

Topic 2: Assisted Suicide

Forum: The United Nations Office on Drugs and Crime

Topic: Discussing the Criminalization of Assisted Suicide and Medical Euthanasia

Main Submitter: People's Republic of China

Co-Submitters: The Bolivarian Republic of Venezuela, United States of America, Greece, India, United Kingdom, Libya, Turkey, Vietnam, Lebanon, Poland, Mali, New Zealand, East Timor

Signatories: Saudi Arabia, San Marino, Argentina, Canada, Colombia, Palestine, Philippines, Armenia, Yemen, Somalia, Belize, Portugal, Cuba, South Korea, Luxembourg, Myanmar, Qatar, Russian Federation, DPRK, Afghanistan

Recalling the ongoing global debate surrounding the criminalization of assisted suicide and medical euthanasia, which raises significant ethical, moral, and legal questions regarding individual autonomy and the right to die with dignity,

Noting with satisfaction the work of international bodies, such as the World Health Organization and the United Nations Human Rights Council, in advocating for improved palliative care and the protection of the rights of terminally ill patients,

Recognizing the urgent need to address the issue of medical euthanasia as discussions on this matter have intensified due to the ongoing healthcare challenges and growing demand for medical ethics reform in the country's healthcare system,

Reaffirming the commitment to the protection of human life and dignity, while also acknowledging the importance of providing individuals with the option to make informed, autonomous decisions about their medical care,

Understanding the role that many religious frameworks play in shaping end of life care,

Highlighting the belief that every individual deserves the sanctity of human life and the full preservation and recognition of their innate human rights,

1. Requires the establishment of a medical review panel before considering the passive euthanization of any individual consisting of:
 - a. A panel of three medical professionals well-versed in international regulations from three different countries,
 - b. Panelists must come to a unanimous decision that the individual meets the following criteria in order for passive euthanasia to be approved:
 - i. Clear evidence of terminal illness,

- ii. Irreversible suffering,
 - iii. The determined entire inability to recover;
 - c. Following the decision of the panel, the individual has the ultimate decision to proceed with euthanization,
 - d. In the event that the individual is incapacitated or rendered otherwise unable to speak for themselves, the individual's primary contact or guardian has ultimate rights to choose whether or not the individual will be subject to euthanization;
- 2. Believes that the execution of any and all forms of active euthanasia constitutes murder under criminal law if consent has not been obtained by the patient and from the panel;
 - a. These forms include:
 - i. Voluntary active euthanasia,
 - ii. Involuntary active euthanasia,
 - iii. Non-voluntary active euthanasia;
 - b. Criminal charges and penalties may be applied to any of those involved in the process of supplying substances to the patient, including but not limited to those who are involved in the use of:
 - i. A lethal injection,
 - ii. A lethal oral dose of barbiturates,
 - iii. Any sort of overdose of substances intended to end the patient's life;
- 3. Condemns all forms of passive euthanasia in the case of a an incapacitated patient who is not able to consent, unless under the following conditions
 - a. Clear evidence of terminal illness, leading to:
 - i. Irreversible suffering,
 - ii. The determined entire inability to recover;
 - b. The healthcare provider has ensured that all alternative options such as palliative care have been fully attempted before making the decision to withdraw their life-sustaining treatment;
 - c. Approval from the aforementioned medical review panel has been granted;
- 4. Encourages member states to create international standards for palliative care that ensure that individuals suffering from terminal conditions have access to comprehensive medical support as a first option, before considering assisted suicide or euthanasia;
- 5. Restricts in any case the access of any individual in any circumstance to assisted suicide drugs, including if administered by a medical professional;

6. Fosters an environment for medical healthcare professionals, ethicists, and human rights advocates to explore the ethical implications of assisted suicide while prioritizing a patient-centered approach to end-of-life care for country-by-country legislation to be reconsidered;
7. Urges participating governments to provide greater access to quality palliative care for terminally ill patients;
8. Expresses the need for the promotion of public education campaigns to raise awareness about available end-of-life care options, such as but not limited to:
 - a. palliative care,
 - b. hospice services, with the intention of providing individuals with the necessary information with the intention of
 - i. making informed decisions about their medical and ethical choices,
 - ii. supporting the well-being of families during a difficult time;
9. Enforces the following punishments on individuals who have enabled euthanasia or assisted suicide without explicit legal authorization must face severe penalties in ways such as but not limited to:
 - a. Imprisonment,
 - b. Legal compensation for euthanized individual's families in the form of large fines,
 - c. Actions will be classified as criminal offenses:
 - i. Murder,
 - ii. Manslaughter.