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WHO

The Questions of Euthanasia

**Committee: WHO**

**Topic: The Question of euthanasia**

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**Summary**

Overview / Explanation of the Topic

Euthanasia, also knows as, “mercy killing,” is the act of deliberately killing Somone in order to relieve them from unbearable pain. It is a highly controversial issue, raising ethical, medical, religious, and legal questions. Euthanasia is categorised into five main categories:

* Voluntary Euthanasia: When the life of a patient is taken with consent.
* Non-Voluntary Euthanasia: When a decision is made for Somone who is not able to give consents. For example, a person who is in a coma.
* Involuntary Euthanasia: This is different to non voluntary euthanasia as it is when somone is euthanised against their will.
* Active euthanasia: the administration of lethal substances to cause death.
* Passive euthanasia: the removal of medical treatment, resulting in death.

The debate surrounding this topic revolves around several key topics:

* Sanctity of life compared to the right to die: Some argue that individuals should be given the right to choose time and method of there own death, especially if the person is experiencing pain from a terminal illness. However others (including religious communities) argue that life is sacred and should not be ended deliberately.
* Medical this: many medical professionals find the idea of euthanasia contradictory to the Hippocratic oath. Furthermore, many medical professionals are not comfortable in taking Somone’s life regardless of the reason.
* Legal implications: many countries do not accept euthanasia under any circumstances however others permit it under strict regulations.
* Problem of corruption: Many people believe that the legalisation of euthanasia could lead to people taking advantage of euthanasia against vulnerable people.

**Origins of the Topic**

The concept of euthanasia dates to Ancient Greece and Rome, where it was allowed under specific circumstances. However, with the rise of religion throughout Europe, euthanasia was widely condemned. During the 19th and 20th centuries, along with the advance of medicine that prolonged life but also prolonged suffering, movements on legalising euthanasia began gaining momentum. The modern euthanasia movement began in the Netherlands and the United States in the early 20th century.

Euthanasia captivated the global spotlight after the Nazi regime took advantage of euthanasia policies which were implemented to murder those who were considered “unfit” for society. After WWII, euthanasia was heavily criticised, and it was not until the late 20th century that it was reintroduced into legal debated and reconsidered as a valid medical procedure.

**Why the Topic is Important**

Euthanasia stays an essential issue for several reasons:

1. Human rights: it raises many ethical questions about personal autonomy and the right to die.
2. Medical advancements: Medical advancements, whilst it also has the capabilities to save lives, can also lead to prolonged suffering.
3. Legal and ethical problems: Legalisation of euthanasia sets a large ethical and legal dilemma world wide.
4. Religious and cultural perspectives: Many communities believe that humans have no right to take life away even if it can be done for what could be seen as a morally correct reason.
5. Public health systems: The economic burden of end-of-life care is a concern for healthcare systems, particularly those of LEDCs.

**Who the Topic Affects**

The issue of euthanasia affects several groups:

* Patients with terminal illness: Those suffering from diseases like cancer, ALS, or servers neurological conditions can be subject to suffering which can only be released through death.
* Medical professionals: Medical staff may face ethical problems in countries where euthanasia is legal as it may contradict there personal morals.
* Families of patients: relatives must make difficult decisions when dealing with a family member that is unable to give consent. Furthermore there ability to make this decision can be effected by emotion which can result in further suffering by the patient.
* Patients with Terminal Illnesses : Those suffering from diseases like cancer, ALS, or severe neurological conditions.
* Medical Professionals : Doctors and nurses face ethical and legal dilemmas in countries where euthanasia is legal.
* Families of Patients : Relatives must make difficult decisions and deal with emotional and ethical conflicts.

**Previous Attempts to Address the Issue**

Several countries have enacted laws to regulate euthanasia:

* Netherlands (2002): They were the first country to legalise euthanasia under strict conditions
* Belgium (2002): Followed a similar approach to the Netherlands however they further extended the laws to minors in 2014
* Switzerland: assisted suicide is permitted in this country however only under non-profit organisations
* Canada (2016): Legalised medical aid in dying (MAID)
* United States: some states like California and Oregon allow physician-assisted suicide but not euthanasia.
* Attempts to legalise euthanasia were greatly opposed in countries like the UK and France. However, alternatives like palliative care advancements are also being explored to replace euthanasia

Conclusion

Euthanasia remains a deeply divisive topic that involves ethical, medical, and legal dimensions. As more countries debate its legalisation, it is crucial to balance personal rights, ethical concerns, and the potential societal implications. The future of euthanasia laws will likely depend on evolving medical practices, societal values, and legal frameworks that prioritise both compassion and protection of vulnerable individuals.

**Definition of Key Terms**

1. Euthanasia – The act of deliberately ending a person’s life to relieve suffering, usually due to a terminal illness or severe pain.

2. Voluntary Euthanasia – When a person gives explicit consent to end their life, usually due to a terminal condition or unbearable suffering.

3. Involuntary Euthanasia – When euthanasia is performed without the explicit consent of the person, often because they are unable to communicate their wishes (e.g., in a coma).

4. Non-Voluntary Euthanasia – When euthanasia is carried out on a person who is unable to give consent (e.g., an infant or someone in a vegetative state), and the decision is made by someone else on their behalf.

5. Active Euthanasia – A deliberate action, such as administering a lethal injection, to end a person’s life.

6. Passive Euthanasia – The withholding or withdrawal of life-sustaining treatment (e.g., stopping medication, turning off life support) to allow a person to die naturally.

7. Assisted Suicide – When a person is provided with the means (e.g., lethal medication) to end their own life, typically with medical supervision.

8. Physician-Assisted Suicide (PAS) – When a doctor provides the means for a patient to end their life but does not directly administer it themselves.

9. Palliative Care – Medical care that focuses on relieving pain and suffering for those with serious or terminal illnesses rather than seeking a cure.

10. Quality of Life – A measure of a person’s overall well-being, including physical, mental, and emotional aspects, often considered in euthanasia decisions.

11. Sanctity of Life – The belief that life is sacred and should not be intentionally ended, often rooted in religious or ethical perspectives.

12. Right to Die – The belief that individuals should have the right to choose to end their own life, especially in cases of terminal illness and suffering.

13. Slippery Slope Argument – The idea that allowing euthanasia in some cases may lead to unethical practices, such as the devaluation of disabled or vulnerable lives.

14. Double Effect Principle – The ethical concept that an action (e.g., giving high doses of pain relief) may be morally acceptable even if it has an unintended secondary effect (e.g., hastening death).

15. Hospice Care – A type of specialised care designed to provide comfort and support for terminally ill patients and their families.

16. Advance Directive – A legal document in which a person outlines their wishes regarding medical treatment, including end-of-life care, in case they become unable to communicate their decisions.

17. DNR (Do Not Resuscitate) – A medical order stating that a person does not want to receive CPR or other life-saving measures if their heart stops or they stop breathing.

18. Legalisation of Euthanasia – The process by which a country or region makes euthanasia legally permissible under specific conditions.

19. Moral Absolutism – The ethical view that certain actions (such as euthanasia) are always morally wrong, regardless of circumstances.

20. Moral Relativism – The belief that moral decisions, including euthanasia, depend on the situation and context rather than being universally right or wrong.

**Major Countries / Organisations Involved**

**Countries Where Euthanasia is Legal**

- Netherlands

- Belgium

- Luxembourg

- Canada

- Spain

- Colombia

- New Zealand

**Countries Allowing Assisted Suicide (but Not Euthanasia)**

- Switzerland

- Germany

- Austria

- United States (Certain States)

**Countries Still Debating or Partially Legalising**

- France

- Italy

- Portugal

- Australia (Certain States)

**Countries Strongly Opposed to Euthanasia**

- United Kingdom

- Ireland

- Poland

- Russia

- China

- India

- Japan