



**Forum:** World Health Organization (WHO)

**Issue:** The Question of the Ethics of Euthanasia

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**Position:** President

## INTRODUCTION

Euthanasia, also referred to as mercy killing, a controversial topic in status quo. Heated debates are erupting all around the world, within official and private discussions and conversations. The question of the ethics of euthanasia is posing an obstacle within the modern society, and it is a duty of the WHO to come clear about the problem. Euthanasia raises a number of agonising moral dilemmas: Is it ever right to end the life of a terminally ill patient who is undergoing severe pain and suffering? Under what circumstances can euthanasia be justifiable, if at all? Is there a moral difference between killing someone and letting them die? At the heart of these arguments are the different ideas that different ideologies have about the meaning and value of human existence.

Those in favour of euthanasia argue that a civilised society should allow people to die in dignity and without pain, and should allow others to help them do so if they cannot manage it on their own. They say that our bodies are our own, and we should be allowed to do what we want with them. So, it's wrong to make anyone live longer than they want. In fact, making people go on living when they do not want to violates their personal freedom and human rights. It is immoral, they say to force people to continue living in suffering and pain. Those against present a number of different arguments to cast a shade on euthanasia. Most prominent of them are ethical, practical and religious views on the topic, such as: that it weakens the society's respect for the sanctity of life, accepting that some lives (those of the disabled or sick) are worth less than others, voluntary euthanasia is the start of a slippery slope that leads to involuntary euthanasia and the killing of people who are thought undesirable and allowing euthanasia will lead to less good care for the terminally ill.

## DEFINITION OF KEY TERMS

Euthanasia: the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy; The word "euthanasia" comes straight out of the Greek, "eu" representing goodly or well and "thanatos" meaning death, resulting in the good death.

Normative and meta-ethics: Normative ethics takes on a more practical task, which is to arrive at moral standards that regulate right and wrong conduct. Meta-ethics investigates where our ethical principles come from, and what they mean.

By using the conceptual tools of metaethics and normative ethics, discussions in applied ethics try to resolve these controversial issues. The lines of distinction between metaethics, normative ethics, and applied ethics are often blurry. For example, the issue of abortion is an applied ethical topic since it involves a specific type of controversial behaviour. But it also depends on more general normative principles, such as the right of self-rule and the right to life, which are litmus tests for determining the morality of that procedure.

Physician-assisted suicide: knowingly and intentionally providing a person with the knowledge or means or both required to commit suicide, including counselling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs. Canada, Belgium, the Netherlands, Luxembourg, and Switzerland allow physicians to physically assist in the death of patients.

Palliative care: Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

## BACKGROUND INFORMATION

### 15th – 17th Centuries

Sir Thomas More (1478-1535) is often quoted as being the first prominent Christian to recommend euthanasia in his book *Utopia*, where the Utopian priests encourage euthanasia when a patient was terminally ill and suffering pain (but this could only be done if the patient consented). "...if a disease is not only distressing but also agonising without cessation, then the priests and public officials exhort this man...to free himself from this bitter life...or else to permit others to free him..." The problem with using this quote is that More, a devout Catholic, wrote *Utopia* as a work of satire.

The English philosopher, Francis Bacon, was the first to discuss prolongation of life as a new medical task, the third of three offices: Preservation of health, cure of disease and prolongation of life. Bacon also asserts that, '*They ought to acquire the skill and bestow the attention whereby the dying may pass more easily and quietly out of life.*'

Bacon refers to this as outward euthanasia, or the easy dying of the body, as opposed to the preparation of the soul. It appears unlikely he was advocating 'mercy killing', more likely he was promoting what we would term better 'palliative' care.

### **18th – 19th Centuries**

Until the end of the nineteenth century, euthanasia was regarded as a peaceful death, and the art of its accomplishment. An often quoted nineteenth century document is, '*De euthanasia medica prolusio*,' the inaugural professorial lecture of Carl F. H. Marx, a medical graduate of Jena. 'It is man's lot to die' states Marx.

He argued that death either occurs as a sudden accident or in stages, with mental incapacity preceding the physical. Philosophy and religion may offer information and comfort, but the Physician is the best judge of the patient's ailment, and administers alleviation of pain where cure is impossible. Marx did not feel that that his form of euthanasia, which refers to palliative medicine without homicidal intention, was an issue until the nineteenth century.

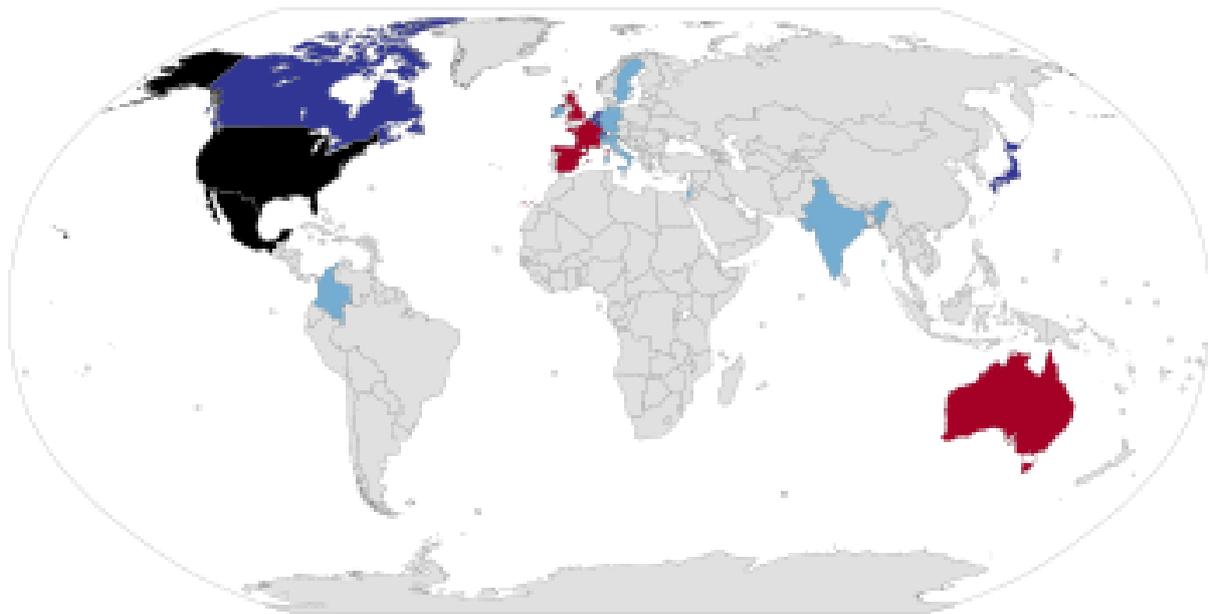
On January 6, 1949, the Euthanasia Society of America presented to the New York State Legislature a petition to legalize euthanasia, signed by 379 leading Protestant and Jewish ministers, the largest group of religious leaders ever to have taken this stance. A similar petition had been sent to the New York State Legislature in 1947, signed by approximately 1,000 New York physicians. Catholic religious leaders criticized the petition, saying that such a bill would "legalize a suicide-murder pact" and a "rationalization of the fifth commandment of God, 'Though Shalt Not Kill.'" The petition brought tensions between the American Euthanasia Society and the Catholic Church to a head that contributed to a climate of anti-Catholic sentiment generally regarding issues such as birth control, eugenics, and population control. The petition did not lead to a law.

In 1991 a debate at the European Parliament on euthanasia stimulated discussions at all levels in Europe. Subsequently, the board of directors of the European Association for Palliative Care (EAPC) organized a working session together with experts to help them clarify the position the organisation should adopt towards euthanasia. The experts collaborated with the board of Directors on a Document and in 1994 the EAPC produced a first statement, *Regarding Euthanasia*, published in the official journal of the EAPC – *The European Journal of Palliative Care*. In February 2012, the EAPC board of directors asked an expert group to form an Ethics Task Force to review the subject and advice the organisation accordingly.

In the intervening years, there have been major developments and achievements in the field of Palliative Care, as well as much discussion, some of it controversial, of euthanasia and physician-assisted suicide. There has also been new legislation in some countries.

It is important that the EAPC contributes to informed public debates on these issues, especially as European policy and law are becoming an increasing feature of modern life. To do so requires careful and continuing discussion. This is no straightforward task, as euthanasia and physician-assisted suicide are two of the most complex and challenging ethical issues in the field of healthcare today. This paper builds on current debates and develops a viewpoint from the palliative care perspective.

## MAJOR PLAYERS INVOLVED



Status of euthanasia around the world:

- Active euthanasia is legal
- Passive euthanasia is legal
- Euthanasia laws varies by administrative division
- Euthanasia is illegal
- Unknown

### *Australia*

Euthanasia is illegal in Australia. Although rare, charges have been laid for 'aiding and abetting' the suicide of others. It once was legal in the Northern Territory, by the Rights of the Terminally Ill Act 1995. In 1997, the Australian Federal Government overrode the Northern Territory legislation through the introduction of the Euthanasia Laws Act 1997. Unlike the states, legislation in the Northern Territory is not guaranteed by the Australian constitution. Organizations such as Exit International, want the government to bring back euthanasia rights to Australia. Australia however gives patients an Advanced Care Directive option.

### *Belgium*

The Belgian parliament legalised euthanasia on 28 May 2002. In December 2013, the Belgian Senate voted in favour of extending its euthanasia law to terminally ill children. Conditions imposed on children seeking euthanasia are that "the patient must be conscious of their decision and understand the meaning of euthanasia", "the request must have been approved by the child's parents and medical team", "their illness must be terminal" and "they must be in great pain, with no available treatment to alleviate their distress". A psychologist must also determine the patient's maturity to make the decision. The amendment emphasizes that the patient's request be voluntary.

## *Canada*

Voluntary active euthanasia, called "physician assisted dying", is legal in Canada for all people over the age of 18 who have a terminal illness that has progressed to the point where natural death is "reasonably foreseeable." To prevent suicide tourism, only people eligible to claim Canadian health insurance may use it. Legalization of the practice came in 2015/2016 as a result of a series of Supreme Court rulings striking down Canada's ban on medically assisted suicide. On 17 June 2016, a bill to legally allow assisted suicide within Canada became law after it passed both houses of the Parliament of Canada and received Royal Assent.

### **TIMELINE OF EVENTS**

<b>Date</b>	<b>Event</b>
1st June 1794	In Prussia, a law was passed that reduced the punishment of a person who killed the patient with an incurable disease.
1936	Voluntary Euthanasia Society was founded in England
October of 1939	Amid the turmoil of the outbreak of war, Hitler ordered widespread "mercy killing" of the sick and disabled
5 May, 1980	The Catholic Church issued a Declaration on Euthanasia
1984	The Netherlands Supreme Court approved voluntary euthanasia under certain conditions.
1995	Australia's Northern Territory approved a euthanasia bill
2000	The Netherlands approved voluntary euthanasia
2002	Belgium passed a similar law to the Dutch, allowing both voluntary euthanasia and physician-assisted suicide

### **PREVIOUS ATTEMPTS TO SOLVE THE ISSUE**

The problematics of euthanasia were only briefly mentioned in the UN Resolution 67/139 on the *Contributions to the Open-ended Working Group on Ageing*, hence the UN has made no progress on the topic of euthanasia. WHO (World Health Organisation) also produced a document on *Preventing Suicide*, which offers legalisation of euthanasia as a possible solution.

## USEFUL LINKS

- <http://www.bbc.co.uk/ethics/euthanasia/>
- [http://webcache.googleusercontent.com/search?q=cache:http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/&gws\\_rd=cr&ei=qz3cWOr2BcSHgAaozp7oDg](http://webcache.googleusercontent.com/search?q=cache:http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/&gws_rd=cr&ei=qz3cWOr2BcSHgAaozp7oDg)
- <http://www.life.org.nz/euthanasia/euthanasiareligiouskeyissues/catholic-church-teaching/Default.htm>
- [https://link.springer.com/chapter/10.1007/978-1-4757-4369-2\\_9](https://link.springer.com/chapter/10.1007/978-1-4757-4369-2_9)

## NOTES FROM THE CHAIR

Please keep in mind that the debate we are to be conducting will not in any way be inviting the delegates to convey their own opinions on the matter, nor to refer to any relevant current or past discussions within their actual country of origin, lest they may undermine their arguments and thus their performance in the debate.

Have a productive research and see you very soon.