Southern Taiwan Model United Nations XVI 2024

Forum: General Assembly 6

Issue: (701) The question of legalization and effective use of assisted suicide

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Introduction

Assisted suicide is a topic that has been an ongoing problem for many countries especially the United States. States like Oregon, Washington, and California have legalized assisted suicide while half of the states have rejected bills or have passed laws to ban it. There are reasons that most states do not support assisted suicide and this report will talk about the reasons behind their concerns. The opposition towards assisted suicide mostly comes from a wide range of groups, including disability rights advocates, healthcare professionals, hospice organizations, religious groups, and social justice advocates. These groups believe that assisted suicide can be very dangerous, especially for people with disabilities, leading them to having undervalued lives. There are concerns of abuse and coercion, where people might be pressured into choosing death.

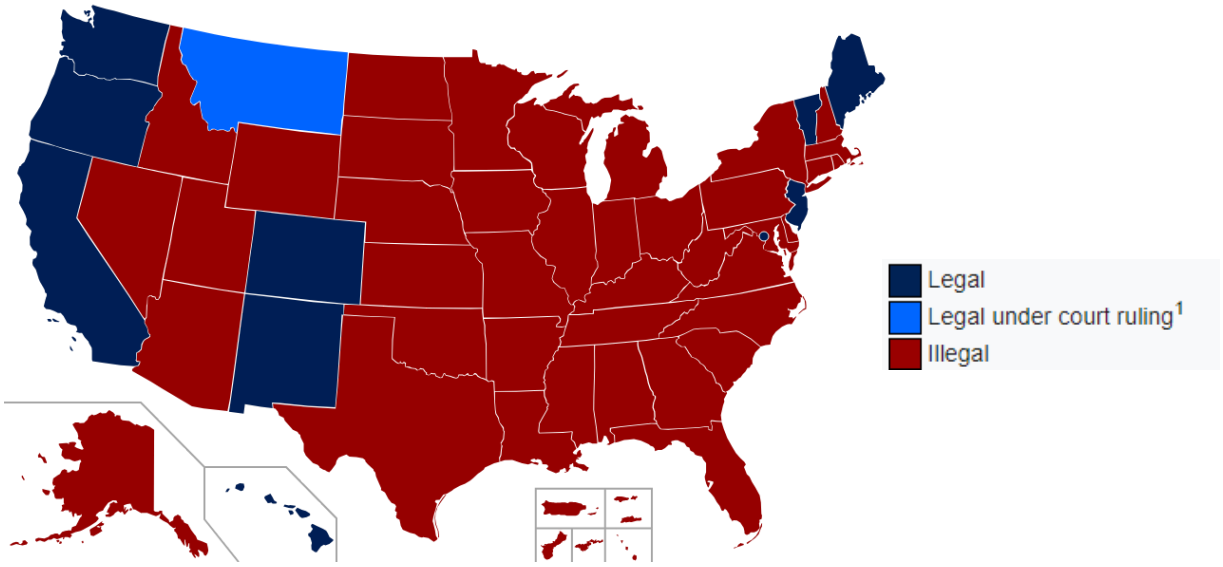


Figure [1]: [State laws regarding assisted suicide in the United States]

The quality of life is another consideration to the proposed assisted suicide. “End-of-Life Suffering” argues that assisted suicide can provide a compassionate option for individuals experiencing unbearable pain and

suffering at the end of life. For some, assisted suicide may be a way to preserve dignity when facing terminal illness.

Ethical and moral considerations play a major role in this ongoing issue. First of all, the “Right to Die.” Proponents argue that individuals have the right to make decisions about their own life. This includes the right to end their suffering through assisted suicide, and emphasizes personal choice and control over one’s body. Informing consent to one’s suicide also ensures that individuals are making informed and voluntary decisions. Ths includes comprehensive psychological evaluations to confirm the patient’s decision is free from external pressures and fully understood, and are especially helpful in cases where suicide occurs and the cause to one’s death is unclear. If assisted suicide were to be legalized where would be an increase to the potential for abuse, its impact on medical professionals, and the increase access to “End-of-Life” options. Its increase for potential abuse due to the coercion that could occur, particularly among vulnerable people. This is if safeguards are not properly implemented and monitored. Its impact on medical professionals could face moral dilemmas or ethical conflicts that are related to participation in the assisted suicide. Lastly, the increase to “End-of-Life” options would ean more people would look towards the route of assisted suicide instead of looking for an alternative. It would seem easier to the individual to make a choice.

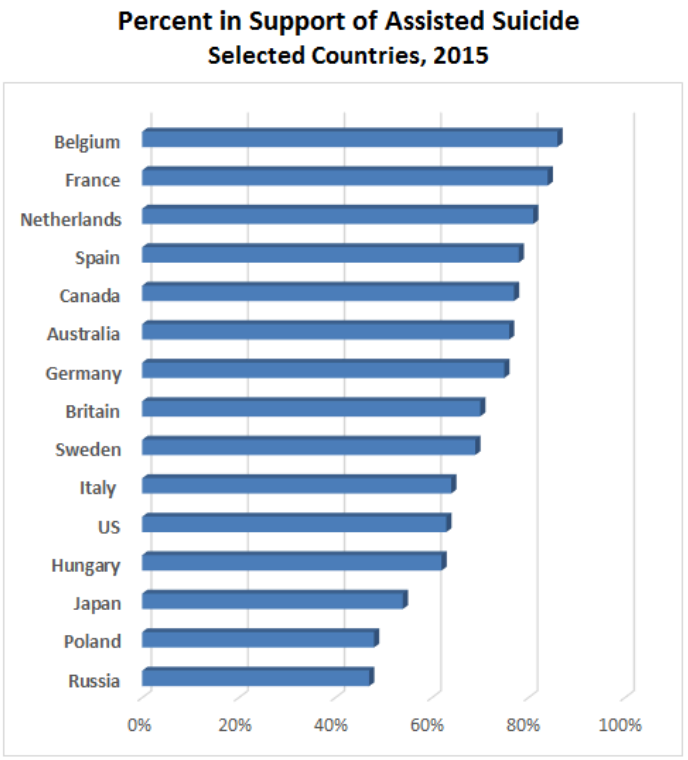


Figure [2]: [Countries that are in support of assisted suicide in 2015]

Definition of Key Terms

Assisted Suicide

Assisted suicide is the act of providing a person with the means or information to end their own life, typically to relieve suffering from a terminal illness. This practice is legal in some jurisdictions under strict regulations, emphasizing informed consent and voluntary choice. It raises complex ethical, moral, and legal issues, with proponents advocating for autonomy and compassion, while opponents express concerns about potential abuse and the sanctity of life.

Disability Rights Advocates

Disability rights advocates are individuals or groups that work to protect and promote the rights and well-being of people with disabilities. They focus on ensuring equal access, opportunities, and treatment in all areas of society, including healthcare, education, and employment. In the context of assisted suicide, these advocates often raise concerns about the potential for coercion and the devaluation of lives of people with disabilities, arguing for safeguards and protections against abuse.

Ethical and Moral Considerations

Ethical considerations involve principles that define what is right and wrong behavior. These principles guide individuals and organizations in making decisions that align with values such as fairness, justice, and respect for individuals' rights. Ethical considerations often stem from professional codes of conduct, philosophical theories, and societal norms. Moral considerations, on the other hand, are based on an individual's or society's beliefs about what is good or bad, right or wrong. These beliefs are shaped by cultural, religious, and personal values, influencing how individuals perceive and respond to various situations.

Euthanasia

Euthanasia is the act of deliberately ending a person's life to relieve suffering. It is typically performed by a healthcare professional and involves administering a lethal dose of medication. Euthanasia can be voluntary, non-voluntary, or involuntary, depending on the consent and wishes of the patient involved.

Right to Die

The right to die is the concept that individuals have a moral or legal entitlement to choose to end their own life under certain circumstances. This principle emphasizes personal autonomy and the belief that individuals should have control over their own bodies and life decisions. It remains a highly debated and sensitive issue in medical ethics and law, with advocates arguing for dignity and compassion, while opponents raise ethical and societal concerns.

Hospice Organizations

Hospice organizations are entities that provide specialized care and support for individuals who are in the final stages of a terminal illness. They focus on palliative care, which aims to manage pain and other symptoms, improve quality of life, and offer emotional and spiritual support to patients and their families. These organizations often oppose assisted suicide, advocating instead for comprehensive end-of-life care that emphasizes comfort, dignity, and the alleviation of suffering through non-lethal means.

Background Information

Historical Context

Assited suicide, also known as physician-assisted suicide, has been a big topic for centuries. Ancient practices in Greece and Rome have shown acceptance to voluntary death under certain conditions. Though, it was not until the 20th century that the modern debate began. Modern debates on the topic have been about the ethical questions towards these practices, though it has also been said that people should have autonomy in their decision to end their own suffering through assisted suicide. The public and professionals have different views on the topic. The public has been arguing more about the personal freedom that assisted suicide gives but there are also conerns with the mistrust of the medical and legal system. Professionals, on the other hand, following their oath which states “do no harm,” is essential to their practice. Though some professionals believe that is important for patients to have the option of assisted suicide as they see it an ethical way to relieve suffering but some sees it as crossing a moral line.

In the late 20th and early 21st centuries, countries and states began to explore the legal aspects of assisted suicide. Switzerland was one of the first to legally allow assisted suicide under strict conditions. This set a precedent for how the practice could be regulated. Switzerland showed and influenced other countries, leading to a shift in legal frameworks.

Ethical Debates

The ethical debate surrounding assisted suicide centers on issues of autonomy, the value of life, and the role of medical professionals. Many argue that people facing unbearable suffering should be able to choose the choice of death, which also includes the timing of their death. Others say that it might cause the potential for abuse, the sanctity of life, and the moral responsibilities of healthcare providers. Activists have taken several actions to combat the legalization and acceptance of assisted suicide. Activists have focused on educating the public about the dangers of assisted suicide by engaging in speaking events, highlighting the ethical concerns, potential for abuse, and the importance of preserving life. Public Awareness campaigns is a common way, they would create informational websites, publish articles, and produce documentaries that highlight the personal

stories of those who seek the right to assisted suicide. These campaigns aim to shift public opinion in favor of legalizing assisted suicide.

Present Day

Today, assisted suicide is legally permitted in many places, including Switzerland, Belgium, and some U.S states like Oregon, Washington, and California. Each region develops their own ethical and legal frameworks to govern the practice. This reflects their diverse cultural and societal attitudes toward end-of-life issues. However, in many countries, assisted suicide remains illegal. In regions like Latin America, Africa, and most of Asia, assisted suicide is generally prohibited due to a combination of religious, cultural, and legal reasons. For instance, in many predominantly religious countries, the sanctity of life is a core belief, leading to strong opposition to any form of assisted suicide. In Islamic countries, for example, life is considered sacred and only God has the authority to end it, which strongly influences laws against assisted suicide. Similarly, in many Christian-majority countries, religious doctrine often emphasizes the sanctity of life, discouraging any legal acceptance of assisted suicide .Cultural factors also play a significant role. In societies where traditional family structures and elder respect are deeply valued, the idea of assisted suicide might be seen as contradictory to these values, leading to resistance against its legalization. In some regions, the lack of legal frameworks to protect vulnerable populations from potential abuse or coercion also contributes to the continued illegality of assisted suicide.

Key Issues

Autonomy and individual rights

The cause of autonomy and individual rights is the belief in personal autonomy. People believe that they have a right to make decisions about one's own life that drive the demand for legalized assisted suicide. The effect of this belief that people have raises the question of legalizing assisted suicide that affirms these rights. Though it also makes people question the extent of individual autonomy and the potential for societal pressure on vulnerable individuals, it highlights the complex balance between protecting personal freedom and safeguarding against exploitation.

Potential for abuse and coercion

When legalizing assisted suicide is in question, it can create risks of abuse, where individuals may feel coerced into ending their lives due to external pressures. This could be due to financial issues, family expectations, or feeling of being a burden. These pressures can subtly undermine the notion of true autonomy, as vulnerable individuals might make decisions based not on their genuine desires, but on the perceived expectations of others. As a result, the line between exercising personal choice and being influenced by external factors

becomes blurred, raising concerns about whether legalizing assisted suicide could unintentionally harm the very people it aims to empower.

Religion

Religion plays a significant role in the debate over assisted suicide, with many religious beliefs fundamentally opposing the practice. Many religions, such as Christianity, Islam, and Judaism, view life as sacred and believe that it is not within human rights to end a life, as it is seen as a gift or trust from a higher power. This belief raises ethical concerns about the sanctity of life and whether legalizing assisted suicide contradicts religious doctrines that advocate for preserving life at all costs. Additionally, religious communities often worry that legalizing assisted suicide could erode moral values and set a dangerous precedent that devalues human life. An example of a religion is Christianity. They have been vocal about their opposition to assisted suicide, teaching people that life is sacred from conception to natural death and deliberately ending a life, even in cases of terminal illness or extreme suffering, violate god's will.

Major Parties Involved and Their Positions

Switzerland

Other than the US, Switzerland's assisted suicide policy is quite unique and is also a topic of significant discussion. In Switzerland, assisted suicide is legal under certain condition. It is governed by strict regulations and performed by outside organizations such as Dignitas and Exit. First of all, Switzerland's requirements stem from the person being able to make their own decisions. They have to be experiencing unbearable suffering, and must make a voluntary and well-considered request. Additionally, the person must have a terminal or severe illness, although criterias can differ from different organizations. The procedure to continue the operation further includes consultations with medical professionals and psychologists to assess the person's mental state and legitimacy.

Switzerland is a key country involved in the issue of assisted suicide, especially being one of the first to legalize the practice under specific conditions. The Swiss legal frameworks allows for assisted suicide without selfish intent. Switzerland's position shows respecting individual autonomy and provides a legal and safe frameworks for assisted suicide.

American Medical Association

The American Medical Association (AMA) opposes assisted suicide, citing ethical and legal concerns. The AMA believes that physicians should focus on healing and comforting patients, rather than participating in actions that intentionally end life. They argue that instead of legalizing assisted suicide, the healthcare system should

prioritize improving palliative care. By enhancing access to pain management, emotional support, and end-of-life care, the AMA believes that patients can achieve a better quality of life without resorting to assisted suicide. The organization stresses that doctors should preserve life while respecting the dignity and autonomy of patients.

World Health Organization (WHO)

The World Health Organization (WHO) also opposes the legalization of assisted suicide, emphasizing the need to strengthen palliative care services worldwide. WHO highlights that palliative care should be the primary approach for individuals facing terminal illnesses or severe suffering, ensuring that their pain and symptoms are managed effectively. The organization advocates for universal access to palliative care and support services, aiming to improve the quality of life for patients without legalizing assisted suicide. WHO's stance focuses on addressing the ethical and legal challenges that come with assisted suicide, arguing that more attention should be placed on compassionate end-of-life care solutions.

Netherlands

The Netherlands is a leading country in the legalization of both euthanasia and assisted suicide, with the Termination of Life on Request and Assisted Suicide Act, enacted in 2002, allowing these practices under strict conditions. These include the requirement of unbearable suffering, a voluntary, well-considered request from the patient, and adherence to medical and legal oversight.

One of the reasons the Netherlands is more open about assisted suicide compared to other countries is its unique religious and cultural landscape. Historically, the Netherlands has had a strong tradition of religious pluralism and secularization. While Christianity—particularly Protestantism and Catholicism—once played a significant role in Dutch society, the country has seen a steady decline in religious adherence since the mid-20th century. Today, the Netherlands is considered one of the most secular countries in Europe, with a large percentage of the population identifying as non-religious or holding liberal religious beliefs. In contrast to countries where religious doctrine still exerts considerable influence over laws and social values, the Dutch legal and healthcare systems emphasize personal freedom, including the right to make decisions about one’s own life and death. The focus on personal choice and dignity, combined with a strong belief in state-provided social and healthcare services, has allowed the Netherlands to lead the way in legalizing assisted suicide and euthanasia.

Additionally, Dutch Protestantism, particularly in its Calvinist form, places an emphasis on personal responsibility and individual conscience. While traditional religious views might oppose assisted suicide, many Dutch people, even those with religious backgrounds, support the idea that individuals should have the right to determine their own fate, especially in cases of severe suffering. This liberal religious and secular mindset sets the Netherlands apart from more conservative countries where religious institutions maintain a firm stance against assisted suicide.

United States

The United States has many laws regarding assisted suicide, with only a few states, including Oregon, Washington, and California, having formally legalized the practice. The Death with Dignity Acts in these states allow terminally ill patients to request lethal medications under strict conditions. The debate in the U.S is highly controversial. Groups like Compassion & Choices support the right to die, while religious, medical, and disability rights organizations emphasize the potential for abuse and the sanctity of life.

In the U.S debate many main points came up. Proponents of assisted suicide, such as Compassion & Choices, argue that individuals have the right to make autonomous decisions about their own bodies and lives, especially when facing terminal illness and unbearable suffering. They emphasize that assisted suicide offers a compassionate option for those who wish to end their lives on their own terms, rather than endure prolonged pain and suffering. Supporters also argue that by providing legal frameworks with strict safeguards, the process can be regulated to prevent misuse. For example, the Death with Dignity Acts in Oregon, Washington, and California require that:

- The patient must be terminally ill with a prognosis of six months or less to live.
- The request for lethal medication must be voluntary and made multiple times, including in writing.
- Two physicians must confirm the diagnosis, prognosis, and the patient's mental competency to make the decision.
- A waiting period is required between the request and the prescription of the medication.

Proponents believe these safeguards ensure that only those who truly desire assisted suicide, and meet all legal requirements, can access the option, minimizing the risk of coercion or abuse.

Not Dead Yet (Disability Rights Organizations)

Not Dead Yet, a leading disability rights organization, has been at the forefront of opposing assisted suicide, arguing that it disproportionately affects disabled individuals and other vulnerable populations. Founded in 1996, Not Dead Yet contends that legalizing assisted suicide could lead to implicit societal pressure on people with disabilities to end their lives, particularly if they feel they are a burden on their families or the healthcare system. The organization believes that instead of offering assisted suicide, society should focus on improving disability rights, healthcare access, and palliative care options.

Vatican (Christians)

In the eyes of the Christian religion, it is seen as immoral and an unacceptable practice. The Catholic Church views life as a sacred gift from God, and thus, it holds that only God has the authority to determine when a life should end. Assisted suicide, which involves intentionally ending a person's life to alleviate suffering, is

considered a grave violation of the moral law. The Church teaches that even in cases of extreme suffering or terminal illness, every life is valuable and should be treated with dignity until natural death.

Timeline of Events

Date	Description of event
December 10, 1948	The Universal Declaration of Human Rights (UDHR) was passed, giving protection to individual rights and freedom.
December 17, 1991	The Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care passed, ensuring the proper treatment for people with mental illnesses,
November 8, 1994	Oregon passes Measure 16, making it the first U.S. state to legalize assisted suicide.
April 2002	The Netherlands becomes the first country to legalize euthanasia and assisted suicide with the Termination of Life on Request and Assisted Suicide (Review Procedures) Act.
September 2002	Belgium legalizes euthanasia, becoming the second country in the world to allow the practice under strict conditions.
August 2005	Wendy Melcher dies after two nurses administer lethal doses of medication without her doctor's knowledge, raising concerns about the enforcement of safeguards in Oregon's assisted suicide law.
March 2009	Washington State's Death with Dignity Act goes into effect, making it the second U.S. state to legalize assisted suicide.
December 2013	Luxembourg legalizes euthanasia and assisted suicide, becoming the third European country to allow these practices.
October 5, 2015	California Governor Jerry Brown signs the End of Life Option Act, making California the fifth state to legalize assisted suicide.
2018	Barbara Wagner and Randy Stroup receive letters from the Oregon Health Plan denying coverage for life-extending treatments but offering to cover the costs of assisted suicide, highlighting the financial implications of the policy.

May 2018	Victoria, Australia, becomes the first state in Australia to legalize assisted dying with the implementation of the Voluntary Assisted Dying Act.
September 2020	New Zealand voters approve the End of Life Choice Act in a national referendum, allowing assisted dying for terminally ill patients, set to take effect in November 2021.

Relevant UN Resolutions, Treaties, and Events

- Universal Declaration of Human Rights, 10 December 1948 **(A/RES/217A)**

  The Universal Declaration of Human RIghts (UDHR) adopted for the protection of individual rights and freedom. It was the first international agreement that had fundamental rights and freedoms to which all human beings are entitled to. In Article 3 of the UDHR it states that "Everyone has the right to life, liberty and security of person," make it directly relevant to discussion surrounding assisted suicide.

  The right to life is considered alienable, meaning that it cannot be taken away or suspended, even in times of emergency. The UDHR is often sited when arguing against assisted suicide, as opponents argue that any legalization of the practice could be seen as underminding people's rights.

- Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, 17 December 1991 **(A/RES/46/119)**

  The Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care was used to address the rights and treatment of individuals with mental illnesses. These principles helped to ensure that people with mental illnesses are treated with dignity and respect, have access to mental health care, and are protected from inhumane treatment.

  The principles call for safeguards to protect individuals with mental illnesses from coercion or undue influence. These issues are a critical concern in discussion about legalizing assisted suicide. Advocates for assisted suicide often argue the need for mental health assessments to ensure that individuals are making informed and voluntary decisions, free from external pressures.

Evaluation of Previous Attempts to Resolve the Issue

Oregon's Measure 16 (1994)

One of the earliest attempts to address the issue on assisted suicide was the passing of Oregon's Measure 16 in 1994. This legislations made Oregon one of the first states to legalize assisted suicide. This legislation allowed

terminally ill patients to obtain lethal prescriptions. The process of passing this legislation involved a significant public debate and a statewide referendum. The main pushing force for this legislation was the advocacy groups promoting patient autonomy and the "right to die" with dignity, while the opposition came from a coalition of disability rights organizations, religious groups,and medical associations. The measure did pass, but its implementation was delayed due to legal challenges until voters reaffirmed it in a 1997 election.

The success of Measure 16 can be attributed to the strong campaign and graming of the issue around personal choice and relief from suffering. These two points made voters vote in favor of this legislation. However, it faced criticism for showing weaknesses in oversight and safeguarding against potential abuse. These criticisms have been persistent. Though these safeguards may not have been adequately enforced, it has raised concerns about the potential for coercion and social implications of the law.

Washington State's Death with Dignity Act (2008)

Another significant attempt that addressed the issue was the introduction and eventual adoption of Washington State's Death with Dignity Act in 2008. This legislation followed closely on Oregon's law and followed a very similar pathway to legislation through the public. THe campaign involved extensive lobbying and public education efforts by groups supporting assisted suicide, emphasizing the Oregon perceived success and safety.

Washington State's Death with Dignity Act faced similar criticisms as those directed at Oregon's law. Opponents have argued that the safeguards are insufficient and that the law fails to protect vulnerable populations, including the disabled and those without adequate access to healthcare. There are also ongoing concerns about the potential for these laws to be influenced by financial considerations with a profit-driver healthcare system. An example of this is when patients were offered assisted suicide instead of more expensive, life-sustaining treatments.

Washington State's Death with Dignity Act, despite its well-intentioned safeguards, faces significant challenges that undermine its effectiveness. Critics argue that the protections in place are insufficient to fully safeguard vulnerable populations, such as individuals with disabilities or those lacking access to comprehensive healthcare. These individuals might feel pressured into choosing assisted suicide due to external factors, including societal or familial expectations. Additionally, the potential influence of financial considerations within a profit-driven healthcare system raises concerns that assisted suicide could be offered as a cheaper alternative to more costly, life-sustaining treatments. This combination of inadequate safeguards, potential for undue influence, and financial pressures compromises the law's ability to ensure truly autonomous and informed decisions, casting doubt on its effectiveness and ethical integrity.

Not Dead Yet

Not Dead Yet has actively campaigned against the legalization of assisted suicide by lobbying against proposed laws, participating in legal challenges, and raising public awareness about the potential risks. Their campaigns emphasize the dangers of assisted suicide for vulnerable populations, such as individuals with disabilities who might face undue pressure to end their lives due to societal or familial expectations.

Despite their efforts, Not Dead Yet faces ongoing challenges in their opposition to assisted suicide. Critics argue that their position may overlook the potential benefits of assisted suicide for those experiencing unbearable suffering. Additionally, there is a concern that their focus on preventing legal measures might detract from addressing immediate needs for improved palliative care and support services. While Not Dead Yet's advocacy highlights important issues, the debate remains complex and contentious, with ongoing discussions about how to balance individual rights with protections for vulnerable individuals.

Possible Solutions

Enhanced Palliative Care Services

One effective solution to address the issue of assisted suicide, while respecting the diverse perspectives on the matter, is to enhance and expand palliative care services. This approach involves increasing access to comprehensive pain management, emotional support, and end-of-life care for terminally ill patients. By investing in palliative care, healthcare systems can offer patients a more comfortable and supportive environment, potentially reducing the demand for assisted suicide. This solution also includes improving training for healthcare providers to ensure they can offer high-quality palliative care and support to patients and their families. Additionally, public awareness campaigns can help educate individuals about the benefits of palliative care, potentially shifting the focus away from assisted suicide towards more compassionate and supportive end-of-life options.

Strengthening Safeguards in Assisted Suicide Legislation

For regions considering the legalization of assisted suicide, strengthening safeguards within the legislation can help address concerns about abuse and protect vulnerable populations. This solution involves implementing rigorous oversight and procedural checks to ensure that assisted suicide is only pursued under appropriate circumstances. Key measures could include:

- Mandatory Psychological Evaluations: Requiring thorough psychological assessments to ensure that individuals requesting assisted suicide are making informed and voluntary decisions without coercion.
- Multiple Requests and Waiting Periods: Enforcing requirements for multiple formal requests and mandatory waiting periods to ensure that the decision to end one's life is well-considered and free from external pressures.

- Robust Reporting and Monitoring: Establishing a transparent reporting system to track and review cases of assisted suicide, including regular audits and evaluations to identify and address any potential misuse or inconsistencies.
- Access to Alternative Supports: Providing resources and support services, such as counseling and financial assistance, to address the underlying factors that might lead individuals to consider assisted suicide, ensuring that all options are explored before a decision is made.

By integrating these measures, legislators can create a framework that upholds the principles of individual autonomy while safeguarding against potential risks and abuses associated with assisted suicide.

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