



FORUM: Legal Committee (GA6)

TOPIC: Addressing the legal obligations concerning euthanasia and assisted suicide

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POSITION: Co-Chair

PERSONAL INTRODUCTION

Dear delegates of the Legal Committee,

My name is Sofie Valasiadi, I am currently 17 years old, and I attend Ekpaideutiria Avgouleia-Linardatou as a grade 12 student. It is a great honor to be serving as a Co-chair of the Legal Committee in this year's AMLMUN. I have been an active member at my school's MUN Club for 3, almost 4, years and during that time I have participated in numerous different debate conferences, including MUN and served as a Student Officer once before. I look forward to witnessing your collaboration, diplomatic skills and critical thinking, things necessary to tackle this important issue. If throughout your research you have any questions regarding the topic or procedure please don't hesitate to contact me through my email, sofievalassiadi@gmail.com. I hope to be able to assist you and I am very excited to collaborate with you all!

Best regards,

Sofia

TOPIC INTRODUCTION

In a world where medical technology's goal has always been prolonging human life, euthanasia and assisted suicide have posed several questions about whether or not one should have the right of free choice to end it. Putting an end to a life of suffering has been becoming more widely acknowledged as medical science continues to evolve. This has been challenging for legal systems around the world that are currently struggling with finding an answer for this phenomenon. Euthanasia and assisted suicide aren't just centered around a human's right to choose to end their suffering. They also concern ethics, human rights, religious practices, legal systems, and the medical community in general, which is still split on the topic.

Some nations have chosen to legalize euthanasia and assisted suicide under strict laws and monitoring. On the other hand, some other nations consider these practices criminal. The lack of harmony regarding the legalization of euthanasia has created serious conflict and has been the root cause of other phenomena linked to this issue such as death tourism and assisted suicide from people other than licensed professionals.



Making a decision on the topic as a whole that will not cause global conflict is an extremely challenging task. Euthanasia and assisted suicide are completely rejected by most religion and they pose ethical questions, especially in correlation to the Hippocratic Oath. Additionally, many question the ability to distinct medical conditions intervening with a person's ability to make decisions.

These practices could put an end to the suffering of thousands of people in agony from terminal conditions such as end-stage cancer, severe heart or lung diseases and Alzheimer's. The question is; can the countless implications on the topic be minimized in order to reach a global agreement?

DEFINITIONS OF KEY TERMS

Euthanasia¹

“Euthanasia is the act or practice of painlessly putting to death persons suffering from painful and incurable disease or incapacitating physical disorder or allowing them to die by withholding treatment or withdrawing artificial life-support measures. Physicians may lawfully decide not to prolong life in cases of extreme suffering, and they may administer drugs to relieve pain even if this shortens the patient’s life.”

Assisted suicide²

“Assisted suicide, a procedure in which people take medications to end their own lives with the help of others, usually medical professionals. This practice differs from euthanasia, also called mercy killing, in which a medical professional painlessly ends a person’s terminal suffering by withholding or removing treatment or life-support measures. People often request assisted suicide because of a chronic or acute physical or mental condition that has so affected their quality of life.”

Living will³

“Living will is a document in which an individual specifies medical measures to be taken or withheld in the event that one becomes disabled. Advances in medical technology now allow the body to be kept alive in circumstances that would normally result in death (e.g., inability to eat, breathe, or maintain the heartbeat), but many people do not want to be kept alive if there is no chance of recovery. Because it is impossible to express one’s wishes when in a vegetative state, a living will allow them to be stated in advance. Such a document usually specifies conditions

¹ Britannica. “Euthanasia.” *Encyclopædia Britannica*, 31 May 2018, www.britannica.com/topic/euthanasia.

² Baugh, L. Sue. “Assisted Suicide | Definition, Euthanasia, Terminology, Arguments, Laws, & Facts | Britannica.” *Www.britannica.com*, 8 Sept. 2023, www.britannica.com/topic/assisted-suicide.

³ “Britannica Money.” *Britannica.com*, 2025, www.britannica.com/money/living-will.



under which a do-not-resuscitate (DNR) order is to take effect and authorizes another person to make decisions on the patient's behalf."

Suicide/Death Tourism⁴

"Suicide tourism, or euthanasia tourism, is the practice of potential suicide candidates travelling to a jurisdiction to die by suicide or assisted suicide which is legal in some jurisdictions, or the practice of travelling to a jurisdiction in order to obtain drugs that can aid in the process of ending one's own life"

Palliative Care⁵

"Palliative care is a form of health care that seeks to improve the quality of life of patients with terminal disease through the prevention and relief of suffering. It is facilitated by the early identification of life-threatening disease and by the treatment of pain and disease-associated problems, including those that are physical, psychological, social, or spiritual in nature."

Terminal Illnesses⁶

"By definition, a terminal illness is a condition expected to end in death. It means the disease you have is irreversible or incurable. In other words, terminal illness doesn't go away. Terminal conditions can get worse quickly. Or you might have a slow, progressing terminal illness where symptoms gradually worsen over a prolonged period of time."

BACKGROUND INFORMATION

Historical Background of euthanasia

The idea of euthanasia has ancient roots in Greek and Roman culture and philosophy. Philosophers such as Plato, and even people before him like Socrates accepted passive euthanasia in cases of unbearable suffering. On the contrary, Hippocrates adamantly disagreed and explicitly forbade the intentional ending of life. His opinion is made clear in the Hippocratic oath too, where death is only acceptable once all other options have been considered. The term "euthanasia" itself was first introduced during the early modern period by Francis Bacon. It was later elaborated by Karl Marx as a moral obligation for physicians in order to ease suffering and facilitate a painless death in dire circumstances. During the Middle Ages, religious beliefs and particularly Augustinian and Thomistic theology, heavily influenced European opinions on

⁴ cyndymcc. "Death Tourism: How to Regulate This Thriving Industry? - Michigan Journal of International Law." *Michigan Journal of International Law*, 5 Dec. 2016, www.mjilonline.org/death-tourism-how-to-regulate-this-thriving-industry.com . Accessed 16 Aug. 2025.

⁵ "Palliative Care | Medicine." *Encyclopedia Britannica*, www.britannica.com/science/palliative-care.

⁶ Cleveland Clinic. "Terminal Illness: Meaning, Types & Care." *Cleveland Clinic*, 15 Oct. 2024, my.clevelandclinic.org/health/articles/terminal-illness.



euthanasia, overwhelmingly condemning suicide and any end of life suffering through interventions as they were considered violations of divine law.

In the 19th century, discoveries of anesthetic drugs in botanology and intellectual shifts brought back discourse on euthanasia. 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 that were led by Anna Sophina Hall, pushed law proposals in Ohio and Iowa. In the end, these laws were ultimately rejected.

During the Nazi period, forced euthanasia programs led to mass murder of disabled individuals, something that significantly compromised public trust and slowed down legalization efforts in post-war Europe. Only from the 1960s 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.

Ethical dilemmas

Assisted dying raises a number of fundamental ethical issues that create conflicting feelings in the majority. Some of them are surrounding moral values and societal impacts. Patient autonomy is put against the medical duty not to harm are central to the debate as stated in the Hippocratic oath.

Some are convinced that patients who are suffering unbearably ought to be allowed to decide on death and that honoring decisions such as theirs can be an act of compassion. Others feel that taking a life on purpose disrespects the core medical ethic of the Hippocratic oath and may ruin the confidence that the public places in healthcare professionals as healers.

The slippery slopes are the second main concern. Legal voluntary assisted dying could increasingly give rise to involuntary euthanasia, especially in vulnerable populations, like the mentally challenged, though there is unclear evidence as to whether this has occurred in the past.

Other ethical tensions are also caused from societal impact and stigmatization. Legalizing assisted dying may seem as though certain lives, and particularly those of the elderly, disabled, or mentally ill, are less worthy. This often places pressure on individuals to choose death in order to avoid being a burden.

While the inadequacy of alternatives, such as palliative care, also raises questions on whether the choice of dying is motivated by insufficiency of care rather than actual desire to die. Proposals to include individuals with mental illness as recipients of medical aid in dying are also creating concerns for capacity as well as consent due to the mindset of the patients.

The ethical issues behind assisted dying ultimately come down to issues of equality, professional responsibility, autonomy, and what it means to deliver compassionate care. A



balance between protecting societal values and honoring the choices of individuals is needed to resolve this issue.

Status Quo

As of 2025, around 200–300 million people live in jurisdictions that legally permit some form of assisted dying in forms such as euthanasia or physician-assisted suicide. In Europe, for example, the Netherlands legalized both options in 2002 and permitted euthanasia in cases of unbearable suffering, even in psychiatric cases, something not everyone agrees upon. From 2023, children of any age under strict conditions are also allowed to receive such aid. Belgium followed soon after in 2002 and extended eligibility for assisted dying to minors in 2014. Luxembourg decriminalized assisted dying in 2009. Spain has allowed euthanasia since 2021 and Portugal’s law passed in 2023 though it is still awaiting approval before taking effect. In Austria, assisted suicide was legalized in 2022 after the constitutional court ruled that the right to decide to end one’s own life is a fundamental human right. Switzerland has long permitted assisted suicide but not euthanasia. This was made possible through nonprofit organizations like Dignitas.

In the American continents, Canada’s law that was implemented in 2016 called MAID now legally allows access to assisted dying for terminal and some non-terminal conditions. In South America, countries like Colombia, Ecuador, and New Zealand also permit assisted dying, with New Zealand adopting the End of Life Choice Act in 2020 and taking effect in 2021.

In Australia, voluntary assisted dying is now legal in almost all states. Additionally, in the United States, 10 states as well as Washington currently allow physician-assisted dying under the “Death with Dignity” laws, beginning with Oregon in 1997.

Meanwhile, France’s National Assembly approved a bill in May 2025 that legalizes assisted dying for adults with terminal illnesses and unbearable suffering. The recipients are subject to medical team confirmation to ensure decisions are not rushed or affected by mental conditions. Other countries, including Germany, are also actively advancing assisted dying laws.





Figure 1: Physician-assisted dying legislation around the world⁷

Death Tourism

Death tourism, suicide tourism, or euthanasia tourism refers to the practice where one travels to a foreign country or another continent in order to die by assisted suicide or euthanasia. It is a phenomenon occurring since end-of-life choices are variably legalized across the globe.

In countries where euthanasia is banned or outlawed to a large extent, incurable disease patients or those with chronic and painful conditions may travel elsewhere. The most sought-after destination for death tourism is Switzerland due to relatively lower limitations on assisted dying and the presence of organizations like Dignitas that offer such a facility to foreign visitors under tight conditions. Other countries, such as the Netherlands, Belgium, and Canada, also have assisted dying systems, though these tend to be available for natives or citizens primarily. The causes of death tourism are complex, typically involving unnecessary suffering, loss of autonomy, and the desire to die with dignity.

⁷ Victoria, Australia. www.bma.org.uk/media/6706/bma-where-is-pad-permitted-internationally.pdf.



However, death tourism raises several ethical, legal, and philosophical concerns. Some find it can be utilized to take advantage of the vulnerable for monetary gain while avoiding forced mental health evaluations, while others see it as an inalienable right of humanity to choose death. Another chilling concern is uneven levels of medicine and potential coercion.

Despite its negative connotation, death tourism is increasing as medical technology prolongs life without perhaps improving its quality, and as euthanasia law reformulates itself globally. Death tourism is just a sign of uneven healthcare law, yet also of profound concerns in society about autonomy, compassion, and how to die well.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

Switzerland

The involvement of Switzerland in assisted suicide is often used as an example for other countries to follow when faced with issues regarding assisted dying. While euthanasia is still technically illegal in Switzerland, assisted suicide is allowed under certain strict conditions. Some examples of those are mental wellness and patient's control over decisions. The legal termination of life in Switzerland is allowed with the assistance of a third party, as long as the third party does not have a hidden motive in doing so, such as money or satisfaction. This act has led to Switzerland becoming a destination for individuals from all over the world in large numbers to receive assisted suicide from groups such as Dignitas and Exit. Switzerland is one of the most progressive countries in Europe when it comes to the legal rights of individuals to choose their own death. However, the process is controversial and some even suggest it will allow vulnerable people to be stigmatized or induced into ending their lives, while others suggest it ensures a calm and dignified end to an agonizing life.

Dignitas

Dignitas is a Swiss non-governmental organization that has pioneered assisted suicide services since 1998. The organization is based in Zurich and provides legal assistance to foreign and Swiss nationals who want to receive assisted dying services and are prepared to die with dignity. The organization only operates under the law of Switzerland where assisted suicide is allowed as long as it does not have malicious or selfish intentions. Dignitas has become especially well-known for helping foreigners that seek assisted dying in Swiss regions, due to it being illegal in several nations. Although Dignitas faces controversy, some have commended it for offering humane and ethical choices for individuals faced with unceasing pain though others worry about patients being exploited and vulnerable.

The Netherlands

The Netherlands were the first nation to decriminalize euthanasia and assisted suicide and the historic legislation that legalized them was passed in 2002. The "Act on Termination of



Life on Request and Assisted Suicide” legalizes for physicians to help terminally ill patients to end their lives, provided the voluntary wish of the patient is thoroughly evaluated and expressed by one who intolerably suffers from a medical disorder or terminal illness. The legislation has strict protective measures in place, such as requiring a second physician's consent. The Netherlands are pioneers in the practice of end-of-life care, and euthanasia occurs in very few areas. The practice is, however, controversial. Some advocate such practices should be legalized for non-terminal psychiatric patients while others label it exploitation. Despite all these controversies, the Dutch model has influenced the evolution of assisted suicide and euthanasia around the world.

Belgium

Belgium legalized assisted suicide and euthanasia in 2002 and is one of the few countries where both are legal under very strict conditions. The euthanasia provision of the law is for patients suffering unbearably from terminal illness or severe medical condition, while the patient's choice must be voluntary and well considered. Belgium was the first country in 2014 to make it legal to apply the euthanasia law on children, although in very stringent circumstances. Though the legislation was hailed as progressive, it equally spawned bitter controversies about protections, notably when expanding euthanasia to mental patients is debated upon.

Luxembourg

Luxembourg legalized euthanasia and assisted suicide in 2009 and currently allows the patients to be assisted in dying honorably if they are suffering from an incurable illness or unbearable agony. There are strict conditions like the consent of the patient and an unmistakable request that must be followed in order to perform assisted suicide and euthanasia as the law states explicitly. The Luxembourgian law is comparable to Dutch and Belgian law, and it is a humane setting offered to people who want to end their lives at their own hand. However, the law remains the center of ethical debate in the sense that coercion is created among vulnerable groups.

Dignity in Dying/ The voluntary euthanasia society (VES)

Dignity in Dying, previously named “the Voluntary Euthanasia Society” (VES) and created in 1935, is a body in the United Kingdom, advocating for the legalization of assisted dying. It has been calling for the introduction of a regulated system in which terminally ill individuals can apply for legally permitted assisted suicide or euthanasia since its founding. Despite being illegal in the UK, Dignity in Dying continues to ask for a law amendment on the basis of abuse protection and patient autonomy. The issue is a controversial one in the UK.

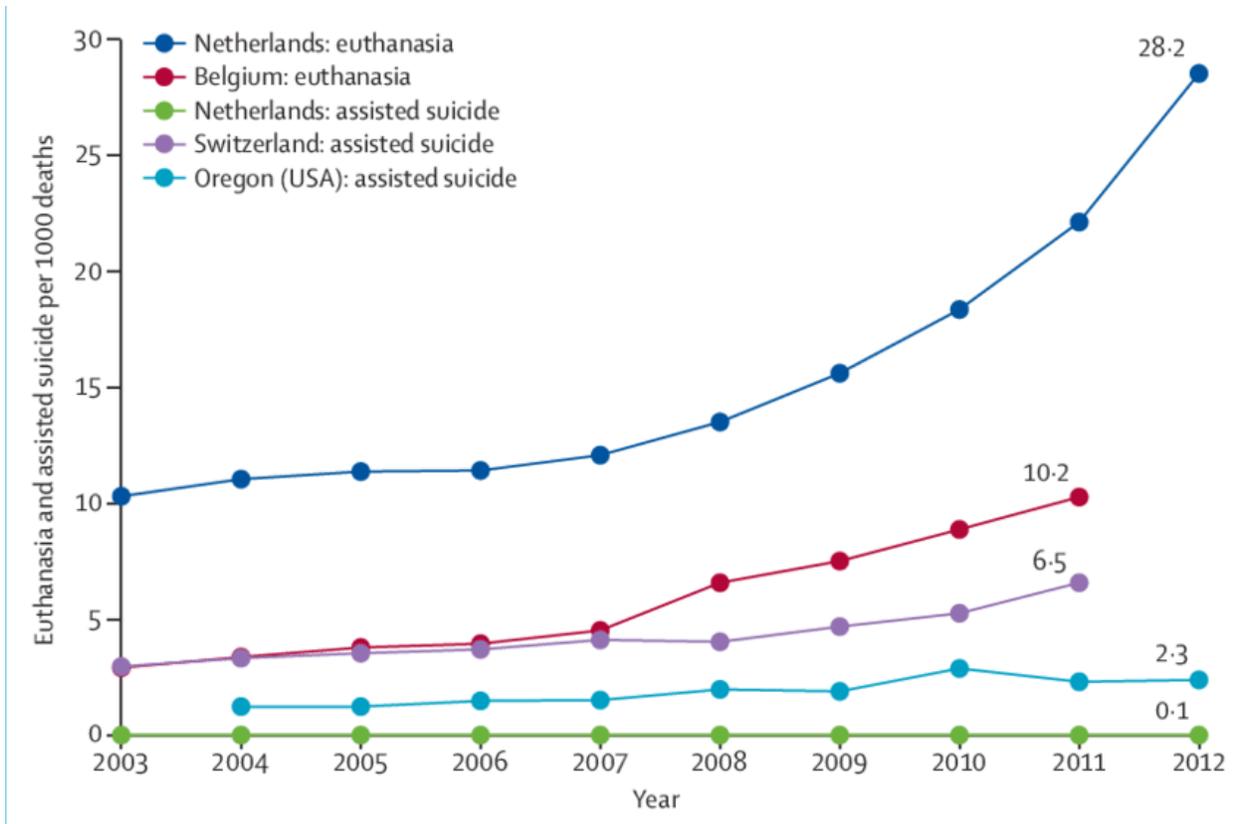


Figure 2: Euthanasia and assisted suicide per 1000 deaths⁸

TIMELINE OF EVENTS

DATE	EVENT
1948	Universal Declaration of Human Rights adopted by the United Nations, emphasizing right to life, but with no direct mention of euthanasia or assisted suicide. ⁹
1973	Oregon (USA) decriminalizes physician-assisted

⁸Figure: Euthanasia and Assisted Suicide Evolution in Countries That... | Download Scientific Diagram, www.researchgate.net/figure/Figure-Euthanasia-and-assisted-suicide-evolution-in-countries-that-have-legalised-these_fig1_263857834 . Accessed 16 Aug. 2025.

⁹ universal-declaration-of-human-rights



	suicide, leading to later legislative changes. ¹⁰
1999	The European Court of Human Rights in the case of Pretty v. United Kingdom ruled against recognizing a right to assisted suicide, but emphasized individual autonomy in end-of-life decisions. ¹¹
2002	The Netherlands becomes the first country to legally allow euthanasia and assisted suicide under strict conditions. ¹²
2004	The European Court of Human Rights rules in Koch v. Germany, affirming that people have a right to choose to end their lives, but without legal obligation to assist in euthanasia. ¹³
2005	Dignitas (Switzerland) assists its first British citizen to die through euthanasia, raising international concerns and discussions ¹⁴
2008	The UN Human Rights Council releases a right to life report with no conclusion on euthanasia but concentrated on patient autonomy and dignity at the time of dying. ¹⁵
2014	Belgium legalizes its euthanasia law for children for the first time under strict controls. ¹⁶
2017	Switzerland records its first British overseas patient for involvement in an assisted suicide as Brexit talks intensify, creating more interest in assisted suicide

¹⁰ “Attorney General - Oregon Department of Justice.” *Oregon Department of Justice*, Nov. 2021, www.doj.state.or.us/.

¹¹ *Factsheet -End of Life and the ECHR End of Life and the European Convention on Human Rights Right to Life and Right to Respect for Private Life*. 2022, www.echr.coe.int/documents/d/echr/fs_euthanasia_eng.

¹² Government of the Netherlands. “Euthanasia.” *Government.nl*, 2016, www.government.nl/topics/euthanasia.

¹³ fs_euthanasia_eng

¹⁴ Karin. “Home.” *Home*, www.dignitas.ch. Accessed 16 Aug. 2025.

¹⁵ “Human Rights Committee Continues Discussion on Draft General Comment on the Right to Life.” *OHCHR*, 2018, www.ohchr.org/en/press-releases/2018/04/human-rights-committee-continues-discussion-draft-general-comment-right-life . Accessed 16 Aug. 2025.

¹⁶ belgium-euthanasia-law-children-assisted-suicide



	tourism. ¹⁷
2021	UN Human Rights Council discusses the right to die with dignity but issues no binding decisions on euthanasia and assisted suicide. ¹⁸

RELEVANT UN TREATIES, CONVENTIONS AND RESOLUTIONS

The Universal Declaration of Human Rights (1948)

The Universal Declaration of Human Rights (UDHR) of the UN on December 10 1948, emphasises the right to life but does not mention euthanasia or assisted suicide explicitly. The UDHR has been a driving force in the global discussion of the right to life and protection of people from unwarranted intrusions into their lives. The document is referenced greatly whenever the legality and morality of euthanasia and assisted suicide are challenged.

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

The UN adopted the ICCPR on December 16 1966 and it was formally enforced on March 23 1976. The ICCPR is not on point regarding issues such as the right to life, which has guided international thinking on euthanasia and assisted suicide, though such are commonly raised when considering whether or not the right to life is synonymous with the right to die on one's own terms. This treaty is one of the core international human rights treaties and it seeks to protect and uphold the civil and political rights of individuals, ensuring that their freedoms are respected and protected by law. Other countries, including Belgium and the Netherlands, repeatedly mention the ICCPR in euthanasia laws.

UN Human Rights Council Report (2016)

In 2016, the UN Human Rights Council released a report on human rights and end-of-life decisions, in which it declared that it is within the individual's right to face a dignified death. The report does not suggest the legalization of euthanasia and assisted suicide but rather emphasises how guaranteeing autonomy and freedom in medical decisions is a requirement. This report stimulated global debate regarding whether there ought to be a right to assisted dying under the human rights mandate.

¹⁷ [uk-28876130](#)

¹⁸ *Submission to the Committee on Justice on the Dying with Dignity Bill 2020 Irish Human Rights and Equality Commission*. 2021, www.ihrec.ie/app/uploads/2021/02/IHREC-Submission-on-Dying-with-Dignity-Bill-Final-PDF-03022021.pdf.



PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Act on Termination of Life on Request and Assisted Suicide

Netherlands was the country that first legalized euthanasia and doctor-assisted suicide under strict conditions. The 2002 Termination of Life on Request and Assisted Suicide Act allows doctors to facilitate the death of a patient if requirements are met. That includes testing whether the patient is unbearably suffering with no hope of improvement in any way. Groups such as Exit International have borrowed the Dutch model as a model on which to campaign for end-of-life rights globally. Other countries used the Dutch model as a benchmark for euthanasia or assisted suicide legislations.

Exit Deutsche Schweiz

Exit Deutsche Schweiz is a non-profit organization founded in 1982 that is based in Switzerland and it plays an important role in assisting terminally ill or sick patients who want to receive assisted suicide, which has been legally practiced in Switzerland since the 1940s as long as it is not done for selfish motive. Unlike in the majority of other countries, Switzerland not only permits foreigners but also Swiss nationals to be provided with assisted suicide services. Exit provides a controlled procedure to those who choose to utilize this service. The organization is an advocate of patients' rights to make independent terminal decisions and is in favor of more consistent legislation and enhanced patient rights globally. Exit remains an advocate for the right to die and is fighting for personal dignity.

The Aruna Shanbaug Case

India's Supreme Court in 2011 also debated upon the topic of euthanasia in the light of the case of Aruna Shanbaug and that was related to passive euthanasia. Shanbaug was a nurse who had been, for more than 40 years, lying in a vegetative state after being attacked. She was the focal point of the controversy. The Court sanctioned passive euthanasia, which is the withdrawal of life support under very strict circumstances such as approval by the patient's family and a medical board. The Court stuck to active euthanasia's illegality but the Aruna Shanbaug Case was crucial for the acceptance of passive euthanasia in India.

Right to die Movement- South Africa

South Africa was under mounting pressure to make euthanasia and assisted suicide legal, led by the battle of right-to-die campaigner Mervyn Hough and others. The Constitutional Court had to rule in 2015 on the case of terminally ill man Robin Stransham-Ford who asserted the right to have an assisted suicide. The court initially favored him, but eventually decided to overturn the verdict following his death and the legitimacy of the law remains questionable. Though since then the question has been controversial with ongoing religious and cultural opposition, the right-to-die movement is still in need of change.



POSSIBLE SOLUTIONS

Global Legal Framework

A potential solution to address debates on euthanasia and assisted suicide is establishing a legal framework that is applicable worldwide, through the United Nations for assisted dying, just as it has been done in countries like the Netherlands or Belgium. Euthanasia would be legal for patients that have specific qualifications such as a terminal disease, painful suffering, and no form of treatment that can be applied. The criteria for which patients can qualify for euthanasia would be determined by medical professionals in order to establish research-based, clear guidelines. Repeating assessments by independent physicians would need to be completed in order to determine the patient's status and understand if the decision is informed and voluntary or a result of pressure. Psychological assessments would need to be completed to confirm that the patient is sane, not depressed or under the influence of any substances. The intent of the system would be to grant patients the right to die with dignity without facilitating abuse while also preventing phenomena that rose from the limited access to euthanasia and assisted suicide such as death tourism.

Enhancing Palliative care as an alternative

A second approach that is applicable to all nations, even those that cannot accept assisted dying for religious reasons or any other factor, is to enhance palliative care as an alternative. Rather than legalizing euthanasia and assisted suicide, nations would invest in cultivating and improving end-of-life care so patients with terminal or chronic disease can find relief. This would involve ensuring that patients are provided with medication that can alleviate their pain, psychiatric care, and social work to minimize the need for euthanasia. By prioritizing quality of life and dignity over everything, this approach can provide an alternative to euthanasia which will maintain the patients' dignity while also offering them the option to continue living in better conditions. It would also change the focus from death as the answer to life-sustaining care in the terminal phase of illness and reduce stigma on euthanasia as the only available option due to lack of palliative care.

Educational Campaigns

A successful method of addressing euthanasia and assisted suicide discussions is through increasing public education through campaigns hosted by the United Nations on such options and their alternatives. Ignorance, confusion and a lack of education on the matter often create stigma for euthanasia especially in highly religious areas and as a result, the public develops a negative opinion for such practices. Educational campaigns can teach people to distinguish euthanasia from assisted suicide and withholding treatment (passive euthanasia) while also informing about already available alternatives like palliative care and hospice care. Media coverage of patients' and their families' stories could also help reduce disapproval, and help the



public understand that euthanasia is, in many cases, a peaceful way to end one's life when dealing with terminal illnesses or suffering.

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