, delegates may wish to consider different ways in which the UN Declaration of Human Rights might be interpreted in, with regards to this issue.

Previous Attempts to solve the Issue

There are no specific resolutions passed on Euthanasia, but it may be useful to look at the work of euthanasia activist groups such as “Exit”.

The 72nd session of the UN Human Rights Council did include some discussion around the issue, and so could be considered the beginnings of a solution.

Delegates should consider what ‘the issue’ means for their country. It may be that they believe euthanasia is spreading too rapidly, or that they believe euthanasia should be considered a human right and it is not accessible enough.

Possible Solutions

For the legalisation of euthanasia:

- Think about why certain countries may oppose euthanasia – what procedures or legislation can be imposed to make euthanasia a safe and risk-free procedure?
- There is no internationally accepted grounds for euthanasia – perhaps defining such grounds could allow for more agreement internationally. Are there any situations where your country might see euthanasia as an option?

- What measures can be taken to ensure that a person asking to be euthanised satisfies these grounds?
- How might a political climate (such as corruption or instability) effect euthanasia? What could be done to prevent this effect? Should there be an independent body overseeing euthanasia?
- Consider the distinctions between euthanasia and assisted suicide and whether your country may be opposed to both, one or neither.
- Should patients have to pay for euthanasia?
- Who should deliver euthanasia? In what situation? Should it be only allowed in medical situations or should assisted suicide happen in the home/in dedicated environments?

To limit euthanasia:

- For countries opposed to euthanasia, sovereignty will be very important in order to recognise a state right to withhold euthanasia, without the interference of other nations.
- What alternatives could be suggested to euthanasia? Are there ways to improve the quality of life for people with long-term or terminal illnesses/conditions? What might they include?

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