

FORUM: Social, Humanitarian and Cultural Committee (SOCHUM)

ISSUE: The question of assisted dying and euthanasia

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POSITION: Chair



About SOCHUM

SOCHUM, otherwise known as the United Nations General Assembly Third Committee, examines questions of humanitarian affairs and social development, among which the “promotion and protection of human rights” is most important. SOCHUM addresses issues faced by vulnerable groups across the globe, such as but not limited to the treatment of women, refugees, people with disabilities, and racial/ethnic minorities. It is also concerned with broader social issues related to the global youth, families, and the aging population.

More information can be found in the guidance documents available on the WESMUN website.

Background

Voluntary assisted dying (also “physician-assisted suicide”, though debate on terminology exists) involves medical professionals deliberately helping a patient to terminate their life at their request by “prescribing lethal drugs for the patient to self-administer”. This is not to be confused with euthanasia, which is when the physician directly terminates the life of the patient, usually by “administering lethal drugs” (active euthanasia) or withholding treatment (passive euthanasia). If this is at the request of the patient, it is considered “voluntary euthanasia”. Both voluntary assisted dying and voluntary euthanasia allows terminally ill patients to relieve suffering by ending their own lives relatively painlessly.

Proponents of assisted dying base their arguments on the promotion of autonomy and the reduction of suffering. Some would suggest that patients have a “right to die”, or in other words, that they are entitled to choose to end their own lives. Others emphasise the importance of dying with dignity. But most arguments surround the idea that assisted dying is the more humane option for terminally ill patients when they otherwise need to endure more pain.

On the other hand, opponents question whether the choice of “voluntary” assisted dying is truly free and informed. UN experts note how the terminally ill may feel “subtly pressured to end their lives prematurely by the attitude of those around them or by the lack of appropriate services and support”. Other concerns include a slippery slope to expand the scope of assisted suicide to the elderly, the disabled, the mentally ill and the poor. It can also be argued that the responsibility of resolving social problems such as ageing, poverty and inadequate healthcare is shifted from the state to vulnerable individuals. For example, if patients can simply “choose to die”, it may

create a disincentive to improve palliative care as the latter is more expensive. Finally, most religious organisations and countries are opposed to assisted dying.

Current situation

Both voluntary assisted dying and voluntary euthanasia are illegal in most countries. In New Zealand and some US states, assisted dying is legal but limited to “terminally ill, mentally competent” adults.

A small number of countries have expanded the scope of assisted dying. In Canada, the requirement for “a person’s natural death to be reasonably foreseeable” is removed by legislation in March 2021, and there has been discussion on allowing assisted dying for mental illnesses. In the Netherlands, both voluntary euthanasia and assisted dying are allowed for patients experiencing “unbearable suffering with no prospect of improvement”. Though all forms of euthanasia are illegal, Switzerland does not require a person to have a terminal illness to be eligible for assisted dying; it is legal as long as the physician’s motives are not “selfish” and the patient has decision-making capacity. It is also the only country that permits foreigners to undergo assisted dying, leading to many individuals travelling to Switzerland to end their lives. More recently, the UK’s proposed *Terminally Ill Adults (End of Life) Bill* seeks to legalise assisted dying for eligible individuals who are “terminally ill and are in the final six months of their life”.

Possible solutions

Though resolutions made in the General Assembly are not legally binding, SOCHUM delegates are encouraged to collaboratively design an international framework that addresses the question of assisted dying. What are some guidelines all member states should consider when legislating on the issue? Should member states be encouraged to expand or limit the scope of assisted dying and euthanasia? What healthcare policies can member states implement to improve end-of-life care? How can the UN support countries in doing so, especially for developing countries?