## United Nations Human Rights Council (UNHRC)

MetMUNC XLVIII

## **Topic: Euthanasia**

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Euthanasia, or physician-assisted suicide, has been a practice for millennia, stemming as far back as ancient Greece. Meaning "gentle and easy death" in Greek, euthanasia is meant to give suffering terminal patients a chance to escape their pains. With there being millions of terminally ill patients globally, many of them are experiencing indescribable pain. Defined as the practice of painlessly killing



Graphic 1: Map of countries that currently have some sort of legal euthanasia.

a patient suffering from an incurable and painful disease, euthanasia has caused massive debates in the healthcare and global community. In ancient Greece, those who were sick with incurable diseases had an option laid out easily for them: physicians could provide them with poison. However, with the introduction of the Hippocratic Oath and other modern medicinal ethics standards, euthanasia became illegal. Although still practiced, it was outlawed in many later civilizations such as Rome, as well as many nations today. There are two forms of voluntary euthanasia: passive and active. Both require the consent of the patient, but only active euthanasia involves the help of the physician. Passive euthanasia entails denying treatment that would continue the life of a terminally ill patient, such as food, oxygen, and certain medicines. However, passive euthanasia can be a very painful experience, as the process of self starvation and other means can take days to come to fruition. Active euthanasia can usually avoid this excess pain and uses lethal actions, such as injections, which normally consist of three drugs: pancuronium bromide to cause muscle paralysis and respiratory arrest, potassium chloride to stop the heart, and sodium thiopental to induce unconsciousness. Passive euthanasia is legal in the majority of nations; whereas, active euthanasia is only legal in a handful of nations.<sup>1</sup>

In a statement on the right to life, UNHRC advocated for active euthanasia with the full consent of a terminally ill patient in 2018.<sup>2</sup> Although they would rather patients live, the UNHRC realizes that many patients want to die with dignity. However, the UNHRC does not give specific guidelines on how to protect the rights of patients, only giving a general statement. This states medical professionals "must ensure the existence of robust legal and institutional safeguards to verify that medical professionals are complying with the free, informed, explicit and unambiguous decision of their patients, with a view to protecting patients from pressure and abuse." There are no current globally accepted guidelines, and as the UNHRC, we need to make sure that the rights of the people are protected. Individual countries in which euthanasia is legal have various methods of protecting patients and helping them to make sure they are certain of their decisions. In countries such as the Netherlands, there are basic guidelines that must be met

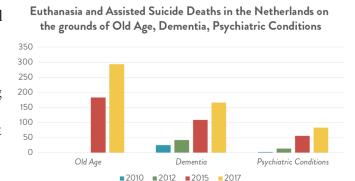
<sup>&</sup>lt;sup>1</sup> https://www.differencebetween.com/difference-between-active-and-vs-passive-euthanasia/

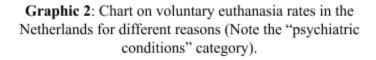
<sup>&</sup>lt;sup>2</sup> https://www.ohchr.org/EN/HRBodies/CCPR/Pages/GC36-Article6Righttolife.aspx (link to pdf of report on UNHRC website)

to go through the procedure. These include: being terminally ill, the decision being voluntary, and alternatives being explained to the patient.<sup>3</sup> These same criteria are mirrored in the limited number of nations that currently have legalized euthanasia.

Earlier this year, a Dutch teen named Noa Pothoven passed away at the age of 17.

Pothoven had been a victim of sexual assault at a young age, resulting in depression and suicidal thoughts. Early reports stated that her cause of death was euthanasia due to information coming out that she had recently requested the treatment from a euthanasia center in the Netherlands. However, later reports from the Dutch Ministry of Health stated that the cause of death was from personal starvation because her request





from euthanasia had been rejected.<sup>4</sup> Although the treatment had been rejected because at the time she was 16 and did not have parental permission, if she had tried again when she was 17, she would no longer need permission from her parents.<sup>5</sup> This led to two new questions: "Is mental illness an acceptable justification for voluntary euthanasia?" and "What should the minimum age requirement be for euthanasia, if one should exist?"

The majority of the time, religious beliefs influence the standpoints of those who reason against euthanasia. Whether it be churches like the Church of England being against the practice,

<sup>&</sup>lt;sup>3</sup> http://www.patientsrightscouncil.org/site/holland-background/

<sup>&</sup>lt;sup>4</sup>https://www.washingtonpost.com/nation/2019/06/05/an-anguished-dutch-teenager-who-was-raped-child-is-euthaniz ed-her-request/

<sup>&</sup>lt;sup>5</sup> https://nypost.com/2019/06/08/this-teens-death-wasnt-euthanasia-but-it-was-still-deeply-wrong/

or religious followers being against it due to their teachings, many people around the world are against the practice due to their religious beliefs. This is shown in countries that follow Sharia law. In the teachings of Islam, life is seen as sacred, making practices such as euthanasia illegal in all countries that follow Sharia law.

Those who are not against euthanasia due to religious beliefs often oppose it due to fear of what its legalization could lead to. Groups like Care Not Killing in the UK argue that "instead, once any so-called 'right-to-die' is established we will see incremental extension with activists applying pressure to expand the categories of people who qualify for it."<sup>6</sup> This expansion could open up the doors to many issues. This includes non-voluntary euthanasia for patients unable to make decisions for themselves, where doctors would be able to assume or guess what the patient would want in this situation. These assumptions could be correct sometimes, but there are many people who would not want the doctor to make this decision for them, whether they would still want euthanasia or would want to live.

Moreover, legal euthanasia can reduce the numbers of terminal patients, who pursue long, but possibly successful treatments for a variety of illnesses. One such example was with Jeanette Hall, who was given six months to live with her cancer, the prognosis required to be eligible for euthanasia in Oregon. She was adamant about proceeding with euthanasia, as she did not want to suffer through radiation therapy, which is a treatment that does not guarantee survival. As she was refusing the therapy, she was considered a terminal patient, making euthanasia an option for her. Her doctor refused to give her the lethal drugs, and after weeks

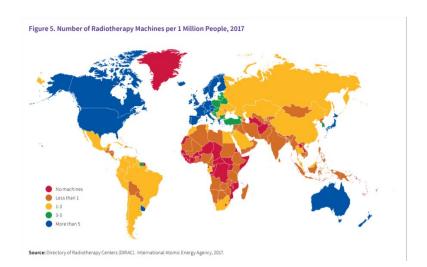
<sup>&</sup>lt;sup>6</sup> https://www.carenotkilling.org.uk/about/

convinced her to go through with cancer treatment. After treatment, her cancer was eventually cured.

Hall's story shows how controversial the debate over euthanasia has become. Hall didn't want to face the tough radiation therapy she would need to go through in order to have a chance of survival; however, that chance was still there, and in the end the treatment was successful, and it granted her a life she enjoyed.<sup>7</sup> Many of the patients that are considered candidates for this process may still have the ability to live after going through treatment, but like Hall, may believe

this task is not worth the struggle of going through the treatments, which may take months.

Typically, patients who go through radiation therapy tend go 5 days a week (Monday-Friday) for 3-9 weeks, and it is one of the most common and effective forms of treatment for many cancer patients.<sup>8</sup>



Graphic 3: Map of countries and the number of radiation therapy machines relative to their population.

Globally, however, many people lack easy access to these machines, which could be the difference needed to save a patient's life.<sup>9</sup>

Today, the debate on whether euthanasia should be legal is controversial and morally challenging. However, action is still being taken in many UNHRC member states. Some

<sup>&</sup>lt;sup>7</sup> https://www.dailysignal.com/2015/05/18/assisted-suicide-how-one-woman-chose-to-die-then-survived/ <sup>8</sup> https://www.cancer.net/navigating-cancer-care/how-cancer-treated/radiation-therapy/what-expect-when-having-radi ation-therapy

<sup>&</sup>lt;sup>9</sup> https://www.cancer.org/research/cancer-facts-statistics/global.html (4th edition)

members currently have bills in their legislative systems in the works intended to legalize euthanasia, whether they will pass or not, as well as movements to make euthanasia legal. Countries like the US (where it is only legal in some states) and the United Kingdom (where legislation has failed in the past) have some sort of movement to legalize euthanasia.<sup>10</sup>

It is our job as the UNHRC to clearly outline the rights people have and to help set standards for the practice in whatever way we as a committee determine is necessary to protect the rights of patients around the world.

<sup>&</sup>lt;sup>10</sup> https://www.deathwithdignity.org/take-action/

## **Questions to Consider:**

- 1. Is euthanasia legal in your country? If so, what are the guidelines that are used to protect patients?
- 2. What movements for legalization are currently in your country?
- 3. Why are the people in your country for/against euthanasia?
- 4. How do the physicians in your country feel about euthanasia?
- 5. Does your country have the economic capabilities to pay for treatments that could cure terminal diseases?

## Helpful Links:

- <u>https://www.verywellhealth.com/what-is-euthanasia-1132209</u>
- <u>https://www.mydeath-mydecision.org.uk/info/assisted-dying-in-other-countries/</u>
- <u>http://www.patientsrightscouncil.org/site/holland-background/</u>
- <u>https://www.deathwithdignity.org/take-action/</u>