Examining the Human Rights Implications of Euthanasia under International Law

UNHRC

STUDY GUIDE

Under-Secretary General:

Ceren Demir

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Letter from the Secretary General

Most distinguished participants and esteem guest,
It is an extreme honor to welcome everyone of you in this particularly excellent event.
I would like to start my letter with the history of this amazing club which made this conference come true.

Yucel Boru Fen Lisesi Model United Nations Club is a formation that has been established in 2019, containing the best embassadors and greatest brains of its time. I, as the Secretary General of YBFLMUN'26 am proud of being the 7th president of this extraordinary club which has been on my side through these 3 years.

Our journey is not just a travel which is being made continuously in time but an adventure giving everyone the consciousness that they need. As the Secretary General of this exquisite event I, personally, believe this occasion will be one of the best of it's kind. To be more specific I know this conference will change the life of those who attended.
With the immense help of our organization team and fabulous efforts of our academy team we hope you all to have a wonderful experience, have a chance to make new friendships that will last for a long time and ,who knows, maybe have an opportunity to find the true love through this collaboration.

To any delegate, any attendant and any person who considers MUN as a union just about debates or diplomatics, we would like to inform you before your ideas change. MUN is a political atmosphere yes, but every step you take in your life is politic. Thus politics can not be simplified to an ideology, politics is your life, so is MUN. With this opportunity you will have the time and the chance to express your opinions, your views and most importantly yourself.

At YBFLMUN'26 delegates will be able to express themselves without any concern. Even thought these three days will pass quick everyone will remember the memories for a quite while. We assure you, in our conference which will be held between 1st and the 3rd of July, every single person on every single corner of the world is more than welcome to join us in this extreme function.

Let us come together under the name of YBFLMUN'26. Let us be united under the name of UN. And I am pleased to say, welcome, to the home you never knew you had, everyone.

HİLAL YILDIRIM

SECRETARY-GENERAL OF YBFLMUN’26

2.

Letter from the Under-Secretary General

Dear Delegates,

It is a great pleasure to greet all of you as the Under-Secretary-General of the United Nations Human Rights Council at YBFLMUN’26. I am honored to have you participate in this committee and look forward to seeing all of you engaging in thoughtful, respectful, and productive debate.

Our committee's agenda, "The Ethical, Legal, and Human Rights Implications of Euthanasia," addresses one of the most complex and sensitive issues facing the international community. As medical technology continues to evolve and populations age, societies are obliged to confront more difficult questions surrounding the right to life, human dignity, patient autonomy, and the responsibilities of healthcare systems.

The topic of euthanasia encompasses a wide range of ethical, legal, cultural, religious, and medical perspectives. While some Member States recognize euthanasia or physician-assisted dying under strict legal safeguards, many others prohibit the practice due to concerns regarding the protection of life, medical ethics, and the rights of vulnerable individuals.

Our goal as a committee is to examine these differing viewpoints, identify areas of common ground, and develop practical solutions that uphold international human rights standards while respecting the diversity of national legal systems and cultural values.

Throughout this discussion, I encourage you to approach the debate with open-mindedness and diplomacy. Strong research, evidence-based arguments, and constructive negotiation will be essential in producing reasonable resolutions that balance individual rights with the protection of vulnerable populations.

I hope this study guide provides a strong foundation for your preparation and helps you better understand the legal frameworks, ethical debates, and global perspectives surrounding euthanasia.

Best Regards,

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Ceren Demir

Under-Secretary General of the UNHRC

Introduction to the Committee: United Nations Human Rights Council

The Human Rights Council is the main intergovernmental body within the United Nations responsible for human rights. Established in 2006 by the General Assembly, it is responsible for strengthening the promotion and protection of human rights around the globe.

The Council, composed of 47 Member States, provides a multilateral forum to address human rights violations and country situations. It responds to human rights emergencies and makes recommendations on how to better implement human rights on the ground. UNHRC benefits from substantive, technical, and secretariat support from the Office of the High Commissioner for Human Rights (OHCHR).

The Council aims to serve as an international forum for dialogue on human rights issues with UN officials and mandated experts, states, civil society, and other participants. Adopting resolutions or decisions during regular sessions that express the will of the international community on given human rights issues or situations. Adopting a resolution sends a strong political signal that can prompt governments to take action to remedy those situations. They can also hold Special Sessions to respond to urgent human rights situations, as well as appointing the Special Procedures, independent human rights experts who serve as the eyes and ears of the Council by monitoring situations in specific countries or by looking at a specific theme. The UNHRC also authorizes commissions of inquiry and fact-finding missions, which produce hard-hitting evidence on war crimes and crimes against humanity.

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Introduction to the Agenda Item: Examining the Human Rights Implications of Euthanasia under International Law

Euthanasia is one of the most debated global human rights issues of the modern age, lying at the intersection of law, medicine, ethics, and individual autonomy. Defined as the intentional termination of a person's life to end extreme levels of physical or psychological pain, this topic raises fundamental arguments regarding the right to life, the right to health, and the principle of personal autonomy.

The issue becomes even more complex considering vulnerable populations, including elderly individuals, persons with disabilities, and those suffering from terminal illnesses

or severe psychological conditions. Evaluating whether euthanasia strengthens personal freedom by allowing individuals to make decisions about the end of their lives, or whether it creates risks of discrimination or the devaluation of human life. Equally important is the question of whether sufficient palliative care and medical support are available to ensure that euthanasia is not chosen due to preventable suffering or inadequate healthcare systems.

Advanced technology allows medical professionals to determine the well-being of patients in situations where patients are experiencing chronic pain, loss of independence and free will, or a terminal diagnosis. Using this type of technology

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allows professionals to identify and evaluate the overall well-being of patients. Patients now have more of an opportunity to decide whether or not they choose to go through with their treatment more than ever.

While some countries have legalized euthanasia under strict regulations, there are also quite a few countries that prohibit physician-assisted death due to religious, cultural, or ethical concerns. This contrast has led to an ongoing international debate before the United Nations Human Rights Committee.

Our delegates will discuss this issue within the framework of human rights across the globe, encouraged to explore various perspectives surrounding euthanasia and develop well-balanced solutions, while addressing possible outcomes and ethical concerns.

5. Definitions & Key Terminology

Euthanasia: the act or practice of killing or permitting the death of hopelessly sick or injured individuals (such as persons or domestic animals) in a relatively painless way for reasons of mercy

Assisted Suicide: the act of suicide carried out by someone with assistance from another person, physician-assisted suicide

Living Will: a document in which the signer requests to be allowed to die rather than be kept alive by artificial means if disabled beyond a reasonable expectation of recovery
Death Tourist: a seriously ill person who seeks to terminate his or her own life by travelling to a country where medically assisted suicide is legal

Palliative Care: medical and related care provided to a patient with a serious, life-threatening, or terminal illness that is not intended to provide curative treatment but rather to manage symptoms, relieve pain and discomfort, improve quality of life, and meet the emotional, social, and spiritual needs of the patient

Passive Euthanasia: the withholding of treatment necessary for the continuance of life, for example, switching off a life support machine, pulling the plug

Active Euthanasia: the use of lethal substances or forces with the intention of ending a life.

6. Historical Background

The concept and, therefore, debates of euthanasia have been around since ancient Greece. Some Stoic philosophers argued that patients experiencing severe pain should have the right to end their own suffering by not engaging in significant treatments for their illnesses. On the other hand, Hippocrates strictly forbade the intentional ending of one’s life with his commitment to preserving life in the Hippocratic oath. The term euthanasia, derived from the Greek words *eu* ("good") and *thanatos* ("death"), gradually entered legal and medical discussions.

During the Middle Ages, religious beliefs led to the idea that euthanasia should not be welcomed. Religious doctrines generally regard human life as sacred and a gift from God, maintaining the idea that intentionally ending a person's life would be morally unacceptable under any circumstance. As a result, euthanasia remained prohibited in various societies for centuries.

The modern discourse emerged with vast improvements in medical science during the 19th and early 20th centuries. Rapid advances in medical science, like the development of anesthesia, antiseptics, antibiotics, and life-sustaining technologies, enabled physicians to evaluate patients' overall well-being through new technologies and treatments. Raising ethical questions about whether life should always be preserved regardless of suffering. In 1870, Samuel Williams publicly argued for chloroform-assisted death for terminally ill patients. This sparked philosophical and public debates in Britain at the time. By the early 20th century, activists in the United States, who were led by Anna Sophina Hall, pushed law proposals in Ohio and Iowa. In the end, these laws were ultimately rejected.
A major turning point occurred during World War II, when Nazi Germany carried out the so-called "Aktion T4" program (1939–1945). Under the disguise of "mercy killing," the regime systematically murdered tens of thousands of people with disabilities and mental illnesses without their consent. Although this program bears no resemblance to modern voluntary euthanasia, it profoundly shaped public perception and slowed down legalization efforts in post-war Europe, reinforcing the importance of consent, patient autonomy, and safe life guards in said policies.

Only from the 1960's and later on did euthanasia and assisted suicide regain the support and acceptance they lost in previous years. Eventually, the growing support led to legal changes in several countries, especially in Europe. Following the adoption of the Universal Declaration of Human Rights (1948) and subsequent international human rights treaties such as the International Covenant on Civil and Political Rights (1966), discussions increasingly focused on balancing the right to life, human dignity, and personal autonomy. However, international law has never established a universal right to euthanasia, leaving states with considerable discretion in regulating the practice.

The Netherlands became the first country to formally legalize voluntary euthanasia through the Termination of Life on Request and Assisted Suicide (Review Procedures)

Act, which entered into force in 2002. Later that year, Belgium also legalized euthanasia under strict conditions. In the following years, countries including Luxembourg, Canada, Spain, New Zealand, Portugal (following legal developments), and several Australian states adopted varying legal frameworks permitting euthanasia or physician-assisted dying. In contrast, many countries continue to prohibit the practice, arguing that legalization may threaten the protection of vulnerable individuals or conflict with cultural, religious, and ethical values.

Today, euthanasia remains one of the most debated issues before the international community. While some view it as an expression of human dignity and self-determination, others emphasize the state's obligation to protect life and prevent abuse. Consequently, the issue continues to challenge policymakers, healthcare professionals, ethicists, and human rights institutions worldwide, making it an important subject for deliberation within the United Nations Human Rights Council.

7. Current International Landscape

Today, although a growing number of states have legally allowed either euthanasia or assisted suicide, the majority of the world still prohibits these acts through certain laws and regulations.

A limited number of countries (including the Netherlands, Belgium, Luxembourg, Spain, Canada, New Zealand, and several Australian states) permit voluntary euthanasia or physician-assisted dying under strict legal conditions. These frameworks generally require informed and voluntary consent, repeated medical assessments, and oversight procedures to prevent abuse.

However, states that allow euthanasia procedures also have different laws. These laws differ in terms of medical requirements, age requirements, and whether a medical professional administers the withdrawal of medical aid or the patient self-administers beforehand. While in some countries, children are not allowed this option, in other countries, they are. For instance, the Dutch government declares that “Euthanasia is only allowed for patients whose unbearable suffering with no prospect of improvement has a medical dimension,” after a case of a 12-year-old child who underwent euthanasia in 2024.

The majority of countries continue to prohibit euthanasia, often citing the protection of the right to life, religious and cultural values, medical ethics, and concerns about potential coercion or misuse. In many jurisdictions, assisting another person in ending their life remains a criminal offense, although some states allow patients to refuse life-sustaining treatment or recognize advance healthcare directives.

The United Nations currently does not have an international treaty that explicitly establishes a right to euthanasia or requires states to legalize it. International human rights instruments, including the Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR), emphasize the protection of the right to life and the inherent dignity of every person.

Current international discussions increasingly focus on balancing the right to life, human dignity, personal autonomy, and access to quality healthcare. Many experts argue that improving palliative care, pain management, and psychological support should remain a priority regardless of a country's legal position on euthanasia. At the same time, concerns consist of the protection of vulnerable groups, including elderly individuals, persons with disabilities, and those experiencing mental illness or socioeconomic hardship. As more countries review their euthanasia legislation, this topic continues to be one of the most debated issues in global human rights policy, reflecting diverse legal traditions, ethical principles, and cultural values.

8. Key Issues for Discussion

a. The Right to Life and Individual Autonomy

One of the most important issues to discuss is the relationship between the fundamental right to life and an individual’s right to make decisions regarding their own body and medical treatment.

The right to life is protected under Article 3 of the Universal Declaration of Human Rights (UDHR) and Article 6 of the International Covenant on Civil and Political Rights (ICCPR). It is widely regarded as one of the most fundamental human rights, requiring states to protect the lives of individuals and prevent deprivation of life. Many states and legal scholars argue that legalizing euthanasia may undermine this obligation by permitting the intentional ending of human life.

On the other hand, advocates of euthanasia emphasize the principle of individual autonomy, arguing that competent adults should have the right to make informed decisions regarding their own bodies and medical treatment. This perspective holds that personal dignity includes the freedom to refuse unbearable suffering and to determine the manner and timing of one's death when facing an irreversible medical condition. Supporters contend that respecting patient autonomy is consistent with

modern human rights principles, particularly those concerning bodily integrity, privacy, and informed consent.

While protecting life remains a primary obligation of states, many legal systems also recognize the importance of respecting personal choices in healthcare. As a result, countries that permit euthanasia generally require strict safeguards, including voluntary and informed consent, confirmation of decision-making capacity, independent medical assessments, waiting periods, and oversight mechanisms designed to prevent abuse.

Within the United Nations Human Rights Council, delegates are encouraged to consider whether international human rights law should prioritize the protection of life above all else, or whether it should also recognize an individual's autonomy in making end-of-life decisions. Ultimately, finding an appropriate balance between these principles remains one of the most significant legal and ethical challenges in the global euthanasia debate.

b. The Protection of Vulnerable Groups

Another crucial concern is the protection of vulnerable groups and individuals. While supporters argue that euthanasia can provide relief from unbearable suffering and respect personal autonomy, critics warn that legalizing the practice may expose certain groups to coercion, discrimination, or undue influence.

Vulnerable groups may include older persons, persons with disabilities, individuals with mental illnesses, terminally ill patients, those experiencing chronic pain, and people struggling economically or socially. These individuals may be more susceptible to external pressures from caregivers or inadequate healthcare services. In some cases, concerns have been raised that a request for euthanasia may reflect feelings of being a burden rather than a genuine and voluntary wish to end one's life.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasizes that persons with disabilities have the right to equal protection under the law and should not be subjected to discrimination based on disability. Some disability rights organizations argue that legalizing euthanasia without adequate safeguards may reinforce harmful stereotypes about disability and the value of human life. Others maintain that excluding people with disabilities solely because of their disability could itself constitute discrimination, highlighting the complexity of the issue.

To address these concerns, countries where euthanasia is legal have introduced safeguards such as multiple independent medical evaluations, psychological assessments where appropriate, waiting periods, confirmation of informed and voluntary consent, and oversight by review committees. Nevertheless, debates

continue over whether these measures are sufficient to prevent abuse or whether additional protections are necessary. A key challenge is ensuring that no person chooses euthanasia because of inadequate access to healthcare, palliative care, social support, or fear of becoming a burden on others. Strengthening these support systems is widely regarded as an essential component of any policy concerning end-of-life decisions.

c. Safeguards Against Abuse

Even in countries where euthanasia is legal, governments have implemented strict legal and medical safeguards to ensure the adequacy of legal procedures, medical assessments, informed consent requirements, and independent oversight mechanisms in preventing misuse or wrongful application of euthanasia. The primary objective of these safeguards is to protect vulnerable individuals while respecting the rights of competent patients.

A common safeguard is the requirement that the patient must make a voluntary, informed, and well-considered request without external pressure. In many jurisdictions, the request must be submitted in writing and may need to be repeated after a designated waiting period to confirm that the decision is consistent and not made impulsively. Most legal frameworks also require multiple independent medical evaluations. Physicians must confirm that the patient meets the legal eligibility criteria, possesses decision-making capacity, and fully understands the nature and consequences of the request. Where mental illness, depression, or impaired judgment may influence the decision, a psychiatric or psychological assessment is often required before the request can proceed.

Transparency and accountability are also essential safeguards. Countries that permit euthanasia generally require physicians to report each case to an independent oversight authority, which examines whether all legal requirements were fulfilled. Some of the said legal requirements could be monitoring systems, reporting systems, and accountability measures. These reporting systems help prevent unlawful practices, improve public confidence, and allow governments to monitor the implementation of euthanasia legislation.

In addition, many experts emphasize that euthanasia should never be viewed as a substitute for quality healthcare. Governments are encouraged to ensure universal access to palliative care, pain management, mental health services, and social support,

enabling patients to make end-of-life decisions free from preventable suffering or inadequate medical care.

d. Equality of Access and Healthcare Disparities

Some individuals may have access to high-quality medical treatment, palliative care, and psychological support, while others face significant barriers due to geographic location, financial circumstances, or limitations within national healthcare systems; this disparity causes a debate regarding whether or not the decision of euthanasia being made could ever be under the same circumstances for all patients.

Many human rights experts argue that individuals should not choose euthanasia because they lack access to adequate pain management, hospice services, mental health care, or long-term support. If essential healthcare services are unavailable or unaffordable, a person's decision may be influenced by preventable suffering rather than genuine personal choice. Ensuring equal access to comprehensive healthcare is considered an important safeguard in protecting human dignity and informed decision-making.

Inequalities may also affect vulnerable populations, including people living in rural areas, older adults, and individuals from low-income communities. Differences in healthcare infrastructure can result in unequal access to both palliative care and legal end-of-life services where euthanasia is permitted.

Within the framework of international human rights, the right to the highest attainable standard of health emphasizes that all individuals should have access to essential healthcare without discrimination. In the context of euthanasia, it should be considered whether or not countries have a responsibility to ensure universal access to palliative care, pain relief, counseling, and social support before expanding access to euthanasia. Promoting equality in healthcare can help ensure that end-of-life decisions are based on genuine autonomy rather than unequal access to medical services or social support.

e. The Role of Medical Professionals

Medical professionals play a central role in the euthanasia debate, as they are responsible for conscientious objection, professional integrity, and patient rights. Physicians, nurses, and other healthcare providers are often required to assess a patient's medical condition, decision-making capacity, and eligibility under national law before any end-of-life decision can be carried out.

In countries where euthanasia is legal, physicians typically have the responsibility to ensure that the patient's request is voluntary, informed, and free from coercion. They must confirm that the patient meets all legal requirements, discuss available

alternatives such as palliative care, and, in many cases, obtain the opinion of one or more independent medical professionals. Accurate documentation and reporting are also essential to ensure transparency and legal compliance.

The medical community remains divided on the issue. Some healthcare professionals argue that assisting patients in ending unbearable suffering is consistent with the principles of compassion, dignity, and patient-centered care. Others believe that intentionally ending a patient's life conflicts with the traditional ethical obligation to "do no harm," as reflected in the Hippocratic Oath and many national medical codes of ethics regarding the importance of the right to life.

Another important consideration is conscientious objection. In many jurisdictions where euthanasia is permitted, healthcare professionals have the legal right to refuse participation if the practice conflicts with their moral, ethical, or religious beliefs. At the same time, healthcare systems must ensure that patients can continue to access lawful medical services without discrimination or unnecessary delays.

f. Cultural, Religious, and Ethical Diversity

Attitudes toward euthanasia are shaped not only by legal systems but also by deeply rooted beliefs about the value of human life, personal autonomy, suffering, and the role of medicine. These beliefs rely on cultural, religious, and ethical principles. As a result, countries have adopted significantly different approaches to end-of-life decisions.

Many religious traditions, including Christianity, Islam, and Judaism, generally regard human life as sacred and oppose the intentional ending of life. These beliefs have influenced the laws of many countries where euthanasia remains prohibited. In contrast, some secular societies place greater emphasis on individual autonomy, arguing that competent adults should have the right to make informed decisions regarding their own bodies and medical treatment, including end-of-life choices.

Cultural values also shape public opinion on issues such as family responsibility, respect for elders, and the role of healthcare professionals. In some societies, collective decision-making and family involvement are considered essential in medical care, while others prioritize individual choice and self-determination. These differences influence how euthanasia is perceived and regulated across the world.

Preventing said diversities from leading to more disparity in existing laws and frameworks, instead of creating a common ground, is crucial for the committee. Since the United Nations recognizes the importance of respecting cultural diversity and freedom of beliefs while also promoting universal principles of human equality and non-discrimination, possible international frameworks should remain consistent with the UN’s human rights obligations overall.

Consequently, the international community has not adopted a single legal approach to euthanasia, allowing states to develop national legislation that reflects their legal traditions and societal values.

9. Member States' Positions

The legal status of euthanasia varies considerably among Member States, reflecting differences in legal traditions, ethical principles, religious beliefs, healthcare systems, and cultural values. While some countries have established comprehensive legal frameworks permitting euthanasia or physician-assisted dying under strict conditions, the majority of states continue to prohibit the practice. As a result, the international community has not reached a consensus on whether euthanasia should be recognized as a human right or remain prohibited under the state's obligation to protect life.

a. States Supporting the Legalization of Euthanasia

Several countries have concluded that, under carefully regulated circumstances, euthanasia is compatible with the principles of human dignity. These states argue that competent adults experiencing unbearable suffering from incurable medical conditions should have the right to decide how and when their lives end.

Countries such as the Netherlands, Belgium, Luxembourg, Spain, Canada, and New Zealand, as well as several Australian states, have legalized euthanasia or medical assistance in dying through detailed legislative frameworks. Although the specific eligibility criteria differ, these systems generally require that the patient's request be voluntary, well-informed, and free from external pressure. Independent medical assessments, waiting periods, and oversight mechanisms are commonly required to ensure legal compliance and protect vulnerable individuals.

Supportive states often argue that respecting personal autonomy is a fundamental aspect of modern healthcare and human rights. They maintain that forcing individuals

to endure unbearable suffering against their wishes may conflict with respect for human dignity. At the same time, these countries emphasize that legalization does not imply unrestricted access; instead, euthanasia is considered an exceptional medical procedure subject to extensive legal safeguards and continuous governmental oversight.

Many of these states also invest significantly in palliative care and argue that euthanasia should exist alongside high-quality end-of-life care.

b. States Permitting Physician-Assisted Suicide

Some Member States distinguish between euthanasia and physician-assisted suicide. In these jurisdictions, physicians may prescribe medication that allows a patient to end their own life, but they are not legally permitted to directly administer the deadly substance.

Switzerland is among the most well-known examples, where assisted suicide is lawful under specific legal conditions provided that assistance is not motivated by selfish interests. Similarly, Austria permits physician-assisted suicide following constitutional and legislative reforms, while several states within the United States, including Oregon, Washington, and California, have enacted laws allowing medical aid in dying for terminally ill adults.

These countries generally argue that maintaining a distinction between euthanasia and physician-assisted suicide preserves patient autonomy while limiting the direct role of physicians in ending life. Nevertheless, these legal frameworks also require strict safeguards, including mental capacity assessments, informed consent, and eligibility criteria designed to prevent abuse.

c. States Opposing the Legalization of Euthanasia

The majority of United Nations Member States continue to prohibit euthanasia. Their opposition is based on a combination of constitutional principles, medical ethics, religious teachings, and concerns regarding the protection of vulnerable individuals.

Countries including Türkiye, Italy, Poland, Egypt, Saudi Arabia, Indonesia, and many nations throughout Africa, Asia, and the Middle East maintain legal prohibitions against euthanasia. These governments generally argue that the right to life is the most fundamental human right and that the state has an obligation to protect human life regardless of age, disability, or illness.

Many of these countries also emphasize that legalizing euthanasia may place subtle pressure on elderly individuals, persons with disabilities, or economically

disadvantaged patients. They consider that not all groups of people have the same circumstances regarding euthanasia because of various reasons. Religious traditions also play an important role in shaping national policies. In many societies, human life is regarded as inherently sacred, and intentionally ending it is considered ethically unacceptable regardless of the circumstances.

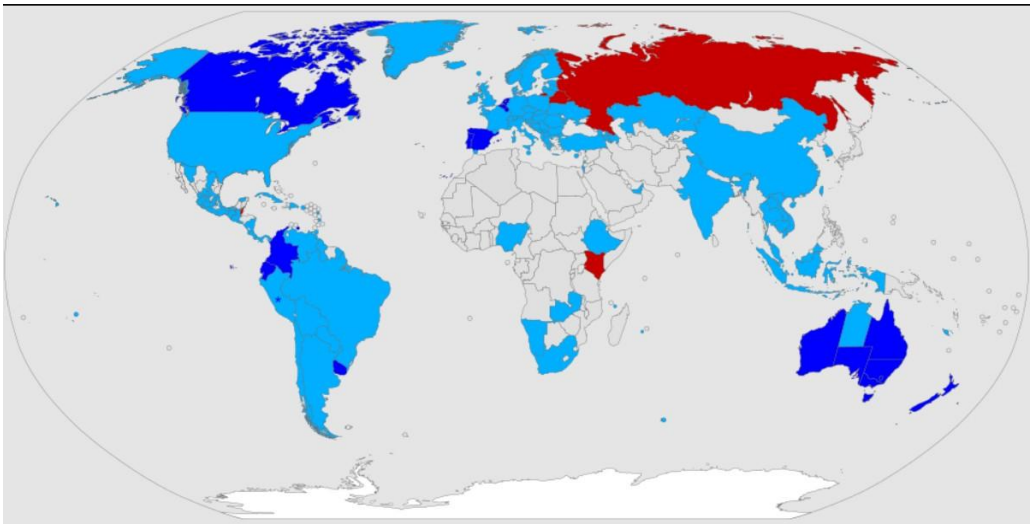
Rather than legalizing euthanasia, these states frequently advocate for expanding palliative care, improving pain management, strengthening hospice services, and increasing psychological and social support for patients and their families.

d. States Undergoing Legal Debate

Some countries have not adopted a definitive national position and continue to experience significant legal, political, and public debate regarding euthanasia.

France has increasingly considered legislative reforms concerning assisted suicide while simultaneously expanding access to palliative care. Germany has experienced constitutional challenges related to assisted suicide, leading to ongoing parliamentary discussions regarding future regulation. Portugal has repeatedly debated euthanasia legislation, with several laws being approved, challenged, and revised before implementation. Likewise, discussions continue in countries such as the United Kingdom and Japan, where lawmakers, healthcare professionals, religious organizations, and civil society groups continue to express differing perspectives.

In these states, debates often focus on balancing patient autonomy with the state's duty to protect life while ensuring that appropriate safeguards exist to prevent coercion or discrimination.



Active voluntary euthanasia is legal (Belgium, Canada, Colombia, Ecuador, Luxembourg, the Netherlands, New Zealand, Portugal, Spain, Uruguay, and the Australian states of New South Wales, Queensland, South Australia, Tasmania, Victoria, and Western Australia),

Passive euthanasia is legal (refusal of treatment/withdrawal of life support),

Active euthanasia is illegal, and passive euthanasia is not legislated or regulated.

All forms of euthanasia are illegal

10. Questions to be Answered

1. **Should euthanasia be recognized as a human right under the principles of personal autonomy and human dignity, or does it conflict with the fundamental right to life?**
2. **How can states balance an individual's right to make decisions about their own body with the state's responsibility to protect vulnerable populations?**
3. **What legal, ethical, and medical safeguards should be required before euthanasia can be performed?**

4. **How can governments ensure that requests for euthanasia are voluntary and free from coercion, family pressure, financial hardship, or discrimination?**
5. **Should euthanasia be limited to terminally ill patients, or should eligibility include individuals suffering from incurable physical or psychological conditions?**
6. **What role should healthcare professionals play in euthanasia, and how should conscientious objection be protected?**
7. **How can access to high-quality palliative care and pain management be improved so that euthanasia is not chosen due to inadequate medical support?**
8. **Should there be international human rights guidelines regarding euthanasia, or should each state determine its own legal framework according to its cultural, religious, and legal values?**
9. **How can transparency, oversight, and accountability be ensured in countries where euthanasia is legal?**
10. **What measures can be taken to prevent the abuse or misuse of euthanasia while respecting patients' rights and dignity?**

11. Bibliography & Further Reading

United Nations General Assembly, Main Committees of the General Assembly. https://www.un.org/en/ga/committees

United Nations Human Rights Council, About HRC https://www.ohchr.org/en/hr-bodies/hrc/about-council

The Merriam-Webster Dictionary https://www.merriam-webster.com/

Government of the Netherlands, Euthanasia www.government.nl/topics/euthanasia

WHO, Palliative Care https://www.who.int/health-topics/palliative-care

European Parliament, Euthanasia Legislation in the EU
https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2025)775914

Government of Canada, MAID (Medical Assistance in Dying)
https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html

Healthdirect Australia, Voluntary Assisted Dying
https://www.healthdirect.gov.au/voluntary-assisted-dying

Death With Dignity National Center
https://deathwithdignity.org/states/

World Federation Right to Die Societies
https://wfrtds.org/world-map/

Wikipedia, Legality of Euthanasia
https://en.wikipedia.org/wiki/Legality_of_euthanasia