

Committee: Legal Committee

Issue: The legality of physician-assisted suicide

Student Officer: Ekin Gur, Dionysis Fotopoulos

Position: Co-Chair

PERSONAL INTRODUCTION

My name is Ekin Gur and I will be serving as one of your co-chairs for this conference. I attend Campion School Athens and I am currently in my first year of IB. I started my MUN experience by the force of my English teacher at the time, however now ACGMUN has become a conference that I cannot wait for. Despite not being one of the most frequent MUN attenders, I have definitely developed many skills that I think will be useful in my future life which is what makes me so eager to attend more and more MUN conferences. However, to truly admit my ambition increases after every MUN conference predominantly due to the wide range of people I meet who broaden my knowledge equally if not more than the conference itself. I am particularly interested in this experience more than my others as I am planning to take a career path in law and the topics we will discuss genuinely excites me.

I cannot wait to meet all of you and hope that you are as excited about this experience as I am.

Best wishes,

Ekin Gur

My name is Dionysis Fotopoulos and I will be serving as the main Chair of the committee. It is my great pleasure to welcome you in the 1st ACGMUN and I totally wish you a great, productive and fruitful conference. The delegates of the Legal Committee will have to deal with two crucial issues that are really important for our globalized world. I recommend that delegates apart from the study guides had better engage themselves in their own research as well as be aware of their country's policy and stance on each issue.

I started my MUN experience three years ago and I am now definitely excited about every MUN conference. I am also keen on legal issues and particularly concerning, international law. I believe that MUN is the utmost opportunity to develop skills, abilities and highlight the attributes that everyone has. So, dear delegates, I am more than convinced that an MUN conference like ACGMUN will be

an undeniable incentive for you to improve yourselves in multiple dimensions and surely have fun.

Do not hesitate to contact me for further information concerning the conference and the issues at hand via my personal email: nikfot70@gmail.com

Regards,

Dionysis Fotopoulos

TOPIC INTRODUCTION

Debating whether or not there is a justification behind the taking of a person's life via the physician-assisted suicide is very often. Due to this expand, many legal and moral questions have arisen, thus rendering the topic of physician-assisted suicide as a controversial issue or rather literally the bone of contention. Several countries have already legalized physician-assisted suicide, thus paving the way for the desires of more people who want to commit such suicide due to expanded health problems. Nevertheless, the questions of both morality and legality still remains. In 2003, the Netherlands became the first state that legalized assisted suicide and euthanasia, so patients are able to ask for it as long as they suffer unbearable pain, their pain is incurable, and the demand is made under full consciousness¹. In 2010, almost 3,000 were given a lethal cocktail under medical supervision. Since 2003, several other countries and six states in the U.S. have legalized assisted suicide as well. This situation has created many problems because in other countries assisted suicide is still illegal and it is counted as homicide, consequently the people living there and being its proponents have the tendency to struggling for the purpose of acquiring something which is established in other states. Arguably, it is imperative to reach an international solution on this questionable issue, as well as form the criteria under which someone will have the right to commit assisted suicide, thus giving an end to their life.

DEFINITION OF KEY TERMS

Physician-assisted suicide

"Physician-assisted suicide is the act of a physician prescribing a drug to a patient which drug the patient is able to take on his or her own without the assistance of a

¹ "Euthanasia and assisted suicide laws around the world." *The Guardian*. Guardian News and Media, 17 July 2014. Web. 10 Feb. 2017.

medical provider or another person”². This drug has immediate results as unconsciousness occurs within solely five minutes and death within thirty minutes.

Euthanasia

Many believe it is prudent to determine the differences between assisted suicide and euthanasia. According to distinguished lawyers euthanasia is “the act of putting to death a person suffering from an incurable condition”.

Voluntary euthanasia

Concerning euthanasia there is also a distinction. “Voluntary active euthanasia occurs when a medical provider or some other person administers a lethal dose of a drug to a patient upon the patient’s specific request”.

Involuntary euthanasia

“Involuntary euthanasia occurs when a medical provider or some other person administers a lethal dose of a drug to a patient without the patient’s specific request”³.

Legality

Legality is defined as “the quality or state of being in accordance with the law”⁴. In our issue, the question of legality of physician-assisted suicide refers principally to national law, yet undoubtedly this topic has international orientation, so it is imperative for action to be taken in international level. Consequently, the solution that would be reached had better be in accordance with both national law’s that do let assisted suicide occur and international laws that delegates will be requested to recommend their determination and establishment.

BACKGROUND INFORMATION

In order to give the delegates the opportunity to understand the topic properly, as well as have an in-depth insight on how they will be requested to deal with the multiple dimensions that it covers, it is totally prudent to pertain to several arguments related to both in favor and against assisted suicide, and also focus on several general areas of attention that they need to bear in mind.

² "Physician-Assisted Suicide: Legality and Morality." *Levin Papantonio | Personal Injury Lawyers | Pensacola, Florida*. N.p., n.d. Web. 10 Feb. 2017.

³ "Physician-Assisted Suicide: Legality and Morality." *Levin Papantonio | Personal Injury Lawyers | Pensacola, Florida*. N.p., n.d. Web. 10 Feb. 2017.

⁴ "Legality." *English Oxford living Dictionaries*. Oxford University Press, n.d. Web.

Suicide lessens the value of life

Such a profound argument that many believe is the quintessence of the reasons that they reject the assisted suicide. This argument is totally related to morality questions. "Morality centrally concerns how our choices bear on the intrinsic goods of human persons—such goods as life and health, knowledge, friendship, and others"⁵. It is imperative for everyone to cater for the fellow men and act accordingly in order to ensure humans' progress and prosperity. So, the choice to kill a person even if it is for a good purpose and end, it is rather opposed to the appreciation of human life and is inconsistent with the ideals of humanism. This fact is true for both killing others and killing oneself. The life of someone is unique and it is identical to his reality and substance. Consequently, it is vital need to preserve them in life in spite of letting them swallow lethal cocktails and pills. When someone observes a close person suffering they have the duty not to compassionate by helping them die, but by providing them with emotional support and mental restoration.

The liberal view of determining death

In the light of liberalism it is everyone's fundamental right to determine what they will do with their lives. Everyone has a single life and it is at their discretion to decide how it is going to be. In U.S. the Ninth Circuit and the United States Supreme Court proceeded in an in-depth analysis concerning the legal perspective of the issue and particularly concerning "whether an individual has a due process liberty interest in determining the time and manner of death"⁶. These two prestigious courts concluded that such an interest liberty does exist according to the U.S. constitution. One of the judges Mr. Reinhardt commented on the results by saying that one's decision to die or not is "one of the most intimate and personal choices in their lifetime", a choice directly related to "personal dignity and autonomy". He also specifically refers that "How a person dies not only determines the nature of the final period of his existence, but in many cases the enduring memories held by those who love him". Furthermore, the court referred to the fact that "the right to define one's own concept of existence, of meaning, of the universe, and of the mystery of human life is at the heart of liberty". Consequently, according to those theories the prerequisite for the purpose of attributing properly justice and providing people with liberties is to give them the opportunity to determine the function of their lives, the ability to put an end whenever they want. The opinion that the proponents of physician-assisted suicide seem to voice is the right to everyone to die with dignity,

⁵ "Say No to Physician Assisted Suicide." *Cato Unbound*. N.p., n.d. Web. 10 Feb. 2017.

⁶ "Physician-Assisted Suicide: Legality and Morality." *Levin Papantonio | Personal Injury Lawyers | Pensacola, Florida*. N.p., n.d. Web. 10 Feb. 2017.

meaning that the request for the decriminalization of assisted suicide is becoming more and more common.

Doctor's duty to relieve suffering

It is widely spread that the moral and institutional duty of doctors is the relief of patients' suffering. According to Hippocratic Oath's the doctor should be committed to his purpose, thus not harming the patients but relieving their suffering and giving an end to their agony. Nevertheless, several concerns are emerging concerning the role of physician as a killer instead of healer. The Ninth Circuit in the U.S. noted that individuals have right to "withhold medical care, to discontinue life-sustaining efforts (e.g., respiration, nutrition, and hydration), and to receive powerful medication that can cause sedation". Respectively, the court also extends that jurisdiction to the doctors by supporting that "it is ethically acceptable for a physician to gradually increase the appropriate medication for a patient, realizing that the medication may depress respiration and cause death". Accordingly, it is at the discretion of the doctor to put an end to a patient who is suffering and there is no chance of relief. The court is convinced that the extension of such a decision to doctors as well as to patients helps the integrity of the medical profession and at the same time does not jeopardize the rights and principles that regulate the work of individual doctors and does not sacrifice the welfare of patients.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Countries where euthanasia or physician-assisted suicide is legal

Switzerland

In Switzerland there are two organizations which administer assisted suicide; Exit and Dignitas. "In 2014 there were 742 cases of assisted suicide among Swiss residents"⁷.

The Netherlands

The Netherlands was the first country to legalize assisted suicide in April 2002. However, "it imposed a strict set of conditions: the patient must be suffering unbearable pain, their illness must be incurable, and the demand must be made in "full consciousness"⁸ by the patient. Nonetheless, in 2010 3,136 patients terminated their lives by the use of physician assisted suicide.

⁷ Local, The. "Assisted suicide on the rise in Switzerland." *The Local*. The Local, 12 Oct. 2016. Web. 10 Feb. 2017.

⁸ "Euthanasia and assisted suicide laws around the world." *The Guardian*. Guardian News and Media, 17 July 2014. Web. 10 Feb. 2017.

Belgium

Belgium also legalized assisted suicide in 2002 after Netherlands. In Belgium “the physician has to be present at the bedside of the patient to their last breath, unlike the Oregon model where the doctor gives only the prescription of drugs”⁹.

Unites States

Six States in the United States (Montana, Oregon, Vermont, Washington, New Mexico, and California) have legalized the physician assisted suicide. The Supreme Court declared that physician assisted suicide was illegal however states can execute laws to legalize it. Oregon became the first state in United States to legalize physician assisted suicide. The American Medical Association believes that “allowing physicians to participate in assisted suicide would do more harm than good”¹⁰.



#1: Euthanasia laws around the world

Organizations

Death with Dignity National Center

An organization taking actions in the United States to encourage the legality of Death with Dignity laws and to help terminally-ill patients to terminate their life’s by their own will. Furthermore, educates and develops the understanding of the educators, legislators and advocates on the matter.

Dignitas

Dignitas is an association established on 17th February 1998 in Switzerland. The function of this association is to give legal help to patients by collaborating with physicians and doctors.

⁹ "Euthanasia and assisted suicide laws around the world." *The Guardian*. Guardian News and Media, 17 July 2014. Web. 10 Feb. 2017.

¹⁰ Legal, Inc. US. "Physician Assisted Suicide." *USLegal*. N.p., n.d. Web. 10 Feb. 2017.

World Federation of Right to Die Societies

It was established in the year 1976 by the “Tokyo Declaration 1976”. Its aim is to advocate cooperation between organizations regarding the topics of assisted-suicide and euthanasia and to give further guidance to the countries in the absence of such organizations and societies.

Right to Die Europe (RtD-Europe)

RtD-Europe is a branch of The World Federation of Right to Die Societies. It is to extend the mission of The World Federation of Right to Die Societies amongst the European countries.

Exit International

It is an Australian non-profit public company set up in 1997, with the aim of advocating for the right of a person to determine the ending of their own life. It currently has a membership of 200,000 people from different parts of the world.

TIMELINE OF EVENTS

Date	Description of event
December 1828	Assisting suicide was banned by law in New York
1870's	Samuel Williams argued for the use of analgesic (a type of pain killer) to willfully end a patient's life.
December 1935	The Voluntary Euthanasia legislation Society in England was established
August 1968	Harvard University Medical School states coma to be defined as touchstone for death
May 1980	Declaration on Euthanasia was made by the Pope Piux II
1991	Canada Right to Die Association found
1995	World's first voluntary euthanasia law in Australia (Rights Of The Terminally Ill Act)
1940	Switzerland legalized physician-assisted suicide
1997	Colombia legalized physician-assisted suicide
1997	Physician-assisted suicide became illegal in Australia
1997	Exit International was set up
February 1998	Dignitas was established
2002	Netherlands legalized physician-assisted suicide

2002	Belgium legalized physician-assisted suicide
March 2009	Luxembourg legalized physician-assisted suicide
2015	Quebec (Canada) legalized physician-assisted suicide

RELEVANT RESOLUTIONS, TREATIES AND EVENTS

The United Nations to this day has not passed a resolution for the matter of legalization of physician-assisted suicide nor euthanasia and therefore has not yet taken a stance in this disputed issue. The United Nations' committee on the Rights of Persons with Disabilities in 2014 classified the legalization of euthanasia in Belgium as *"a very problematic area of disability"*¹¹. The committee members throughout the discussion found that the legality could be abused and instead of legalizing euthanasia much thought could be given in re-including persons with disabilities in to the society. In addition, the Human Rights Committee of the United Nations has also revealed its hesitations in the legalization of euthanasia laws in Netherlands¹².

PREVIOUS ATTEMPTS

To present day, there has not been a resolution passed in the United Nations on the matter of legalizing physician-assisted suicide. Most active individuals to legalize-assisted suicide are members of the international or domestic organizations. The World Federation of Right to Die organizes conferences every two years amongst their members to review and bring new ideas and views which would help to establish euthanasia and physician-assisted suicide all over the world. Additionally, organizations like World Federation of Right to Die, Death with Dignity National Centre and many other smaller ones present their views on media coverage to spread their ideas to the public.

POSSIBLE SOLUTIONS

Arguments for the legalization of physician-assisted suicide

One of the most important reasons to legalize physician-assisted suicide is to relieve the patient from the pain that they have been suffering from and by that emotional suffering of the patient's family would also be reduced. Additionally, it is debated that each individual has the right to choose the ending of their life. Finally,

¹¹ "The United Nations." *A Good Life*. N.p., n.d. Web. 10 Feb. 2017.

¹² "The United Nations." *A Good Life*. N.p., n.d. Web. 10 Feb. 2017.

many think that legalization of physician-assisted suicide would end the use of excess amount of medication given to the patient.

Arguments against the legalization of physician-assisted

However, on the other hand many experts view the legalization of physician-assisted suicide as a false judgment. One of the reasons being that the patient due to lack of “access to quality care and support”¹³ could have been forced to take that decision. Another important reason for countries not legalizing physician-assisted suicide is that a cure for the illness that the patient suffers from could be found in the near future. Moreover, the power could be abused by the doctors and the patients for personal benefit. In many countries it is regarded to be against the religion and against the idea of “sacred life”.

Undoubtedly, the issue of physician-assisted suicide has not black or white solutions. It is imperative to take into consideration the international approach and in the context of UN promote a solution that would provide member states with guidelines and recommendations on this controversial issue. The aforementioned arguments should be used by the delegates in order to support their country’s stance, although the mixture of all them seems to be capable of bringing about a solution that is both productive and implementable in international level. Subsequently, the delegates had better cater for the creation of a resolution that will be comprehensive as well as will cover the multiple dimensions of the issue.

BIBLIOGRAPHY

“Death with Dignity Take Action, Accessed 5 January 2017”

“The World Federation of Right to Die Societies, Accessed 5 January 2017”

“Right to Die Europe, A dignified death completes a good life”

“ProCon.org Headlines, State-by-state guide to Physician-Assisted Suicide-Euthanasia- ProCon.org, Accessed 7 January 2017”

“Karin, Who is DIGNITAS, Accessed 7 January 2017”

“Assisted Suicide Laws Around the World- Assisted Suicide, Accessed 7 January 2017”

“Exit International , Accessed 7 January 2017”

¹³ "Physician Aid-in-Dying." *Physician Aid-in-Dying: Ethical Topic in Medicine*. N.p., n.d. Web. 10 Feb. 2017.

"Timetoast, Assisted suicide Timeline, Accessed 11 January 2017"

"Declaration on Euthanasia- May 5, 1980, Accessed 11 January 2017"

"A Good Life – The United Nations, Accessed 11 January 2017"

"Before I Die: Opinions, Accessed 16 January 2017"

"PHYSICIAN-ASSISTED SUICIDE: LEGALITY AND MORALITY", Accessed 26 January 2017

"Inc.USLegal. Right to Die", Web. 26 Jan. 2017

"Assisted suicide on the rise in Switzerland.' The Local, 12 Oct.2016. Web. 26 Jan.2017.

"Euthanasia and assisted suicide laws around the world." The Guardian. Guardian News and Media, 17 July 2014. Web. 26 Jan. 2017