



First session

Agenda item
18 March 2023

**Legalization of Voluntary
Euthanasia**

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Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the UNCSW the topic synopsis entitled “Legalization of Voluntary Euthanasia.” (UNHRC/NOV/SYN/IID/00.3).



Legalization of Voluntary Euthanasia

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Section I—Introduction

The United Nations Human Rights Council has worked to better the lives of humans, and to protect the basic human rights of all humans across the globe. Focusing on the fair treatment, and protection of human rights, the UNHRC addresses human rights violations and makes recommendations on them.

Section II—Background Information

Voluntary euthanasia, also known as assisted dying, refers to the practice of intentionally ending a person's life in as painless a manner as possible at the person's request. Typically, a healthcare provider administers this process in order to relieve the suffering of individuals who are terminally ill or experiencing pain so severe that it significantly impacts the quality of life of the patient. The issue of euthanasia has been debated throughout an appreciable number of countries in the world, with the discussion filtering through complex cultural, social, religious and economic lenses. Although in the majority of countries of the world euthanasia is considered an illegal practice, discussions are taking place which represent a potential change in prevailing attitude. Recently, there has been growing support for euthanasia and a rise in the number of countries that have legalized forms of it, including countries such as Canada, Spain, and New Zealand.

There are several different types of euthanasia, each with its own potential ethical concerns. Passive euthanasia refers to the withholding of life-sustaining treatment, such as food, water, or medical care. This is often considered acceptable in cases where a person is in a vegetative state with no chance of recovery. Active euthanasia, on the other hand, involves directly ending a person's life through the administration of lethal pharmaceuticals or other controlled means. This method is far more controversial than passive euthanasia due to a potential for abuse of the practice (e.g.: for illnesses which do not as significantly impact the quality of life, through coercion, or in cases lacking the rigorous overview of qualified physicians). In addition, there are significant legal and moral implications regarding the intentional ending of life.

One of the key challenges in the debate over euthanasia is determining who should be eligible to receive it. In some places, euthanasia is only permitted for terminally ill adults who are in unbearable pain and have made a voluntary, informed decision to end their lives. In other cases, it is also allowed for non-terminally ill individuals who are experiencing unbearable suffering.

Yet, the legalization of euthanasia could potentially lead to the violation of the rights and autonomy of individuals. This could involve a situation where individuals are coerced into requesting euthanasia, or where they are not provided with adequate information or support to make an informed decision about whether or not to proceed.

In many countries, the legal status of euthanasia is unclear or uncertain. In some cases, laws may be ambiguous, making it difficult for individuals and healthcare providers to know what is permitted and what is forbidden. In other cases, laws may be restrictive or prohibitive, making it difficult or impossible for individuals

to access euthanasia even when it is in their best interest. Still, in the countries where euthanasia is legalized, the lack of clear eligibility criteria as well as oversight mechanisms, or alternatively, overly permissive eligibility criteria can create circumstances where the rights of individuals are not adequately protected.

Section III—UN Involvement

The UNHRC has adopted several resolutions on the right to health, the promotion and protection of the rights of older persons, and the right to the highest attainable standard of health. However, the UNHRC has not adopted a specific resolution on the issue of euthanasia.

In 2000, the United Nations Human Rights Office adopted a resolution on the right to health which affirmed the importance of ensuring that individuals have access to the highest attainable standard of health and that they are able to make decisions about their own health and well-being.

The UNHRC adopted a resolution on the promotion and protection of the rights of older persons, which recognized the importance of ensuring that older persons have access to high-quality palliative care and other forms of end-of-life care. This resolution also affirmed the importance of ensuring that older persons are able to make decisions about their own lives and deaths, the necessity of appropriate living conditions, and standards of care for aging persons who are approaching the end of their lives. Yet, despite emphasizing the “right to live,” the UN has not affirmed a “right to die” or the right to a death with dignity.

Rather, UN human rights experts have expressed concern over legislation allowing access to euthanasia based on having a disability or disabling conditions. Such provisions could violate the UN Convention on the Rights of Persons with Disabilities and institutionalize ableism. Experts have said that even when access to medical assistance in dying is restricted to those at the end of their life or with a terminal illness, attitudinal barriers and a lack of services or support may pressure people with disabilities to end their lives prematurely.

Section IV—Possible Solutions

The issue of euthanasia raises a number of concerns, and as such, requires an understanding of the diverse views and opinions on the issue. Delegates must review existing state laws and policies on euthanasia and assess their effectiveness in addressing the potential consequences of this practice, in order to develop successful solutions.

One of the key concerns is ensuring that euthanasia is carried out in a safe and transparent manner and that individuals who request euthanasia are able to make an informed decision about whether or not to proceed. This requires clear guidelines and protocols for healthcare providers and oversight mechanisms to ensure that euthanasia is carried out in accordance with the law. Robust safeguards must be established to prevent abuse or coercion of this practice.

Another concern is the provision of euthanasia to terminally ill minors and individuals with a mental illness that affects their ability to make decisions about their lives. This raises ethical and legal questions about whether these individuals should be eligible for euthanasia, and if so, what safeguards are needed to ensure their decision to access euthanasia is made freely and voluntarily, if that is possible at all. It is worth noting that minors are considered to be below the age of consent, creating some complications on whether they should be allowed the decision of legalized euthanasia. Across most societies, the rights of minors are subject to the

purview of parents/guardians; by extension, legalized euthanasia of a minor brings into question where the line is drawn regarding body autonomy and free will. There is potential for abuse in such a case--where a minor would be in disagreement with a parent/guardian over their access to euthanasia.

A significant challenge concerning this issue is promoting greater coordination and cooperation among different countries on the issue of euthanasia. This is important because different countries have different laws and policies in place regarding euthanasia, and this can lead to inconsistencies and confusion, both for individuals who wish to access euthanasia, and for healthcare providers who must navigate these legal frameworks. Establishing standards for euthanasia can help to ensure that individuals are able to make an informed decision about whether or not to proceed, and that their rights and autonomy are respected. This might involve developing consistent guidelines and protocols for healthcare providers.

Countries must work together in committee to address the ethical, legal, and practical concerns of euthanasia and develop consistent laws and policies on this matter. With such solutions, we must ensure the human rights and autonomy of individuals seeking euthanasia are respected.

Section V—Bloc Positions

African: Euthanasia is illegal in all African countries, although there is little continuity in regards to legislation prohibiting euthanasia and physician-assisted suicide. For example, in 2016 South Africa reversed a Supreme Court of Appeals decision regarding legality of the practice, marking the practice as no longer acceptable. As euthanasia is generally considered to be a form of murder, it is not accepted by many cultures and religions. There is a need for these countries to review their legislation, if any, on euthanasia, specifically passive euthanasia.

Asia-Pacific: Euthanasia is illegal in countries with a predominantly Islamic population, such as Saudi Arabia, Iran, Pakistan, and Indonesia. A basic belief of Islam is that life is a gift from Allah that should not be prematurely ended, and accordingly, an individual does not have the right to end their own lives, even if they are in great pain and suffering. Three countries in this bloc, India, South Korea, and Japan, have legalized euthanasia, although only passive euthanasia.

Eastern European: No countries in Eastern Europe have legalized euthanasia. One factor is that Christianity, like most major religions, rejects euthanasia as it interferes with the natural course of life determined by a higher power, and therefore is viewed as murder. However, other Western European countries with Christian majorities have legalized euthanasia, so that cannot be the sole reason. Nevertheless, euthanasia remains very unpopular in Eastern Europe.

Latin American and Caribbean: Mexico, Argentina, and Chile have legalized passive euthanasia, although not active euthanasia. Colombia has legalized both passive and active euthanasia. Laws, specific regulations, and opinions on euthanasia vary from country to country, although overall, support for the legalization of euthanasia has grown. Nevertheless, euthanasia is still illegal in most countries in this bloc.

Western European and Others: In Western Europe, there is growing support for the legalization of euthanasia, and more countries have changed their laws to decriminalize means of voluntary euthanasia. Some states in the United States, Germany, Portugal, Finland, Sweden, the United Kingdom, Austria, and Ireland have legalized only passive euthanasia. Belgium, the Netherlands, Luxembourg, Australia, Spain, New Zealand, and Canada have legalized both active and passive euthanasia. Switzerland, in particular, decriminalized suicide early in the 20th century, and by extension, assisting in the practice. In fact, Switzerland is one of the few places in the world which allows foreign nationals to engage in the practice by way of application through organizations such as Dignitas (of which an estimated 90% are non-Swiss). Switzerland, Netherlands and Belgium have been criticized for becoming too permissive in their approaches to euthanasia. For example, the active, voluntary euthanasia of people with depression and terminally ill minors is accepted. This has raised worries about the potential for a slippery slope, where euthanasia is expanded to include more and more situations, ultimately leading to a situation where it is allowed in a wide range of circumstances or even becomes purely voluntary.

Section VI—Questions That Should Be Taken Into Consideration

What is the current state of the debate over euthanasia? What are the key arguments for and against these practices?

What are the ethical concerns raised by the issue of euthanasia, and what is your country's position on this matter?

What legal distinction can be made regarding the different modalities of euthanasia? For example, in Switzerland's case where distinction is made regarding the administering of life-ending pharmaceuticals by a physician or the supplying of said materials to a patient so that they may self-administer.

Can euthanasia ever fit within the broader context of palliative care? If so, what are the challenges of integrating these approaches in end-of-life decision-making?

How can the concerns of euthanasia be addressed to ensure that the rights and autonomy of patients are respected?

Section VI—Helpful Sites and Resources

OHCHR—Document—The Right to Health

bit.ly/IIMUN2023-UNHRC01 (Shortened URL from ohchr.org)

World Population Review—Map—Countries Where Euthanasia is Legal/Where is Euthanasia Legal 2022

bit.ly/IIMUN2023-UNHRC02 (Shortened URL from worldpopulationreview.com)

BBC—Ethics Guide/Glossary—Euthanasia Overview Keywords

bbc.in/3Y7yfY7

PEW Research Center—Article—Religious Groups View on End of Life Issues

pewrsr.ch/3JEMIMb

Potential search terms: Euthanasia, Passive Euthanasia, Active Euthanasia, Assisted Dying, Physician Assisted Suicide (PAS), Right to Die, End of Life decisions