WORLD HEALTH ORGANIZATION

EUTHANASIA AND ITS INTEGRATION INTO HEALTHCARE SYSTEM

INTER MUN LUX 2027

WORLD HEALTH ORGANIZATION

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WEB SITES :

- https://www.wma.net/policy-tags/euthanasia/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8857436/
- https://code-medical-ethics.ama-assn.org/ethics-opinions/euthanasia
- https://www.emro.who.int/emhj-volume-12-2006/volume-12-issue-3-4/attitudes-towards-euthanasia-among-final-year-khartoum-university-medical-students.html
- https://www.ebsco.com/research-starters/health-and-medicine/euthanasia
- https://committees.parliament.uk/work/6906/assisted-dyingassisted-suicide/publications/
- https://www.britannica.com/topic/euthanasia
- https://apm.amegroups.org/article/view/50986/html
- https://www.cambridge.org/core/journals/palliative-and-supportive-care/article/identifying-practical-clinical-problems-in-active-euthanasia-a-systematic-literature-review-of-the-findings-in-countries-where-euthanasia-is-legal/21568A75913720A959E619A5D9F61C7E

GLOSSARY :

Withdrawing: Stopping a medical treatment that has already been started.

Life-sustaining: Describing a treatment or procedure that keeps a person alive or maintains vital functions.

Intractable: Extremely difficult or impossible to control, manage, or relieve.

Eligibility: The conditions or requirements a person must meet to qualify for something.

Coercion: The use of pressure, threats, or force to make someone do something or make a decision.

Prognosis: A medical prediction about the likely development or outcome of an illness.

Withholding: Choosing not to start or provide a medical treatment.

Palliative care: They consist of the active and comprehensive management of diseases that do not respond to curative treatment

Human rights: Rights inherent to all human beings, without distinction of any kind based on nationality, place of residence, gender, national or ethnic origin, or any other status.

WHAT IS THE PURPOSE OF WHO?

"We are champions for healthier, safer lives"

Founded in 1948, the Worlth Health Organization is a professional organization committed to integrity and excellence in health. That is why it spearheads global efforts to ensure that everyone has the same opportunities to lead a healthy life and can achieve the highest possible level of health.

The WHO leads, directs, and coordinates the global response to health emergencies. It promotes well-being, disease prevention, and expanded access to health care.

It brings together nations, partners, and individuals to promote health, safeguard global security, and serve vulnerable populations. By providing these nations, individuals, and partners with the scientific evidence on which they can rely, WHO works to ensure that everyone has the same opportunities to lead safe and healthy lives.

WHO collaborates with all Member States, operating in approximately 150 locations across the six regions. It is composed of a team of professionals, including the world's leading public health experts—such as physicians, epidemiologists, scientists, and administrators. These experts advise ministries of health and other sectors on public health issues and provide support for planning, implementing, and monitoring health programs.

GENERAL INFORMATION

Euthanasia is a conscious, intentional, and voluntary medical procedure by which the life of a patient suffering from a serious and incurable illness is ended, in a context of significant suffering. Currently, this process is a complex and controversial issue, widely debated at the international level. At least a dozen countries permit it under strict legal conditions, while others maintain bans or only authorize variants such as passive euthanasia. (Concepto.de, 2024).

The discussion centers on the regulation of euthanasia and how it varies significantly among countries, particularly regarding who can access this procedure, under what circumstances, and how it is implemented within different healthcare systems, taking into account patient autonomy, the role of the physician, and legal implications. (UNAM, 2024)

Social, medical, and technological developments have created new scenarios where life-prolonging measures can result in prolonged suffering, raising questions about the right to die with dignity.

Euthanasia has been a topic of debate for several years. During the 20th century, various groups began advocating for "eugenics," with the aim of killing people whom these groups considered "undesirable." Similarly, the Nazi program of murder targeting people with various disabilities, known as Aktion T4, although not contemporary euthanasia, has influenced bioethics for years afterward and had an impact on medical criteria.

GENERAL INFORMATION

However, this stance is not the same in all countries. Some countries have legalized euthanasia with strict legal restrictions, while others permit only specific measures for assisted dying; still others allow assisted suicide but keep euthanasia illegal. Nevertheless, in most countries, assisted dying remains illegal. (American Medical Association, n.d.; World Medical Association, 2019).

Moreover, cases of euthanasia being performed in secret without clear rules have also been reported in some countries where euthanasia is illegal. For example, in Japan, the contract killing of patient with amyotrophic Lateral Sclerosis (ALS) occurred in November 2019. Although this incident was performed as euthanasia, it did not meet the standards for euthanasia in countries where the practice is legal, and one of the reasons for this incident is the immature understanding of euthanasia. (Del Carmen Dubón-Peniche & Bustamante-Leija, 2020).

Understanding the legalization of euthanasia in different countries is somewhat complicated because there is no global classification, and laws are constantly changing. However, the countries that have already legalized euthanasia are: the Netherlands, Belgium, Luxembourg, Spain, Canada, Colombia, Ecuador, New Zealand, and Switzerland—although with a different model—as well as Australia, through systems of voluntary assisted dying in its jurisdictions. (Government of Canada, n.d.).

Euthanasia is a topic of international debate due to differences in legal and healthcare systems across countries. Some countries have amended their legal frameworks to permit various forms of assisted dying; however, other countries maintain a strict ban on the practice and are working to ensure that it is not incorporated into their healthcare systems. (World Medical Association, 2019).

GENERAL INFORMATION

The issue is linked to unequal access to palliative care. According to the World Health Organization, approximately 56.8 million people require palliative care each year, but only 14% receive the care they need. Access to palliative medications has become a public health issue, calling into question healthcare systems and the unequal access to alternatives for alleviating suffering. (World Health Organization, 2024).

The international debate on euthanasia centers on striking a balance between patients' rights to autonomy over their life and death and the obligation to protect vulnerable individuals and their lives. States and countries must consider various factors, such as equitable access to palliative medications, patient autonomy, and medical, ethical, and legal criteria. (American Medical Association, n.d.; World Medical Association, 2019).

In 2026, France passed legislation on euthanasia under strict conditions, limited to patients with incurable diseases and suffering. The enactment of laws related to euthanasia sparks debate on how to protect patients' rights and prevent pressure on vulnerable groups. (French Senate, 2026)

PROBLEMS

- Euthanasia is subject to insufficient and unclear regulations, which increase the risks to vulnerable individuals, particularly those that directly affect patients with serious illnesses or irreversible suffering. Various pressures both economic and social can influence decision-making and raise questions about whether individuals' consent is truly free and informed. These insufficient regulations make it difficult to establish international standards aimed at protecting patients and respecting their rights. (American Medical Association, n.d.; World Medical Association, 2019; OHCHR, n.d.).

POINTS TO DISCUSS

1. Approaches to and Regulation of Euthanasia in Different Countries: An analysis of how different countries legalize, regulate, or prohibit euthanasia based on their laws, healthcare systems, cultural values, and ethical stances.
2. Regulation and prevention of the misuse of euthanasia: Discussion of the potential misuse of euthanasia in cases where the patient does not have a terminal illness and the ethical and legal challenges this presents.
3. Ethical and religious implications of euthanasia: Analysis of how ethical, moral, and religious beliefs influence the acceptance or rejection of euthanasia, as well as the debates surrounding the right to die with dignity.
4. Criteria for the application of euthanasia in cases of extreme suffering: Discussion of the conditions under which a patient experiencing irreversible suffering could request euthanasia and how to ensure its proper application.
5. The Emotional and Psychological Impact of Euthanasia on Family Members and Healthcare Providers: A discussion of the emotional and psychological consequences that euthanasia can have on family members and healthcare professionals.
6. Patient Rights and Autonomy in Medical Decisions: A discussion of patients' right to make decisions about their own lives and the limits of autonomy in medical procedures.
7. The role of palliative care as an alternative to euthanasia: Analysis of how palliative care can help reduce patients' suffering and serve as an alternative before resorting to euthanasia.
8. The influence of the media and social media on the debate on euthanasia: Analysis of how the media and social media influence public perception of euthanasia and the dissemination of ethical, medical, and legal debates regarding this procedure.

ORGANIZATIONS

- World Health Organization (WHO)
- World Medical Association (WMA)
- Council for International Organizations of Medical Sciences (CIOMS)

MEASURES TAKEN

- One way to address euthanasia is by establishing a strong and clear legal framework in which patients' rights are protected and the decisions they make are free, informed, and free from external pressure. Similarly, there should be various types of medical evaluations and measures in place for people in vulnerable situations. (American Medical Association, n.d.; World Medical Association, 2019).

- Similarly, another measure of utmost importance is improving equitable access for citizens to palliative medications, as these medications help control pain and other issues related to illness and extreme suffering, offering an alternative for relief (World Health Organization, 2024).

In conclusion, it is necessary to strengthen international cooperation in order to establish common principles, thereby protecting patients' dignity and human rights. (OHCHR, n.d.).

IMPORTANCE

Euthanasia has been a persistent topic of debate throughout human history. Various ideologies clash as they defend their arguments regarding whether or not it should be practiced, primarily from scientific, ethical, and religious perspectives, based on different socially developed knowledge, values, and beliefs. (World Medical Association, 2019; American Medical Association, n.d.).

Currently, the situation varies significantly from country to country. Those in favor of euthanasia believe that banning it may infringe upon rights such as autonomy, freedom, human dignity, and the right to make decisions about one's own body and the end of life. On the other hand, those opposed believe that allowing it may violate the fundamental right to life, since it involves intentionally causing a person's death. Euthanasia is controversial because both positions seek to protect human rights but prioritize them differently. (American Medical Association, n.d.; OHCHR, n.d.).

Internationally, some countries allow euthanasia under specific conditions, while others prohibit it entirely. These differences reflect the distinct legal, ethical, cultural, and religious perspectives of each country. In this context, palliative care aims to alleviate suffering and improve the quality of life for terminally ill patients through the prevention and treatment of pain, as well as by addressing physical, social, and spiritual issues, thereby offering an alternative within the debate on euthanasia. (World Health Organization, 2024).

The importance of addressing this issue at the international level lies in the need to strike a balance between protecting the right to life, autonomy, and human dignity. The differences among countries and the diverse perspectives on this issue make international dialogue and cooperation necessary to analyze how to protect patients' rights and well-being. (OHCHR, n.d.; World Medical Association, 2019).

OBJECTIVE

The World Health Organization (WHO) is primarily focused on promoting and safeguarding individuals' health on a global scale. The organization works tirelessly to stop illnesses from spreading, increase healthcare availability, and react to health crises while tackling the gaps of health inequities. The WHO has been supplying governments and health institutions with relevant scientific research, advice, and technical assistance concerning health institutions' decisions and health policies. Moreover, the organization collaborates with many vulnerable communities and organizations aiming to enhance their healthcare system. Last but not least, the organization believes that it is vital to take concerted actions to tackle health problems facing many nations, as some health threats are reaching several countries simultaneously.

REFERENCES

- American Medical Association. (n.d.). Euthanasia. Code of Medical Ethics. https://code-medical-ethics.ama-assn.org/ethics-opinions/euthanasia
- Del Carmen Dubón-Peniche, M., & Bustamante-Leija, L. E. (2020). Between illness and death: "Euthanasia." Cirugía y Cirujanos, 88(4), 519–525. https://doi.org/10.24875/ciru.18000626
- French Senate. (2026). Proposition de loi relative au droit à l'aide à mourir. Sénat. https://www.senat.fr/travaux-parlementaires/textes-legislatifs/la-loi-en-clair/proposition-de-loi-relative-au-droit-a-laide-a-mourir.html
- Government of Canada. (n.d.). Criminal Code (R.S.C., 1985, c. C-46): Section 241.2 —Medical assistance in dying. Justice Laws Website. https://laws-lois.justice.gc.ca/eng/acts/c-46/section-241.2.html
- Government of Canada. (n.d.). Medical assistance in dying. https://www.canada.ca/en/health-canada/services/medical-assistance-in-dying.html
- Lex Diarium. (2020, September 19). Euthanasia vs. human rights. https://www.lexdiarium.com/derechos-humanos/la-eutanasia-frente-a-los-derechos-humanos
- OHCHR. (n.d.). What are human rights? https://www.ohchr.org/en/what-are-human-rights
- Who we are. (n.d.). World Health Organization. https://www.who.int/about/who-we-are
- World Health Organization. (2024, July 5). Palliative care. https://www.who.int/news-room/fact-sheets/detail/palliative-care
- World Medical Association. (2019, October 27). Declaration on euthanasia and physician-assisted suicide. https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/