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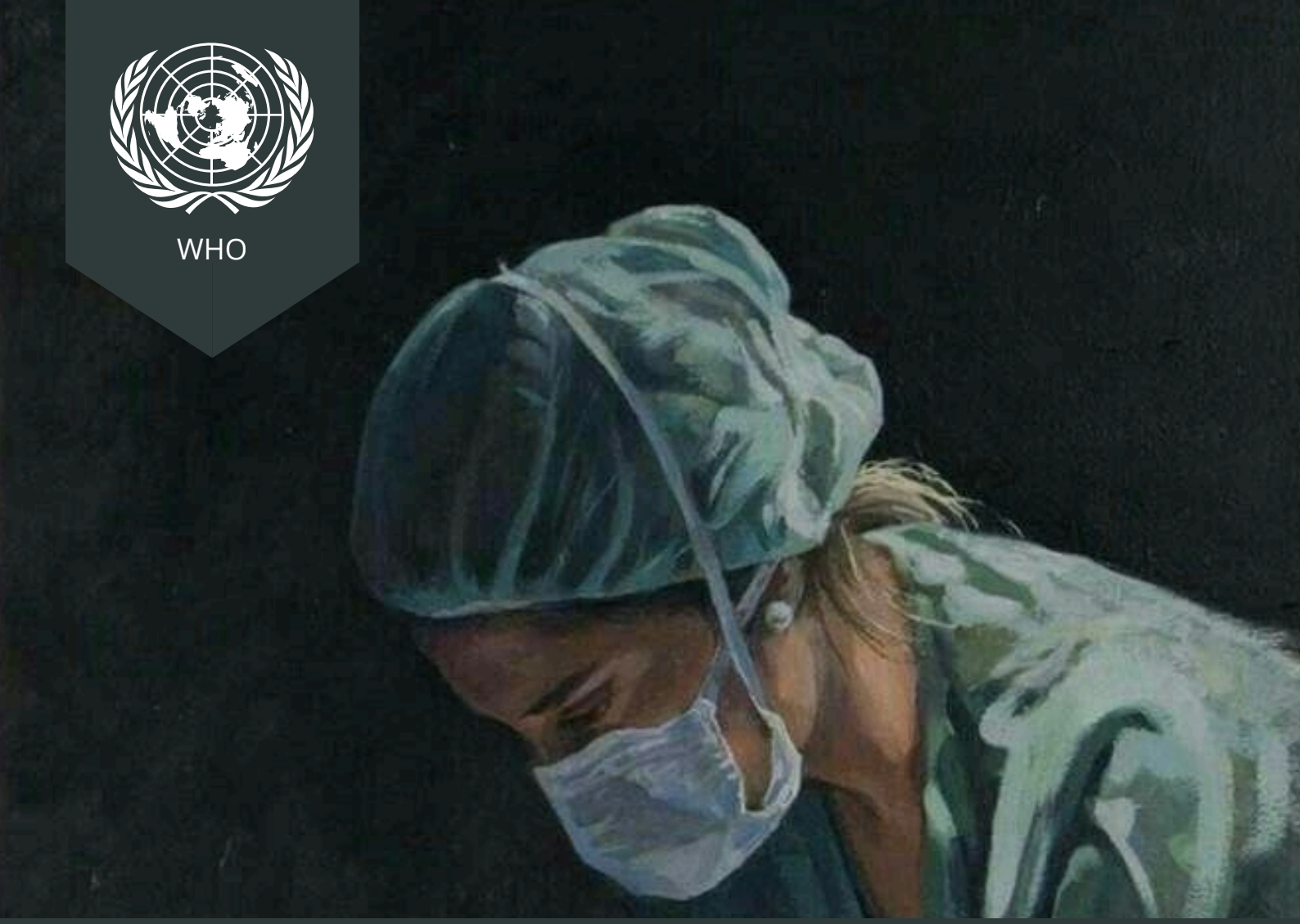
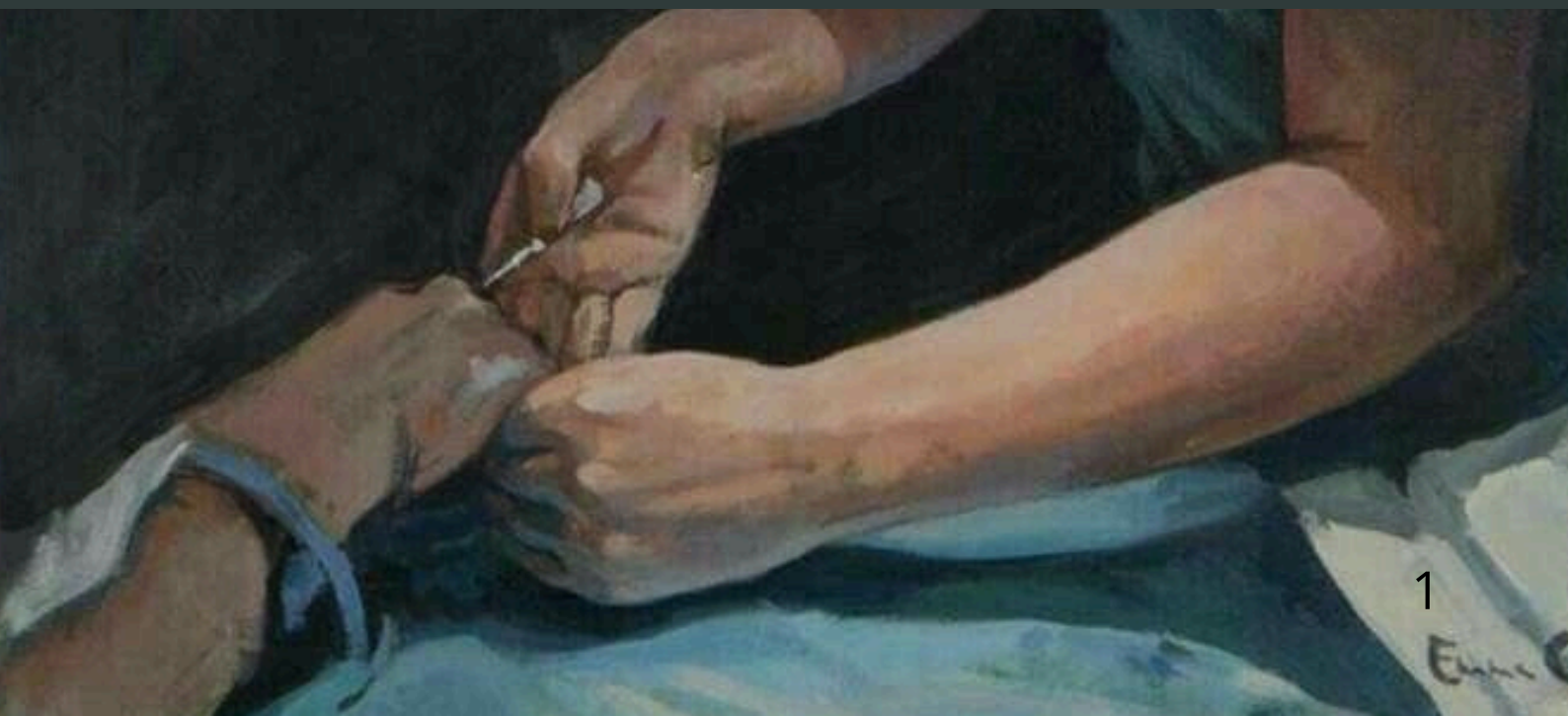


World Health Organization - 2025

ETHICAL IMPLICATIONS OF THE LEGALIZATION EUTHANASIA WORLDWIDE

Chairs: Elena Campos and Ella Peters



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Disclaimer: This WHO study guide, on the topic of The ethical implication of of the legalization of Euthanasia world wide, is merely a guide for your research, and it shall not replace it. This being said, the contents of the study guide include:

LETTER FROM YOUR CHAIR:

Dear Delegates,

It is both an honor and a profound personal privilege to welcome you all to the Commission on the Ethical Implications of the Legalization of Euthanasia Worldwide. Having participated in Model United Nations for several years, I can confidently say that every conference brings new challenges, new voices, and new perspectives, but few topics have ever struck me as deeply as this one.

Euthanasia is not merely a legal or political issue, it is a moral crossroad that forces us to confront the essence of human dignity, compassion, and choice. In a world where medicine has the power to prolong life but not always to ease suffering, we must ask ourselves: what does it truly mean to respect life? And perhaps more importantly, what does it mean to respect the individual behind that life?

Throughout my years in SPMUN, I have witnessed the transformative power of dialogue, the way empathy can coexist with reason, and how diplomacy can turn disagreement into understanding. As you engage in debate, I encourage you not only to defend your country's stance, but also to listen with empathy and question with humility. Behind every statistic, there is a human story; behind every policy, there is a heartbeat.

This commission is not about finding the "right" answer, it is about understanding the complexity of the question. It is about exploring the delicate balance between ethics, autonomy, and compassion that defines the human experience. I hope you use this space not just to argue, but to feel, to learn, and to grow as global citizens.

As your Chair, and as someone who has grown up within the world of MUN, I am deeply grateful to share this final experience with delegates who embody the same passion for dialogue that first inspired me years ago. Together, let us make this session not only intellectually rigorous, but also profoundly humane.

Best regards, your chair.
Elena Campos

LETTER FROM YOUR CO-CHAIR:

Dear delegates,

It is a true honor to welcome each and everyone of you. My name is Ella Peters and I have the privilege of serving you as your co-chair for this year's SPMUN. I am incredibly excited to work with such passionate and bright individuals. I want to let you know that this is a space where your voice matters, and your ideas shape discussions.

This year we will be focusing on the ethical implications of euthanasia, this is a complex issue that involves law, medicine, human dignity and rights. This is a sensitive matter, it will challenge you to think critically, considere multiple perspectives and reflect not only on logistics, but on real human experiences. Remember to approach this topic with respect and empathy for others.

As your co-chair, my goal is to guide, motivate, and support you throughout the debate. We know you have something valuable to bring to the table, this is your moment to explore your full potential and demonstrate your abilities not only to your chairs and fellow delegates, but also to yourselves. Don't be afraid to participate, raise your hands and challenge ideas. Express your opinions with confidence, and remember it is not just about winning, it is about understanding different perspectives while sharing yours to find a common ground, no matter your position.

There may be moments where the debate becomes intense, and you feel frustrated, and overwhelmed. In those moments I encourage you to stay calm, and be patient, step forward and trust your voice. Remember that your voice can make a real impact. This is a space to learn, grow, and get better through the process. Every delegate in this room is here for the same reason, to share their ideas and work together. You don't need to be perfect to make a difference. All that matters is that you try your best and stay open to learning from each other

Lastly, I want to thank each and everyone of you for being here. Your effort and participation are what make conferences like this special. Please don't hesitate to reach out if you have any concerns or doubts throughout this process, we are here to support and assist you so you can do your best in your role as delegates.

Warm regards,
Ella Peters

COMMITTEE OVERVIEW:

The World Health Organization (WHO) is a specialized agency of the United Nations, established on 7 April 1948 with the mission of promoting global health, coordinating international responses to health emergencies, and supporting nations in strengthening their healthcare systems. Headquartered in Geneva, Switzerland, and composed of 194 member states, the WHO operates through six regional offices to address diverse health challenges across the world. Guided by its Constitution, the WHO defines health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity,” reflecting its comprehensive approach to global health policy.

The WHO’s key functions include coordinating international responses to disease outbreaks and health emergencies, setting global health standards, supporting medical research, and assisting countries in achieving Universal Health Coverage (UHC). The organization also works to address broader determinants of health such as poverty, education, and access to clean water and sanitation. Its structure consists of three main bodies: the World Health Assembly (WHA), which serves as the decision-making body; the Executive Board, which implements the WHA’s decisions and provides guidance; and the Secretariat, led by the Director-General.

In recent years, the WHO has been at the forefront of major global health initiatives, including coordinating the international response to the COVID-19 pandemic. The organization has also prioritized combatting non-communicable diseases, improving mental health care, ensuring access to essential medicines and vaccines, and addressing the health impacts of climate change.

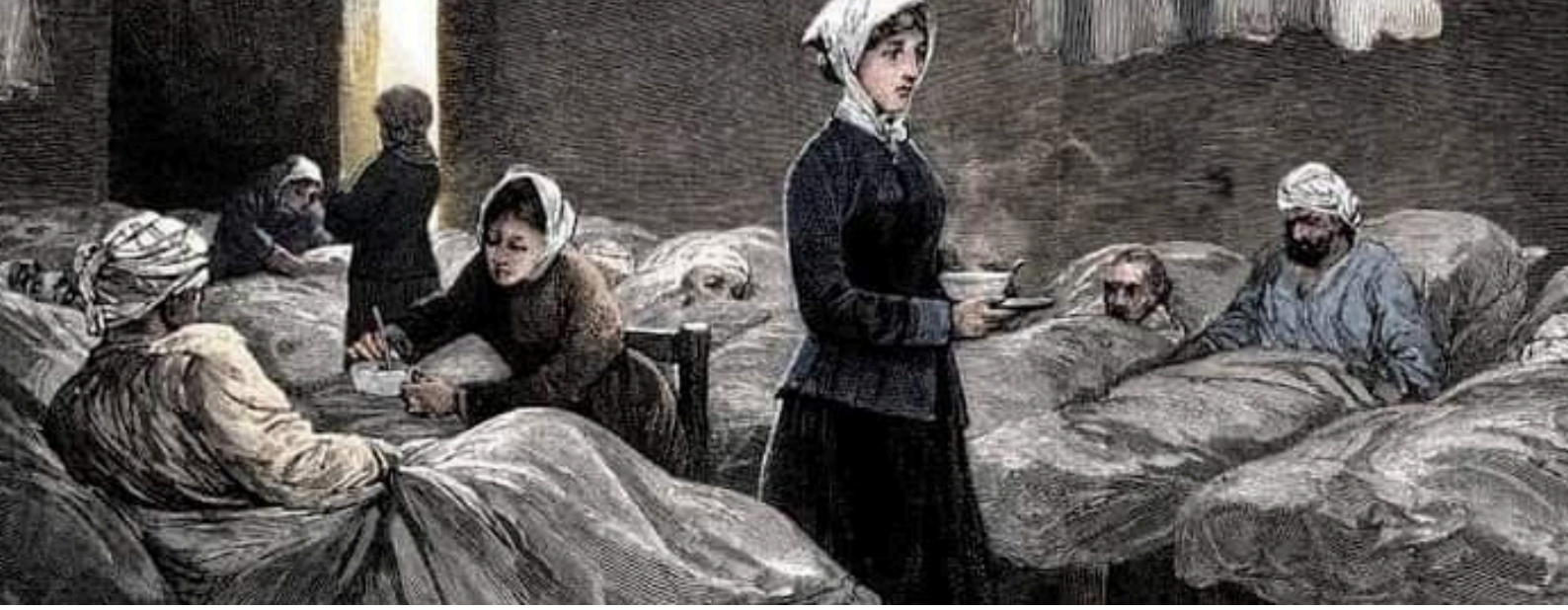
Within Model United Nations, the WHO provides delegates with a platform to debate pressing global health challenges, from epidemic preparedness to healthcare equity and mental health awareness. Participants are encouraged to propose practical, evidence-based policies while considering economic and political realities.

BRIEF OF THE COMMITTEE:

The topic “Ethical Implications of the Legalization of Euthanasia Worldwide” is pertinent to the World Health Organization (WHO) because it involves critical issues of public health, medical ethics, and human rights, which are central to the organization’s mandate. As the UN’s leading authority on global health, the WHO plays a key role in guiding member states on ethical medical practices and ensuring equitable access to quality healthcare.

Euthanasia directly affects end-of-life care, mental health, and the responsibilities of healthcare professionals, making it relevant to the WHO’s goal of promoting the highest attainable standard of health. The increasing legalization of euthanasia in various countries raises questions about ethical consistency, patient rights, and access to palliative care, areas where the WHO can facilitate international dialogue and develop global ethical frameworks.

While the WHO does not determine the legality of euthanasia, it provides scientific, ethical, and policy guidance to help member states navigate the issue responsibly. Addressing this topic allows the organization to uphold its commitment to health equity, dignity, and ethical medical practice worldwide.



KEY TERMS

THE GLOSSARY IS FOR A BETTER UNDERSTANDING OF THE TOPIC, HENCE IS NOT NECESSARY TO MEMORIZE.

Assisted suicide / physician-assisted dying: When a doctor gives the patient the means to end their life, (for example, prescribing a lethal dose) but the patient takes the final action themselves.

Euthanasia: Intentionally ending a person's life to relieve suffering.

Types of Euthanasia (by consent)

- **Voluntary euthanasia:** The person clearly asks to die and gives clear consent.
- **Non-voluntary euthanasia:** The person can't give consent (for example, they are in a coma), and someone else decides for them.
- **Involuntary euthanasia:** The person does *not* want to die, but their life is ended anyway (this is illegal, and is considered murder).

Types of euthanasia (by method)

- **Active euthanasia:** Taking specific steps to cause death, like giving a lethal injection.

- **Passive euthanasia:** Allowing death to happen by stopping treatment or removing life support (for example, not giving further medication).

Related Concepts

- **Palliative care:** Medical care focused on easing pain and suffering in people with serious or terminal illnesses without trying to hasten death.

- **End-of-life care:** Care given in the final stage of life to ensure comfort and dignity.

- **Do Not Resuscitate (DNR) order:** A medical instruction not to perform CPR if the patient's heart stops.

- **Terminal illness:** A disease that cannot be cured and will lead to , such as advanced cancer.

- **Unbearable suffering:** To be in pain or distress that cannot be relieve, making life intolerable.

- **Autonomy:** The ethical principle that people have the right to make decisions about their own body and life.

- **Sanctity of life:** The belief that all human life is valuable and should not be intentionally ended.

- **Safeguards:** Legal checks (like second medical opinions and written requests) to make sure euthanasia decisions are voluntary and thoroughly considere.

INTRODUCTION TO THE TOPIC:

The ethical implications of the legalization of euthanasia have become an important global debate. Euthanasia, also known as assisted dying, is when a person chooses to end their life to relieve extreme suffering, usually from a serious or terminal illness. While some countries have legalized it under strict medical and legal conditions, others strongly oppose it, viewing it as morally wrong or a violation of the value of human life.

In the World Health Organization (WHO), this topic is closely tied to public health, medical ethics, and human rights. The WHO's mission is to promote health and well-being for all people, but euthanasia raises complex questions about what it truly means to provide care. It challenges the idea of whether doctors should only focus on preserving life or if, in some cases, helping to end suffering can also be seen as an act of compassion.

The ethical implications are wide-ranging. Supporters argue that euthanasia respects individual autonomy, allowing people the right to decide over their own bodies and avoid unnecessary pain. However, opponents warn that it may undermine the value of life, lead to abuse or pressure on vulnerable patients, and conflict with religious and cultural beliefs that see life as sacred. It also raises questions about how much trust can be placed in medical systems to ensure fair and safe practices.

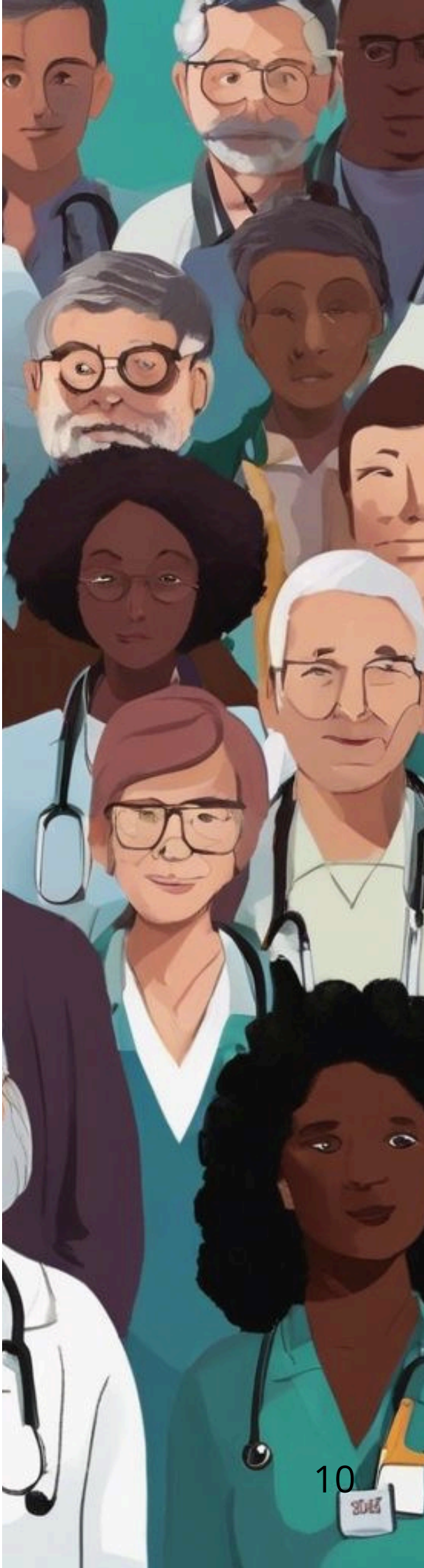
As euthanasia becomes increasingly discussed and legalized in certain nations. The goal is to find a balance between compassion, autonomy, and the duty to protect life, a challenge that continues to divide nations and test modern healthcare ethics.

HISTORICAL BACKGROUND

The concept of euthanasia, derived from the Greek words “eu” (good) and “thanatos” (death), meaning “good death,” has been debated for centuries. In ancient Greece and Rome, some philosophers, including Plato and Seneca, accepted the idea of voluntary death under circumstances of extreme suffering. However, as Christianity spread through Europe, euthanasia came to be widely condemned, with the sanctity of life becoming a dominant moral and religious principle.

In the modern era, discussions about euthanasia resurfaced in the 19th and early 20th centuries, as medical advances prolonged life and revived ethical questions about death and suffering. The term “euthanasia” began to appear in medical and legal literature, often linked to debates on compassion and autonomy. However, its association with the Nazi regime’s involuntary euthanasia program during World War II, which targeted people with disabilities, severely damaged the concept’s moral legitimacy and prompted a global rejection of non-consensual euthanasia practices.

In the late 20th and early 21st centuries, the debate evolved toward voluntary euthanasia and assisted dying, focusing on patient rights, autonomy, and palliative care. The Netherlands became the first country to formally legalize euthanasia in 2002, followed by Belgium, Luxembourg, Canada, and parts of Australia and Colombia. These developments have prompted ongoing ethical and legal discussions within the global community, as nations balance compassion for terminally ill patients with the protection of human life and medical ethics.

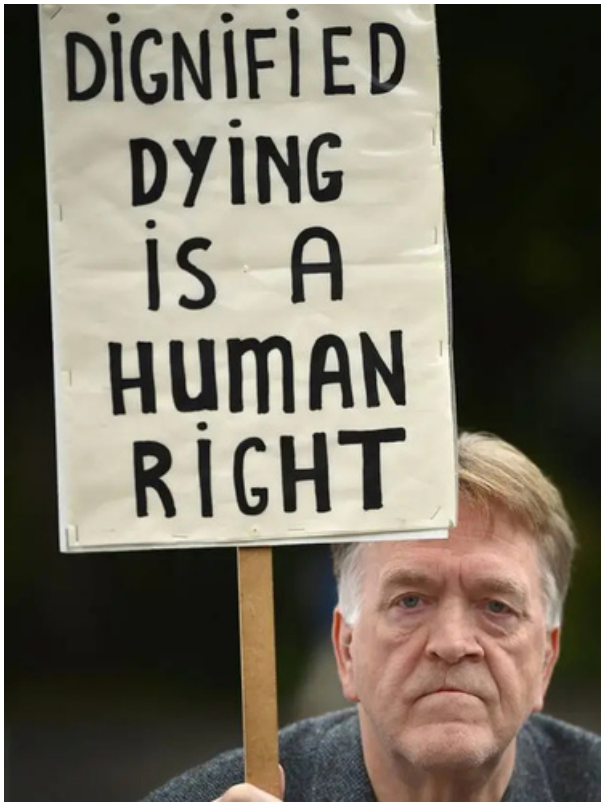


CURRENT SITUATION

Currently, only 14 countries have legalized euthanasia and assisted dying; however, some countries like France, Ireland, Portugal, Uruguay and Scotland are currently working on legalizing it as well.

In multiple countries, peaceful protests with intent to constitute euthanasia have become more and more common. These protesters are mostly elderly people, terminally ill patients, and their families. These protests have been applying extra pressure to the government to pass the law, for example, in England and Wales, the prime minister is thoroughly considering decriminalizing euthanasia, with member of House of Lords, Baroness Thornton, saying “Our job is to scrutinise [the bill] further and improve it if we need to - It is not our job to kill this bill.” If more leaders continue to think this way, euthanasia may be established in a lot of countries worldwide.

Just as there have been many peaceful protests in favor of euthanasia, there have been many protests against it. Countries where euthanasia was legally implemented, or in considering, have been met with backlash and controversy, all though a lot of people were advocating for it, many people are critical; therefore, starting peaceful protests to keep euthanasia illegal. This protests are mostly led by Catholics, conservatives, and other opposing parties.



ROLE OF EACH DELEGATION:

Netherlands:

The Netherlands is one of the first countries to legalize and regulate euthanasia through a detailed law. It allows active euthanasia and physician-assisted dying for adults, and under strict conditions, for minors in certain cases. The process is governed by statutory “due care” criteria, which require the patient’s request to be voluntary and well-considered, based on unbearable suffering with no signs of improvement. Additionally, a consultation with an independent physician is mandatory, and every case must be reported for review. The Netherlands’ mandatory review system ensures transparency and accountability, making it a pioneering model in the legalization of euthanasia.

Belgium:

Belgium legalized euthanasia for adults under strict conditions and, in exceptional cases, extends this right to minors with parental involvement. The Belgian law also recognizes mental suffering as a valid ground for euthanasia in specific circumstances. The procedure requires a written request, independent medical consultations, and oversight by reporting and review commissions. Unlike many other countries, Belgium allows euthanasia not only for terminally ill patients but also for individuals experiencing chronic, unbearable psychiatric suffering. This makes Belgium’s legislation one of the most comprehensive and ethically debated frameworks in the world.

Switzerland:

In Switzerland, assisted suicide is legal as long as it is not motivated by selfish reasons, although active euthanasia remains prohibited. The Swiss criminal code forbids assistance carried out for personal gain but allows non-profit right-to-die organizations to provide the service under regulated procedures. These organizations conduct careful assessments to ensure the decision is voluntary and justified. Foreign nationals may also access assisted suicide in Switzerland, which has led to the controversial phenomenon of “suicide tourism.” With its long-standing and unique legal tradition, Switzerland has become an international reference point in discussions surrounding assisted dying and individual autonomy.

ROLE OF EACH DELEGATION:

United States:

In the United States, there is no federal law legalizing euthanasia. Active euthanasia is illegal throughout the country. However, physician-assisted suicide (also known as medical aid-in-dying) is permitted in several states. State laws regulating this practice usually include strict requirements: the patient must have a terminal illness with a prognosis of six months or less, meet residency requirements (in some states), make multiple voluntary requests, and receive confirmation from at least two physicians. Because the U.S. legal system is highly decentralized, access to physician-assisted death depends entirely on each state's legislation. Federal law does not recognize or allow euthanasia under any circumstances.

Saudi Arabia:

In Saudi Arabia, both active euthanasia and assisted suicide are prohibited by Islamic law and national legislation. Withholding extraordinary medical treatments may be considered differently, depending on the situation. Any form of assisted suicide or intentional killing is criminalized, and legal interpretations are heavily influenced by Sharia-based bioethical principles. Religious doctrines, particularly the Islamic view of the sanctity of life, strongly shape the prohibition of euthanasia in Saudi Arabia and in many other Middle Eastern countries. This religious foundation places a strong emphasis on preserving life as a divine duty, making euthanasia incompatible with Islamic values.

The Holy See:

Vatican City completely forbids euthanasia and assisted suicide. Following Roman Catholic teachings, the Vatican considers all direct killings of innocent human beings (including euthanasia and assisted suicide) to be morally wrong. Instead, patients are allowed to receive palliative care focused on comfort, pain relief, and dignity rather than prolonging life at any cost. The Vatican promotes compassionate end-of-life care rather than assisted dying and influences Catholic hospitals and health-care systems worldwide to adopt this approach. Popes such as John Paul II and Pope Francis have publicly condemned euthanasia, calling it a false form of mercy. The Catholic Church teaches that life is sacred from conception to natural death, and while it allows patients to refuse burdensome or extraordinary treatments that only extend suffering, this is defined as "allowing natural death," not euthanasia.

POSIBLE SOLUTIONS AND PREVIOUS ATTEMPT TO SOLVE IT

Over the years, many countries have debated and proposed laws to regulate or legalize euthanasia, with varying results. In the late 20th century, nations like the Netherlands and Belgium led the way by creating strict legal frameworks that allowed euthanasia under specific conditions, such as unbearable suffering and patient consent. Other countries, such as Canada and Spain, later followed with similar laws after long public and parliamentary discussions that balanced ethical, medical, and religious concerns.

In contrast, several attempts to legalize euthanasia in countries like the United States, the United Kingdom, and Australia initially faced strong opposition from religious groups and medical associations. Some U.S. states, such as Oregon and California, eventually succeeded in passing “Death with Dignity” laws focused on assisted dying rather than euthanasia itself. Meanwhile, many nations have tried to introduce legalization bills multiple times, but they were rejected due to ethical controversies, lack of political support, or fears of misuse.

Possible solutions to address the issue of euthanasia could include creating strict international guidelines that ensure it is only allowed under specific medical and ethical conditions, such as terminal illness and informed patient consent. Countries could establish oversight committees made up of doctors, legal experts, and ethicists to review each case, preventing abuse or pressure on vulnerable individuals. Additionally, promoting international access to safe, legal, and well-regulated euthanasia procedure alongside stronger palliative care and mental health support could ensure equal and ethical treatment for patients worldwide, regardless of where they live.

QUESTIONS A RESOLUTION PAPER MUST ANSWER

1. Should Euthanasia be legalized worldwide?

2. How would the government fund the treatments (taxes, private medical sectors, etc.)?

3. Should religion have an impact in legalization of Euthanasia?

4. Should minors have access to Euthanasia?

5. Should Euthanasia be accessible to people with mental illnesses?

6. Should every case be treated individually, or should there be a generalized legislation?

7. (If any) which governmental institution should regulate the access and practice of Euthanasia?

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