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Euthanasia: Ethical, Legal, and Medical Perspectives in Contemporary Society

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ABSTRACT

Euthanasia remains one of the most complex and controversial issues at the intersection of medicine, law, ethics, and human rights. Derived from the Greek words eu (good) and thanatos (death), euthanasia refers to the act of intentionally ending a person's life to relieve suffering. As medical technology advances and prolongs life beyond natural limits, societies are increasingly confronted with difficult decisions about the quality of life, autonomy, and dignity in death. This article explores euthanasia from multiple perspectives, including ethical theories, legal frameworks, and medical considerations. It examines distinctions between active and passive euthanasia, physician-assisted suicide, and the principle of double effect. Additionally, it analyzes global legal trends, cultural influences, and the role of healthcare professionals. The article concludes by emphasizing the need for balanced regulation that respects patient autonomy while safeguarding against abuse.

KEYWORDS: Euthanasia; Human Rights; Relieve Suffering; Legal Frameworks; The principle of Double Effect

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1. INTRODUCTION

The debate surrounding euthanasia (Costa and Carvalho, 2026) **(Figure.1)** has intensified over recent decades due to advancements in medical technology capable of prolonging life, sometimes beyond the point of meaningful recovery. Patients suffering from terminal illnesses, chronic pain, or irreversible conditions often face prolonged suffering, raising questions about whether they should have the right to choose death. Euthanasia is generally categorized into several forms: voluntary, non-voluntary, and involuntary. Voluntary euthanasia occurs when a competent individual consents to the act. Non-voluntary euthanasia involves patients unable to provide consent, such as those in comas. Involuntary euthanasia, performed against the patient's will is widely condemned and considered unethical and illegal. The issue is further complicated by distinctions between active euthanasia—direct intervention to end life, and passive euthanasia, which involves withholding or withdrawing life-sustaining treatment. Physician-Assisted Suicide (PAS) (Drabiak, 2026) **(Figure.2)** refers to a medical practice in which a physician provides a competent patient with the means (usually a prescription for a lethal

dose of medication) to end their own life, typically at the patient's voluntary and informed request. PAS involves providing patients with the means to end their own lives, rather than directly administering a lethal act. This article seeks to provide a comprehensive analysis of euthanasia, addressing its ethical justifications, legal frameworks, and medical implications.

2. HISTORICAL BACKGROUND

The concept of euthanasia is not new. In ancient Greece and Rome, philosophers such as Plato and Seneca expressed support for ending life in cases of unbearable suffering. The Hippocratic Oath is an ancient code of ethics historically taken by physicians to pledge their commitment to honest, ethical, and compassionate medical practice. Attributed to the ancient Greek physician Hippocrates (often called the father of Western medicine), the text dates back to roughly 400 BCE. While its original prose is rarely used today, its core ethical concepts remain the bedrock of modern bioethics. The Hippocratic Oath, which forms the foundation of modern medical ethics, explicitly prohibits physicians from administering deadly drugs. During the 20th century, euthanasia gained notoriety due to its misuse under Nazi Germany's euthanasia program (Outhwaite, 2026) **(Figure.3)**, where it was used to justify the systematic killing of disabled individuals. This historical misuse has deeply influenced modern ethical caution. In recent decades, a shift toward patient rights and autonomy has reignited the debate, particularly in Western societies. Western societies encompass the cultures, values, and institutions historically rooted in European civilization. Predominant in Western Europe, North America, and Oceania, they are defined by democratic governance, capitalist economies, industrialization, secularism, and a strong cultural emphasis on individualism and human rights (Natalis, 2026).

3. DISCUSSION

Active euthanasia involves deliberate action to end life, such as administering a lethal injection. Passive euthanasia, on the other hand, involves withholding or withdrawing life-sustaining treatments, such as ventilators or feeding tubes. While passive euthanasia is more widely accepted, active euthanasia remains controversial due to its direct causation of death. Voluntary euthanasia: Conducted with the patient's informed consent. Non-voluntary euthanasia: Conducted when the patient cannot consent. Involuntary euthanasia: Conducted against the patient's will. Only voluntary euthanasia is widely debated as potentially ethical. PAS differs from euthanasia in that the physician provides the means for death, but the patient performs the final act. This distinction is legally significant in many jurisdictions. One of the strongest arguments in favor of euthanasia is respect for patient autonomy. Individuals have the right to make decisions about their own bodies, including the choice to end their suffering. Healthcare professionals are guided by the principles of beneficence (Bokek-Cohen and Gabay, 2026) (doing good) **(Figure.4)** and non-maleficence (doing no harm). Proponents argue that allowing prolonged suffering violates these principles, while opponents contend that intentionally ending life constitutes harm. From a utilitarian perspective, euthanasia may be justified if it reduces overall suffering. However, critics warn of potential abuses and societal consequences. Deontological theories, particularly those rooted in religious or moral absolutism, oppose euthanasia on the grounds that life is inherently valuable and should not be intentionally ended. This principle allows for actions that may hasten

death if the primary intention is to relieve suffering, such as administering high doses of pain medication. Euthanasia laws vary widely across countries: Legal: Netherlands, Belgium and Canada. PAS legal: Some U.S. states, Switzerland. Illegal: Most countries worldwide. The Netherlands was the first country to legalize euthanasia under strict conditions, including voluntary consent and unbearable suffering. Belgium allows euthanasia for both adults and minors under strict regulations. In the U.S., euthanasia is illegal, but PAS is permitted in certain states under "Death with Dignity" laws. Common safeguards include: multiple medical opinions, psychological evaluation, waiting periods and documentation and reporting requirements. Physicians face ethical dilemmas in balancing patient autonomy with professional responsibilities. Many medical associations oppose euthanasia, emphasizing palliative care as an alternative. Palliative care focuses on relieving suffering without hastening death. Advances in pain management challenge the necessity of euthanasia. Patients requesting euthanasia may suffer from depression or existential distress. Proper mental health evaluation is crucial. Most major religions oppose euthanasia: Christianity: Life is sacred and only God can end it. Islam: Strict prohibition against taking life. Hinduism and Buddhism: Mixed views, emphasizing karma and non-harm Euthanasia represents a deeply complex issue that cannot be resolved through a single ethical or legal framework. While autonomy and relief from suffering provide strong arguments in favor, concerns about abuse and the sanctity of life remain significant. A balanced approach requires: Robust legal safeguards, Investment in palliative care Ethical training for healthcare professionals and Public dialogue and transparency

4. CONCLUSION

Euthanasia sits at the crossroads of compassion, ethics, and law. As societies continue to grapple with the challenges of modern medicine and human suffering, the debate will remain ongoing. While no universal solution exists, thoughtful regulation and ethical reflection are essential in navigating this sensitive issue. Ultimately, the question is not only whether euthanasia should be permitted, but how societies can ensure dignity, compassion, and justice in end-of-life care.

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Compliance with ethical statements consisting of conflicts of interest statements and informed consent

(1) All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

(2) The author declares that there are no conflicts of interest.

(3) Informed consent was obtained from all individual participants involved in the study.

(4) This work does not include animals as subjects.

(5) Declaration of generative AI in scientific writing: The author declares no AI in scientific writing.

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Figure Captions

Figure 1: Euthanasia

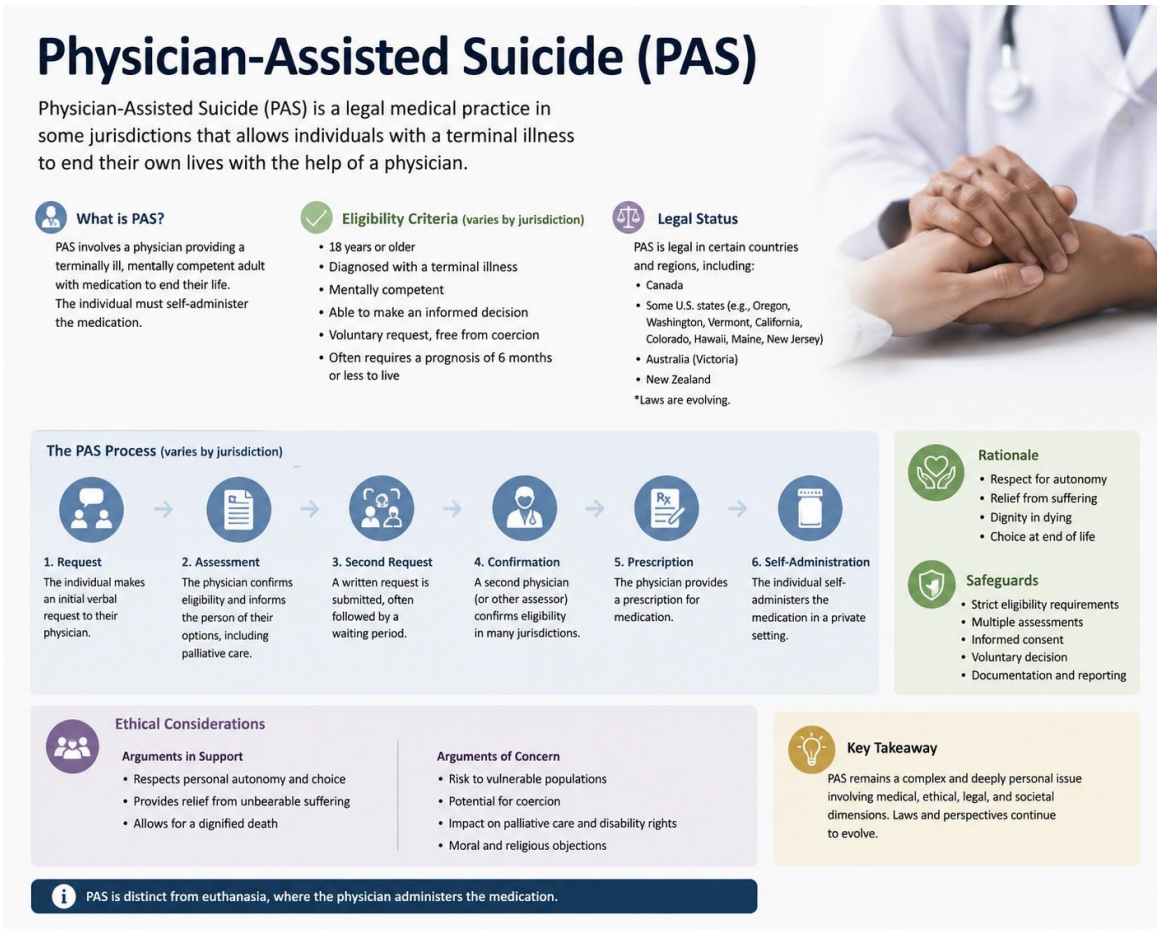

Figure 2: Physician-Assisted Suicide (PAS)

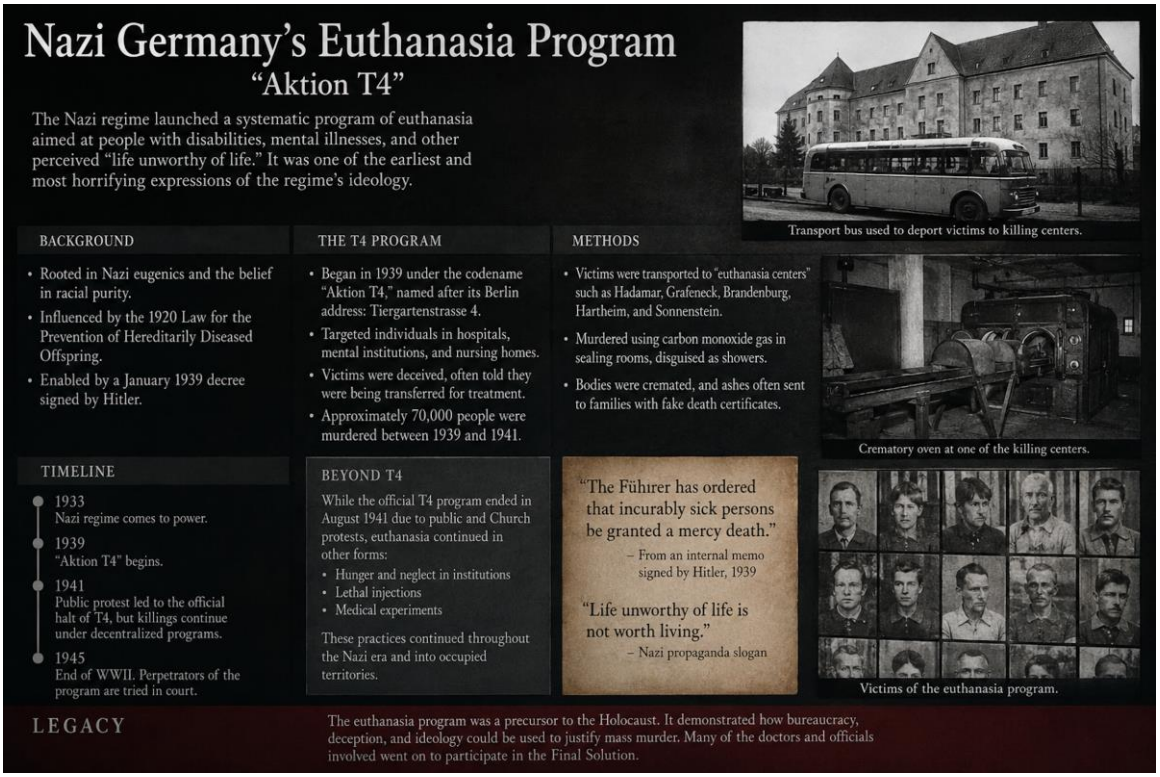

Figure.3: Nazi Germany's euthanasia program

Figure.4: The principles of beneficence