

The World Medical Association condemns euthanasia

“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. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.”

“Physicians-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the as-

sistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.”

—WMA Resolution on Euthanasia¹⁹



Protect and care for people:

How euthanasia and assisted suicide threaten the sick, disabled, and elderly



A small number of jurisdictions around the world have legalized euthanasia or physician-assisted suicide. Many others are currently considering it. They should resist the pressure for legalization.

Euthanasia violates the right to life and discriminates against the sick and disabled.

It endangers vulnerable patients. And it expands to encompass more categories of people over time. All patients—regardless of illness, age, and disability—have a right to health and deserve care rather than killing.

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Euthanasia violates the right to life

Physician-assisted suicide is when a doctor prescribes a lethal substance for a patient to intentionally take his or her own life. Euthanasia is when the physician is the one who takes the life of the patient, usually by lethal injection. (The term “euthanasia” below may be used to refer to both forms of killing.) These actions are very different from allowing a natural death by declining medical treatment. Euthanasia is intentional killing.

No right to euthanasia or “right to die” has ever been recognized in international law. Such a right would be contrary to the right to life protected by international human rights treaties. The International Covenant on Civil and Political Rights states, “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life” (Article 6.1). The Universal Declaration of Human Rights affirms that “recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world” (preamble). It also states, “Everyone has the right to life, liberty and security of person” (Article 3). An individual’s desire to die does not nullify these protections against intentional killing. Governments ought to safeguard the lives of all their citizens.

Euthanasia discriminates against the disabled

Legalized euthanasia is a lethal form of discrimination against the disabled, sick, and elderly. Society in general tries to prevent suicide—but laws permitting euthanasia treat some individuals differently. They create a double standard according to which some suicidal persons (those who are able-bodied or physically healthy) are offered suicide *prevention* and other suicidal persons (those who are disabled or sick) are offered suicide *assistance*.¹ Some people are protected under the law while other people are deemed eligible to be killed.



Legalizing euthanasia sends the harmful and discriminatory message that the lives of disabled, dependent, and dying people are worth less than the lives of everyone else. But no one should be excluded from protection and care. According to the Convention on the Rights of Persons with Disabilities, “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” (Article 10). Every person matters.

Euthanasia endangers vulnerable members of society

The legalization of euthanasia places disabled, sick, and elderly people under pressure to end their lives. This pressure can be exacerbated by relatives and abusive caregivers and by the increasing economic costs of health care. In the U.S. states of Oregon² and Washington,³ where physician-assisted suicide is legal, a large percentage of patients choosing suicide express concern about being a “burden” on family and friends. Some patients have been denied expensive life-extending treatment and offered assisted suicide instead.⁴ Laws authorizing euthanasia lack effective safeguards and oversight, opening the door to coercion and abuse of the vulnerable.⁵

Legalizing euthanasia also leads to the killing of mentally ill patients. As a study published in the *American Journal of Psychiatry* concluded, “The desire for death in terminally ill patients is closely associated with clinical depression—a potentially treatable condition—and can also decrease over time.”⁶ Yet in Oregon⁷ and Washington,⁸ only a tiny fraction of assisted suicide victims first receive psychiatric evaluation. A *British Medical Journal* study of patients in Oregon found that “the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced

by depression from receiving a prescription for a lethal drug.”⁹ Suffering people deserve treatment and support, not killing.

Euthanasia expands to include more categories of people

Limits on euthanasia cannot be sustained. For example, most recent proposals restrict assisted suicide to patients who have received a terminal diagnosis. But the reasons and arguments for suicide do not apply only to those who are expected to soon die. Similarly, many proposals

authorize assisted suicide but not euthanasia. But some suicidal patients have disabilities that make them unable to take their own lives; why should they be denied the same option available to others? Neither of these restrictions is accepted in the Netherlands or Belgium, the first two countries to legalize active euthanasia.

The justifications for euthanasia in Europe have broadened significantly. The Netherlands and Belgium now euthanize people who are suffering “psychologically” (rather than physically), including some patients who are depressed, mentally ill, or even “tired of life.”¹⁰ The Netherlands kills disabled babies under its Groningen Protocol,¹¹ and Belgium in 2014 legalized the euthanasia of children with no age limit.¹² In both countries, voluntary euthanasia has led to the *nonvoluntary* euthanasia of (usually) mentally incompetent patients.¹³ After all, why should the mental state of such patients prevent them from enjoying the same “benefit” of death that others receive? Dutch government surveys indicate that each year hundreds of people are euthanized without their explicit request.¹⁴

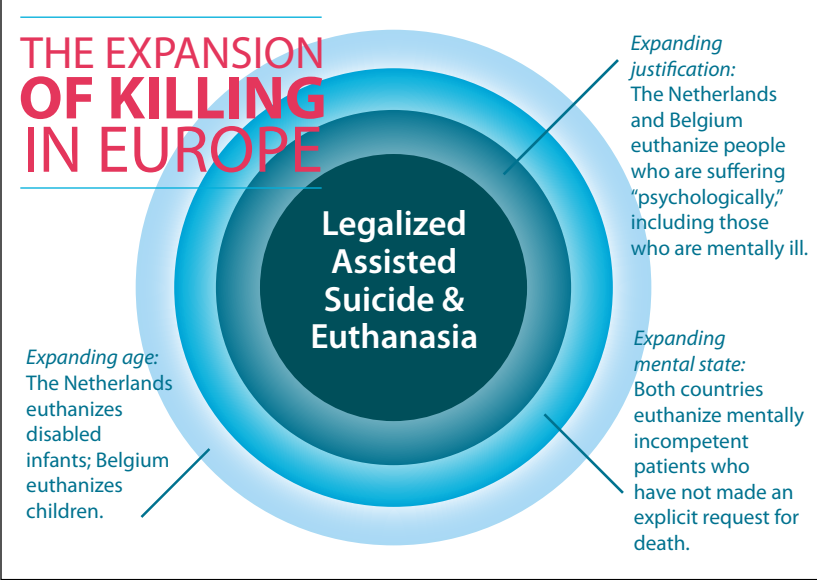
The evidence shows that euthanasia cannot be effectively controlled. In the Netherlands and Belgium, the circumstances in which killing is deemed appropriate have only continued to expand—at the expense of the weak and marginalized.

Patients have a right to health and the alleviation of suffering

Euthanasia is not necessary to prevent pain and suffering. The International Covenant on Economic, Social, and Cultural Rights affirms the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health”

(Article 12.1). This right to health should encompass palliative care, which aims to relieve pain and other distressing symptoms. According to the U.S. National Hospice and Palliative Care Organization, “When symptoms

or circumstances become intolerable to a patient, effective therapies are now available to assure relief from almost all forms of distress during the terminal phase of an illness.”¹⁵



Concern about pain is not a major reason cited by those who commit suicide in Oregon¹⁶ or Washington.¹⁷

Yet adequate pain management is lacking in many places around the world. The World Health Organization estimates that more than 40 million people require palliative care each year. In response to this serious and widespread problem, the World Health Assembly passed a resolution in 2014 calling for governments to integrate palliative care into their health care systems. It noted that “access to palliative care ... contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being.”¹⁸

Disease and disability involve real difficulties and fears. But the solution to these problems is not killing. The solution is to provide the emotional support and medical care that patients need, including mental health care and quality palliative and hospice care. The best answer to suffering is to end the suffering. It is not to kill the sufferer.

Protection and compassion

Legalizing assisted suicide or euthanasia is a grave mistake. It jeopardizes the lives of vulnerable people, especially those who are sick, disabled, and disadvantaged. Governments should instead strive to ensure the right to life and right to health, including palliative and hospice care. Every human being—irrespective of age, illness, and disability—deserves protection and compassion under the law.