Euthanasia: A Review of International Practices and the Historical Impact of Legal Considerations

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Abstract

The topic of euthanasia is complex and deeply controversial today and has been since its inception into human history. Various approaches have been explored in attempts to assess its moral implications, and some communities around the world have reached common ground. However, in some places such as the United States, there are still concerns regarding the ethical implications of euthanasia and its full inclusion into society. This literature review examines the historical foundations of euthanasia, tracing its origins and the key developments that have shaped its status. Additionally, we analyzed how euthanasia is practiced and perceived today, both globally and within the United States. Our findings indicate that while euthanasia is widely accepted in other European countries, it is still widely controversial as there are people who have concerns about religious and health-related issues. Some of these include mental awareness and the ethical implications of a human being taking the life of another.

Keywords: euthanasia, moral, history, ethical, religious, health, United States

Introduction

Euthanasia has been a topic of ethical, legal, and religious debate for centuries, and its approval and regulation fluctuate depending on the cultural and legal environment. The contemporary debate on euthanasia and assisted suicide is strongly influenced by religious views, legal contexts, and social attitudes toward death and independence. Over time, the legalization and regulation of euthanasia have evolved in response to fluctuating moral reflections and advances in medical practices. This review, by examining the views of the

world's major religions and examining the connection between beliefs about life after death, religious beliefs, and attitudes toward voluntary euthanasia, aims to offer a comprehensive understanding of how historical and legal developments have shaped current euthanasia policies globally.

The historical and legal principles of euthanasia have played an essential role in the formation of its present social and legal condition. The Hippocratic Oath, the fundamental ethical precept of medicine for centuries, explicitly prohibits physician-assisted death, which had an impact on numerous early legal positions against euthanasia. However, the debate on euthanasia progressed with personalities such as Samuel Williams, who in the nineteenth century defended its application to mitigate pain. In recent times, the legalization of Medical Assistance in Dying (MAID) and regulations such as the Dignified Death Act (1994) in the United States have stimulated debate about patient autonomy and end-of-life care. Although certain countries have accepted euthanasia as a compassionate medical method, its legality in the United States remains a matter of controversy.

Although states such as Oregon, California and Vermont authorize physician-assisted death under harsh conditions, there is strong resistance, citing ethical concerns, mistreatment, and the sanctity of life. Critics argue that legalizing euthanasia can threaten vulnerable groups, weaken faith in the health system, and blur ethical boundaries in palliative care. Despite these concerns, euthanasia continues to be practiced globally, providing relief to terminally ill individuals trying to manage their own death. The current debate shows the broader battle

between personal rights, medical morality, and social principles, thus highlighting the complexities of the legal and ethical status of euthanasia at the global level.

History and Social Standing of Euthanasia

The active euthanizing in idea of euthanasia has long been debated by philosophers and communities throughout history it can first be traced back to ancient Roman Greece, where physicians would administer deadly poisons to patients to induce their sickness, resulting in a quicker death however, these actions were later criticized by the hypocrites in the hypocritical oath where it stated that life is sacred, and there is a duty to preserve life that all physicians must hold to the highest standards and that it is morally wrong to perform euthanasia on any living being. Euthanasia has also been frowned upon by religious believers, who seek to protect all life, and only consider natural death as an option. This is because they hold a deep belief that god created life and that he is the only one who can take it away.

It was not until the 19th and 20th centuries that Euthanasia began to popularize and become more morally accepted by the public. However, there was still significant backlash especially when a man by the name of Samuel Williams petitioned for Euthanasia, stating that it was “Mercy Killing” (Brenna, 2021) as it was becoming more advanced and manageable to perform on patients. However, the “ Journal of the American Medical Association” stated that they should “Don the robes of an executioner” (Brenna, 2021). Another prominent father of modern uses of Euthanasia was Jack Kevorkian from Michigan who reportedly assisted over one hundred patients in death. This was brought to a halt when he broadcasted “a lethal injection to a consenting patient unable – due to advanced amyotrophic lateral sclerosis (ALS) – to administer

it to himself" (Brenna, 2021). After this, he was arrested and sentenced to eight years for second-degree homicide.

Medical Aid In Dying or MAID has been legalized in Canada since 2016. It is also allowed in various other countries around the world. However, there is still a line drawn between who is allowed to administer Euthanizations and what patience can qualify for it. Many countries including Canada require careful examinations to determine if the patient is mentally suited to be Euthanized. However, according to Verhofstadt, Moureau, Pardon, and Liégeois (2024), Euthanasia in Belgium does not require any psychiatric evaluations, which has led to 3.1 % of deaths in the country being euthanasia-related. This has caused concern among healthcare professionals, with many believing that psychiatry is a key factor that must be thoroughly examined before proceeding with euthanasia.

MAID has become a highlight of the healthcare system in Canada and is a key part of a healthcare worker's ethical and professional considerations. There is a need for them to see that their patients are being well tended to and taken care of. However, that is not always possible for the patient, since the pain they experience is often unbearable. This leads to the thought that Euthanasia in Canada brings great benefit to patients who are terminally ill. For instance, a study conducted in a Toronto hospital determined that "Every participant viewed MAiD as a form of care and drew on these four themes to authenticate MAiD as care: (1) care as advocacy, (2) care as easing suffering, (3) care as psychosocial, and (4) care as relational" (Mills et al., 2023). Furthermore, since this conducted interviews with various individuals who conduct MAID on their patients, it demonstrated a first-hand account of the opinion that MAID is a form of caring

for patients and ensuring that they are given every possible option to choose for themselves what is done with their health.

International Practices of Euthanasia

Euthanasia laws vary significantly across the world, with some countries embracing it as a legal practice and others firmly prohibiting it. In Europe, nations like the Netherlands and Belgium were pioneers in legalizing euthanasia, allowing terminally ill patients to choose a dignified death under strict regulations (Steck et al., 2013). Switzerland permits assisted suicide, including for foreigners, making it a destination for "suicide tourism" (Steck et al., 2013). In contrast, Thailand criminalizes euthanasia, largely due to cultural and religious influences. The country's Buddhist beliefs, which emphasize karma and the sanctity of life, contribute to the widespread moral opposition to ending one’s life, even in cases of terminal illness (Trikasemmart et al., 2024).

The legal status of euthanasia is often shaped by ethical and cultural perspectives. In countries where it is permitted, the right to die is viewed as an extension of personal autonomy and a compassionate response to incurable suffering (Picon-Jaimes et al., 2022). However, concerns about the potential misuse of euthanasia persist, even in legal settings. Critics argue that legal loopholes and insufficient oversight could lead to abuse or pressure on vulnerable individuals (Steck et al., 2013). In nations like Thailand, opposition stems from both religious values and ethical apprehensions regarding medical practices. Many believe that permitting euthanasia may erode trust in the healthcare system, making patients feel their lives are disposable (Trikasemmart et al., 2024).

Overall, the debate over euthanasia remains controversial, with legal, ethical, and cultural factors shaping its acceptance or rejection. While some countries embrace it as a form of compassionate care, others fear the potential for exploitation and devaluation of life. As public opinion and medical advancements evolve, ongoing discussions will likely influence future policies and regulations surrounding euthanasia worldwide (Picon-Jaimes et al., 2022).

Religious Views and Background Affecting Euthanasia

Euthanasia, or the deliberate cessation of life to mitigate pain, has generated moral, ethical, and religious debates for centuries. Religious views play a crucial role in shaping attitudes toward euthanasia and assisted suicide, as they impact beliefs about the sanctity of life, pain, and the transcendent universe. This literature review examines the impact of religious perspectives and contexts on attitudes toward euthanasia, drawing on the world's major religions and empirical research.

The world's major religions offer varied and often contradictory views on euthanasia. Most religious beliefs, such as Christianity, Islam, and Judaism, strongly resist euthanasia, emphasizing the sacredness of life and interpreting it as a transgression of divine will (Grove, Lovell, & Best, 2022). On the other hand, certain Eastern religions, such as Buddhism and Hinduism, adopt a more sophisticated view, considering the individual's intention and the potential for pain relief. Buddhism does not recommend euthanasia; however, it recognizes that compassionate intentions can affect the moral assessment of such actions, thus generating a certain ethical complexity (Grove et al., 2022).

Beliefs about life after death have a greater impact on attitudes toward euthanasia. Those who hold a firm belief in the afterlife often interpret it as an interruption of a heavenly plan that goes beyond life on this planet. These beliefs reinforce the concept that pain can have a spiritual meaning, and that life should not end prematurely, even in situations of intense pain or terminal illness (Sharp, 2017a). Furthermore, the interpretation of God's essence impacts these attitudes. Those who perceive God as a moral authority or a magistrate are often less favorable toward euthanasia, interpreting it as a transgression of divine law. In contrast, those who view God as compassionate and benevolent may be more receptive to euthanasia, considering it a gesture of compassion rather than a challenge to divine will (Sharp, 2017b).

Islamic approaches also reject euthanasia, emphasizing obedience to divine will and patience during pain. Life and death are solely in the hands of Allah, and any attempt to end life prematurely is seen as a disruption of divine plans. The Quran explicitly prohibits the sacrifice of oneself or another's life, reinforcing the idea that euthanasia contradicts Islamic doctrines (Grove et al., 2022). On the other hand, Hinduism and Buddhism offer more sophisticated views on euthanasia, in which the foundations of karma and nonviolence (ahimsa) play a significant role. Although deliberate killing can modify the natural cycle of the universe, compassionate motivations aimed at reducing pain generate moral uncertainty. Some interpretations suggest that compassion-driven euthanasia might be less morally reprehensible, despite its potential karmic effects (Grove et al., 2022).

Empirical research consistently shows that religious individuals, regardless of their particular tradition, are more likely than non-religious individuals to resist euthanasia. Greater

commitment to religion is linked to greater resistance, fostered by adherence to doctrines and ethical values that emphasize the sanctity of life (Sharp, 2017b). Religious leaders also play a crucial role in building community positions, reinforcing traditional beliefs about palliative care and underscoring the moral weight of decisions regarding euthanasia (Grove et al., 2022). These findings underscore the strong impact of religious beliefs on ethical evaluations of euthanasia, where decisions are guided not only by personal independence but also by deeply rooted spiritual and ethical contexts.

Although mainstream religious traditions generally discourage euthanasia, there is diversity within and between them, highlighting the complexity of moral thinking, shaped by cultural, ethical, and theological considerations. These views underscore the multifaceted nature of discussions about euthanasia, in which religious and ethical contexts intersect with contemporary issues of autonomy, pain, and human dignity. Recognizing this diversity is essential to addressing end-of-life decisions with sensitivity, consideration, and a more detailed understanding of the spiritual and ethical dimensions that determine positions on euthanasia.

The legality of Euthanasia and Its morality In the United States:

Throughout the history of the United States, a recurring topic that has been debated in the medical community is the topic regarding euthanasia. While involuntary euthanasia is illegal, there have been many debates regarding the legality of Physician Assisted Suicide, or PAS. PAS (voluntary euthanasia) is a voluntary process that can be used by patients (who meet the criteria) to end their lives with the help of a physician. The physician usually prescribes the patient a

lethal drug that they can take at any given time. Patients who typically take the PAS route have terminal illnesses.

Within the history of the United States, there have been many attempts to legalize euthanasia. “In 1906 the first bill to legalize voluntary euthanasia was introduced in the Ohio legislature but failed to pass. However, in 1914, the common-law right to self-determination gave individuals the right to refuse or stop treatment” (Allen, 2006). When it comes to the determination of these results, there is one out of the many factors that heavily influence the decision. This factor is technical. When it comes to its legality, euthanasia is considered in two ways, passive and active. Active euthanasia is known as intentionally ending a person's life by administering a lethal drug or injection. Passive euthanasia is the ending of someone's life by withdrawing medicine. One way to look at it is “pulling the plug” (Allen, 2006). This technicality between passive and active euthanasia is what finalized the decision to not pass euthanasia laws. In the eyes of the judicial system, euthanasia is a crime, thus making the difference in both passive and active euthanasia an “issue”. Euthanasia can be perceived either way and trying to differ it from PAS is a very difficult argument to make legally.

Following these previous decisions, many tried to focus more on assisted suicide and euthanasia. In June of 1997, the U.S. Supreme Court decided that the Constitution did not guarantee Americans a right to assisted suicide. (Benedict, 1998). With the many attempts to legalize euthanasia come all the studies to back up the opinions of many people. A 1988 study showed that 40% of nurses favored the legalization of euthanasia. After 1990, the topic of euthanasia became a very big discussion, soon resulting in the Supreme Court ruling “that a

person whose wishes were known (i.e., had a "living will") has the right to refuse life-support treatment." (Benedict, 1998). Even though the Supreme Court concluded giving citizens the right to refuse treatment, the decision to make euthanasia legal has been left up to the states through the same 1997 Supreme Court decision as previously mentioned. In November 1997, shortly after the Supreme Court ruling, Oregon voters approved a referendum legalizing PAS by a 51% turnout (Lagay, 2003). This led four other states to ask their voters if they wanted to make PAS (euthanasia) legal, to which they voted no. Most states disapprove of Oregon's decision to legalize euthanasia. While there are certain criteria one must meet to be considered for euthanasia, the United States has progressed in the legalization of euthanasia.

Conclusion

Ultimately, the modern issue of euthanasia is shaped by the mix of ethical, legal, and religious views, both internationally and in the U.S. Throughout history, cultural, legal, and moral changes have shaped the opinions on the topic of euthanasia. Most laws in the past have focused on preserving life and preventing injury, while euthanasia focuses on ending life. Recently, nations such as Belgium and the Netherlands have taken action to legalize euthanasia, with certain restrictions being made. These actions thus resulted in discussions over both individual rights and life-or-death situations, and the states' right to enforce their opinion on the matter. The United States, on the other hand, takes a very different approach by allowing each state the right to make euthanasia/ assisted suicide illegal or not.

The sanctity of life is frequently emphasized by religious views, especially in Christianity, which also has a big influence on public opinion and euthanasia legislation. The

ethical question of whether people should have the ability to terminate their suffering must be balanced with worries about possible abuse or exploitation as nations continue to review these laws. The continuous conflict between individual autonomy and moral, cultural, and legal traditions is reflected in global trends, such as the legalization of euthanasia in some areas and the more conservative position in others. The ethical issues surrounding end-of-life decisions will most likely continue to shape these discussions.

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