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Research report

Forum: World Health Organisation

Issue: Creating policies regarding Euthanasia

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Introduction

Over the past 20 years, physician- assisted suicide (PAS) and other forms of assisted dying have been increasingly popular worldwide. While PAS refers to the provision or prescription of medications by a health care professional for a patient to terminate their own life, euthanasia refers to the act of intentionally ending a patient's life by a health care professional using medical means at that patient's explicit request. The attention on end-of-life concerns has become more acute because of an aging population worldwide and an increase in chronic diseases and long-term illnesses, and societal and legislative discussions continue to address the complex moral and ethical dilemmas that are associated to these issues.
This research report aims to provide background information and act as an investigation into the issue of Euthanasia, the complexity of the moral dilemmas associated with it, the policies regarding the legality of Euthanasia, the Swiss legal loophole regarding Euthanasia and the detailed outlining of the laws regarding the patients applicable for the procedure. To be able to have a worldwide agreement on the topic of Euthanasia, it is essential to understand that cultural and social differences between countries can lead to difference in opinion about it, and the morality of the procedure.

Definitions of key terms

Euthanasia

Refers to the act of intentionally ending a patient's life by a health care professional using medical means at that patient's explicit request. The Greek term "euthanatos", which means "easy death" is the source of the English word "Euthanasia." Typically, it refers to the process of deliberately ending someone's life to lessen their pain and suffering. Not only do people in terrible agony seek Euthanasia, but also for psychological effects of terminal diseases and changes in quality of life brought on by catastrophic physical injury.

Physician Assisted Suicide (PAS)

The term "physician-assisted suicide" describes situations in which, at the patient's voluntary request and with the patients informed consent, a doctor wilfully assists a patient in taking his or her own life by prescribing or administering medications with the goal of hastening death.

Euthanasia tourism

It is when a person visits a nation where assisted suicide or Euthanasia is lawful since it is illegal or has additional restrictions in their native country. It can also be associated with 'medical tourism', another occurrence where patients travel out of their respective countries to access better medical services such as advanced medical technology.

Passive Voluntary Euthanasia

When a patient requests medical treatment to be withheld or discontinued to end the patient's life.

Active Voluntary Euthanasia

When a patient requests medical attention with the goal of ending their life.

Passive Involuntary Euthanasia

When a patient's medical care is removed or withheld without the patients consent to end the patient's life.

Active Involuntary Euthanasia

When a patient is given medical treatment with the intention of ending their life but without their consent.

Palliative Sedation

It is not Euthanasia, because the patient is simply made unconscious with painkillers and subsequently passes away naturally.

Capacity

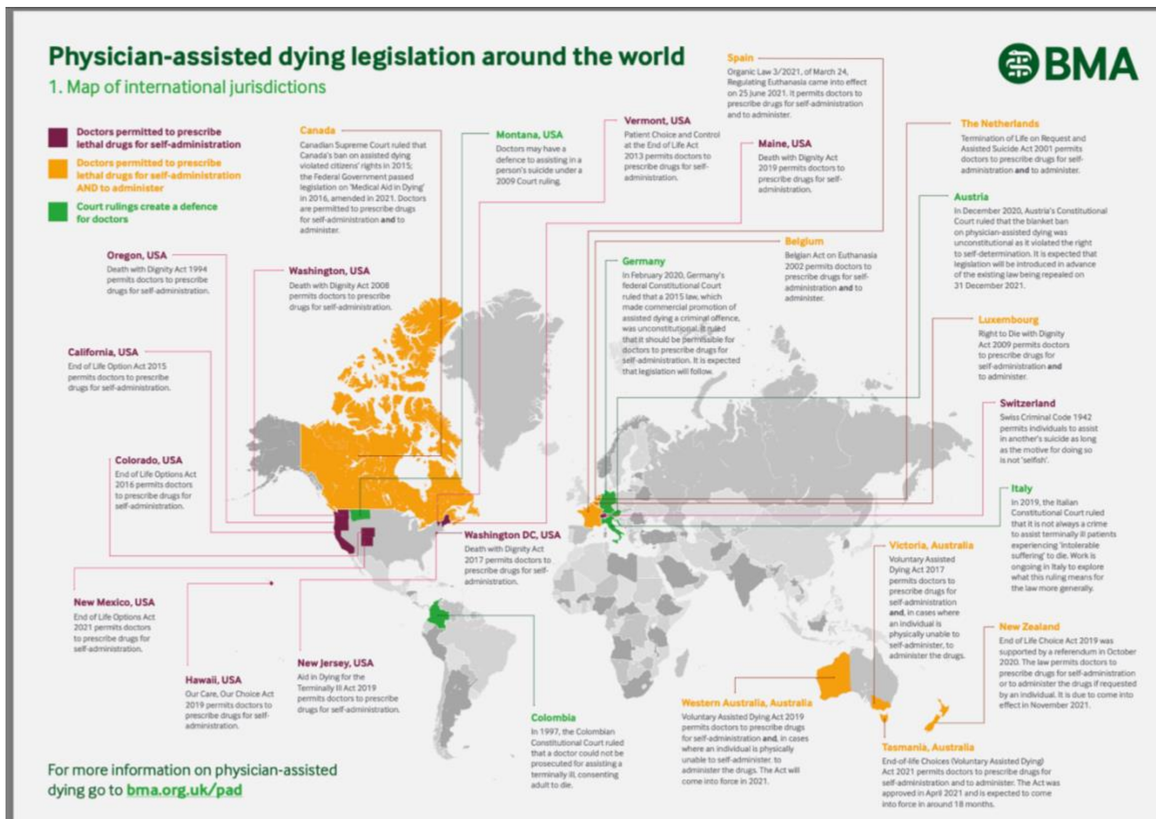
It means having the capacity to use, comprehend, and transmit knowledge in order to make decisions.

General overview

A small number of nations and governments have allowed assisted suicide, euthanasia, or sometimes even both. To avoid exploitation and misuse of these methods, laws and protections have been put in place in all relevant jurisdictions. Among other preventative precautions, euthanasia has been administered exclusively by doctors (with the exception of Switzerland), with the explicit consent of the individual seeking it, required reporting of all cases, and consultation with a second physician.

In the event of a medical emergency, a DNR (do not resuscitate) medallion signifies the wearers preference not to have their heart revived. The medallion has the wearers name, birth date, signature, and photograph engraved on it to satisfy all legal requirements for an advance directive. This can be counted as Passive Voluntary Euthanasia.

Belgium, Canada, Colombia, Luxembourg, The Netherlands, New Zealand, Spain and all six Australian states (New South Wales, Queensland, Tasmania, South Australia, Victoria, and Western Australia) all allow Euthanasia as of 2023.



Victoria, Australia.

After about 30 years of public discussion, Euthanasia and PAS were officially authorized in the Netherlands in 2001. The Royal Dutch Medical Association has worked with the nations judicial system to draft and modify various iterations of rules and procedures for carrying out and managing Euthanasia since the 1980s. After around 3 years of public debate that included government commissions, Belgium authorized Euthanasia in 2002 despite resistance, including that from the Belgian Medical Association. In 10 US states, as well as Switzerland, PAS is lawful without the option of Euthanasia. Oregon and Washington had legalized Physician assisted suicide in 1997 and 1999, however Euthanasia is still illegal.

SWISS LAW ON EUTHANASIA

In Switzerland, assisted suicide is tolerated despite not being officially legalized due to a gap, a loophole, in a statute that decriminalizes suicide and dates back to the early 1900s, however Euthanasia is prohibited. As long as the facilitator is not acting out of self-interest and had nothing to gain from the suicide, they can help someone commit suicide. Switzerland permits non-physicians to aid suicide, in contrast to other countries that only permit doctors to execute Euthanasia or assisted suicide. Right-to-die groups have operating facilities to aid anyone seeking assisted suicide, including non-residents, since the 1980s, according to their interpretation of the law. The Swiss Federal Court standardized procedure guidelines and expanded the law to cover people with mental illnesses in 2006, demanding more documentation and reporting from assisted suicide providers. Following information that a small but increasing number of “death tourists” have been entering the nation, Swiss assisted suicide groups have come under scrutiny. Since 1942, assisted suicide has been legal, and eight right-to-die clinics are in operation; Dignitas being the most well-known because of multiple controversies.

EXAMPLE OF CRITERIA LAID DOWN FOR EUTHANASIA – THE NETHERLANDS

Only if the requirements outlined in the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act are strictly followed, Euthanasia and assisted suicide is legal. The doctor in question is then protected from legal action. Patients who are in excruciating pain with little hope of relief frequently ask for assisted suicide. They must make their desire sincerely and firmly. Euthanasia, in their opinion, is the only way out of the predicament. However, neither patients nor doctors are under an absolute obligation to carry out Euthanasia. One of the five regional Euthanasia review committees must be notified of every case of assisted suicide or Euthanasia. The committee will determine if the doctor exercised proper caution. A doctor could face legal action if they don’t comply. Euthanasia has a range of penalties, including up to 12 years in prison and up to 3 years for aiding suicide.
From the age of 12, minors may request Euthanasia on their own, but until the age of 16, parental or guardian agreement is required. In theory, 16 and above do not require parental permission,

but they must consult their parents in the decision-making process. Young people have the ability to request Euthanasia without parental consent starting at the age of 18.

PROBLEMS ASSOSCIATED WITH EUTHANASIA

Recommendation of Euthanasia by the physician

Physicians select the patients who are candidates for all medical treatments, from straightforward procedures like blood testing to surgical operations and treatments like chemotherapy. If assisted suicide and Euthanasia were viewed as forms of “therapy”, doctors would decide which individuals would be “good” candidates for the procedures. In addition, doctors would give a suggestion, as is generally required in proper medical practice. Even if all doctors were to behave in good faith and never try to persuade their patients to use Euthanasia or commit suicide, their recommendations would still have significant impact on the patients’ decisions. In fact, most patients follow their doctor’s recommendations. Some patients will believe they have few, if any, choices once the doctor proposes assisted suicide or Euthanasia, therefore they must accept the advice. The majority of patients are not aware of their alternatives for symptom reduction and pain relief. Even individuals who are more knowledgeable about their alternatives for ongoing care, may worry that if they choose to live, they won’t receive the medical treatment and support they need to make that choice bearable. Patients can switch doctors in an outpatient situation, however not all feel empowered to do so. This choice is more difficult to obtain and harder for hospital patients.

Correctly identifying mental illness

Every proposal for assisted suicide and Euthanasia makes the assumption or states outright that the patients primary care physician must make the determination that the patient is capable of making a thoughtful choice. This need has been interpreted for various medical decisions to mean that the patient is able to comprehend and realize the risks and advantages of the suggested treatment, evaluate the alternatives, and make an educated decision. The idea that a patient is capable of making treatment decisions or has the potential to do so also assumes that the patient is not clinically depressed. An individual with depression may not be able to comprehend information , analyse options, and form long-lasting decisions that are in line with their values. The potential to screen individuals for depression and give appropriate therapy exists theoretically when they come into touch with a doctor or other health care providers. However, in actuality, this type of screening and the following offer of a successful treatment are not considered routine care. Complex cases that involve terminally sick patients, make it extremely difficult for physicians to determine depression. When an assessment is done, the medical condition may mask signs of depression, making the diagnosis challenging.

Discrimination by the physician

Recognizing that Euthanasia and assisted suicide will be carried out through the lens of social injustice and prejudice that permeates the provision of services in all spheres of society, including health care, is essential. The poor, minorities and those with less education and influence will be most at risk from abuse, mistake, or indifference. This risk simply shows that doctors are not immune to the prejudices that are visible in other speres of our society, it does not imply that doctors are more biased or more influenced by race and class than the general population.

Major parties involved

The Netherlands

The Netherlands has the largest Euthanasia, with 5.1 percent of deaths in 2022 being assisted. In 2022, the number of people that passed from Euthanasia was 8,720. As mentioned before in the report, the Dutch Law, requires statutory criteria to be fulfilled in order to go through with the procedure, including performing it on ONLY the patients request, not one from their family or other interested parties.

Switzerland

The Swiss loophole allows for Euthanasia tourism, boosting negative promotion of the country. Switzerland has been trying to change this opinion of their country for many years, however when companies like Dignitas still function, it is hard to dissuade that sort of tourism. They are also most popular because they allow people of other nationalities to receive it, compared to other countries who limit it to the citizens of their country.

The United Nations

Due to the danger it creates to the rights to the safety and integrity of every person's life, the United Nations has determined that the Dutch euthanasia law violates the Universal Declaration of Human Rights. The UN has also raised worry that the system may be unable to recognize and prevent circumstances in which individuals may be exposed to excessive pressure to access or perform euthanasia and may circumvent existing protections.

Timeline of Key Events

1942 Swiss Criminal Code allows for assisted suicide to take place.
1997-1999 Oregon and Washington, firs tones to make Physician Assisted Suicide
2001 The Netherlands makes Euthanasia and Physician Assisted Suicide
2006 The Swiss Federal Court standardized procedure guidelines and expanded the law to cover people with mental illnesses and requiring proper documentation from suicide providers.

Previous attempts to solve the issue

- In the Netherlands, Euthanasia or PAS was exclusively available to adults until 2001. However, the 2001 law permitted minors between the ages of 12 and 16 to be put to death with the approval of their parents, even though this age range is often not thought to be capable of making such decision. If the parents cannot agree, the legislation even permits doctors to carry out Euthanasia.
- Following a hospital decision to permit assisted suicide, the university hospital in Geneva, Switzerland, cut its already restricted palliative care personnel in 2006, from 2 full time physicians to 1.5 and the community-based palliative care service was also shut down.
- Section 2 of the Suicide Act of 1961 makes assisted suicide unlawful in England and Wales. According to this law, a person found guilty of helping another person commit suicide or attempt suicide faces up to 14 years in jail.
- According to the Mental Capacity Act UK of 2005, “advance decisions” provide a person the right to decide in advance whether to accept or reject medical treatment, even in circumstance’s when doing so will cause their death. Advance decisions are legally binding, and no one will be held responsible for withholding or discontinuing treatment in compliance with a valid and appropriate advance decision.

Possible solutions

1) REQUIRING MULTIPLE PHYSICIANS OPINIONS

In order to make sure that the decision made by the primary physician is unbiased and the decision made is correct, multiple physicians should be consulted. This manages to reduce the uncertain cases, and make sure that the people requesting Euthanasia are willing and wanting out of their own volition, to be euthanized. It also reduces the responsibility on the primary physician, saving them from potential lawsuits, for wrongful diagnosis.

2) REQUIRING PSYCHOLOGICAL EVALUATION

In order to make sure that the patient is in the right state of mind, and that their mental health at that moment is not affecting their decision, a mandatory psychological evaluation should take place. Depression can lead to an impairment of mental state, leading to life-changing decisions, which perhaps would not be taken if the patient wasn't in this place in life. A mandatory psychological evaluation would be able to clear up issues which perhaps do not require such harsh actions, and it will also be able to allow the physician to feel more confident in continuing with the procedure.

Further reading

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