Regulating assisted death/suicide (euthanasia) and the criteria to be eligible

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Overview

The World Health Organization Constitution was adopted on April 7, 1948, and stated that WHO was created "as a specialized agency within the terms of Article 57 of the Charter of the United Nations". (1)

Originally formed in 1945 as a temporary commission, the committee's first objective was to impose pre-existing health concerns on institutions. With 194 member states, it is currently one of the fifteen specialized agencies of the UN. (2) With a regional office in each of the following six regions—Africa, the Americas, Eastern Mediterranean, Europe, Southeast Asia, and Western Pacific—the organization's headquarters are situated in Geneva, Switzerland. (3) The core values of human rights, universality, and equity in the field of international health are upheld by the WHO Constitution. (1)

The WHA (World Health Assembly) is the highest decision-making body of the WHO, where the delegates of all member states are brought together in Geneva, Switzerland to define and formulate the health policies of the organization and make critical decisions regarding global health progress such as appointing the director-general of the WHO and approving budget proposals. The assembly is comprised of 194 member states, allowing for a comprehensive view of the world and considers multiple perspectives. The annual session consists of a plenary session, the committee on health and technical matters and committee on program, budget, and administration, and other technical meetings and a special committee if found necessary. (2)

The World Health Assembly (WHA) epitomizes the pinnacle of global health governance, representing an esteemed platform for diplomatic engagement and consensus-building among nations. (4) Established in 1948 as an integral component of the World Health Organization (WHO), the WHA convenes annually, gathering esteemed representatives from all WHO member states to address pressing health challenges and sculpt collective responses. (5)

At its essence, the WHA serves as a distinguished forum for fostering dialogue, sharing experiences, and nurturing collaborative partnerships in pursuit of shared health objectives. WHA is determined to achieve health goals on the international scale, whilst upholding the core values of the United Nations and WHA, such as, integrity, empathy, and passion to guide the actions and decisions of the assembly. (6)

In recent years, the ethical, legal, and moral dimensions surrounding assisted death or suicide, commonly referred to as euthanasia, have emerged as prominent subjects of global discourse and legislative scrutiny. Euthanasia, defined to be the act of intentionally ending a person's life to relieve suffering, has sparked impassioned debates across cultural, religious, and societal contexts. (7) Central to these discussions is the imperative to balance individual autonomy, compassion for suffering, and the protection of vulnerable populations.

The regulation of assisted death and suicide encompasses a spectrum of approaches, ranging from legalization under specific circumstances to complete prohibition. (8) This indicates that there is ongoing discussion about a consensus perspective on this matter in society. Critics point to problems with the sanctity of life, the possibility of abuse, and the deterioration of medical ethics, while supporters advocate for the acceptance of the freedom to pass away with peace and dignity. (9)

The idea that all individuals possess the right to die with dignity was first articulated by historical luminaries such as Socrates. (10) This idea developed during the Enlightenment and Renaissance periods alongside new concepts regarding personal liberty. But as Christianity spread throughout Europe in the Middle Ages, perceptions on euthanasia changed, with many opposing it as they believed it to be going against God's plan. (11) Till the 20th century, when social movements and medical improvements reignited conversations about end-of-life care, widespread embrace remained elusive despite occasions for debate and sporadic campaigning.

Several nations and governments started debating the legalization and governance of physician-assisted suicide and euthanasia in the second part of the 20th century and into the beginning of the 21st century. In 2001, the Netherlands became one of the first nations to legalize euthanasia; other nations that followed included Belgium, Luxembourg, Canada, and certain US states. (12) The standards for reporting, procedural protections, and eligibility are all different under these nations.

As the international community grapples with the complex and multifaceted dimensions of regulating assisted death and suicide, it is imperative to foster inclusive dialogue, exchange best practices, and uphold fundamental principles of human dignity, autonomy, and compassion. Balancing the imperative to relieve suffering with the need to safeguard vulnerable populations requires nuanced deliberation, collaborative engagement, and a commitment to limiting ethical concerns to ensure and uphold the integrity of such technologies.

Laws pertaining to euthanasia offer a difficult landscape with many moral, legal, and practical difficulties. These regulations pose serious concerns about protecting vulnerable

groups, obtaining informed permission, and upholding the integrity of medical ethics, even while they are meant to alleviate end-of-life suffering and respect individual autonomy. The "slippery slope" theory, which contends that legalization can have unforeseen repercussions and weaken societal beliefs pertaining to the sanctity of life, is a powerful one. (13) Furthermore, considerable thought must be given to the effects on palliative care initiatives, patients' and families' psychological wellbeing, and the delicate balance between cultural and religious values. The examination has additionally incorporated issues highlighted concerning religion. There is a strong social antagonism due to religion as a result of the tight significance placed on religion in many nations. (14) Due to their commitment to religion, the majority of nations forbid euthanasia or any form of intentionally ending life earlier; nonetheless, some nations nevertheless permit some forms of euthanasia, opening up a topic for debate. Developing strong legal frameworks with adequate protections while negotiating the numerous moral dilemmas presents formidable challenges for both legislators and medical experts. It's imperative to strike a balance between the need to respect patients and give them a comfortable and safe alternative, as well as ethical considerations and cultural or religious views.

Definitions of important terms

When discussing the proposed agenda there is a certain regulatory framework, addressing euthanasia and the eligibility criteria delineating who may access such measures. We strongly anticipate that comprehension of these descriptions is fundamental to grasping and further evaluating the circumstances as an entirety.

Bioethical Conflict:

A term used to describe the ethical conflicts and issues that arise in the discussion of healthcare and medical sciences. (15)

Decriminalization:

The act of no longer considering something to be unlawful or a criminal crime; however, it is not supported by the law. (16)

End-of-Life Care:

Describes medical attention given to a patient in the latter stages of their life. (17)

Futile Treatment:

The continuation of medical care or therapy for a patient when there is no realistic prospect of a recovery or benefit. (18)

Legalization:

The process of establishing legal permission for something that was previously unlawful. (important to note the difference between this term and decriminalization). (19)

Mental Competence:

The capacity of an individual to communicate and make sense of their actions. (20)

Palliative Care:

A specialty of medicine that aims to relieve pain and other signs and symptoms associated with a terminal illness. (21)

Safeguards:

A measure performed to keep something or someone safe or to stop something unwanted. (22)

Vegetative State:

When an individual is conscious but not displaying any symptoms of consciousness. (23)

Voluntariness:

A decision made voluntarily by an individual as opposed to one taken under force. (24)

There are also several different forms of Euthanasia that are vital to understand for the context of the status quo. These can include descriptions such as:

Active Euthanasia:

A person intentionally causing the death of a patient directly and on purpose. (25)

Passive Euthanasia:

Euthanasia is carried out through the omission of life-preserving measures. (25)

Indirect Euthanasia:

The patient gets drugs which first effect is to reduce the pain but which long-term effect is to terminate the life of the patient earlier. (26)

Non-Voluntary Euthanasia:

The patient is not able to ask directly for euthanasia because he is, for example unconscious. This means that an appropriate person, often a guardian or spouse, has to decide about the further medical treatment of the patient. (26) In this case a living will can be very helpful, and this type of Euthanasia can be considered murder depending on the case. It is also commonly referred to as mercy killing. (25)

Voluntary Euthanasia:

The patient himself asks for euthanasia and is given Euthanasia by a doctor. (25)

Timeline of key events

500 B.C.: Ancient Greeks and Romans Support for Euthanasia

The ideas of Euthanasia started during the 5th Century B.C. with various philosophical thinkers. Attitudes toward suicide, active euthanasia, and infanticide had generally been acceptable in ancient Greece and Rome. Many ancient Greeks and Romans were not convinced of the intrinsic worth of every human life, and it is possible that pagan doctors frequently performed both voluntary and involuntary mercy kills in addition to abortions. (28)

1100: Ethical Oath Reinforced by Strengthened Christian Views

However, increased support for Christian views caused more negative perceptions of Euthanasia. The Hippocratic school's beliefs were strengthened by the rise of Christianity, which held that human life is a gift from God. By the twelfth and fifteenth centuries, medical opinion had almost unanimously turned against euthanasia. (29)

1200: Christians and Jews Oppose Euthanasia

Jewish and Christian intellectuals have opposed suicide since antiquity, believing it to be incompatible with human welfare and obligations to God. (14) Thomas Aquinas promoted Catholic teaching on suicide in the thirteenth century, influencing Christian ideas about suicide for years to come. Suicide is wicked, according to Aquinas, because it breaches a person's responsibility to themselves and their innate tendency toward self-perpetuation; it harms other people and the society of which they are a part; and it goes against God's rule over life, which is a gift from God. The views that were prevalent on suicide from the Middle Ages through the Renaissance and Reformation were reflected in this perspective. (30) .

1600: American Colonies ban Suicide and Assisted Suicide in American Colonies with their Common Law

The Anglo American common law system has penalized or otherwise disapproved of suicide and aiding suicide for more than 700 years. (31) The early American colonies mostly followed the common law system. In 1647, for instance, the lawmakers of the Providence Plantations, which would subsequently become Rhode Island, proclaimed that “self murder is by all agreed to be the most unnatural, and it is by this present Assembly declared, to be that,

wherein he that doth it, kills himself out of a premeditated hatred against his own life or other humor, his goods and chattels are the king's custom." (32)

1700: Renaissance and Reformation Emerge with Ideas Challenging Church's Opposition to Euthanasia

Intellectual inquiry and ideological unrest were fostered during the Renaissance and Reformation periods by writers and thinkers challenging the Catholic Church's deeply ingrained dogmas and doctrines. Individual conscience and humanism were defended by individuals like Michel de Montaigne and Desiderius Erasmus, who questioned established norms and argued that reason and firsthand experience should always come first when forming moral judgments. Although they did not specifically address euthanasia, their focus on individual rights and human dignity set the stage for ethical discussions that included end-of-life choices. In the meantime, the Protestant Reformation was led by Martin Luther and John Calvin, who affirmed that scripture was supreme over church regulations and that all believers were priests. (33)

September, 1783: American Revolution War

Views on individual autonomy and rights were significantly impacted by the American Revolution, which also had an indirect impact on attitudes on euthanasia. Further freeing ethical discourse from religious dogma, the secularization of government and the separation of church and state allowed for a wider range of viewpoints on moral matters, including euthanasia. Concurrently, debates concerning patient autonomy and the moral obligations of healthcare professionals were spurred by developments in medical ethics and improvements in medicine. (34) Although euthanasia was not a direct topic of discussion during the American Revolution, its legacy of individual liberties, secular government, democratic ideals, and medical ethics helped shape our understanding of end-of-life concerns and people's rights to make decisions about their own lives, especially when it came to matters of terminal illness and suffering.

1870: Public Advocation for Morphine and Other Drugs for Euthanasia publically advocated for by Samuel Williams

The discovery of morphine in the nineteenth century and its extensive usage as an analgesic marked a significant turning point in the euthanasia debate. After analgesia became a somewhat well-established technique, nonphysician Samuel Williams started to promote the use of these medications not only to treat terminal pain but also to take a patient's life on purpose. (35) Williams' euthanasia concept garnered significant attention in scientific gatherings and

medical journals in the late 1800s. However, the majority of medical professionals believed that painkillers should only be used to treat symptoms rather than cause them to worsen. (36)

1906: Bills to Legalize Euthanasia Are Opposed in Ohio

The field of medicine had advanced significantly at the turn of the century. The euthanasia controversy made its way into the popular press and political arenas as doctors who applied the contemporary scientific method and contemporary pharmacological concepts solidified their hold over college and medical school education. A bill to legalize euthanasia was voted down in the Ohio legislature in 1905–1906. A similar attempt to legalize euthanasia for "hideously deformed or idiotic children" in addition to terminal adults was introduced in 1906 but was also unsuccessful. The public's interest in euthanasia declined after 1906. (37)

November, 1915: Dr. Haiselden's Decision to allow for a Deformed Baby Boy to Die Instead of giving him life saving surgery

At Chicago's German-American Hospital in the early hours of November 12, 1915, Anna Bollinger gave birth to a badly malformed seven-pound newborn boy. The forty-five-year-old chief of staff of the hospital, Harry J. Haiselden, was roused from sleep by the doctor after consulting with the father. After identifying a long list of physical flaws, Haiselden came to the conclusion that the boy would soon pass away without surgery. Haiselden counseled against surgery, a choice that would cause shockwaves from coast to coast and represent a turning point in the American euthanasia movement. The Bollingers nodded tearfully, and on November 16 Haiselden convened a press conference to declare that he would merely stand by silently and "let nature complete its bungled job" instead of intervening. On November 17, the infant passed away amid mounting criticism. (38) Not only did he speak to more Americans than ever before regarding euthanasia, but he also received support from a number of well-known individuals.

1930: Euthanasia Gains Public Support as Great Depression take place in the US

The 1930s marked a turning point in the history of euthanasia in America as the debate over mercy killing resurfaced in the wake of its 1920s decline. As the Great Depression and subsequent economic unrest arrived, Americans once again started discussing suicide and assisted suicide. In 1937, public opinion surveys showed that a full forty-five percent of Americans agreed with certain cases of euthanasia as a form of mercy. (39)

1935: Voluntary Euthanasia Legislation Society. (VELS) Created

The Voluntary Euthanasia Legislation Society. (VELS) is established in England by retired public health physician C. Killick Millard. (27)

1938: National Society for the Legalization of Euthanasia. (NSLE) Founded

Charles Francis Potter announced the creation of the National Society for the Legalization of Euthanasia (NSLE) on January 16, 1938. The organization shortly changed its name to the Euthanasia Society of America. (ESA) He and a large group of other notable men were so convinced of an incurably sick person's right to a gentle end to his life that they established the National Society for the Legalization of Euthanasia, according to TIME magazine. Trustees of the organization included Dr. Clarence Cook Little of the American Society for the Control of Cancer and the American Birth Control League, as well as Secretary Leon Fradley Whitney of the American Eugenics Society. (40)

1940: Nazi Use of Involuntary Euthanasia Hurts Public Perspective of Euthanasia Usage in the US

Many in the pro-euthanasia movement thought that legalizing the practice in the US would only be a matter of time as the 1940s came to pass. Advocates of euthanasia, however, were in for a shock. As Hitler's war juggernaut marched eastward across Europe, causing World War II to break out, reports of Nazi atrocities against mentally ill patients and disabled children made their way back to America. The euthanasia movement found itself on the defensive more and more as word spread in the late 1940s, forcing it to refute the idea that the euthanasia it advocated was the same as Nazi murder. (41)

1950: World Medical Assembly Criticized Euthanasia

By a resolution of its members, the World Medical Association suggests that euthanasia be abstained from "under any circumstances." The American Medical Association declares in the same year that the majority of medical professionals oppose euthanasia. (27)

1952: Petitions for the United Nations to Amend the Declaration of Human Rights to Include Euthanasia arise

In order to include "the right of incurable sufferers to euthanasia or merciful death in the UN Declaration of Human Rights," the British and American Euthanasia Societies petition the UN Commission on Human Rights. We thus request that the United Nations declare the right of incurable patients to euthanasia, since this right is not only consistent with the freedoms and rights outlined in the Declaration of Human Rights but also necessary for their implementation." The petition was not brought before the Commission by Eleanor Roosevelt, the Chairperson. (42)

1970: Idea of Patients' Rights Gains Acceptance

The generally acknowledged authority of the medical community was deliberately challenged in the early 1970s under the pretext of patient autonomy. The expanding enumeration of patient rights, particularly the freedom to decline medical care, including care that is necessary to support life, embodies this dilemma. The intention has been to remove doctors from the decision-making process and allow each patient to consider the advantages and disadvantages of living longer. (43)

1972: First National Hearings on Euthanasia Held by the US Senate

The first national hearings on death with dignity are held by the US Senate Special Commission on Aging (SCA), under the title "Death with Dignity: An Inquiry into Related Public Issues." The SCA hearings, which were presided over by Senator Frank Church, proved to be an excellent forum for experts and laypeople to talk on a variety of topics related to aging and terminal disease, such as the changing nature of the doctor-patient relationship and the challenges associated with defining death itself. The hearings demonstrated, in general, that Americans were growing more and more displeased with "the brutal irony of medical miracles," which prolonged the dying process at the expense of patient dignity and quality of life. Church argued that the hearings had nothing to do with euthanasia, but he was unable to prevent the topic from coming up. (27)

1973: Adoption of the Patient's Bill of Rights by the American Hospital Association. (AHA)

An official "Patient's Bill of Rights" is adopted by the American Hospital Association, acknowledging patients' freedom to decline medical intervention. (27)

1974: Society for the Right to Die Founded

With the establishment of the Society for the Right to Die (previously the Euthanasia Society of America), a revitalized effort to obtain euthanasia laws through the legislative process was launched, signifying a renewed commitment to pursue the legalization of active euthanasia. (44)

1974: First US Hospice Opens

The first American hospice opens in New Haven, Connecticut. (27)

March, 1976: In the Quinlan case, the Supreme Court decides that a coma patient's respirator can be removed.

At a party in 1974, Karen Ann Quinlan, then 21 years old, had gone into an irreparable coma. Following the medical diagnosis of a "persistent vegetative state," her parents filed a lawsuit to have her respirator taken out. In 1976, the Supreme Court of New Jersey ruled that Karen Quinlan could remove her respirator. The case becomes a legal landmark, bringing end-of-life concerns to the attention of both national and worldwide audiences. (45)

October, 1976: California signs the nation's First Aid in Dying Statute into law

The California Natural Death Act, signed into law by California Governor Edmund G. Brown Jr., makes California the first state in the US to allow terminally ill patients to refuse life-sustaining medical treatment when it is thought that they would soon pass away. (27)

1977: Right to Die is signed by Eight States

Eight states have passed laws granting the right to die: California, New Mexico, Arkansas, Nevada, Idaho, Oregon, North Carolina, and Texas. (44)

1980: World Federation of Right to Die Societies Forms

World Federation of Right to Die Societies was created, which argued for the right to die as a human right. Numerous international groups that supported euthanasia and the freedom to die were among its members. (44)

May, 1980: Pope Opposes Euthanasia

In his Declaration on Euthanasia, Pope John Paul II forbids mercy killing but allows for greater use of painkillers and the refusal of a patient to undergo exceptional measures to prolong their life. This further showcases the ongoing conflict between religion and medical progress. (46)

1990: Public Support for Euthanasis Increases

Public opinion studies indicated that the right-to-die movement was becoming more and more popular. These revealed that the Hemlock Society had 50,000 members, a huge increase from its previous levels of support for physician-assisted suicide, and that more than half of Americans now supported it. The public's growing curiosity created the conditions for an enormous upsurge in activity in the courts, professional medical journals and organizations, and most importantly, in American households. (47)

June, 1990: In the Cruzan case, the Supreme Court upholds the right of an individual to refuse life-saving medical treatment

The US Supreme Court discussed people's fundamental right to refuse life-saving medical treatment in the historic Cruzan case. This ruling has important ramifications for patient autonomy and end-of-life care. The case concerned Nancy Cruzan, a patient in a prolonged vegetative state, whose parents wanted to take away her feeding tube and other life-sustaining care. The Court's decision upheld competent persons' constitutional right to refuse treatment based on their own values and choices, highlighting the importance of individual autonomy in medical decision-making. Furthermore, the Court stressed the significance of advance directives and family testimony in determining the patient's desires in situations where patients are incapable of making their own decisions, emphasizing the need for unambiguous and compelling evidence. (48)

November, 1990: The Patient Self-Determination Act is passed by US Congress

The Patient Self-Determination Act, passed by Congress, mandates that hospitals receiving federal funding advise patients of their right to request or decline medical care. It is effective the next year. (28)

2001: The Netherlands officially legalizes Euthanasia

The Netherlands legalized euthanasia. This acts as a catalyst for global discussion on euthanasia, and many countries follow them and legalize Euthanasia. (49)

Position of key nations

Canada

Canada has commonly been known as a global leader in the discussion and usage of Euthanasia. Following the trend of legalization of Euthanasia, originally set by the Netherlands, Canada was among the first nations to officially legalize Euthanasia in 2016. Medical assistance in dying (MAID), a law specifically passed regarding euthanasia, in Canada is a fundamental moment in healthcare policy, sparking a complex conversation spanning the legal, ethical, and medical spheres of discussion in the world. This law, which became effective in June 2016 when Bill C-14 was passed, creating a framework that permits qualified people who are judged to have severe and incurable medical illnesses that result in excruciating pain to seek medical assistance in ending their lives. (50) The law included features of strict eligibility requirements, such as the inclusion of exams by numerous healthcare providers, a mandatory waiting period to eliminate irrational decisions. As one of the few countries to legalize euthanasia, and one of the most progressive in the discussion of euthanasia, Canada has yet, to perfect their laws, and are continuously refining euthanasia legislation. (51) These include discussions about whether or not to include people with mental health disorders and degenerative diseases in the eligibility criteria, as well as whether or not to allow medical professionals to voice conscientious objections. (52) Furthermore, the Canadian experience with assisted suicide serves as a focal point for comparative research and policy review, contributing to the larger global conversation on end-of-life care and assisted death. Contemporary medical practice and legal precedent in Canada and abroad are being shaped by the intersection of the ethical imperatives of patient autonomy, the sanctity of life, and the preservation of healthcare provider rights, as stakeholders from a variety of backgrounds engage in ongoing dialogue and scrutiny of the euthanasia legislation. (51) Canada has also faced concerns with the lack of safeguards in place for this, as they are the nation with the least amount of safeguards available. Many have been concerned with the overuse of Euthanasia, especially in cases where doctors have recommended Euthanasia, leading to skyrocketing numbers of MAID cases, regardless of the short period they have allowed Euthanasia. (53) Given that they are the country with the fewest protections accessible, Canada has also raised concerns about the absence of safeguards for this. Despite the brief time they have permitted it, many have expressed worry about the misuse of euthanasia, particularly in situations where doctors have advocated it and the number of MAID cases has skyrocketed as a result. Furthermore, there have been instances where euthanasia has been performed on people who are not terminally sick but who merely desire to pass away due to mental struggles, such as 40-year old Michael Tremblay, which raises further ethical concerns about the practice. (54)

Israel

As a country deeply committed to the Jewish religion, euthanasia remains illegal in Israel, reflecting the country's complex landscape of religious, cultural, and ethical considerations surrounding end-of-life care. Rooted in Jewish law, which places significant emphasis on the sanctity of life, Israeli society has historically grappled with the concept of euthanasia and assisted dying. The traditional Jewish law states that a goses, or a terminally ill person, is still a person, and euthanasia is considered murder. (55) Due to the strong traditional rabbinic authorities having opposed euthanasia, the majority of social views of Israel also reflect the perspective of their religion. While Israel has not legalized euthanasia, efforts have been made to enhance palliative care services, emphasizing symptom management and quality of life for patients with terminal illnesses. There has also been The Dying Patient Act implemented in 2005, while still prohibiting the usage of Euthanasia, it allows for terminally ill patients to decide not to receive life-prolonging treatment. (56) These efforts underscore a commitment to providing compassionate end-of-life care within the framework of existing legal and ethical considerations. Discussions surrounding euthanasia in Israel continue to evolve, reflecting diverse perspectives among religious communities, healthcare professionals, and policymakers, with ongoing debates exploring the balance between individual autonomy, medical ethics, and the sanctity of life in the context of end-of-life decision-making. (57) Despite the absence of legalized euthanasia, there have been instances where patients and their families have petitioned courts for the right to end life-sustaining treatment or for assistance in dying, prompting individualized judicial review. (58)

Netherlands

Netherlands is a country that has pioneered the discussion of Euthanasia as they were the first to officially legalize Euthanasia. They have become a valuable nation in the discussion, with continuing commitment to the usage of Euthanasia. The Termination of Life on Request and Assisted Suicide Act, which was passed in 2002, lays out precise requirements for the procedure. (59) Euthanasia and assisted suicide are only allowed when a patient has an irreversible medical condition that causes them to suffer unbearably with little chance of recovery. Most importantly, patients need to give their free, informed, and permanent consent after being fully informed about their diagnosis and treatment options. Netherlands uphold strict requirements to ensure that this treatment is not overused. Moreover, an essential component of the legislation entails seeking the advice of a second, impartial physician to confirm the patient's status and the request's voluntary character. A licensed physician can perform assisted suicide or euthanasia after these steps, making sure that all legal requirements are met. (60) The Dutch law requires comprehensive reporting and review procedures in order to guarantee accountability and guard against possible abuse. Regional committees examine each case to make sure that the law is being followed. In the Netherlands, euthanasia is still a topic of discussion for moral, ethical, and

practical reasons even after it became legal. Supporters contend that it gives terminally ill patients who want autonomy over their final decisions compassionate support, but detractors raise issues with safety precautions, the possible eroding of moral boundaries, and risks to vulnerable groups. The Dutch experience with euthanasia has undeniably shaped international conversation, provoking discussions and thoughts in other countries that are struggling with deciding on regulations for patient autonomy in the discussion of Euthanasia. (59)

Turkey

Turkey is another country that is deeply dedicated to their religion. With over 99% of their current population of citizens being Muslim, it is undeniable that their societal perspectives are shaped by the Islamic culture and beliefs. (61) As the Islamic belief as stated in the Quaran believe that life is a gift from Allah, it is forbidden to purposely end life, and end the gift from Allah. (62) The religious doctrines according to the Islamic law, outlaw any form of Euthanasia as it is the Muslim belief to not tamper with life, regardless of the quality or misery of it. Although some communities may show interest in talking about euthanasia and other end-of-life alternatives, views regarding death and dying are shaped by dominant cultural and religious norms. (63) Islamic teachings contribute to the societal impression that euthanasia is morally and ethically difficult because they highlight the importance of saving life and enduring suffering as a method of spiritual growth and acceptance of divine will. Furthermore, the complexity of euthanasia has not been adequately handled by Turkey's legal system, which has resulted in a lack of discussion on the subject in legislative proceedings. Perceptions regarding end-of-life care alternatives may also be influenced by the difficulties the Turkish healthcare system encounters in offering comprehensive palliative care treatments. (64) In Turkish society, the conversations about patient autonomy and end-of-life care are very limited, and euthanasia is still considered a taboo and divisive subject. Rather, efforts have been directed toward enhancing palliative care services so that patients with end-stage illnesses can benefit from adequate pain management, psychological support, and improved quality of life. (65) Although there can be isolated instances in which patients and their families express preferences for end-of-life decisions, euthanasia is not currently accepted in Turkey as a viable option for medical practice or healthcare policy due to the country's legal and cultural framework.

United States of America

The United States remains quite divided on the agenda at hand. While some states have expressed a strong desire to support and legalize it, others strongly oppose the practice. As the US has always had a strong variety of opinions and beliefs, as a nation that is deeply committed to freedom and expression, it is not alarming to see these beliefs. Euthanasia is not federally authorized in all states in the United States. The Death with Dignity Act, passed in Oregon in

1997, made physician-assisted suicide legal for the first time. (66) Subsequently, a number of states, including Vermont, Washington, California, Colorado, Hawaii, New Jersey, Maine, New Mexico, and Washington, D.C., have adopted similar laws. (67) The practice is governed by laws and safeguards specific to each nation; generally, a patient must be of sound mind and have a diagnosis of a terminal condition in order to request assistance in dying. Nonetheless, several states have passed their own laws pertaining to end-of-life choices. By 2022, euthanasia will be legal in ten states plus the District of Columbia, allowing terminally ill individuals to ask for medical aid to end their lives under certain situations. Strict qualifying requirements, like a prognosis of six months or less to live, mental capacity to make decisions, and voluntary requests from the patient, are frequently included in these legislation. Furthermore there have been many organizations and public support for Euthanasia in the United States. Religious organizations, professional associations, and disability rights activists have frequently opposed legalization efforts on the grounds that they may fear abuse, compulsion, and a degradation of life's sacredness. Euthanasia proponents contend that by giving terminally ill patients the choice to terminate their suffering and retain control over their demise, it encourages compassion and autonomy in end-of-life care. Euthanasia, additionally referred to as physician-assisted dying or help in dying, is actively supported by a variety of organizations in the US, especially for terminally ill patients. The Euthanasia Society of America is one of these groups that is well-known for its advocacy work, working to increase access to end-of-life care and push state and federal legislation. (68) Simultaneously, the Death with Dignity National Center concentrates its advocacy efforts on promoting death with dignity laws and policies across the country, in addition to providing assistance and resources to people and families dealing with end-of-life choices. In addition to providing information and support services, the Final Exit Network expands its campaign to support the right of competent adults with irreversible conditions to end their lives with dignity. Statistics have furthermore shown that there has been irreversible support for Euthanasia from the American public, that has only been increasing since the 1990’s. (69) The average for the support rates are in the high 50’s to high 60’s, but have been seen to show support as high as 75% in recent years. (70)

Suggested solutions

Clinical trials

Due to the strong belief and culture of many countries, it is understandable that they are not willing to adopt such technologies that do bring controversial ideas. However, the usage of Euthanasia is still valuable, especially to bring comfort to those who are eligible to use it. Therefore we strongly suggest the establishment of more clinical trials, especially in nations with strong opposition, and limited consideration of the usage of Euthanasia. Clinical trials are a form of medical research aimed at addressing diverse medical issues through rigorous scientific investigation. (71) These trials, conducted to evaluate the safety and efficacy of medical interventions in human participants, serve as pivotal platforms for advancing healthcare knowledge and practice. Rooted in a commitment to evidence-based medicine, clinical trials encompass a broad spectrum of research objectives, including testing new medications, assessing the effectiveness of therapeutic interventions, and exploring preventive measures for various diseases and health conditions. Through meticulously designed protocols and ethical oversight, clinical trials traverse multiple phases, each meticulously structured to address specific research questions and advance scientific understanding. From early-phase trials focused on safety and dosage to later-stage trials aimed at confirming efficacy and informing regulatory decisions, the trajectory of clinical trials embodies a systematic approach to evidence generation and evaluation. Moreover, clinical trials extend beyond pharmaceutical interventions to encompass medical devices, diagnostic tools, and supportive care strategies, reflecting the diverse array of medical issues and challenges faced by healthcare practitioners and patients alike. (72) Further development of Euthanasia, may lead to increased trust and support for the treatment, which can improve and soften strong oppositions.

Increased Access to Trials

Oftentimes in countries where the usage of Euthanasia is outlawed, there are circumstances in which people bring their cases to court to fight for the right to access to euthanasia. For example, most famously the Terri Schiavo case in the State of Florida. In 1990, the 26-year old fell into a vegetative state in which she was unable to enjoy her life. After legal action was taken in several court cases from 1998-2005, by her guardian, she was allowed and granted the right to use Euthanasia. Furthermore, Florida established Terri's law, which allowed for the legal guardian to have the right to usage of Euthanasia, in the case of which the patient was in a vegetative and unresponsive state. The trials oftentimes produce successful results, that favor the usage of Euthanasia, and may have more positive results, as seen with Schiavo case.

(73)Allowing for more trials also helps communities fight back against legislative demands which allow for increased cases of Euthanasia.

Collaboration with Hospitals

Another concern with Euthanasia that is commonly established is the worry of misuse in the medical field. Establishing a secure rule for what is acceptable and should be implemented in hospitals is vital for building trust with the technology of Euthanasia. Hospitals work together to make sure that patients who are thinking about ending their lives receive all the treatment they need, including psychiatric support, pain management, and palliative care, to improve their quality of life and end their suffering. Furthermore, hospitals are essential to maintaining legal compliance and ethical standards regarding euthanasia. Institutional review boards and ethics committees supervise the decision-making procedures to guarantee that set guidelines and legal criteria are followed. (74) In hospital settings, interdisciplinary collaboration promotes coordination and communication among medical staff, enabling comprehensive patient care and attending to the diverse needs of patients and their families. (75) Additionally, working in tandem with hospitals guarantees continuity of treatment, making it easier for patients to move between healthcare facilities with ease and to receive follow-up and support as they make decisions about euthanasia.

Establishing legislative standards

As Euthanasia is undeniably a topic that brings up many concerns about the misuse and dangers that it proposes, strict legislative standards are necessary. Legislation offers an organized method for navigating the complicated world of euthanasia by providing defined norms, procedural protections, and regulatory monitoring through established legal structures. (76) These legislative actions address issues with abuse, coercion, and ethical integrity while upholding the essential values of patient autonomy, dignity, and access to compassionate treatment. Legislative initiatives also provide public accountability, openness, and informed debate channels, which in turn promote societal consensus on life-and-death issues and build trust in the healthcare system. (77) Legislative discussions also provide a forum for discussing various viewpoints, moral quandaries, and ethical issues related to euthanasia, which in turn helps to shape the standards, beliefs, and procedures that control end-of-life care in society.

Bibliography

1. www.who.int/about/accountability/governance/world-health-assembly.
2. “History.” *World Health Organization*, www.who.int/about/history. Accessed 01 Mar. 2024.
3. “Countries and Centers.” *PAHO/WHO | Pan American Health Organization*, www.paho.org/en/countries-and-centers. Accessed 01 Mar. 2024.
4. “World Health Assembly.” *World Health Organization*, www.who.int/about/accountability/governance/world-health-assembly. Accessed 01 Mar. 2024.
5. “Timeline of the History of the World Health Organization (WHO).” *O’Neill*, 17 Apr. 2023, oneill.law.georgetown.edu/publications/timeline-of-the-history-of-the-who/. Accessed 01 Mar. 2024.
6. “About Us.” *United Nations*, www.un.org/en/about-us#:~:text=We%20want%20the%20world%20our,human%20rights%2C%20tolerance%20and%20solidarity. Accessed 01 Mar. 2024.
7. “Euthanasia.” *Euthanasia - MU School of Medicine*, medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/euthanasia#:~:text=Euthanasia%20is%20the%20practice%20of,%E2%80%9Cthanatos%E2%80%9D%20(death). Accessed 01 Mar. 2024.
8. Srivastava, Vinod. “Euthanasia: A Regional Perspective.” *Annals of Neurosciences*, U.S. National Library of Medicine, 1 July 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4158780/. Accessed 01 Mar. 2024.
9. “Ethics - Euthanasia: Regulation of Euthanasia.” *BBC*, www.bbc.co.uk/ethics/euthanasia/overview/regulation_1.shtml. Accessed 01 Mar. 2024.
10. Papadimitriou, John D, et al. “Euthanasia and Suicide in Antiquity: Viewpoint of the Dramatists and Philosophers.” *Journal of the Royal Society of Medicine*, U.S. National Library of Medicine, 2007, www.ncbi.nlm.nih.gov/pmc/articles/PMC1761665/. Accessed 01 Mar. 2024.

11. "An Ancient Debate: Voluntary Euthanasia in the School of Socrates - World Youth Alliance." *World Youth Alliance - A Global Coalition of Young People Committed to Promoting the Dignity of the Human Person and Building Solidarity among Youth. #WeAreWYA*, 14 Dec. 2022, wya.net/an-ancient-debate-voluntary-euthanasia-in-the-school-of-socrates/. Accessed 01 Mar. 2024.
12. Veiligheid, Ministerie van Justitie en. "Euthanasia, Assisted Suicide and Non-Resuscitation on Request in the Netherlands." *Euthanasia | Government.Nl*, Ministerie van Algemene Zaken, 4 Sept. 2023, www.government.nl/topics/euthanasia/euthanasia-assisted-suicide-and-non-resuscitation-on-request. Accessed 01 Mar. 2024.
13. Benatar, D. "A Legal Right to Die: Responding to Slippery Slope and Abuse Arguments." *Current Oncology (Toronto, Ont.)*, U.S. National Library of Medicine, 1 Oct. 2011, www.ncbi.nlm.nih.gov/pmc/articles/PMC3185895/#:~:text=Slippery%20slope%20arguments%2C%20which%20are,actions%20that%20are%20morally%20wrong. Accessed 01 Mar. 2024.
14. Liu, Joseph. "Religious Groups' Views on End-of-Life Issues." *Pew Research Center's Religion & Public Life Project*, Pew Research Center, 21 Nov. 2013, www.pewresearch.org/religion/2013/11/21/religious-groups-views-on-end-of-life-issues/. Accessed 01 Mar. 2024.
15. "Bioethics." *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., www.britannica.com/topic/bioethics. Accessed 01 Mar. 2024.
16. "Overview: Decriminalisation vs Legalisation." *Overview: Decriminalisation vs Legalisation - Alcohol and Drug Foundation*, adf.org.au/talking-about-drugs/law/decriminalisation/overview-decriminalisation-legalisation/. Accessed 01 Mar. 2024.

17. *NHS Choices*, NHS, www.nhs.uk/conditions/end-of-life-care/what-it-involves-and-when-it-starts/. Accessed 01 Mar. 2024.
18. JL;, Bernat. "Medical Futility: Definition, Determination, and Disputes in Critical Care." *Neurocritical Care*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/16159066/. Accessed 01 Mar. 2024.
19. Casali, Mark. "Decriminalization vs. Legalization of Drugs." *Turnbridge*, 15 Nov. 2021, www.turnbridge.com/news-events/latest-articles/decriminalization-vs-legalization/#:~:text=Legalization%20means%20that%20a%20once,carrying%20under%20a%20certain%20amount. Accessed 01 Mar. 2024.
20. "Mental Competence." *Legal Information Institute*, www.law.cornell.edu/wex/mental_competence#:~:text=Mental%20competency%20refers%20to%20a,rational%20decisions%20and%20express%20themselves. Accessed 01 Mar. 2024.
21. "What Are Palliative Care and Hospice Care?" *National Institute on Aging*, U.S. Department of Health and Human Services, www.nia.nih.gov/health/hospice-and-palliative-care/what-are-palliative-care-and-hospice-care#:~:text=Palliative%20care%20is%20specialized%20medical,to%20cure%20their%20serious%20illness. Accessed 01 Mar. 2024.
22. "Home -." *SafeGuards Training*, 10 Nov. 2023, www.safeguards-training.net/. Accessed 01 Mar. 2024.
23. *NHS Choices*, NHS, www.nhs.uk/conditions/disorders-of-consciousness/#:~:text=A%20vegetative%20state%20is%20when,hand%20when%20it's%20squeezed%20hard). Accessed 01 Mar. 2024.
24. philarchive.org/archive/COLDTC. Accessed 01 Mar. 2024.
25. "Euthanasia." *Euthanasia - MU School of Medicine*, medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/euthanasia#:~:text=Active%20euthanasia%3A%20killing%20a%20patient,a%20ventilator%20or%20feeding%20tube. Accessed 01 Mar. 2024.

26. “Ethics - Euthanasia: Forms of Euthanasia.” *BBC*, www.bbc.co.uk/ethics/euthanasia/overview/forms.shtml#:~:text=Indirect%20euthanasia, not%20all). Accessed 01 Mar. 2024.
27. “Historical Timeline - Euthanasia - ProCon.Org.” *Euthanasia*, 9 Aug. 2023, euthanasia.procon.org/historical-timeline/. Accessed 01 Mar. 2024.
28. AJ;, Van Hooff. “Ancient Euthanasia: ‘good Death’ and the Doctor in the Graeco-Roman World.” *Social Science & Medicine (1982)*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/14732610/. Accessed 01 Mar. 2024.
29. epublications.marquette.edu/cgi/viewcontent.cgi?article=3246&context=lnq. Accessed 01 Mar. 2024.
30. News, Catherine M. OdellOSV, et al. “Jewish, Christian, Muslim Leaders Sign Declaration against Euthanasia.” *National Catholic Reporter*, www.ncronline.org/news/jewish-christian-muslim-leaders-sign-declaration-against-euthanasia. Accessed 01 Mar. 2024.
31. Rehnquist. “Washington v. Glucksberg, 117 S.Ct. 2258, 138 L.Ed.2d 772 (1997).” *Legal Information Institute*, 26 June 1997, www.law.cornell.edu/supct/html/96-110.ZO.html. Accessed 01 Mar. 2024.
32. “Washington v. Glucksberg, 521 U.S. 702 (1997).” *Justia Law*, supreme.justia.com/cases/federal/us/521/702/. Accessed 01 Mar. 2024.
33. “The Renaissance and the Reformation.” *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., www.britannica.com/topic/history-of-ethics/The-Renaissance-and-the-Reformation. Accessed 01 Mar. 2024.
34. “American Revolution.” *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., 17 Feb. 2024, www.britannica.com/event/American-Revolution. Accessed 01 Mar. 2024.
35. EJ;, Emanuel. “The History of Euthanasia Debates in the United States and Britain.” *Annals of Internal Medicine*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/7944057/. Accessed 01 Mar. 2024.
36. inns.innsofcourt.org/media/70284/Physician_aid_in_Dying.pdf. Accessed 01 Mar. 2024.

37. The Statehouse News Bureau | By Sarah Donaldson. "Opponents of Nitrogen Executions Bill Cite Ohio's Ban on Gas for Pet Euthanasia." *The Statehouse News Bureau*, 2 Feb. 2024, www.statenews.org/government-politics/2024-02-01/opponents-of-nitrogen-executions-bill-cite-ohios-ban-on-gas-for-pet-euthanasia. Accessed 01 Mar. 2024.
38. *1. BABY BOLLINGER*, highschoolbioethics.georgetown.edu/units/cases/unit1_1.html. Accessed 01 Mar. 2024.
39. Brenna, Connor T A. "Regulating Death: A Brief History of Medical Assistance in Dying." *Indian Journal of Palliative Care*, U.S. National Library of Medicine, www.ncbi.nlm.nih.gov/pmc/articles/PMC8655630/. Accessed 01 Mar. 2024.
40. By. "1938 - National Society for the Legalization of Euthanasia Founded - Euthanasia - ProCon.Org." *Euthanasia*, 30 June 2022, euthanasia.procon.org/timeline-events/1938-national-society-for-the-legalization-of-euthanasia-founded/. Accessed 01 Mar. 2024.
41. www.jstor.org/stable/4141944. Accessed 01 Mar. 2024.
42. www.repository.law.indiana.edu/cgi/viewcontent.cgi?article=1061&context=iustitia. Accessed 01 Mar. 2024.
43. Mohammed, Eman Sameh, et al. "Awareness and Practice of Patient Rights from a Patient Perspective: An Insight from Upper Egypt†." *OUP Academic*, Oxford University Press, 29 Dec. 2017, academic.oup.com/intqhc/article/30/2/145/4781518. Accessed 01 Mar. 2024.
44. "Our History." *The World Federation of Right to Die Societies*, 5 Oct. 2021, wfrtds.org/history/. Accessed 01 Mar. 2024.
45. Robert. "FOCUS OF '76 RIGHT TO DIE CASE." *The New York Times*, 12 June 1985, www.nytimes.com/1985/06/12/nyregion/karen-ann-quinlan-31-dies-focus-of-76-right-to-die-case.html. Accessed 01 Mar. 2024.
46. "Document Forbids Assisted Suicide : Catholicism: John Paul's 11th Encyclical Says the Practice Is a Form of Murder and Tells Church Members Not to Support or Obey Laws Such as Oregon's 'Right to Die' Legislation." *Los Angeles Times*, 1 Apr. 1995,

www.latimes.com/archives/la-xpm-1995-04-01-me-49735-story.html. Accessed 01 Mar. 2024.

47. "Two-Thirds of Britons Support Legalising Assisted Dying, Poll Shows." *The Guardian*, Guardian News and Media, 28 Aug. 2023, www.theguardian.com/society/2023/aug/28/two-thirds-of-britons-support-legalising-assisted-dying-poll-shows. Accessed 02 Mar. 2024.
48. "Cruzan v. Director, Missouri Dep't of Health, 497 U.S. 261 (1990)." *Justia Law*, supreme.justia.com/cases/federal/us/497/261/. Accessed 01 Mar. 2024.
49. Ministerie van Volksgezondheid, Welzijn en Sport. "Euthanasia." *Government.Nl*, Ministerie van Algemene Zaken, 30 July 2018, www.government.nl/topics/euthanasia. Accessed 02 Mar. 2024.
50. Government of Canada, Department of Justice. "Legislative Background: Medical Assistance in Dying (Bill C-14)." *Part 1 - Description of Proposed Legislation on Medical Assistance in Dying*, 2 Feb. 2023, www.justice.gc.ca/eng/rp-pr/other-autre/ad-am/p2.html. Accessed 02 Mar. 2024.
51. Canada, Health. "Government of Canada." *Canada.Ca*, / Gouvernement Du Canada, 1 Feb. 2024, www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html. Accessed 01 Mar. 2024.
52. Mehlum, Lars, et al. *Borderline Personality Disorder and Emotion Dysregulation*, vol. 7, no. 1, 30 July 2020, doi:10.1186/s40479-020-00131-9.
53. "Ethics - Euthanasia: Anti-Euthanasia Arguments." *BBC*, www.bbc.co.uk/ethics/euthanasia/against/against_1.shtml. Accessed 01 Mar. 2024.
54. Oliver, Pam, et al. *OMEGA - Journal of Death and Dying*, 22 Apr. 2022, p. 003022282210891, doi:10.1177/00302228221089120.
55. My Jewish Learning. "Euthanasia: A Jewish View." *My Jewish Learning*, 2 Nov. 2022, www.myjewishlearning.com/article/euthanasia-a-jewish-view/. Accessed 01 Mar. 2024.
56. "The Dying Patient Act – The Letter of the Law and Implementation of the Law " Brookdale." *Brookdale*, 2018,

brookdale.jdc.org.il/en/publication/dying-patient-act/#:~:text=The%20Dying%20Patient%20Act%20was,palliative%20care%20to%20dying%20patients. Accessed 01 Mar. 2024.

57. Dopelt, Keren, et al. "Facing Death: Attitudes toward Physician-Assisted End of Life among Physicians Working at a Tertiary-Care-Hospital in Israel." *International Journal of Environmental Research and Public Health*, U.S. National Library of Medicine, 13 June 2021, www.ncbi.nlm.nih.gov/pmc/articles/PMC82
58. Levush, Ruth. "Euthanasia under Israeli Law: In Custodia Legis." *The Library of Congress*, 2015, blogs.loc.gov/law/2015/01/euthanasia-under-israeli-law/. Accessed 01 Mar. 2024.
59. www.patientsrightscouncil.org/site/wp-content/uploads/2012/03/Netherlands_Ministry_of_Justice_FAQ_Euthanasia_2010.pdf. Accessed 01 Mar. 2024.
60. Ministerie van Volksgezondheid, Welzijn en Sport. "Euthanasia." *Government.Nl*, Ministerie van Algemene Zaken, 30 July 2018, www.government.nl/topics/euthanasia#:~:text=Under%20Dutch%20law%2C%20any%20action,the%20statutory%20due%20care%20criteria. Accessed 01 Mar. 2024.
61. "Islam in Turkey." *Religion and Public Life at Harvard Divinity School*, rpl.hds.harvard.edu/faq/islam-turkey. Accessed 01 Mar. 2024.
62. Madadin M;Al Sahwan HS;Altarouti KK;Altarouti SA;Al Eswaikt ZS;Menezes RG; "The Islamic Perspective on Physician-Assisted Suicide and Euthanasia." *Medicine, Science, and the Law*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/32623956/. Accessed 01 Mar. 2024.
63. "The Five Pillars of Islam." *The Metropolitan Museum of Art*, 6 May 2013, www.metmuseum.org/learn/educators/curriculum-resources/art-of-the-islamic-world/unit-one/the-five-pillars-of-islam. Accessed 01 Mar. 2024.
64. *Eubios Ethics Institute* -, www.eubios.info/EJ66/EJ66P.htm. Accessed 02 Mar. 2024.
65. Kutluk, Tezer, et al. "Progress in Palliative Care for Cancer in Turkey: A Review of the Literature." *Ecancermedicalscience*, U.S. National Library of Medicine, 25 Nov. 2021, www.ncbi.nlm.nih.gov/pmc/articles/PMC8723752/. Accessed 02 Mar. 2024.

66. *Death with Dignity Act of 2016*, dchealth.dc.gov/page/death-dignity-act-2016. Accessed 02 Mar. 2024.
67. "States Where Medical Aid in Dying Is Authorized." *Compassion & Choices*, www.compassionandchoices.org/resource/states-or-territories-where-medical-aid-in-dying-is-authorized. Accessed 02 Mar. 2024.
68. repository.law.umich.edu/cgi/viewcontent.cgi?article=1749&context=mlr. Accessed 02 Mar. 2024.
69. "Why Assisted Suicide Must Not Be Legalized." *Disability Rights Education & Defense Fund*, 6 July 2021, dredf.org/public-policy/assisted-suicide/why-assisted-suicide-must-not-be-legalized/. Accessed 02 Mar. 2024.
70. "Strong Public Support for Right to Die." *Pew Research Center - U.S. Politics & Policy*, Pew Research Center, 2006, www.pewresearch.org/politics/2006/01/05/strong-public-support-for-right-to-die/. Accessed 02 Mar. 2024.
71. www.who.int/health-topics/clinical-trials. Accessed 02 Mar. 2024.
72. "What Are Clinical Trials and Studies?" *National Institute on Aging*, U.S. Department of Health and Human Services, www.nia.nih.gov/health/clinical-trials-and-studies/what-are-clinical-trials-and-studies. Accessed 02 Mar. 2024.
73. www.mayoclinicproceedings.org/article/S0025-6196(11)61439-0/fulltext. Accessed 02 Mar. 2024.
74. "Institutional Review Board - Research Ethics - Research." *Seoul National University*, en.snu.ac.kr/research/ethics/irb. Accessed 02 Mar. 2024.
75. "Holding Hospitals Accountable for Patient Safety." *Harvard Business Review*, 7 Nov. 2022, hbr.org/2021/08/holding-hospitals-accountable-for-patient-safety. Accessed 02 Mar. 2024.
76. "Euthanasia, Human Rights and the Law." *The Australian Human Rights Commission*, 20 May 1970,

humanrights.gov.au/our-work/age-discrimination/publications/euthanasia-human-rights-and-law. Accessed 02 Mar. 2024.

77. www.jstor.org/stable/27717192. Accessed 02 Mar. 2024.