

Investigation of the ethical and legal issues of euthanasia and assisted suicide

Abstract

Euthanasia and assisted suicide are highly complex and ethically charged medical practices that challenge societal norms and legal frameworks worldwide. This research investigates the multifaceted ethical and legal dilemmas surrounding these end-of-life options. It examines the core ethical arguments for and against euthanasia and assisted suicide, including autonomy, beneficence, non-maleficence, and justice. The analysis explores different legal approaches to these practices globally, comparing permissive, restrictive, and prohibitive regimes. It delves into the legal complexities of informed consent, competency, vulnerability, and the potential for abuse. Furthermore, the research examines the role of palliative care and the impact of social, cultural, and religious factors on the debate. This investigation aims to provide a comprehensive understanding of the ethical and legal landscape of euthanasia and assisted suicide, contributing to informed policy-making and ethical medical practice.

Euthanasia and assisted suicide are topics that spark intense ethical, legal, and social debate. Both are related to the right to die, but there are fundamental differences between them.

Keywords: ethical, legal, and social debate, consent, competency, vulnerability, legalization, potential impact

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Introduction

The intersection of life, death, and individual autonomy has long been a source of profound ethical and legal debate. Euthanasia and assisted suicide, practices aimed at intentionally ending a life to relieve suffering, sit at the heart of this complex discourse. This investigation delves into the multifaceted ethical and legal issues surrounding these practices, exploring the arguments for and against their legalization, the potential impact on vulnerable populations, and the challenges of balancing individual rights with societal interests.

Historically and across cultures, attitudes towards euthanasia and assisted suicide have varied significantly, reflecting diverse philosophical, religious, and cultural perspectives. In recent decades, however, advancements in medical technology and a growing emphasis on individual autonomy have reignited these debates, prompting legal challenges and legislative changes in several countries.

This investigation will examine the core ethical principles at play, including autonomy, beneficence, non-maleficence, and justice. It will analyze the arguments for legalization, such as respect for individual choice, alleviation of unbearable suffering, and the right to die with dignity. Conversely, it will address the concerns raised by opponents, including the sanctity of life, the potential for abuse and coercion, the slippery slope argument, and the impact on the doctor-patient relationship.

Furthermore, this investigation will analyze the current legal landscape surrounding euthanasia and assisted suicide, examining the diverse approaches adopted by different jurisdictions. It will explore the legal safeguards implemented in countries where these practices are permitted, aiming to prevent abuse and ensure that decisions are made voluntarily and with full informed consent.

Finally, this investigation will consider the broader societal implications of legalizing euthanasia and assisted suicide, including the potential impact on vulnerable populations, such as the elderly, disabled, and terminally ill. It will examine the role of palliative care

and explore alternative approaches to end-of-life care that prioritize comfort and dignity.

By providing a comprehensive analysis of the ethical and legal complexities surrounding euthanasia and assisted suicide, this investigation aims to contribute to a more informed and nuanced public discourse on this highly sensitive and deeply personal issue.

Euthanasia

Euthanasia is an act performed by a physician with the aim of ending the life of a terminally ill patient, at the patient's explicit request. There are two main types: active euthanasia and passive euthanasia. In active euthanasia, the physician actively intervenes, for example, by administering a lethal injection, while in passive euthanasia, the physician withdraws life-sustaining treatment, such as turning off a respirator.

Regarding its legal status, euthanasia is illegal in most countries, but it is permitted under strict conditions in a few countries, such as the Netherlands, Belgium, and Luxembourg. Its existence raises important ethical questions such as the role of the physician: contradiction with the oath to preserve life and alleviate suffering; patient autonomy¹: the patient's right to decide about their own life; and the potential for abuse: coercion of vulnerable patients into euthanasia.

Assisted suicide

By definition, assisted suicide occurs when a physician provides a lethal drug to the patient, but the patient takes it themselves. In terms of its legal status, it is permitted in a few countries, such as Switzerland and some states in the USA, but it is explicitly prohibited and sanctioned in most countries. Ethical issues to be considered include: the role of the physician: indirect participation in death; patient autonomy: the patient's right to choose the time and manner of their own death; and the potential for abuse: assisting mentally unstable patients with suicide.

¹Voluntary Euthanasia- Timothy E. Quill

Comparison

Euthanasia and assisted suicide can be compared in several respects. They can be distinguished based on who performs the act: the physician in the case of euthanasia, and the patient in the case of assisted suicide. The physician's role is active in euthanasia and passive in assisted suicide. In terms of legal status, euthanasia is illegal in most countries, while assisted suicide is legal in a few countries.²

It is important to examine the patient's motivations in both cases. In both cases, the patient's motivation may be unbearable suffering caused by an incurable disease, loss of dignity, or deterioration in the quality of life. Physicians must carefully consider the patient's request in both cases and ensure that the decision is voluntary, informed, and well-considered.

In terms of social impact, the legalization of euthanasia and assisted suicide can affect society's attitude towards death and raise the possibility of abuse.

It is important to note that euthanasia and assisted suicide are complex and controversial topics, and there is no single correct answer to the ethical questions raised. Decision-making should take into account the patient's individual circumstances, as well as the social and cultural context.³

Further considerations

Palliative care: Palliative care aims to improve the quality of life of terminally ill patients by alleviating symptoms and providing psychosocial support. The development of palliative care may offer an alternative to euthanasia and assisted suicide.

Palliative care, which aims to improve the quality of life of people with life-threatening illnesses by alleviating physical, psychosocial, and spiritual suffering, is increasingly emphasized in the healthcare system. At the same time, there is a need to clarify legal regulations and answer ethical questions.⁴

Act CLIV of 1997 on Health Care (Eütv.) states that the patient has the right to refuse care, including life-sustaining treatment. According to the interpretation of the Constitutional Court, this right also includes the right to palliative care (Decision 23/1990. (X. 31.) AB). In exercising the patient's right to self-determination, an important role is played by advance care planning, during which the patient can make advance directives about what treatments they want or refuse in case of incapacity. The Eütv. regulates the form and content of advance care planning in detail.⁵

Access to palliative care is a fundamental human right, which is also enshrined in several international documents. In Hungary, the Eütv. guarantees the right to palliative care for patients, but there are still significant inequalities in access to care. In order to improve access, it is of paramount importance to develop the palliative care system, ensure geographical and financial access to services, and inform the public about the possibilities of palliative care.⁶

²Euthanasia and Assisted Suicide: A Physician's and Ethicist's Perspectives - Timothy E. Quill and Margaret P. Battin (The Annals of Internal Medicine)

³Euthanasia and Assisted Suicide: A Physician's and Ethicist's Perspectives - Timothy E. Quill and Margaret P. Battin (The Annals of Internal Medicine)

⁴The Oxford Textbook of Palliative Medicine - Nathan Cherny

⁵23/1990. (X. 31.) AB decision

⁶Katalin Hegedüs: Ethical issues of palliative care. *Lege Artis Medicinæ*, 2012/1. issue, pp. 45-50.

Euthanasia and assisted suicide are currently prohibited in Hungary. The Criminal Code (Btk.) criminalizes aiding and abetting suicide. The issue of euthanasia and assisted suicide raises numerous ethical and legal dilemmas, which are the subject of a broad social debate. The development of palliative care, the more effective management of pain, and the strengthening of patients' right to self-determination shed new light on these issues.⁷

Numerous ethical issues can arise during palliative care, such as the extent of patient information, the limits of pain relief and symptomatic treatment, making end-of-life decisions, and involving relatives in care. The professional ethics of healthcare workers, guidelines on palliative care, and the individual values of patients and their relatives play an important role in answering ethical questions.⁸

The legal regulation of palliative care is constantly evolving, and the legislator and the judiciary must face numerous challenges. Respecting patients' right to self-determination, ensuring equal access to care, and answering ethical questions are all crucial to improving the quality of palliative care and preserving the dignity of patients.

Religious and cultural views: Different religions and cultures have different views on euthanasia and assisted suicide. It is important to respect these views in discussions.

The history of euthanasia

Throughout history, numerous cultures and philosophical schools of thought have addressed the issue of euthanasia, and its perception has changed significantly over time.⁹

- I. Ancient times:** In ancient Greece and Rome, euthanasia was considered acceptable in certain cases. Socrates, Plato, and the Stoic philosophers supported ending suffering when it became unbearable.
- II. Middle ages:** With the spread of Christianity, the perception of euthanasia took a negative turn. Due to the emphasis on the sanctity of life, euthanasia became prohibited.
- III. Modern era:** The question of euthanasia arose again during the Enlightenment. Several philosophers, including David Hume and Immanuel Kant, argued for the importance of individual autonomy, which includes the right to decide about death.
- IV. 20th Century:** Euthanasia movements gained new momentum in the 20th century. The first euthanasia society was founded in England in 1935. In Nazi Germany, the euthanasia program was distorted and used for mass murder. This tragic event cast a long shadow over the perception of euthanasia.
- V. Present day:** Euthanasia remains a subject of serious ethical and legal debate today. In some countries, such as the Netherlands, Belgium, and Luxembourg, euthanasia is legal. In other countries, including Hungary, euthanasia is prohibited.¹⁰

⁷János Bodnár, Zoltán Sümegi: Legal regulation of palliative care in Hungary. *Health Economic Review*, 2014/4. issue, pp. 101-108.

⁸József Radnay: Legal regulation of end-of-life decisions in Hungary. *Journal of Legal Studies*, 2013/1. issue, pp. 1-12.

⁹The History of Euthanasia Debates in the United States and Britain - Ezekiel Emanuel (1994): This article, available on PubMed (<https://pubmed.ncbi.nlm.nih.gov/7944057/>)

¹⁰The History of Euthanasia Debates in the United States and Britain - Ezekiel Emanuel (1994): This article, available on PubMed (<https://pubmed.ncbi.nlm.nih.gov/7944057/>)

Historical aspects of euthanasia

- I. Religious aspects:** Religious views have significantly influenced the perception of euthanasia. Christianity, Judaism, and Islam all condemn euthanasia.
- II. Philosophical aspects:** Many philosophical schools of thought have addressed the issue of euthanasia. Utilitarianism, existentialism, and liberal philosophy consider euthanasia acceptable in certain cases.
- III. Legal aspects:** The legal regulation of euthanasia varies from country to country. Those who argue for the legalization of euthanasia emphasize the individual's right to self-determination and the importance of ending suffering. Opponents of euthanasia cite the sanctity of life, the potential for abuse, and the role of physicians.

Further important aspects of euthanasia

- I. Euthanasia can be active (directly causing the patient's death) or passive (withholding life-sustaining treatment).
- II. It is generally only permitted under strict conditions. The patient must be suffering from an incurable disease and must voluntarily request euthanasia.
- III. It raises numerous ethical dilemmas. The most important issues include the sanctity of life, the right to self-determination, the elimination of suffering, and the avoidance of abuse.

Euthanasia is a complex and controversial topic. Throughout history, many cultures and philosophical schools of thought have addressed the issue, and its perception has changed significantly over time. Today, euthanasia is the subject of serious ethical and legal debate. Further social dialogue will be needed in the future to find the right balance between the sanctity of life, individual autonomy, and the elimination of suffering.

Assisted suicide, in which a person intentionally ends their own life with the help of another person who provides the necessary means or information, has a long and complex history. As with euthanasia, the perception of assisted suicide has varied throughout history, and today it is the subject of serious ethical and legal debate.

The History of Assisted Suicide¹¹

- I. Ancient times:** In ancient Greece and Rome, suicide was accepted in certain cases, and sometimes others assisted in this. However, the Hippocratic Oath prohibits physicians from administering lethal poison, even upon request.
- II. Middle ages:** With the spread of Christianity, suicide, including assisted suicide, was considered a sin.
- III. Enlightenment:** In the 18th century, Enlightenment philosophers, such as David Hume, raised the issues of individual autonomy and the right to die.
- IV. 19th and 20th Centuries:** In the 19th century, advances in medicine allowed for more effective pain management, which reduced the demand for assisted suicide. However, in the 20th century, due to the horrors of the Nazi euthanasia program, the issue of assisted suicide remained taboo for a long time.
- V. Present day:** In the late 20th and early 21st centuries, assisted suicide movements gained momentum again. Assisted suicide

¹¹Ancient euthanasia: 'good death' and the doctor in the graeco-Roman world" - Anton J. L. Van Hooff (2004)

has been legal in Switzerland since 1942, and in recent decades it has been legalized or decriminalized in several other countries.

Historical aspects of assisted suicide

- I. Religious aspects:** Most religions, including Christianity, Judaism, and Islam, condemn suicide, including assisted suicide.
- II. Philosophical aspects:** Philosophers have debated the moral permissibility of suicide for centuries. Utilitarianism, existentialism, and liberal philosophy may consider assisted suicide acceptable in certain cases.
- III. Legal aspects:** The legal regulation of assisted suicide varies from country to country. Those arguing for its legalization cite individual autonomy and the avoidance of suffering. Opponents emphasize the sanctity of life, the potential for abuse, and the role of physicians.¹²

Further important aspects of assisted suicide

- I. Assisted suicide is generally permitted only under strict conditions. The person must be suffering from an incurable disease, must be competent, and must voluntarily request assistance.
- II. The difference between assisted suicide and euthanasia is that in assisted suicide, the person performs the lethal act themselves, whereas in euthanasia, another person (usually a physician) performs it.
- III. Assisted suicide raises numerous ethical dilemmas, including those related to the sanctity of life, self-determination, suffering, and the potential for abuse.
- IV. Assisted suicide requires further social dialogue. It is important to find the right balance between individual autonomy, the sanctity of life, and the interests of society.

The legal status of euthanasia in the world

The legal regulation of euthanasia is extremely complex and varies from country to country. In most countries, euthanasia is prohibited in some form, but there are also countries where it is permitted under certain conditions. The lack or inconsistency of legal regulation raises numerous ethical and practical problems.¹³

- I. Prohibited:** Euthanasia is prohibited in most countries and carries criminal penalties. This is also the case in Hungary, where euthanasia is considered homicide.
- II. Permitted:** In some countries, such as the Netherlands, Belgium, Luxembourg, Canada, and Colombia, euthanasia is permitted under certain conditions.
- III. Assisted suicide:** Assisted suicide is legal under certain conditions in Switzerland, some US states (Oregon, Washington, Montana, Vermont, California, Colorado, Hawaii, New Jersey, Maine, New Mexico), and Australia (Victoria, Western Australia, Tasmania, Queensland, South Australia).

Key issues in the legal regulation of euthanasia

The first step in legal regulation is to precisely define euthanasia. This includes distinguishing between active and passive euthanasia, as well as voluntary, non-voluntary, and involuntary euthanasia. Strict

¹²Ancient euthanasia: 'good death' and the doctor in the graeco-Roman world" - Anton J. L. Van Hooff (2004)

¹³Legality of euthanasia - Wikipedia

conditions must generally be met to permit euthanasia. The patient must be suffering from an incurable illness, experiencing unbearable pain, and must voluntarily request euthanasia. The legal regulation must also address the detailed rules of the euthanasia procedure. This includes the role of physicians, informing the patient, the decision-making process, and record keeping. The legal regulation must ensure the prevention of abuse. This includes strict control, obtaining independent expert opinions, and protecting the patient's rights.¹⁴

Challenges of legal regulation

- I. The legalization of euthanasia may contradict religious and moral beliefs about the sanctity of life.
- II. Those who argue for the legalization of euthanasia cite the individual's right to self-determination, which includes the right to decide about death.
- III. Legalizing euthanasia raises the possibility of abuse, especially in the case of vulnerable patients.
- IV. Legalizing euthanasia could change the role of physicians, whose primary responsibility is to preserve life.

The legal regulation of euthanasia is constantly evolving. Social and technological changes, as well as advances in medicine, pose new challenges for lawmakers. In the future, more countries are expected to legalize euthanasia, and legal regulation will become increasingly detailed and comprehensive. It is important to note that the legal regulation of euthanasia raises not only legal, but also ethical, social, and philosophical issues. Lawmakers must proceed with the utmost caution and consider the interests of all parties involved.¹⁵

Legal cases and court decisions have shaped the legal regulation of euthanasia. These cases highlight the complexities of euthanasia and help to understand the ethical and legal dilemmas faced by lawmakers and courts.

Some important legal cases and court decisions regarding euthanasia

- I. **Karen Ann Quinlan case (USA, 1976):** This case was one of the first to receive widespread publicity on the issue of euthanasia. Karen Ann Quinlan was in a persistent vegetative state, and her parents requested the withdrawal of life-sustaining treatment. The court eventually allowed the respirator to be turned off, setting a precedent for allowing passive euthanasia in similar cases.¹⁶
- II. **Nancy Cruzan case (USA, 1990):** Nancy Cruzan suffered severe brain damage in a car accident and was in a persistent vegetative state. Her parents requested the withdrawal of artificial nutrition, but the court initially denied the request because there was no evidence that Nancy would have wanted this. Later, after further evidence was presented about Nancy's previous wishes, the court allowed the feeding to be stopped. This case emphasized the importance of the patient's advance directives in the matter of euthanasia.¹⁷

¹⁴Euthanasia and Assisted Suicide: A Physician's and Ethicist's Perspectives - Timothy E. Quill and Margaret P. Battin (The Annals of Internal Medicine)

¹⁵Assisted Suicide: The Liberal, Humanist Case Against Legalization - Julian Savulescu (2014)

¹⁶In re Quinlan (70 N.J. 10, 355 A.2d 647 (N.J. 1976) (<https://law.justia.com/cases/new-jersey/supreme-court/1976/70-n-j-10-0.html>))

¹⁷Cruzan v. Director, Missouri Department Of Health, 497 U.S. 261 (1990) (<https://supreme.justia.com/cases/federal/us/497/261/>), LexisNexis, or Oyez (<https://www.oyez.org/cases/1989/88-1503>)

III. **Diane Pretty case (United Kingdom, 2002):** Diane Pretty suffered from motor neurone disease and asked her husband to help her commit suicide. The court denied the request because assisted suicide was illegal in the UK. This case highlighted the legal differences between euthanasia and assisted suicide.¹⁸

IV. **Terri Schiavo case (USA, 2005):** Terri Schiavo was in a persistent vegetative state following a heart attack. Her husband requested the withdrawal of artificial nutrition, while her parents opposed it. The case led to a long legal battle involving the Florida governor and the US Congress. Ultimately, the court ruled in favor of the husband and allowed the feeding to be stopped.¹⁹

V. **Lambert case (France, 2019):** Vincent Lambert suffered severe brain damage in a car accident and was in a persistent vegetative state. A dispute arose within his family about the continuation of life-sustaining treatment. The case went all the way to the European Court of Human Rights, which ultimately ruled that France had not violated Lambert's rights by withdrawing life-sustaining treatment.²⁰

Lessons from relevant legal cases

The legal cases highlight the importance of patient autonomy in the matter of euthanasia. Courts generally respect the patient's wishes, as long as they can be clearly established. Advance directives, such as a living will, can help enforce the patient's wishes when they are no longer able to make decisions. Physicians play an important role in the euthanasia process. They are responsible for informing the patient, making the diagnosis, and explaining treatment options. The legal cases highlight the importance of clear and comprehensive legal regulation in the area of euthanasia. Legal regulation must ensure the rights of patients while preventing abuse. Legal cases and court decisions related to euthanasia are constantly shaping the legal environment. As society and medicine evolve, new ethical and legal questions arise that lawmakers and courts must answer.

Comparing the situation in Hungary and the Netherlands regarding euthanasia, the following conclusions can be drawn²¹

- I. **Legality:** Euthanasia is prohibited in Hungary, while it is permitted in the Netherlands under strict conditions.
- II. **Age limit:** There is no age limit specified for euthanasia in Hungary, as it is not permitted. In the Netherlands, it is permitted for those over 18 years of age.
- III. **Eligible conditions:** In Hungary, euthanasia is only considered for terminal illnesses. In the Netherlands, it applies to those with serious and incurable diseases.
- IV. **Decision-making capacity:** Hungary requires full legal capacity for decision-making. The Netherlands accepts limited capacity for this purpose.
- V. **Procedure:** In Hungary, a strict medical committee review is required. In the Netherlands, this is replaced by a judicial review.
- VI. **Abuse:** Hungary has strict penalties for abuse. The Netherlands has independent oversight.

¹⁸Diane Pretty's Case: Assisted Suicide, Euthanasia and the Human Rights Convention" by Sheila McLean and Alison Britton (2003)

¹⁹The Terri Schiavo Case: Legal, Ethical, and Medical Perspectives" edited by Arthur L. Caplan, James J. McCartney, and Dominic A. Sisti (2006)

²⁰Lambert and Others v. France (Application no. 46043/14)

²¹Euthanasia and Law in Europe" by Elspeth Guild (2004)

Comparing ethical considerations

- I. Hungary:** Emphasizes the absolute value of life, individual decision-making regarding their own life, avoidance of suffering, family involvement, and elimination of potential abuse.
- II. Netherlands:** Focuses on preserving quality of life, limited self-determination, avoidance of suffering, and consideration of family wishes.

Euthanasia: legal and ethical dilemmas

Euthanasia, the intentional shortening of the life of a terminally ill patient with medical assistance, has been at the center of heated debate for decades. The complexity of the topic lies in the fact that it simultaneously raises complex legal and profound ethical questions. The aim of this essay is to explore the dilemmas of euthanasia by analyzing and comparing these issues in detail.²²

Legal issues

The legality of euthanasia varies from country to country. While it is permitted in the Netherlands and Belgium under strictly regulated frameworks, it is a criminal offense in Hungary. This difference can be attributed to fundamental legal questions. Opponents of euthanasia, citing the absolute value of life, emphasize that taking a human life is not permissible under any circumstances. The role of legislation is to protect life, and legalizing euthanasia would contradict this fundamental principle. Supporters of euthanasia, on the other hand, highlight the individual's right to self-determination. According to this view, everyone has the right to decide about their own body and life, including intervention in death. Prohibiting euthanasia restricts individual autonomy and deprives individuals of the possibility of relief from suffering.²³ One of the most important issues in legal regulation is the prevention of abuse. If euthanasia is legalized, there is a risk that patients may be pressured or even have their lives ended against their will. Strict procedural rules and independent oversight are essential to prevent abuse.

Ethical issues

In addition to legal issues, euthanasia also raises numerous ethical dilemmas. These dilemmas relate to the meaning of life, suffering, the role of the physician, and social responsibility.²⁴

- I. Sanctity of Life:** The main ethical problem of euthanasia is related to the question of the sanctity of life. According to most religions and moral teachings, human life is sacred and inviolable. Euthanasia, even if voluntary, contradicts this principle and questions the value of life. Supporters of euthanasia argue that avoiding suffering is a moral obligation. Terminally ill patients have the right to die with dignity rather than endure unbearable pain. Opponents, on the other hand, argue that suffering can have meaning and contribute to human development.
- II. Role of Physicians:** The traditional role of physicians is to preserve life and heal patients. Euthanasia changes this role and makes the physician the cause of death. This can lead to ethical conflict for physicians, who must grapple with the Hippocratic Oath and their own conscience.

- III. Societal Impact:** Legalizing euthanasia can have an impact on society as a whole. Some believe that legalization could lead to a decrease in the protection of the weak and vulnerable. Others believe it could lead to an increase in solidarity and compassion.

The legal and ethical issues of euthanasia are complex and interrelated. Legal regulation must take into account ethical dilemmas and find a balance between individual autonomy and the interests of society. The issue of euthanasia is not merely a legal or medical issue, but fundamentally a human issue that touches on our deepest values. Social dialogue and continuous reflection are essential to find the right path in this complex issue.

Karsai Dániel and the Right to Die: A Legal Perspective on Euthanasia in Hungary

Dr. Karsai Dániel, a renowned Hungarian lawyer and constitutional expert, has brought the debate surrounding euthanasia to the forefront of public discourse in Hungary. Diagnosed with Amyotrophic Lateral Sclerosis (ALS) in 2022, Karsai has publicly advocated for the legalization of euthanasia, arguing that the current blanket ban in Hungary violates fundamental human rights. This paper examines Karsai's legal arguments, the specifics of his illness, and the broader context of euthanasia legislation in Hungary and Europe, with relevant legal references.²⁵

Amyotrophic Lateral Sclerosis (ALS)

ALS is a progressive neurodegenerative disease with no known cure. It leads to the gradual loss of voluntary muscle control due to the degeneration of motor neurons. In its final stages, ALS results in paralysis, loss of speech, and the inability to breathe or swallow, ultimately leading to death, often through respiratory failure. Crucially, ALS does not impair cognitive function, leaving the individual fully aware of their deteriorating condition and the inevitable outcome.²⁶ This aspect of the disease is central to Karsai's argument for the right to choose euthanasia.

Karsai's Legal Challenge

Karsai contends that the current Hungarian legal framework, which completely prohibits euthanasia and assisted suicide, infringes upon several fundamental human rights. He argues that denying individuals the right to choose a dignified death in the face of unbearable suffering violates:

The right to self-determination and human dignity: This right stems from the inherent dignity of the human person and encompasses the freedom to make fundamental choices about one's life and death.²⁷

The right to self-determination and human dignity are fundamental principles enshrined in international human rights law and domestic legal systems worldwide. They underpin the very concept of individual autonomy and freedom, allowing individuals to make choices about their lives and destinies free from undue interference. This paper explores the legal foundations of these rights, their interconnectedness, and their implications in various contexts, with relevant legal references.

²²Euthanasia and Assisted Suicide (Contemporary Issues in Bioethics) - Dan W. Brock and Steven G. Holtzman

²³Euthanasia and Law in Europe - Elspeth Guild (2004)

²⁴Assisted Suicide: The Liberal, Humanist Case Against Legalization - Julian Savulescu (2014)

²⁵The Right To Die Like The Trees: Standing (<<https://verfassungsblog.de/the-right-to-die-like-the-trees-standing/>>).

²⁶National Institute of Neurological Disorders and Stroke. (n.d.). Amyotrophic lateral sclerosis (ALS) fact sheet. Retrieved from NINDS website

²⁷Right to life (Article 2, European Convention on Human Rights)

Legal foundations

International Law

- I. Universal Declaration of Human Rights (UDHR):** The UDHR, though not a legally binding treaty, proclaims the inherent dignity and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice, and peace in the world.²⁸
- II. International Covenant on Civil and Political Rights (ICCPR):** Article 1 of the ICCPR recognizes that all peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.²⁹
- III. International Covenant on Economic, Social and Cultural Rights (ICESCR):** The ICESCR, while not explicitly mentioning „self-determination,“ recognizes the right of everyone to self-determination in relation to their economic, social, and cultural development.³⁰

Regional Law

- I. European Convention on Human Rights (ECHR):** While not explicitly mentioning „self-determination,“ the ECHR protects the right to respect for private and family life (Article 8), which encompasses aspects of personal autonomy and self-determination.³¹
- II. African Charter on Human and Peoples' Rights:** Article 20 of the African Charter recognizes the right of all peoples to self-determination.³²

Domestic Law

Many countries have incorporated the right to self-determination and human dignity into their constitutions or other domestic legislation. For instance, the German Basic Law explicitly protects human dignity in Article 1.³³

Interconnectedness of SELF-DETERMINATION AND HUMAN DIGNITY

The right to self-determination is closely linked to the concept of human dignity. Dignity implies that every human being has intrinsic worth and should be treated with respect. Self-determination enables individuals to exercise agency and make choices that shape their lives in accordance with their own values and beliefs, thus preserving their dignity. Denying individuals the ability to exercise self-determination undermines their inherent dignity.

Implications and challenges

The right to self-determination and human dignity has implications in various contexts:

- I. Medical Law:** In the context of medical treatment, these rights underpin informed consent and patient autonomy, allowing individuals to make decisions about their own healthcare.³⁴
- II. End-of-Life Decisions:** The debate surrounding euthanasia and assisted suicide centers on the right to self-determination, with proponents arguing that individuals should have the right to choose a dignified death.³⁵
- III. Reproductive Rights:** The right to self-determination is central to debates about abortion and contraception, with arguments focusing on the individual's right to control their own body and reproductive choices.³⁶
- IV. Disability Rights:** Respect for human dignity requires ensuring that persons with disabilities have equal opportunities and are not discriminated against.³⁷
- V. Indigenous Rights:** The right to self-determination is crucial for indigenous peoples, allowing them to exercise control over their lands, resources, and cultural development.³⁸

Challenges

- I. Balancing competing rights:** The exercise of self-determination may sometimes conflict with other rights or societal interests. Balancing these competing rights is a complex legal and ethical challenge.³⁹
- II. Vulnerable groups:** Protecting the self-determination and dignity of vulnerable groups, such as children, persons with disabilities, and the elderly, requires special legal and social safeguards.⁴⁰
- III. Globalization and technology:** Rapid technological advancements and globalization raise new challenges to self-determination and dignity, such as data privacy concerns and the potential for AI to undermine human autonomy.

The right to self-determination and human dignity are essential for a just and equitable society. They empower individuals to live their lives with autonomy and freedom, shaping their destinies in accordance with their own values and beliefs. Upholding these rights requires constant vigilance and adaptation in the face of evolving social, technological, and legal challenges.

The prohibition of inhuman and degrading treatment: Forcing an individual to endure the final stages of ALS, with its attendant suffering and loss of bodily functions, could be considered inhuman and degrading treatment. The prohibition of inhuman and degrading treatment is a cornerstone of international human rights law and a fundamental principle enshrined in numerous legal instruments. This principle reflects the inherent dignity of the human person and the absolute imperative to protect individuals from cruel, inhuman, or degrading treatment or punishment, regardless of any circumstance. This paper examines the legal foundations of this prohibition, its scope, and its application in various contexts, with relevant legal references.

²⁸United Nations General Assembly. (1948). Universal Declaration of Human Rights. Retrieved from UN website

²⁹United Nations General Assembly. (1966). International Covenant on Civil and Political Rights. Retrieved from UN website

³⁰United Nations General Assembly. (1966). International Covenant on Economic, Social and Cultural Rights. Retrieved from UN website

³¹Council of Europe. (1950). European Convention on Human Rights. Retrieved from Council of Europe website

³²African Union. (1981). African Charter on Human and Peoples' Rights. Retrieved from African Union website

³³Basic Law for the Federal Republic of Germany (Grundgesetz)

³⁴Informed Consent: Legal Theory and Clinical Practice - Jessica Wilen Berg (2001)

³⁵Euthanasia and Assisted Suicide (Contemporary Issues in Bioethics) - Dan W. Brock and Steven G. Holtzman

³⁶Abortion and the Law - Laurence H. Tribe (1992)

³⁷Disability Rights Law and Policy - Ruth Colker and Adam Milani (2013)

³⁸United Nations Declaration on the Rights of Indigenous Peoples" (2007)

³⁹Balancing Human Rights" by Conor Gearty (2013)

⁴⁰Vulnerable Populations and the Law" edited by Michael Ashley Stein, Penelope J. Phillips, and Michael Perlin (2011)

Legal foundations

International Law

- I. **Universal Declaration of Human Rights (UDHR):** Article 5 of the UDHR states, „No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”⁴¹
- II. **International Covenant on Civil and Political Rights (ICCPR):** Article 7 of the ICCPR echoes the UDHR, stating, „No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.”⁴²
- III. **Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT):** The CAT defines torture and provides for international cooperation in preventing and punishing acts of torture. It also establishes an absolute prohibition on torture, meaning no exceptional circumstances whatsoever can justify its use.⁴³
- IV. **Geneva Conventions:** The Geneva Conventions and their Additional Protocols provide extensive protections for civilians and combatants during armed conflict, including the prohibition of torture, cruel treatment, and outrages upon personal dignity.⁴⁴

Regional Law

- I. **European Convention on Human Rights (ECHR):** Article 3 of the ECHR states, „No one shall be subjected to torture or to inhuman or degrading treatment or punishment.” This provision has been interpreted broadly by the European Court of Human Rights to encompass a wide range of acts that inflict severe physical or mental suffering.⁴⁵
- II. **African Charter on Human and Peoples' Rights:** Article 5 of the African Charter prohibits torture and cruel, inhuman or degrading treatment.⁴⁶
- III. **Inter-American Convention to Prevent and Punish Torture:** This convention defines torture and establishes obligations for states to prevent and punish acts of torture.⁴⁷

Domestic Law

Many countries have incorporated the prohibition of inhuman and degrading treatment into their constitutions or domestic legislation.

Scope and Application

The prohibition of inhuman and degrading treatment encompasses a broad range of acts, including:

- I. **Torture:** The intentional infliction of severe pain or suffering, physical or mental, for a specific purpose.

⁴¹United Nations General Assembly. (1948). Universal Declaration of Human Rights. Retrieved from UN website

⁴²United Nations General Assembly. (1966). International Covenant on Civil and Political Rights. Retrieved from UN website

⁴³United Nations General Assembly. (1984). Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

⁴⁴International Committee of the Red Cross. (n.d.). Geneva Conventions and their Additional Protocols.

⁴⁵Council of Europe. (1950). European Convention on Human Rights. Retrieved from Council of Europe website

⁴⁶African Union. (1981). African Charter on Human and Peoples' Rights. Retrieved from African Union website

⁴⁷Organization of American States. (1985). Inter-American Convention to Prevent and Punish Torture. Retrieved from OAS website

II. **Cruel treatment:** Acts that inflict severe physical or mental pain or suffering, even if not intentional.

III. **Degrading treatment:** Treatment that humiliates or debases an individual, even if it does not cause severe pain or suffering.

This prohibition applies in various contexts, including:

- I. **Law enforcement:** Prohibition of torture and ill-treatment by police, prison officials, and other law enforcement agents.
- II. **Armed conflict:** Protection of civilians and combatants from torture and inhuman treatment during armed conflict.
- III. **Medical context:** Prohibition of medical experimentation without consent and protection of patients from inhuman or degrading treatment in healthcare settings.
- IV. **Migration and asylum:** Protection of refugees and migrants from inhuman or degrading treatment during immigration detention and deportation procedures.
- V. **Disability rights:** Protection of persons with disabilities from inhuman or degrading treatment in institutions and in the community.

Challenges and Future Directions

Despite the widespread legal recognition of this prohibition, challenges remain:

- I. **Defining the threshold:** Determining the precise threshold for what constitutes inhuman or degrading treatment can be challenging, as it involves subjective assessments of pain and suffering.
- II. **Evidence gathering:** Obtaining evidence of inhuman or degrading treatment can be difficult, especially in closed environments such as prisons or detention centers.
- III. **State accountability:** Holding states accountable for violations of this prohibition can be challenging, especially in cases of impunity or lack of cooperation with international mechanisms.
- IV. **Evolving forms of ill-treatment:** New technologies and social developments may give rise to new forms of inhuman or degrading treatment that require legal and ethical responses.

The prohibition of inhuman and degrading treatment is a fundamental principle of human rights law that reflects the inherent dignity of the human person. Ensuring its effective implementation requires ongoing efforts to strengthen legal frameworks, enhance monitoring mechanisms, and promote a culture of respect for human rights in all contexts.

The right to freedom of conscience and religion: This includes the right to hold beliefs about the meaning of life and death and to act in accordance with those beliefs.

Karsai has taken his case to the European Court of Human Rights (ECHR), arguing that the Hungarian legal framework contradicts the European Convention on Human Rights (ECHR). Specifically, he argues that the blanket ban violates Articles 3 (prohibition of torture), 8 (right to respect for private life), and 9 (freedom of thought, conscience and religion) of the Convention.⁴⁸

⁴⁸Council of Europe. (1950). European Convention on Human Rights. Retrieved from Council of Europe website

Euthanasia Legislation in Hungary

The Hungarian Criminal Code currently prohibits any form of euthanasia and assisted suicide. Article 161 criminalizes „taking the life of another upon their express and earnest request,” while Article 162 criminalizes „aiding suicide.”⁴⁹ These provisions reflect a strong societal and legal emphasis on the sanctity of life.

The European Context

Euthanasia and assisted suicide are highly contentious issues across Europe. While a few countries, such as the Netherlands, Belgium, and Luxembourg, have legalized euthanasia under strict conditions, most countries maintain legal prohibitions.⁵⁰ The ECHR has addressed the issue in several landmark cases, including *Pretty v. United Kingdom* (2002) and *Haas v. Switzerland* (2011), but has not established a definitive right to euthanasia.^{51,52} However, the Court has emphasized the importance of individual autonomy in end-of-life decisions and has called on states to carefully balance the protection of life with respect for individual wishes.

Conclusion

Karsai Dániel’s case has ignited a crucial debate about euthanasia in Hungary. His legal challenge, rooted in fundamental human rights arguments, compels a re-examination of the current legal framework. The outcome of his case at the ECHR could have significant implications for Hungarian law and societal attitudes towards end-of-life choices. Regardless of the legal outcome, Karsai’s advocacy has undeniably raised awareness and fostered a much-needed public discourse on this complex and deeply personal issue.

Summary

This investigation has delved into the complex web of ethical and legal considerations surrounding euthanasia and assisted suicide. We have explored the core ethical principles at stake, analyzed arguments for and against legalization, and examined the diverse legal approaches adopted by different jurisdictions. It is clear that there are no easy answers, and the debate is far from settled. The fundamental tension lies in balancing individual autonomy and the right to choose how one dies with society’s interest in protecting life and preventing abuse. While proponents emphasize respect for individual choice and the alleviation of suffering, opponents raise concerns about the sanctity of life, the potential for coercion, and the slippery slope towards devaluing life. The legal landscape reflects this complexity, with a spectrum of approaches ranging from outright prohibition to carefully regulated legalization. Where euthanasia and assisted suicide are permitted, stringent safeguards are crucial to ensure decisions are made voluntarily, with full informed consent, and only after all other options have been exhausted. Ultimately, the debate surrounding euthanasia and assisted suicide is not merely a legal or medical one, but a deeply personal and societal one. It forces us to confront fundamental questions about the meaning of life, the nature of suffering, and the role of individual choice in the face of mortality.

⁴⁹Act C of 2012 on the Criminal Code (Hungary)

⁵⁰Euthanasia and assisted suicide laws around the world. (n.d.). BBC News. Retrieved from BBC News website

⁵¹*Pretty v. United Kingdom*, Application no. 2346/02 (ECHR 2002)

⁵²*Haas v. Switzerland*, Application no. 31322/07 (ECHR 2011)

Closing thoughts

As societies continue to grapple with these challenging issues, ongoing dialogue and reflection are essential. We must strive to create a compassionate and supportive environment for those facing end-of-life decisions, ensuring access to high-quality palliative care and open communication about all available options. While the legalization of euthanasia and assisted suicide remains a contentious issue, this investigation has highlighted the importance of approaching the debate with nuance, empathy, and a commitment to protecting the dignity and autonomy of all individuals. The search for ethical and legal solutions that respect both the sanctity of life and the right to die with dignity is an ongoing challenge that demands our continued attention and careful consideration.

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Conflicts of interest

The author declares there is no conflict of interest.