

Forum: Action Paper II

Issue: The right to euthanasia

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INTRODUCTION

The right to euthanasia is a topic that is often debated. Euthanasia is the act by which a person who suffers from a painful or incurable disease or any physical or mental disorder dies, without having to commit suicide. However, in most legal systems, if the patient carries out the act, it is typically classified as suicide; if performed by another person, it may be deemed an act of homicide. This study guide will be focused on the right to euthanasia and the two sides of the topic. Those who are in favor believe that it is a human right to be able to die with dignity, and this can be achieved through euthanasia. On the other side, those who are against it believe that it diminishes the value of life and could easily be abused.

As far as the legal status of euthanasia is concerned, it comes down to those three categories. The legality of euthanasia and assisted suicide varies depending on the country you are in. We have some countries that support it, like the Netherlands, Belgium, and Switzerland; then we have countries that are against it, such as the USA and Nigeria; and lastly, we have countries that have yet to take a stance on this topic, like Malta.

There are many reasons why this problem ought to be tackled. It is a complicated topic, involving ethical, legal, and social issues that require a great deal of consideration when a decision is made about it. This decision can impact not only our society but also our medical systems, as both are not mature enough to support the complexity of euthanasia. Thus, it is a topic that needs not only to be discussed but also resolved once and for all.

DEFINITION OF KEY TERMS

Euthanasia

Euthanasia is the act by which a person who suffers from a painful or incurable disease or any physical or mental disorder dies, without having to commit suicide. ¹

Medical Assistance in Dying (MAiD)/physician-assisted suicide/ assisted suicide

A physician provides a patient, who usually has some months less to live, with a cocktail of drugs, otherwise called drug protocols, which the patient administers to themselves, to hasten their death.²

Advance Directives / Living will

It is a legal document in which the patient specifies how they want to be treated if they become unconscious or unable to communicate their wishes. Usually, they ask for their life not to be prolonged by machines.³

Drug Protocols

It is a cocktail of drugs that patients who undergo the procedure of euthanasia administer to themselves to achieve a peaceful death. ⁴

¹ "Euthanasia." *Encyclopædia Britannica*, 13 July 2025, www.britannica.com/topic/euthanasia . Accessed 23 July 2025.

² MAiD: Medical Aid in Dying." *Encyclopædia Britannica ProCon*, 8 July 2025, www.britannica.com/procon/MAiD-medical-aid-in-dying-debate . Accessed 29 July 2025. "Assisted Suicide." *Dictionary.com*, www.dictionary.com/browse/assisted-suicide . Accessed 23 July 2025. "Physician-Assisted Dying." *Cambridge Dictionary*, Cambridge University Press, dictionary.cambridge.org/dictionary/english/physician-assisted-dying . Accessed 23 July 2025.

³ Advance Medical Directive (AMD)." *Ministry of Health Singapore*, 26 Oct. 2024, www.moh.gov.sg/seeking-healthcare/advance-medical-directive . Accessed 23 July 2025. Living Wills." *BBC Ethics Guide*, British Broadcasting Corporation, www.bbc.co.uk/ethics/euthanasia/overview/livingwills.shtml. Accessed 29 July 2025

⁴ Kim, Grace, et al. "Physician-Assisted Death: A Review of the Literature on Ethical and Legal Issues." *Journal of Pain and Symptom Management*, vol. 64, no. 1, 2022, pp. e1–e9. *PubMed Central*, [Efficacy and safety of drugs used for 'assisted dying' - PMC](https://pubmed.ncbi.nlm.nih.gov/39444444/) Accessed 29 July 2025.

"KNMG/KNMP Guidelines for the Practice of Euthanasia and Physician-Assisted Suicide." *Derecho a Morir*, Royal Dutch Medical Association and Royal Dutch Pharmacists Association, Aug. 2012, derechoamorir.org . Accessed 29 July 2025. Kim, Grace, et al. "Medical Aid in Dying: A Review of the Literature." *Journal of Palliative Medicine*, vol. 25, no. 3, 2022, pp. 345–352. *PubMed Central*, [Medications and dosages used in medical assistance in dying: a cross-sectional study - PMC](https://pubmed.ncbi.nlm.nih.gov/39444444/) . Accessed 29 July 2025.

Natural Death Act (California, 1976)

It was passed in 1796 and took effect on January 1, 1977. It is the first law in the USA to recognize the right of terminally ill patients to refuse or withdraw life-sustaining treatment. ⁵

Right to die

It is a concept that allows patients to make an informed choice about whether they want to continue living and receive treatment or die if they become terminally ill. ⁶

Patient autonomy

It is a principle that allows the patient to decide for themselves, over their healthcare, without being pressured by someone, for example, to choose one option over the other. ⁷

Palliative Care

It is a care system that focuses on improving the quality of life of each patient rather than undergoing procedures like euthanasia. This is achieved by offering the patient pain management and psychological, as well as spiritual support. ⁸

Psychological Evaluation

It is one of the most crucial procedures for euthanasia, in which it is assessed whether the patient is of a capable mind, and can decide whether they want it to be euthanized or not, and what effect euthanasia will have on the patient. ⁹

⁵ "Natural Death Acts." *Encyclopedia.com*, Macmillan Encyclopedia of Death and Dying, www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/natural-death-acts. Accessed 29 July 2025.

⁶ Qiu, Matthew. "Medical Ethics: The Right to Die." *Stuyvesant Spectator*, Arts & Entertainment Department, Issue 12, vol. 110, stuyspec.com. Accessed 29 July 2025.

⁷ "Autonomy or Self-Determination as a Medical Student." *British Medical Association*, www.bma.org.uk. Accessed 29 July 2025.

⁸ O'Reilly, Kevin B. "Palliative Care Is Essential for Seriously Ill Patients—at Any Age." *American Medical Association*, 27 Jan. 2025, www.ama-assn.org/house-delegates/ama-policies/palliative-care-essential-seriously-ill-patients-any-age. Accessed 29 July 2025.

⁹ Ganzini, Linda, et al. "Physicians' Experiences with the Oregon Death with Dignity Act." *American Journal of Psychiatry*, vol. 157, no. 4, 2000, pp. 595–600. *Psychiatry Online*, psychiatryonline.org. Accessed 29 July 2025

Mental Health Support - Universal Declaration of Human Rights (UDHR)

It establishes the importance of mental health through means such as the standard of living. Health, dignity. Those terms are not only of importance to mental health rights, but also to euthanasia.¹⁰

BACKGROUND INFORMATION

Core concept

Euthanasia encompasses a wide spectrum of methods that can be used. Euthanasia, historically, has been viewed as a “merciful death”, for example, by Sir Francis Bacon¹¹. Baruch Brody, a renowned scientist, believes the same thing and emphasizes the importance of autonomy of the patient regarding his health care. The concept of euthanasia is also strongly related to human rights, as it has to do with the right to live and die, but also the right of dignity, autonomy, and freedom.

It is also important to note that there is no common legislature and that each country has its legal framework regarding euthanasia. Euthanasia is kept under check by legal frameworks. Those usually mandate the mandatory reporting of access, second medical opinions, waiting periods, and strict consent verification to ensure that there is transparency and to prevent abuse.

Types of euthanasia

There is voluntary euthanasia, non-voluntary euthanasia, involuntary euthanasia, active euthanasia, passive euthanasia, and assisted suicide. On one side, there is the term voluntary euthanasia, when the mentally competent patient knowingly ends his life, so as not to suffer. On the other side, we have non-voluntary euthanasia, which occurs in cases in which the patient is in a coma and cannot communicate his wishes to the patient. This is where the ethical questions are being raised. Involuntary euthanasia, which can also be characterized as homicide, is the act of ending the patient's life against their will. Active euthanasia is the direct involvement of a patient in

¹⁰ Universal Declaration of Human Rights.” *United Nations*, 10 Dec. 1948, www.un.org/en/about-us/universal-declaration-of-human-rights. Accessed 29 July 2025.

¹¹“What’s in the Name; How Euthanasia Became Euthanasia – CAETA.” *CAETA – The Companion Animal Euthanasia Training Academy*, caetainternational.com/whats-in-the-name-how-euthanasia-became-euthanasia/

ending his life, f.e, administering lethal drugs, and by passive euthanasia, which can be achieved by withholding or withdrawing life-sustaining treatment. Last but not least, we have the term assisted suicide, which is none other than the act in which the patient administers to themselves the lethal drugs, with or without medical assistance, to end their life.

Legal status around the world

In the Netherlands, Belgium, Canada, Colombia, and Spain, assisted suicide is permitted, with each country enforcing its own strict protocols and eligibility criteria. In countries like Switzerland, some parts of the USA, and Germany, assisted suicide is allowed. One interesting fact about passive euthanasia now is that even though active euthanasia remains illegal in some countries, passive euthanasia is broadly accepted and often integrated into palliative care policies. Many countries have yet to decide whether they support euthanasia or not, such as Ireland, Malta, and the UK.

Ethical & moral perspectives

Pro Arguments for euthanasia

It is said that people not being able to be euthanized breaches the right to self-determination. This happens as the right to self-determination explicitly states that every single human being can make choices regarding what they want to do. So when they decide to undergo the procedure of euthanasia, and are denied to do so by the laws of the country, those laws are stripping that person of their right to self-determination.

It is general knowledge that everyone deserves to die in peace. Many people also wish to be able to die in peace, f.e, while they are sleeping. The same goes also for the terminally ill people, who wish to be able to die in peace, but know that due to their illness, that is not possible. But there is a way to not suffer while dying. And this is by being euthanized. But, seeing as in most countries that is not allowed, all those terminally ill people are deprived of dignity in their upcoming deaths.

Euthanasia and self-assisted suicide are generally viewed as acts of mercy, for example, by Sir Francis Bacon. That is, seeing as all patients eligible for those two procedures are suffering from excruciating pain. They have tried palliative care, advanced pain management to make the pain go away, but nothing has worked. Then they have two choices: either live in such a state of pain until

they die or end their life through the procedure of either euthanasia or self-assisted suicide. In such cases, it is undeniable that they offer the suffering patient not only compassion but, of course, relief from suffering. Thus, by banning it, we are forcing the patient to not have any means of compassion and relief from suffering.

By allowing an ill family member to be euthanized, we are also protecting their family and friends from the pain of having to see their loved ones slowly fade away and live miserably in pain. However, if there is the option of euthanasia, it can not only benefit the patient, who will finally be at peace, but his friends and family will also benefit, as they no longer will have to watch their loved one suffer and watch as life drains from him day by day, and not being able to do anything to help them.

People who are against the procedure of euthanasia often argue that it is impossible to set regulations and safeguards for this procedure. However, that is not true as the procedure can be safely regulated through strict safeguards. Those safeguards could include consent verification, making sure that the patient is in the right mind and can make informed decisions, second medical opinions, and, of course, waiting periods. Those methods have been implemented in all countries that have legalized euthanasia, and the results have been positive, as the procedure is carried out with utmost safety.

In countries in which euthanasia and self-assisted suicide remain illegal, those procedures are carried out illegally. This not only puts the physician but also the patients at risk. Thus, having regulations that ensure transparency and generally allowing those procedures to be done legally can stop and minimize the cases of illegal “mercy killings.”

[Against arguments for euthanasia](#)

An argument that is often presented in debates about euthanasia is the fact that euthanasia is unnecessary. Since there are options for treatment such as palliative care and advanced pain management, there is no point in ending our lives, as there is no good quality of life, seeing as palliative care and advanced pain management solely focus on improving any patient's quality of life, especially in their last days.

The procedure of euthanasia also clashes with the vow every doctor gives when they receive their medical degree. The vow states that they have to save lives, not take them. So the

physicians who will be assisting in that procedure will be breaching their vow. Not to mention that patients trust doctors so much because they are there to save their lives. Imagine how damaged their relationship would be from the moment in which they could take away their lives?

It is well known that technology and society in general are evolving in order to meet our needs. This means that if assisted death and euthanasia are permitted, we will not need drugs that help people reduce the pain they feel and improve their quality of life. Thus, medicine will not evolve, and new drugs will not be found to meet this need, since it will not be the main path chosen by patients. Consequently, the quality of life at the end of life will drop dramatically, with the result that people who do not want to choose euthanasia will experience a poor quality of life in their final days.

Another argument against euthanasia is that if euthanasia is legalized, it will become a socially acceptable means of pain management. A prime example of this is Canada, where assisted suicide is the fourth leading cause of death. This will have the following consequences: death will become the easy solution, and society's respect for life, especially human life, will disappear, which will cause major problems in our societies.

Furthermore, there is a risk that a large number of people who choose euthanasia will not do so because they want to, but because they do not want to be a financial burden on their family, as the care required for a seriously ill person, in conjunction with doctors and medication, is expensive and not everyone can afford it. If nothing else, you can choose it so that they do not become a burden on their family.

In many religions, suffering is viewed as meaningful or even as a punishment from God. So by undergoing the procedure of euthanasia, it could be interpreted by religious people that we are undermining God, and not allowing Him to reach us. Thus, in most religious countries, euthanasia and self-assisted suicide remain illegal.

Alternatives and Safeguards

For a patient to qualify for euthanasia, they must have exhausted all other options through a process of comprehensive alternatives. Such as advanced pain management, psychological support, and social care. These alternatives will be focused on reducing suffering and improving the quality of life, without needing to end it. Treatments could include targeted therapies, one-on-one counseling sessions, family support services, and other custom therapies, targeting the well-being of the respective patient. And if nothing proves helpful, they must pass the safeguards set to

prevent the abuse of euthanasia. Those safeguards are the strict eligibility criteria for euthanasia, multi-step evaluation, and legal oversight. The patient's conditions must be irreversible, incurable, and accompanied by unbearable suffering. It can also involve medical assessments, ethical committees, and written documentation. Such safeguards could be psychological evaluations, Second medical opinions, waiting periods, Consent verification, or even palliative care. Palliative care, in particular, plays a vital role by offering relief through physical, emotional, and spiritual support, and is often revisited before considering euthanasia.

Palliative care

It involves techniques and approaches used in advanced pain management. It focuses on improving the quality of life of terminally ill patients and relieving them from suffering. According to studies, it is shown that if palliative care is accessible and well-resourced, the requests for euthanasia are declining. However, that is not always the case; sometimes, even the best palliative care cannot alleviate the suffering of those patients.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

Belgium

In Belgium, just like in the Netherlands, euthanasia is allowed for patients with unbearable suffering, even if they are not terminally ill. It is also allowed for mature minors, who are under strict guidelines. Belgium's law, similar to the one in the Netherlands, allows euthanasia for psychiatric conditions, and since 2014, it has extended the right to minors of age, provided they meet stringent criteria and parental consent is given.

Canada

Canada has also legalized euthanasia, under the name MAiD, in 2016, following a Supreme Court ruling, making this allowance constitutional. It is an approach that focuses on human rights. It is only allowed for patients who are suffering terribly, but not limited to, terminal illnesses. In 2021, the law was expanded to include those whose death is not reasonably foreseeable, though mental

illness as a sole condition remains excluded until 2027. Patients also need to be able to make an informed decision on their own and are undergoing multiple assessments before a final decision is made.

Netherlands

In the Netherlands, euthanasia is allowed for patients with unbearable suffering, even if they are not terminally ill. It is also allowed for mature minors, who are under strict guidelines. The Termination of Life on Request and assisted suicide Act (2002) outlines the due criteria, including voluntary and well-considered requests, unbearable suffering with no prospect of improvement, and consultation with an independent physician.

Nigeria

Euthanasia remains illegal in Nigeria, as the country's penal code criminalizes assisted suicide due to the culture and religion, as euthanasia undermines life sanctity. As far as euthanasia is concerned, there is no specific regulation, and it remains a controversial topic. The dominant view is that life should be preserved regardless of suffering, and palliative care is the preferred alternative. The Nigerian Penal Code and the Code of Criminal Procedure classify assisted suicide and euthanasia as criminal acts punishable by imprisonment. This is because the prevailing religions, Islam and Christianity, emphasize the sanctity of life and reject any form of euthanasia. Because religion plays an important role in the daily lives of Nigerians, these two values are deeply ingrained in their beliefs, resulting in their opposition to the institution of euthanasia. Nevertheless, there is a growing academic and legal debate supporting the need for reform, but legislative progress remains slow due to political sensitivity and social resistance. Although institutional support for ethical discussions and information about euthanasia in general is limited.

Spain

Spain legalized euthanasia for patients with serious chronic illnesses and unbearable pain in 2021. The law requires a multi-step process, including two formal requests, confirmation by two doctors, and approval by a regional oversight committee. Euthanasia is considered a public health service, and conscientious objection by medical professionals is permitted. This legislation is also

known as the Organic Law and made Spain the fourth European country to legalize euthanasia. To prevent abuse, the law stipulates that patients must be Spanish citizens or legal residents and must be fully informed about their options, including palliative care. In this way, the law completely eradicates the phenomenon of "tourism of death," in which citizens of countries where euthanasia is prohibited travel to Spain to obtain access to assisted dying services. Despite its implementation, the law remains controversial, with ongoing debates among religious groups, medical associations, and political parties about its ethical implications and safeguards. However, while some oppose it, between June 2021 and December 2022, more than 370 euthanasia procedures were performed, and the number continues to rise annually, reflecting growing public awareness and acceptance.

United States of America (USA)

The approach varies in each state. Generally, euthanasia is illegal. However, in some states, physician-assisted suicide is allowed, f.e, Oregon, Washington, California, Vermont, and New Jersey. These laws typically apply to patients who have a maximum of six months left to live. The Death with Dignity Act, first passed in Oregon in 1997, requires two oral requests, a written request, and confirmation by two physicians. Active euthanasia, where a physician directly administers a lethal dose, remains illegal across all states. This law has certain waiting periods, which are 15 days from the application to the prescription and 48 hours from the written application to the dispensing of the medication. Patients must, of course, be of sound mind to make this decision, as they must be able to fully understand the implications of their decision. The drug must be administered by the patient themselves; doctors or other individuals are prohibited from directly administering the lethal dose. Based on Oregon's pioneering law, other states have passed similar laws. Active euthanasia, in which a doctor directly administers a lethal dose, remains illegal in all states and is generally classified as murder under US law. Despite growing public support for medical assistance in dying, the practice remains controversial, with ongoing ethical, religious, and legal debates shaping its future in the United States.

Death with dignity

The law of Oregon about euthanasia is based on the advocacy of similar laws in the United States. It emphasizes the autonomy of the ill patients, as well as being able to die with dignity. Its

key activities are offering resources like the life file to help ill patients plan their end-of-life decisions, and working towards the passing of laws similar to those of Oregon in other states. This organization was the main factor in getting the Oregon law passed in 1997. However, it did not stop there, and similar laws were passed in other states. It maintains two separate structures: the National Center (for education and legal advocacy) and the Political Fund (for political action and promoting legislation in other states). The organization provides educational materials, such as the "Life File" guide, to help patients and families plan their end-of-life decisions. Its work is based on the principle that every person with a terminal illness has the right to choose how and when they die, with dignity and autonomy.

Care not killing

Care not killing is a UK-based alliance with over 49 organizations. Its stance regarding euthanasia is against it. This organization also supports the other choice, which is palliative care, as it is the way to protect the vulnerable population. But also because it undermines the sanctity of life and can lead to the abuse of the right to euthanasia. It is also working towards strengthening the already existing laws of the UK against euthanasia, and it engages in parliamentary lobbying and public campaigns to influence the legislation. The alliance was founded in 2006 and includes religious, medical, disability rights, and pro-life organizations. It operates through CNK Alliance Limited, a registered private company in England and Wales. This alliance aims to promote and provide timely, high-quality care and to ensure that euthanasia is not legalized. Care Not Killing also manages a sister group called Our Duty of Care (ODOC), which represents healthcare professionals who oppose assisted dying and support ethical medical practice. This organization is open to people of all faiths and uses evidence-based arguments to promote and defend its position on this issue.

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
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5th century BC	In Ancient Greece, euthanasia was discussed by philosophers like Socrates, who chose to drink hemlock as a form of state-sanctioned death
1906	The first euthanasia bill was introduced in Ohio, USA—it did not pass.
1935	The world's first euthanasia society was founded in London, England
1938	The Euthanasia Society of America was established in New York
1948	Universal Declaration of Human Rights (UDHR, 1948)
1954	Joseph Fletcher publishes <i>Morals and Medicine</i> , predicting future debates on the right to die
1966	International Covenant on Civil and Political Rights (ICCPR, 1966)
1967	The first living will was drafted by attorney Louis Kutner
1973	A Dutch doctor receives a light sentence for euthanizing her mother, sparking the euthanasia movement in the Netherlands
1976	California passes the Natural Death Act, the first U.S. law recognizing living wills

27 October 1997	United States (Oregon, 1997), Legal Strategies Attempted. The act allows qualified terminally ill patients who meet specific criteria to be euthanized. It established strict safeguards, such as: that the medication to end their life must not be administered by someone else, the patient must have less than six months left to live, multiple requests must be submitted, and there must be waiting periods, requirements, and confirmation by multiple physicians.
2001	The Netherlands becomes the first country to legalize euthanasia under strict conditions
2002	Belgium legalizes euthanasia
2006	Convention on the Rights of Persons with Disabilities (CRPD, 2006)
2015-2016	Canada's Supreme Court ruled that prohibiting physician-assisted death is unconstitutional, leading to legalization in 2016.
2017	UN-ECLAC Contribution on Ageing and End-of-Life Care (2017)
2017	Expert Group Meeting on "Care and Older Persons" (2017, UN Headquarters)

2021	Spain and New Zealand legalized euthanasia.
2021	UN Human Rights Experts' Joint Statement (2021): They frequently address issues such as states' obligations to respect individuals' rights to dignity and self-determination in health-related decisions, which supports patient autonomy.

RELEVANT UN RESOLUTIONS, TREATIES, AND EVENTS

Universal Declaration of Human Rights (UDHR, 1948)

It proclaims the right to life and dignity in Article 3. The declaration can be interpreted as supporting any individual to make their own decision about how and when to end their life. However, it can also be interpreted as protecting the right to life and living our life, which goes against the right of euthanasia, as we have no right to end someone's life.

International Covenant on Civil and Political Rights (ICCPR, 1966)

This treaty strongly protects the *right to life*, prohibiting arbitrary deprivation of life (Article 6). According to ICCPR, euthanasia is interpreted as an unnatural way to die; thus, it cannot be described as protection for the ill patient. Its main purpose is to protect life, including persons with disabilities and other vulnerabilities.

Convention on the Rights of Persons with Disabilities (CRPD, 2006)

The CRPD emphasizes health rights, dignity, and informed consent. However, it does not support euthanasia. It supports palliative care over euthanasia. The treaty reflects concerns that euthanasia could be misused against disabled persons, undermining their right to life and autonomy

UN Human Rights Experts' Joint Statement (2021)

It underlines the importance of protecting those who are vulnerable and the right to health for all people, through palliative care and prevention of abuse, without explicitly endorsing euthanasia. This statement warns all people about the inherent dangers of euthanasia, which can hurt people with disabilities and vulnerabilities, while also emphasizing safeguards and dignity for ill people, through care rather than assisted suicide or euthanasia.

UN-ECLAC Contribution on Ageing and End-of-Life Care (2017)

It stresses the importance of a death without pain and full of dignity, through access to palliative care, as they view death as a natural end and emphasize life quality rather than euthanasia. Their point of view aligns with human rights and focuses on dignity and suffering relief through care, and not processes that end life prematurely.

Expert Group Meeting on “Care and Older Persons” (2017, UN Headquarters)

This meeting highlighted that dignified treatment is of utmost importance and palliative care should be viewed as a human right. It aligns with the consistent UN theme endorsing care that respects dignity, without promoting euthanasia. This meeting brought together international experts from academia, civil society, and intergovernmental organizations. The UN Open Working Group on Ageing selected palliative care as one of the priorities for future policy development, reinforcing the view that end-of-life care should be accessible, ethical, and non-discriminatory. Discussions also covered the lack of legislation on long-term care in many countries and the need for increased public investment and the creation of formal care structures.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Assisted dying coalition & parliamentary inquiry by Humanists

It was the UK's first national Assisted dying coalition and submitted evidence to parliament, supported legal cases about euthanasia, and backed the MPs' bills for legal reform around the right of euthanasia. It managed to raise awareness and influenced many legal decisions that were made; however, euthanasia remains illegal in the UK. What they should have done to ensure success would be to broaden their public engagement and put more emphasis on personal stories, and push for direct voter engagement. The only disadvantage of their efforts was the lack of widespread public mobilization and emotional storytelling, which would certainly have shifted the public sentiment more decisively on their side.

Death with Dignity Act Advocacy by Death with Dignity National Organization

This organization was founded in 1994 and is based in Portland, Oregon. Its greatest success was that it was the main force behind the passing of the Oregon Law in 1997, which was the first successful law on assisted death in the US. Since then, the organization has been working to help other states pass similar laws in California, Washington, Vermont, Colorado, Hawaii, New Jersey, and many more. In terms of their activities, they organize awareness campaigns, provide legal support, and collaborate with local agencies to ensure that these laws are properly enforced. In addition, the organization works with lawyers, doctors, social workers, and activists to develop legislative standards and strengthen freedom of choice at the end of life. There are two main reasons why they have not achieved their goals yet. The first one is because they have achieved victories in several states, but nothing yet at the federal level, and also because there are deeply rooted cultural, religious, and political oppositions in the States that are slowing down the movement's progress..

Vividores campaign against euthanasia by Vividores

It is a cap sign that endorses palliative care and is against euthanasia. It promotes living life to the fullest and organized public demonstrations, and sharing patients' testimonies to question euthanasia's moral implications. This campaign is highly effective, as it successfully raised public debate and awareness about palliative care and strongly influenced the opinion about the legalization of euthanasia in Spain. Despite its emotional appeal and public demonstrations, the

Vividores campaign failed to prevent the legalization of euthanasia in Spain, as the government prioritized legislative momentum and public demand for end-of-life autonomy. Its messaging, rooted in moral and religious arguments, struggled to resonate broadly in a society increasingly focused on individual rights and medical choice.

“Beautiful Exit” Pro-euthanasia campaign by La Maison Simons

It is a campaign supporting euthanasia. Its media campaign features a young woman’s serene death, in this case, assisted suicide. This campaign aims to normalize and destigmatize assisted dying. The campaign is controversial; however, it is impactful. It generated significant public attention and helped normalize euthanasia in Canadian society, which helped further support the ongoing legal acceptance. However, it has been criticized as it potentially glamorizes euthanasia. Although it brought about change, it was ultimately pulled due to intense backlash over its perceived romanticization of euthanasia. It was also argued that the ad overlooked systemic healthcare failures and risked promoting death as a desirable escape rather than addressing the root causes of suffering.

POSSIBLE SOLUTIONS

Establish a tiered consent and verification process

One possible solution could be to establish an international tiered consent and verification process. In order to build that process, we will require all patients to submit multiple formats spaced over a legally mandated minimum period, to ensure persistence of desire. Moreover, we will have multiple separate psychiatric evaluations to ensure that the desire to die is not caused by mental health conditions such as depression or coercion. Finally, each euthanasia case will be evaluated by a panel of physicians, ethicists, legal experts, and patient advocates, along with the judgment of multiple doctors.

Define precise eligibility criteria

Another important step that can be taken to resolve this issue once and for all will be defining precise eligibility criteria that will be followed by all countries that want to legalize euthanasia. Those criteria will be the following: Limit euthanasia to patients with terminal illnesses with no prospects of getting better and a prognosis of six months or less to live, Limit euthanasia to patients who even with advanced pain management, continue to suffer unbearably and last but not

least Require documentation of proof of decision making capacity and no proof of external pressure to take this decision, which is going to be put through a series of interviews and legal counsel. These criteria will be set by an international advisory panel, which will consist of healthcare professionals, bioethicists, legal experts, and representatives from human rights organizations, under the guidance of the World Health Organization (WHO). The goal will be to establish a widely accepted ethical framework while allowing regional adaptations based on cultural and legal contexts.

Integrate robust legal frameworks with accountability

Seeing as there are no clear laws regarding the law of euthanasia, we need to set up robust legal frameworks with accountability that must be integrated. The law should be defined the law precisely on euthanasia, assisted suicide to avoid ambiguity, while also requiring all euthanasia cases to be reported to a national oversight body to ensure transparency to prevent the abuse of those two procedures. In this topic, we often forget about the physicians who oversee those procedures, so we certainly must protect the healthcare providers who take part in such procedures as long as they act in compliance with the guidelines established. This protection will be implemented through clear legal frameworks, updated ethical standards, and institutional protocols, so that there is accountability and the practitioners can be protected from undue legal consequences. The compliance of each medical institution will be regularly checked by medical boards and regulatory authorities. Last but not least, research and gather data about euthanasia and its outcome. That empirical data should be used to bring the legislation up to date, to ensure that it is effective. Research bodies and academic institutions will be funded and granted permission to conduct studies, surveys, and audits regarding the impacts of euthanasia. These findings will be submitted to legislative committees and public health policy makers, who will then, based on those findings, update existing laws and policies, as well as create new ones.

Expand palliative and psychological access

Echoing the concern of those who are against the topic of euthanasia, we need to expand and strengthen palliative and psychological care and make sure that it is easily accessible to everyone. Thus, we must ensure that all patients who request euthanasia have access to palliative care and have gone through it, but had had no effect in improving their quality of life, provide

mandatory counseling to make sure that patients are not requesting euthanasia as a result of mental illnesses, and to learn how to cope with such situations without using death as the solution and assign case managers to coordinate the care and the monitoring of the patient throughout the whole euthanasia procedure.

Respect cultural, religious, and community contexts

One of the main reasons why euthanasia is not globally accepted is strongly related to cultural, religious, and community contexts. Thus, we must make sure that the procedures of euthanasia respect those contexts. This can be achieved by implementing the following solutions: by engaging religious leaders, cultural groups and Patient advocacy organizations in policy making procedures, to ensure that the laws are as objective as possible and do not exclude any group, by allowing healthcare providers to opt out of participating in euthanasia on moral or religious grounds, while ensuring patient access through referral systems. And by offering training to all healthcare providers to ensure that they can communicate euthanasia to other groups, with different beliefs from them.

Public engagement and education campaigns

No one can deny that there is a veil of mystery regarding the procedure of euthanasia, but also that most people know nothing about it. We humans, by nature, are against everything new and unheard of. This is also the case for euthanasia. So to change this situation, we must engage the public through comprehensive education campaigns against the right to euthanasia through discussions, debates, and educational workshops to demystify euthanasia and get to know the public's opinion about it. These educational campaigns will be organized by medical ethicists, legal scholars, human rights advocates, and policy institutes. They will cover topics such as Patient rights, alternatives, and encourage the media to present a more objective image about euthanasia, showing both sides, and sharing personal experiences to humanize the debate about euthanasia. They will be using materials and resources that are specifically designed to demystify the procedure of euthanasia. Universities, public health departments, and community centers will be organizing debates and workshops for people to gain an in-depth understanding of the right to euthanasia. During those events, trained moderators, healthcare professionals, ethicists, and legal experts will be answering the questions. Social media platforms and local television and radio networks will be used to amplify messaging and invite participation.

BIBLIOGRAPHY

Euthanasia. *Encyclopedia Britannica*, 13 July 2025, www.britannica.com/topic/euthanasia. Accessed 23 July 2025.

“Assisted Suicide.” *Dictionary.com*, www.dictionary.com/browse/assisted-suicide. Accessed 23 July 2025.

“Physician-Assisted Dying.” *Cambridge Dictionary*, Cambridge University Press, dictionary.cambridge.org/dictionary/english/physician-assisted-dying. Accessed 23 July 2025.

MAID: Medical Aid in Dying. *Encyclopedia Britannica ProCon*, 8 July 2025, www.britannica.com/procon/MAID-medical-aid-in-dying-debate. Accessed 23 July 2025.

Advance Medical Directive (AMD). *Ministry of Health Singapore*, 26 Oct. 2024, www.moh.gov.sg/seeking-healthcare/advance-medical-directive. Accessed 23 July 2025.

“Living Wills.” *BBC*, www.bbc.co.uk/ethics/euthanasia/overview/livingwills.shtml. Accessed 23 July 2025.

Rulli, Tina. “The Ethics of Euthanasia.” *National Center for Biotechnology Information, PMC*, 2022, pmc.ncbi.nlm.nih.gov/articles/PMC9270985. Accessed 23 July 2025.

Guía de eutanasia: Colegio de Médicos Países Bajos. Derecho a Morir Dignamente, Sept. 2012, derechoamorir.org/wp-content/uploads/2018/09/2012-guia-eutanasia-colegio-medicos-pbajo_s.pdf. Accessed 23 July 2025.

Wijsbek, Helga. “Euthanasia in the Netherlands: Doctors' Perspectives.” *PMC*, 2023, pmc.ncbi.nlm.nih.gov/articles/PMC8920593. Accessed 23 July 2025.

“Natural Death Acts.” *Encyclopedia.com*, www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/natural-death-acts. Accessed 23 July 2025.

Qiu, Matthew. “Medical Ethics: The Right to Die.” *Stuyvesant Spectator*, stuyspec.com/article/medical-ethics-the-right-to-die. Accessed 23 July 2025.

Autonomy or Self-Determination as a Medical Student. *British Medical Association*, www.bma.org.uk/advice-and-support/ethics/medical-students/ethics-toolkit-for-medical-students/autonomy-or-self-determination. Accessed 23 July 2025.

Elkafrawy, Hoda et al. “Ethical Decision-Making in Critical Care.” *PubMed*, 2022, pubmed.ncbi.nlm.nih.gov/36131633. Accessed 23 July 2025.

Palliative Care Is Essential for Seriously Ill Patients—at Any Age. *American Medical Association*, 27 Jan. 2025, www.ama-assn.org/house-delegates/ama-policies/palliative-care-essential-seriously-ill-patients-any-age. Accessed 23 July 2025.

Hendin, Herbert et al. “Psychiatric Issues in Physician-Assisted Suicide.” *American Journal of Psychiatry*, Apr. 2000, psychiatryonline.org/doi/full/10.1176/appi.ajp.157.4.595. Accessed 23 July 2025.

Universal Declaration of Human Rights. *United Nations*, www.un.org/en/about-us/universal-declaration-of-human-rights. Accessed 23 July 2025.

International Covenant on Civil and Political Rights. *OHCHR*, www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights. Accessed 23 July 2025.

Convention on the Rights of Persons with Disabilities. *OHCHR*, www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities. Accessed 23 July 2025.

Ageing and Human Rights in Latin America. United Nations, Nov. 2017, un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/11/ECLAC-contribution.pdf. Accessed 23 July 2025.

Note 10: Ethics in End-of-Life Care. University of Macedonia, JMCE, Nov. 2019, jmcexcellence.uom.gr/wp-content/uploads/2019/11/note-10.pdf. Accessed 23 July 2025.

Quill, Timothy E. "Legal and Ethical Issues of Death with Dignity." *PMC*, 2013, [pmc.ncbi.nlm.nih.gov/articles/PMC3612319](https://pubmed.ncbi.nlm.nih.gov/articles/PMC3612319/). Accessed 23 July 2025.

Euthanasia and Assisted Suicide. NHS UK, www.nhs.uk/tests-and-treatments/euthanasia-and-assisted-suicide. Accessed 23 July 2025.

"Medical Aid in Dying: Overview and Debate." *Medical News Today*, 2025, www.medicalnewstoday.com/articles/182951. Accessed 23 July 2025.

Foley, Kathleen M. "Controversies in End-of-Life Care." *PMC*, 2015, [pmc.ncbi.nlm.nih.gov/articles/PMC4311376](https://pubmed.ncbi.nlm.nih.gov/articles/PMC4311376/). Accessed 23 July 2025.

History of the Oregon Death with Dignity Act. Oregon Health Authority, www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DATHWITHDIGNITYACT/Documents/history.pdf. Accessed 23 July 2025.

Death With Dignity: History. Death With Dignity National Center, deathwithdignity.org/history. Accessed 23 July 2025.

Death With Dignity in Oregon. Compassion & Choices, compassionandchoices.org/in-your-state/oregon/history. Accessed 23 July 2025.

Death With Dignity Act Overview. Oregon Health Authority, www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/index.aspx. Accessed 23 July 2025.

Death With Dignity Law. The Oregon Encyclopedia, www.oregonencyclopedia.org/articles/death_with_dignity_law. Accessed 23 July 2025.

History of Death with Dignity in Oregon. Action Network, 11 July 2018, actionnetwork.org/user_files/user_files/000/051/624/original/History-of-Death-with-Dignity-in-Oregon-071118.pdf. Accessed 23 July 2025.

Death With Dignity: Oregon. Death With Dignity National Center, deathwithdignity.org/states/oregon. Accessed 23 July 2025.

Whelan, Catherine A. "Rethinking Physician-Assisted Suicide: A Legal Analysis." *Journal of Law, Ethics & Public Policy*, vol. 22, no. 3, 2008, scholarship.law.nd.edu/cgi/viewcontent.cgi?article=1153&context=jleg. Accessed 23 July 2025.