

EUTHANASIA

Why is this an Inevitable Slippery Slope?

Legal Overview

- Both assisted suicide and euthanasia are legal in the Netherlands (2002), Luxembourg (2009), and Canada (2016).
- Euthanasia is legal in Belgium (2002) and Colombia (2015).
- Assisted suicide is legal in Switzerland, Germany, and some US states including California, Oregon, Washington, Vermont, and Montana.
- Italy, Spain, and Portugal are currently considering passing a law legalizing assisted suicide. Other countries such as Finland, Sweden, and Malta have opened a debate on the issue.

Terminology

The principal terms used are 'euthanasia' and 'assisted suicide'. The former is generally understood to be an act or omission that intentionally ends the life of a person ostensibly in order to release him or her from suffering.¹ It should be noted that *palliative* care, may employ sedation that can, in extreme cases, have the unintended side effect of hastening the natural death of the patient. This is not

euthanasia because of the intention behind the act.

Assisted suicide differs from euthanasia in that it is the patient him- or herself who performs the act, whether by releasing a substance intravenously or by swallowing a lethal product. If this act is assisted by a physician, it is called *physician-assisted suicide or PAS*.²

The Belgian Situation

The Belgian act legalizing euthanasia was passed on 28 May 2002. In 2014, Belgian legislators abolished any age limit for euthanasia.

After performing euthanasia, the physician is required to report the case for review to the Federal Control and Evaluation Commission. However, the Commission is largely dysfunctional and only one out of the approximately 15,000 cases has been referred to the judiciary for investigation despite public knowledge about transgressions of the law and a practice of euthanasia that goes beyond the law.

Since 2002, 12,726 persons have officially been euthanised in Belgium, including over 2000 in 2016 alone. The Commission

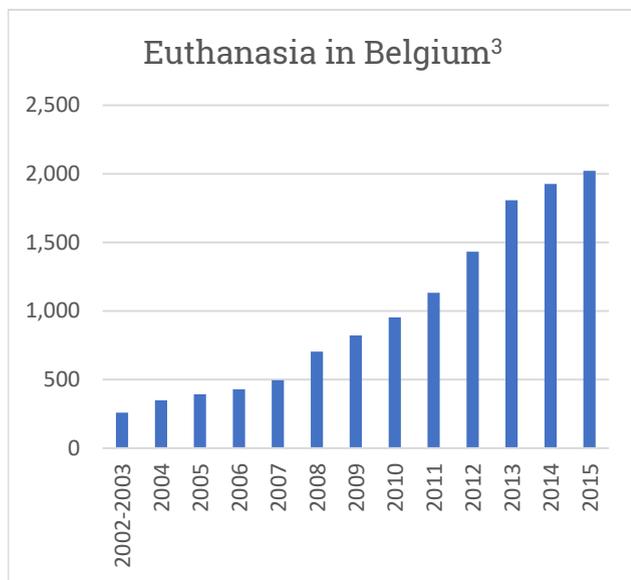
1 European Institute of Bioethics, 'End of Life: let's agree on semantics', teaching card n12, 2016 <http://www.ieb-eib.org/fr/pdf/fiche_didactique-2017-en-mots-fin-de-vie.pdf> accessed 3 April 2017.

2 European Institute of Bioethics, 'End of Life: let's agree on semantics', teaching card n12, 2016 <http://www.ieb-eib.org/fr/pdf/fiche_didactique-2017-en-mots-fin-de-vie.pdf> accessed 3 April 2017.

admits that there is an unknown number of unreported cases and a recent study suggests that the real number is approximately 100% higher.

The grounds invoked to administer euthanasia are cancers (67.7%), polypathologies (9.7%), which include symptoms of old age such as eye sight or hearing impediments, diseases of the nervous system (6.9%), of the circulatory system (5.2%), mental and behavioral disorders (3.1% or 124 individuals), and respiratory diseases (3.1%). The Commission emphasizes that '[t]he most notable increase is that of the euthanasia of patients suffering from dementia.'

In June 2015, a study found that life-ending drugs were used 'with the intention to shorten life without explicit request' in 1.7% of all deaths in Belgium in 2013.



The Dutch Situation

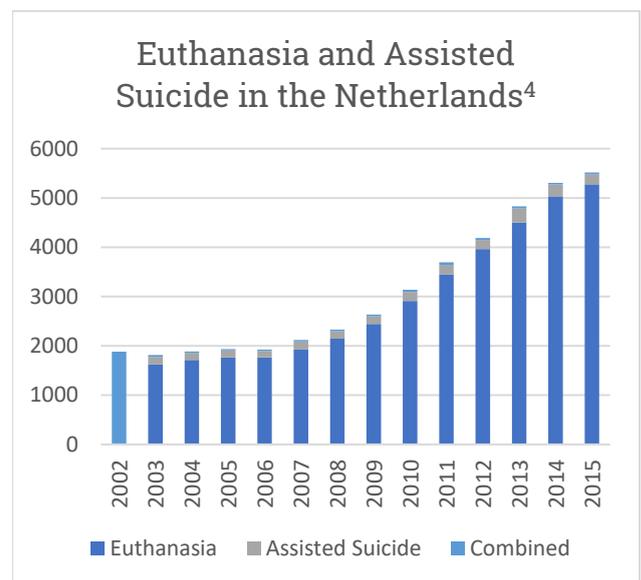
The law on euthanasia is governed by the 'Termination of Life on Request and Assisted Suicide Act' of 10 April 2001. Minors may request euthanasia from the age of 12.

In 2016, 6091 euthanasia and assisted suicide cases were recorded. These numbers do not include the unreported cases. A Lancet study assessing the reporting of cases between 1990 and 2010 estimates that 23% of all cases went unreported in the

Netherlands.

In 2016, 68% of cases concerned those with cancer, 5% concerned cardiovascular disease, 6.7% concerned neurological disorders, 3.5% concerned pulmonary disorders, 2% concerned dementia, 1% concerned psychiatric conditions, 9.3% for other reasons, and 4% for multiple geriatric syndromes.

There is a notable increase in euthanasia cases for dementia. In 2012, 41 people affected by dementia were euthanised. This number has trebled in 2016, accounting for 141 people.



Lessons Learned

The abuses in Belgium and the Netherlands include the absence of explicit consent by the person concerned, the lack of mandatory reporting of all cases, administration by medical personnel other than physicians, and the omission of consultation by a second or third independent physician. These laws and 'safeguards' are regularly disregarded and the transgressions are not prosecuted. In both countries, the number of people being euthanised annually and the number of conditions qualifying an individual for euthanasia continue to increase.

³ Murphy S. Euthanasia reported in Belgium: statistics compiled from the Commission Fédérale de Contrôle et d'Évaluation de l'Euthanasie Bi-annual Reports. Protection of Conscience Project, August 2017.

⁴ Murphy S. Euthanasia reported in Netherlands: statistics compiled from the Regional Euthanasia Review Committees' Annual Reports. Protection of Conscience Project, September 2016.

THESE LAWS AND 'SAFEGUARDS' ARE REGULARLY DISREGARDED AND THE TRANSGRESSIONS ARE NOT PROSECUTED

What is the Legal Framework?

International human rights law upholds the right to life

Euthanasia and assisted suicide are matters which fall within national competence. Rather than supporting a so-called 'right to die', international law robustly protects the right to life of the most vulnerable:

- The *International Covenant on Civil and Political Rights (ICCPR)*, Article 6(1): '[e]very human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.'⁵
- The *Convention on the Rights of the Child (CRC)*, Article 6(1): 'every child has the inherent right to life'. Article 23: '[a] mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.'⁶
- The *Convention on the Rights of Persons with Disabilities (CRPD)*, Article 10: 'States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others'.⁷
- Article 2 of the *European Charter of Fundamental Rights* recognizes that 'everyone has the right to life'.
- Recommendation 1418 (1999) of the *Parliamentary Assembly of the Council of Europe*, § 9, recommends that states 'respect and protect the dignity of terminally ill or dying persons in all respects [...] by

upholding the prohibition against intentionally taking the life of terminally ill or dying persons'. In 2012, the Assembly reaffirmed this in Resolution 1859 (2012), § 5: '[e]uthanasia, in the sense of the intentional killing by act or omission of a dependent human being for his or her alleged benefit, must always be prohibited'.

- The *European Court of Human Rights* has repeatedly ruled that the Convention does not contain a 'right to die' which would be 'diametrically opposed' to the right to life.⁸ Although it has accepted that the possibility of choosing the time and manner of one's death may engage Article 8 (private and family life),⁹ the Court has gone on to uphold blanket national bans on euthanasia as justifiable on the grounds of public health and safety.

Other Views

- The **World Medical Association (WMA)** has consistently and categorically refused to condone or accept the practice of euthanasia and assisted suicide as a justifiable medical activity: 'Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical.'¹⁰
- **Major disability rights groups** oppose the legalization of euthanasia and assisted suicide recognizing the implicit (and even explicit) pressure their membership could face.
- Most **legislators** recognize the harm to individuals and the fundamental changes to society that occur when euthanasia and assisted suicide are legalized. For example, in the UK, at least ten attempts to legalize assisted suicide have failed since 2003, the most recent in 2015 with 118 MPs in favour, and 330 against.¹¹

5 The ICCPR was adopted by the United Nations General Assembly on 16 December 1966 and entered into force on 23 March 1976.

6 The CRC was adopted by the United Nations General Assembly on 20 November 1989 and entered into force on 2 September 1990.

7 The CRPD was adopted by the United Nations General Assembly on 13 December 2006, and entered into force on 3 May 2008.

8 *Pretty v. United Kingdom*, no. 2346/02, § 38, 29 April 2002, ECHR 2002-III, § 39.

9 *Haas v. Switzerland*, no. 31322/07, 20 January 2011, ECHR 2011, § 51

10 Declaration on Euthanasia, adopted by the 38th World Medical Assembly, Madrid, Spain, October 1987. Reaffirmed in 2013, at the 194th World Medical Association Council Session in Bali, Indonesia.

11 BBC News, 'Assisted Dying Bill: MPs reject "right to die" law', 11 September 2015 <<http://www.bbc.com/news/health-34208624>>.



ADF INTERNATIONAL

What You Can Do

Raise Awareness

Raise awareness in your own country about the slippery slope and the harmful consequences of euthanasia.

Build an Alliance

Identify a list of political actors, NGOs, academics, and journalists who share a critical view towards euthanasia.

Organize a Hearing

Organize a hearing at your national Parliament together with Members of Parliament.

Organize an Event

Organize an event or a conference on the topic. Utilize the short videos and 14-minute mini-documentary found at www.ADFinternational.org/AffirmingDignity.

Join the Conversation

Share the videos and our regular website news updates on social media. Use the hashtags #Euthanasia and #AffirmingDignity.

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