Forum: World Health Organization

Issue #27-01: Measures to address euthanasia and assisted suicide

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Introduction

Euthanasia is defined as the process of directly terminating a patient's life, however most see euthanasia as compassionate killing. One point of view is that patients who seek euthanasia to terminate their lives have incurable disease and want to end their suffering. On the other hand, there are circumstances in which this is not the case. Euthanasia is categorized into two main branches: voluntary and non-voluntary euthanasia. Both branches are similar in that they involve someone ending a patient's life, yet they differ in that of a being able to ask to end their lives and them physically not being able to. Voluntary euthanasia involves a patient physically asking to end their life, refusing to receive medical treatment, or asking to end all medical care such as life support. On the contrary, involuntary euthanasia, the rarest and hardest form of euthanasia to define, involves ending the life of a patient who has expressed their interest in living. Often, involuntary euthanasia is compared to murder since the patient is not in the condition to make the decision themselves. Patients who are in comas, have severe brain damage, or are too young to make the decision themselves are vulnerable to this form of euthanasia. In the case of involuntary euthanasia, the physician or close family is responsible for deciding whether the patient's life should be ended or not.

Assisted suicide, also referred to as assisted dying, is very different to euthanasia in that the patient is fully in control of their death. Both euthanasia and assisted suicide involve administering a dose of a lethal drug, however patients seeking assisted suicide monitor their own dosage and are in control of the lethal drug. Assisted suicide is frequently associated to suicide, yet it is important to recognize that patients who seek assisted suicide are also in suffering and facing death ahead. In the United States of America, approximately 58 million Americans are provided access to assisted suicide (provide time frame for this data). Nonetheless, citizens of the United Kingdom are not granted this opportunity and can face up to 14 years in jail if caught in the act of administering a dose of a lethal drug.

The ethics behind the euthanasia and assisted suicide is what creates such distinct opinions on whether this method of terminating a patient's life should be accepted or not. Those who argue that euthanasia and assisted suicide should be allowed base their arguments off of the Universal Declaration of Human Rights. In this United Nations document, it is implied that everybody has the right to die and that their death is a private matter. Given the modern society that we live in, innovative medical advances have already been made and more are on the way. These medical advances help prolong a patient's life and increase their life expectancy. However, those in favor of euthanasia argue that these advances help increase a patients life expectancy and can even end up prolonging a patient’s suffering if they are already in pain from a terminal disease. Those in favor see that prolonging a patient's death is inhumane and that it goes against the duty of doctors which is to do harm a patient.

On the other hand of the argument previously presented, the opposition argues that euthanasia and assisted suicide devalue the meaning of life. Suffering should be relieved whenever possible, however there is appreciation to suffering. Religious viewpoints state that suffering is in God’s plan and that it is though this mean that humans develop into the persons they are. In addition, those against euthanasia argue that by legalizing voluntary euthanasia they would be paving the way for the legalization of involuntary euthanasia. The legalization of

euthanasia could also increase the pressure that patients feel to resort to these means. Finally, those who oppose euthanasia and assisted suicide find that these methods of terminating a patient's life may not be in their best interest. The possibility of a wrong diagnosis or prognosis, the patient having depression and seeking these methods as a way to ask for help, or the patient feeling that their life is not worth it are all valid arguments made that go against the acceptance of euthanasia and assisted suicide

Definition of Key Terms

Competence

A patient who wishes to end their life either through physician assisted suicide or euthanasia has to be competent, or able to understand the medical condition they are in, the course of their condition, and the effects that their decision may have. When a patient is not found competent to make this decision, it is left up to either a physician or relative to make the choice based on the future of the patient, what they had previously expressed, or what is written in their living will.

Euthanasia

The word 'euthanasia' draws its origins from the Greek word 'euthanatos', which translates to easy death. According to The Merriam-Webster Dictionary, euthanasia is defined as the "act or practice of killing or permitting the death of hopelessly sick or injured individuals in a relatively painless way for reasons of mercy". With this said, it is important to highlight that euthanasia can be defined differently between each country or point of view.

Involuntary Euthanasia

Involuntary euthanasia involves a patient dying even though they have stated that they have no interest in dying. Involuntary euthanasia could occur in the following situations: the patient being to young to decide, the patient who is in a coma, or the patient have severe brain damage.

Passive Euthanasia

Passive euthanasia, also known as similar to non-voluntary euthanasia, is defined as when a physician or doctor allows a patient to die by either discontinuing treatment or withdrawing treatment when they conclude that the medication has no benefit over the situation.

Physician-Assisted Suicide

When a patient commits suicide by facilitated means or by them obtaining information, it is referred to as physician assisted suicide. Facilitated means range from drug prescriptions to lethal injections to a physician providing the necessary equipment for the patient to commit suicide. Much like euthanasia, the definition of physician-assisted suicide can be subject to change between different countries or between different viewpoints.

Non-Voluntary Euthanasia

Even though it would seem as if non-voluntary euthanasia and involuntary euthanasia synonyms of one another, non-voluntary euthanasia is different in that the decision of ending the patient's life is taken by an appropriate person, such as a family member. This decision can be based solely on them, however at most times it is based off of what the patient had previously expressed to them or had written in their living will.

Voluntary Euthanasia

Voluntary euthanasia occurs when a patient states their interest in terminating their life. Euthanasia is carried out in accordance to the patient's wishes only if they are competent to make the decision of ending their lives.

General Overview

Nineteenth Century

The practice of euthanasia was first documented in Sir Tomas Moore's book *Utopia* when it was published during the sixteenth century . In his book, Moore writes about how the priests in his book would practice euthanasia on terminally ill patients who were suffering pain. Moore wrote specifically about what we define today as voluntary euthanasia due to the fact that the priests were only permitted to do this if they had the patients consent. Two centuries after the book was published, Prussia passed a law that would change the way people viewed euthanasia as the law diminished the punishment given to a person who helps a terminally ill patient die. However, in the United States of America, a criminal code was being drafted that explicitly made euthanasia illegal in the eyes of the law. Under the criminal code, which was drafted by Dudley Field, anyone who helped a person end their life or provided that person with the proper resources to do so would be punished. New York's newly drafted criminal code was used as an example by other states to draft their own and follow New York's steps. Up until the twentieth century, euthanasia was never studied from an ethical point of view. In other words, no works discussed the ethics behind euthanasia and assisted suicide formally. Karl Marx's popular saying during the nineteenth century emphasized this. He argued "De euthanasia medica prolusio", which translates to "It is man's lot to die". Marx believed that a physician was the best person to judge the condition of a patient and decide what course of treatment is best for the patient, regardless of the ethics and religion of the patient. Apart from the Karl Marx, one other German philosopher and lawyer also discussed euthanasia from a secular point of view. Nietsche, a

German philosopher, argued that terminally ill patients were a burden and did not "deserve to live in this world" (...). Jost, a German lawyer, viewed euthanasia according to the value of a person's life. He argued that events in a person's life, such as terminal illnesses, only diminished the value of a person's life up to the point where its value was zero. Therefore, he believed that euthanasia should be allowed for terminally ill patients to terminate their lives since the overall value of their lives is little.

Twentieth Century

The twentieth century brought both ethical and religious controversies compared to the objective point of view that euthanasia was seen with before. In 1925, "Releasing the destruction of worthless animals" was published by two german philosophers. The short book was the first formal mention of involuntary euthanasia since its central message revolved around killing those who had little to no value to their lives. Apart from advocating that people who wished to die should be allowed to under a monitored environment, the book was also the foundation of modern involuntary euthanasia and served as inspiration for Adolf Hitler's actions during World War II. Hitler's power gave Nazis permission to euthanize crippled children or people who were not apt for rehabilitation and were considered useless. Under Hitler's rule, German physicians took oath to protect the health of the Nazi Germany above the health of the individual patient. Gas chambers served to euthanize those who were considered by the Nazis as people who could not be rehabilitated to comply with the work the Nazis needed them to do. In 1939, Hitler passed a new Nazi euthanasia program with hopes of eliminating newborns and young infants who displayed signs of "mental retardation, physical deformity, or other symptoms included on a questionnaire from the Reich Health Ministry" (The History Place). The 'Atkion T 4', the code name granted to the new Nazi euthanasia program, required mothers and doctors to report children that displayed these symptoms and spread to include adults and older infants later on. The Catholic Bishop Clemens August Count of Galen shut down the program two years after the updated program was implemented. Meanwhile, a law to address euthanasia had been proposed

by the German government of that time. The law stated that euthanizing a patient required their written consent which had to be witnessed by two other persons. This consent then had to be approved by two physicians, one of those being the physician of the Ministry of Health. Controversy arose in 1973 when a woman gave her dying mother a lethal injection in The Netherlands and faced a legal sentence for her action. Not only did the euthanasia movement take off in The Netherlands because of this, but this event was also responsible for the Japanese Euthanasia Society asking to meet with various nations to discuss euthanasia from an international point of view.

The twentieth century was very momentous for the United States, the Netherlands and Australia. 1984 marked the starting point for the legal practice of euthanasia under specific circumstances in the Netherlands. Sixteen years later a new law was approved that allowed for voluntary euthanasia to be practiced without having to follow the strict guidelines that were imposed in 1984. The state of Oregon commenced its journey to legalize euthanasia by introducing the Death with Dignity Act ballot ten years after euthanasia was legalized in the Netherlands. This ballot gave terminally ill patients the opportunity to receive a physician prescription to end their lives. This ballot was approved by the majority of Oregon voters. Dr. Jack Kevorkian brought controversy to the United States after being charged with second degree murder after filming himself give a patient a lethal injection. In Australia, a euthanasia bill was introduced in 1995 and approved the Australia's Northern Territory. This bill only lasted about two years as it was overturned by Australia's Parliament in 1997, even so four deaths took place while this law was still in order.

Major Parties Involved and Their Views

Belgium

Euthanasia was legalized in Belgium under "The Belgian Act on Euthanasia of May, 28th 2002". The main purpose of this bill was to legalize euthanasia and ensure that it is practiced safely under regulations. However, under this act euthanasia is only legal for patients who have reached their age of majority. In 2014, the law was amended to allow any age to seek euthanasia or medically assisted suicide.

Canada

Assisted suicide has been legal in Canada since Canada's parliament passed the bill on assisted suicide. In order for this bill to pass, the Criminal Code had to be amended to remove parts that prohibited assisted suicide. This bill is exclusive towards terminally ill patients who have reached their age of majority, leaving many to argue that this is too restrictive.

France

On April 22, 2005, law number 2005-370 came into action. This law not only gave more rights to patients, but it also calls for the application of new medical practices regarding the termination of a patient's life. Within this law, it is explicitly stated that it is in a patient's rights for them to be relieved of pain. Through this law passive euthanasia has been implemented and is legal.

Luxembourg

The Grand Duchy of Luxembourg embraced euthanasia and assisted suicide through the legislation that passed on March 16, 2009. This law applies for any human who has suffered from a accident or serious sickness that has left them in helpless medical situation. Beyond that, the law seeks to end a patient's suffering multiple levels, such as psychological ones.

New Zealand

Euthanasia and assisted suicide remains illegal in New Zealand despite efforts to legalize it. New Zealand's Crimes Act of 1961 states that aiding a patient to commit suicide is illegal and faces a sentence of up to three years. The “Death with Dignity” bill was introduced in 1995, but defeated much like when it was introduced in 2003. The “End of Life Choices” Bill was introduced in 2012, but it was defeated in 2016.

The Netherlands

Under the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act" from 2002, euthanasia in The Netherlands is legally administered by doctors if a patient is going through unbearable suffering and there are no signs of the condition improving and under strict conditions.

The United States of America

In the United States of America, assisted suicide is legal in six of the fifty states. Oregon was the first to adopt this medical practice in 1997, and since then Vermont, California, Washington, Colorado, and Hawaii have followed.

Timeline

Date	Description of event
1973	The American Hospital Association creates and introduces the Patient Bill or Rights. Within this bill, informed consent and the right to refuse treatment are both included.

1980 Pope John Paul II states that he opposes mercy killing but is in favor of both the greater use of painkillers and a patient exercising their right to refuse extraordinary means to sustain their lives.

1984 Voluntary euthanasia, but only under specific circumstances, is approved in the Netherlands Supreme Court.

1990 The American Medical Association states that physicians can withdraw or withhold treatment for patients close to dying and can end life support for patients under permanent comas if informed consent is provided.

1990 The Patient Self-Determination Act is passed in Congress. In this act, hospitals that receive federal funds are obligated to inform patients of their right to demand or refuse treatment.

1994 Oregon passes a Death With Dignity Act that would allow terminally ill patients to give patients the permission to receive a physician's prescription to end their lives.

1996 The Northern Territory of Australia passes a voluntary euthanasia law, only to have it rejected by the Federal Parliament nine months later.

1997 Britain's Parliament rejects the seventh attempt to reform the law on assisted suicide.

2002 Dutch law allows for voluntary euthanasia and assisted suicide takes effect for twenty years.

2002 Euthanasia is legalized in Belgium under the "The Belgian Act on Euthanasia of May, 28th 2002". This law legalizes both voluntary euthanasia and assisted suicide.

2005 A Swiss hospital permits a local right to die group called EXIT to come into their

facility and aid terminally ill adults seeking assisted suicide.

2006 In Australia, the Materials and Offences Act takes effect. Under this act, it is illegal and a crime to talk about and advice euthanasia or assisted suicide through internet, emails, or the telephone.

2008 The Washington Death with Dignity is passed. This bill went into effect on March 2009.

2009 Both euthanasia and assisted suicide are legalized by the The Grand Duchy of Luxembourg on March 16th.

2013 Vermont becomes the third state to adopt the Death with Dignity law.

2016 Colorado passes the End of Life Options Act.

UN involvement, Relevant Resolutions, Treaties and Events

Euthanasia and assisted suicide are a restricted world health issue for two main reasons: ethics and a country's sovereignty. A universal method of approaching both euthanasia and assisted suicide cannot be drafted due to the fact that every country follows its own ethics and any attempt to change this could be interpreted by a country as a violation of sovereignty. In addition, it is important to recognize that euthanasia and assisted suicide are provided in private health sectors of a country and are therefore only available to a small percentage of the world's population. The World Health Organization has not had to opportunity to create relevant resolutions on the topic in discussion due to this. However, the other United Nation committees have discussed the issue at hand.

- Human Rights Commission Seventy Second Session: The Human Rights Commission invited participating parties to revise their laws on euthanasia and in order to ensure that the procedures are being done in a safely manner.

- Preventing Suicide: A Resource for General Physicians: In this recourse, which was published by the World Health Organization to raise awareness on suicide prevention, the World Health Organization states that euthanasia and assisted suicide had "become issues that may confront the physician" (Preventing Suicide: A Resource for General Physicians). In addition, the World Health Organization also took into account the fact that assisted suicide is "enmeshed moral, ethical, and philosophical controversy" (Preventing Suicide: A Resource for General Physicians).
- World Federation of Right to Die Societies: Every two years, the World Federation of Right to Die Societies hold international conferences to discuss euthanasia and assisted suicide from an international perspective. The 2018 conference is set to be held in South Africa from September 6-9.

Evaluation of Previous Attempts to Resolve the Issue

Although euthanasia and assisted suicide have been recognized as factors that have a significant influence in our modern world by multiple organizations, such as the World Health Organization, there has not been sufficient progress made to properly address them. The involvement the United Nations and key actors have had when discussing euthanasia and assisted suicide is minimum due to the fact that a country's sovereignty can be threatened by treaties and their own cultures and ethics can be put at risk as well. The "Preventing Suicide: A Resource for General Physicians" superficially discusses how euthanasia and assisted suicide jeopardize a physician's power and will continue to in the future, which is evidence of progress being made to tackle this medical and ethical dilemma which causes worldwide controversy. By holding conferences that focus on tackling these dilemmas from an international point of view every two years, there is evidence of international cooperation. In the future, this progress could potentially end up globalizing the issue and regulating it at an international scale. However, none of these attempts to resolve the issue at hand focus on the fact that the majority of countries around the globe do not have the proper healthcare to offer euthanasia and assisted suicide.

Possible Solutions

As seen above, resolutions to address both euthanasia and assisted suicide are restricted. However, addressing these issues is possible if we focus on addressing and regulating the healthcare behind euthanasia and assisted suicide. Various countries suffer from poor healthcare systems that do not provide a safe environment for performing euthanasia or assisted suicide, if they even offer one in the first place. One controversial solution to draw attention to is centralizing healthcare. In other words, have the government take control over the country's healthcare system. While some countries have already implemented this idea, such as Canada and Denmark, other leave healthcare in the hands of private institutions, investors, or organizations.

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Appendix or Appendices

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VI. Article on the Human Rights Committee's Seventy-Second Session

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VII. Preventing Suicide: A Resource for General Physicians

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