

CISMUN
2015

LEGAL
AGENDA: EUTHANASIA



United Nations General Assembly

Sixth Committee

Legal

General information:-

The Sixth Committee is the primary forum for the consideration of legal questions in the General Assembly. All of the United Nations Member States are entitled to representation on the Sixth Committee as one of the main committees of the General Assembly.

The present website contains information relating to the work of the Sixth Committee during the current or most recent session of the General Assembly, as well as links to the websites of previous sessions. It also provides links to related websites on legal matters.

The Sixth Committee has universal membership, that is, all member states of the United Nations are "de jure" members of the Sixth committee. Non member states with observer status in the General Assembly may attend and participate in the discussions. The Sixth Committee is led by a chairman assisted by three vice-chairmen and a Rapporteur. The chairman must conduct the formal meetings, propose the program of work, and solve any procedural hurdles that may rise. The Chairman for the duration of this conference would be Madhur Arora.

The Sixth Committee meets every year from late September to late November, in parallel with the General Assembly's annual session. At the beginning of the session, the General Assembly assigns to the Sixth Committee a list of agenda items to be discussed. Those items usually include the annual reports of the International Law Commission, the United Nations Commission on International Trade Law, the Ad Hoc Committee established by Resolution 51/210 of 17 December 1996 on Terrorism, the Special Committee on the Charter of the United Nations and on the Strengthening of the Role of the Organization and the Host Country Committee, as well as the item Measures to Eliminate International terrorism. Following a formal discussion and the negotiation of any proposals, any recommendation adopted by the Sixth Committee is then submitted to the Plenary of the General Assembly for its final adoption. If a particular issue is of great technical complexity, the Sixth Committee may refer it to the International Law Commission or it may create a special subsidiary body to discuss it. The Sixth Committee follows a "mixed decision-making rule, where consensus is preferred but were a vote is still possible," that is, that while the Committee may take its decisions by voting, most resolutions are adopted though without a formal vote, by acclamation, unanimity, or consensus.

Letter from the executive board

Dear Delegates,

It is an honour to be serving as a part of the Executive Board at the sixth committee of the General Assembly, at CISMUN'15. Please consider that the following guide, as the name suggests, is merely to provide you with the background of the agenda and cannot serve as the credible source of information. Your real research lies beyond this guide and we hope to see some strong content and debate come our way. The agenda at hand is both vast and complex, and a successful discussion on it would entail the collective participation of all of you. It shall be your prerogative to decide the direction in which you want to take this committee. At the outset, we would like to state that the agenda is to be analyzed from a policy and moral stand point as opposed to a technological one. However we do understand that the agenda is bound to have a technological aspect, we expect you to keep it limited, enough to structure your argument/content related to morality and policy. If you are doing an MUN for the very first time, we expect you to read the UNA USA rules of procedure. Rest, the same aspect for research applies to you too. Do not feel taken aback on the research, foreign policy and other details of the allotted country. Each of the executive Board members is at your bay at all times for any help. Feel free to contact us.

Happy Researching!

Madhur Arora
(email: madhurarora@aimunc.com)

Agenda at hand: Euthanasia

Merriam-Webster defines Euthanasia as the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy. Euthanasia is the termination of a very sick person's life in order to relieve them of their suffering. In most cases euthanasia is carried out because the person who dies asks for it, but there are cases called euthanasia where a person can't make such a request.

Key terms and definitions

Active euthanasia

In active euthanasia a person directly and deliberately causes the patient's death.

Assisted suicide

This is when the person who wants to die needs help to kill themselves, asks for it and receives it.

Competence

A competent patient is one who understands his or her medical condition, what the likely future course of the disease is, and the risks and benefits associated with the treatment of the condition; and who can communicate their wishes.

Dignity

The value that a human being has simply by existing, not because of any property or action of an individual

DNR

Abbreviation for "Do Not Resuscitate". Instruction telling medical staff not to attempt to resuscitate the patient if the patient has a heart attack

Doctrine of Double Effect

Ethical theory that allows the use of drugs that will shorten life, if the primary aim is only to reduce pain.

Futile treatment

Treatment that the health care team think will be completely ineffective.

Indirect euthanasia

This means providing treatment (usually to reduce pain) that has the foreseeable side effect of causing the patient to die sooner.

Involuntary euthanasia

This occurs when the person who dies wants to live but is killed anyway. It is usually the same thing as murder.

Living will

A document prepared by an individual in whom they state what they want in regard to medical treatment and euthanasia.

Non-voluntary euthanasia

This is where the person is unable to ask for euthanasia (perhaps they are unconscious or otherwise unable to communicate), or to make a meaningful choice between living and dying and an appropriate person takes the decision on their behalf, perhaps in accordance with their living will, or previously expressed wishes.

Palliative care

Medical, emotional, psychosocial, or spiritual care given to a person who is terminally ill and which is aimed at reducing suffering rather than curing ailments

Passive euthanasia

In passive euthanasia death is brought about by an omission - i.e. by withdrawing or withholding treatment in order to let the person die.

PAS

Abbreviation for Physician Assisted Suicide.

Voluntary euthanasia

This is where euthanasia is carried out at the request of the person who dies.

Types and definitions of euthanasia

Type	Definition
active euthanasia	A person, for example a doctor, causes the death of a patient directly and on purpose.
passive euthanasia	Euthanasia is carried out through the omission of life-preserving measures.
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.
involuntary euthanasia	The terminally ill or disabled person who is killed does not want to die. This type is also considered as murder.
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 has to decide about the further medical treatment of the patient. In this case a living will can be very helpful.
voluntary euthanasia	The patient himself asks for euthanasia and is killed by a doctor.

History of euthanasia

In ancient Greece, the natural death was called euthanasia. It is the death caused by the time but not by illnesses or other effects. In the first century BC, euthanasia was also described as a good and easy death, which does not cause pain for the patient. The philosopher Socrates himself defined it as the right preparation before dying.

During the Middle Age, suicide and euthanasia was strictly opposed by the Christians as well as Jews. The church was and still is of the opinion that human life is a trust of God and should be ended by him.

The term euthanasia is now described as the help of someone to let a terminally ill person die. The importance of the issue grew and it was discussed by many physicians, philosophers and authors. The physician Karl Friedrich Heinrich Marx for example stated that every doctor has the task to help his patient with medicine to reduce the patient's pain and make the dying easier.

In 1828 the first American state, New York, forbade assisted suicide and euthanasia by law. Many states followed this example so that America clearly stated them being against euthanasia.

Some philosophers in the 19th and 20th century said that humans whose value of life is lost should use their right to euthanasia. They differentiated the value of life into the one for the patient who has to suffer pain, and for the society that has to take care of a terminally ill or disabled person who just causes materialistic and financial damage. These theses built the basis of the thinking of the NS regime that killed thousands of disabled children and adults during World War II.

From 1939 till 1945 Hitler's government carried out involuntary euthanasia under the codeword "Aktion T4". Their goal was to eliminate "life unworthy of life" and the prevention of the heredity of illnesses or disabilities. Starting on 18 August in 1939 with a law to force midwives and doctors to report children under the age of three with disabilities or special illnesses so that the German politicians could decide which measures should be taken. This committee including three medical experts could choose between the observation, treatment of the child or to omit further measures. Observation meant that the child has to live in a "Children's Speciality Department" and that the killing of it is reserved, treatment was the immediate death of the child.

Quickly the "Aktion T4" evolved and applied to older children and adults. On the 1st of September 1939 Hitler stated that "the authority of certain physicians to be designated by name in such manner that persons who, according to human judgment, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a mercy death." Hospitals, doctors and institutions for terminally ill persons could decide by themselves if a patient should be killed.

Furthermore six killing centres were built in Germany of which one of them is the psychiatric clinic at Hadamar.

From 1939 until 1941 the patients were killed in gas chambers but their families were told that the relative's death was natural. That this was not the truth became very obvious when the number of dying disabled persons increased and odorous smoke rose over the centres. In August 1941 a catholic bishop attacked the euthanasia program of the Nazis during a sermon which had the consequence that the patients of the killing centre were not killed with gas anymore but with drugs until the end of WW II in 1945. In addition every doctor was told to always decide in favour of death if there was a question of euthanasia. All in all, over 70,000 persons were killed against their will.

In November 1994, the first US state passed a law to legalize physician-assisted suicide. 1995 the Northern Territory in Australia tried to legalize euthanasia but was defeated by the parliament in 1996.

The 21st century started with the legalization of Euthanasia in the Netherlands in 2001, followed by Belgium in May 2002 and Luxembourg in February 2008. In addition, Montana and Washington permitted physician aid in dying in 2008. In May 2013 Vermont was the fourth US state to pass the law to legalize assisted suicide. Furthermore Belgium expanded its euthanasia law and approved euthanasia for children.

Current legal status of euthanasia

As of June 2015, human euthanasia is legal only in the Netherlands, Belgium, Colombia and Luxembourg. Assisted suicide is legal in Switzerland, Germany, Japan, and Albania. Some of the states of the US like Washington, Oregon, Vermont, New Mexico and Montana have also legalized it.

Only passive euthanasia was legalized in India, Ireland and parts of Mexico but the regulations which have to be fulfilled to end the life of the patient vary in each country.

In Columbia and Japan the laws about the issue of euthanasia are unclear and contradicting. Columbia's court passed a law to legalize euthanasia in 1997 but the countries congress never ratified it. Japan itself has a law which clearly is against euthanasia but passed six criteria in 1962 which a doctor must meet before ending the life of his patient and not be accused of suicide.

In addition there are other countries e.g. Germany which allow the killing of an unconscious patient if he/she/it stated clearly in a living will that life-preserving measures should be omitted if there is no chance that he will wake up again. If there is no living will existing and the relatives are not able to make a clear decision the doctor has to do everything within his power to save the patient's life.

The legalization of euthanasia is discussed controversially.

Especially the church is a strong opponent of the intentionally ending of a life of a terminally ill human because it is of the opinion that life is a gift of God, which the humans have not at their own proposal. This means that nobody should decide on his own when to die because it should be God's right to decide over the length of a life. Furthermore the 5th commandment of the Bible says that humans are not allowed to kill which includes terminally ill persons.

Another ecclesiastical argument against euthanasia is that with the legalization of it the respect of the society for the sanctity of each human life would be weakened and that those lives of sick or disabled persons would be less worth because they end earlier than lives of healthy persons.

Other opponents are afraid that euthanasia would be abused if it would be legal in every country. Terminally ill or disabled people could be under pressure to end their lives. This abuse includes the fear that involuntary euthanasia, which is the same as murder, would be harder to control.

The proponents of euthanasia emphasize that this process provides the patient of unnecessary pain and suffering.

Furthermore the supporters of euthanasia are of the opinion that because of the argument, that God should end the life of every human, the legalization of euthanasia should not be stopped because it depends on the religion of each person if he believes in God or not. Someone who does not believe in God should still have the right to end his life even if the religion, which the majority of the population of his country believes in, forbids euthanasia.

They stress that everyone is allowed to decide on their own what to do with their life because humans have the free will. That is why every person should also be allowed to decide the point of time when he wants to die.

Since the United Nations has not passed any resolution regarding the topic of euthanasia yet and did not show a clear position about this controversial issue, it has to be reconsidered if the UN should represent clear position either in favour or against euthanasia and if there should be a general solution about the legal status of euthanasia. This will be discussed in our committee and therefore you should think about possible solutions.

The 6th committee of the General Assembly should decide upon steps of the UN which would make the issue of euthanasia more clear and secure and therefore has to find restrictions for every country. Please be aware of the fact that these restrictions should include passive and active euthanasia as well as PAD and suicide tourism.

One opportunity is that an organization etc. is created in order to discuss moral aspects, for example the question if there should be a human right to die. Furthermore you should think about the transfer of your countries proposed solutions which could for example be done by a commission or an organization.

Child Euthanasia

Lets us understand the concept and the reality of child euthanasia via the means of a case study of the currently existing norms in Belgium. Belgium has passed a law that lets terminally ill children die at a time of their choosing. This extends its already liberal approach, making it the first country in the world to allow euthanasia without age restriction.

"First, do no harm" is the oldest oath in medicine. It solemnly confers the doctor's duty to prevent rather than cause distress. When it comes to treating children, doctors are especially mindful of this obligation.

Certainly, no doctor wants a child to die. But there are horrors that exist and the question, whether we choose to address them or not, still haunts us the insufferable, untreatable distress of a terminally ill child is one such horror.

Paediatricians in Belgium are among vocal opponents of the new law, warning of a slippery slope where very sick children could be pressured into choosing death. But at least the Belgian parliament has confronted it. Its action gives people who find themselves in exceptionally difficult circumstances the opportunity to make their own choices about the time and nature of their death.

Belgium's law is very specific and has rigorous checks to avoid misinterpretations. The child must be in a "medically futile condition", and in constant and unbearable suffering that cannot be alleviated. They must understand the meaning of euthanasia and will be assessed by a

psychiatrist to ensure "discernment" in their decision making. Finally, the child's parents and doctors must agree to the request.

If there is any doubt that the decision to die is not the child's own, doctors will always err on the side of life. This immediately excludes an unconscious person, or a child who does not have the maturity to make a decision.

The fundamental question is whether a child can ever have the capacity to make this monumental judgment: to decide if it is better to live or to die.

English law acknowledges that for the very young, what is right and what is wrong is still unclear; the age of criminal responsibility is set at 10 years old for this reason. Asking small children to make such an extraordinary decision could place an inappropriate burden of responsibility upon them.

This is itself cruel. Asking parents whether they think their child should die could be considered equally callous. But the new law at least allows a discussion to take place, without fear of legal repercussions. It gives parents and children a chance to know all the options available.

It all comes back to harm. Do we take away all hope when we tell a child they can die if they want to, albeit peacefully? Or will it cause more harm to give people a choice, even when that choice is very difficult to make? For the terminally ill child, their parents and their doctors, this dilemma is a daily reality.

There is growing consensus in Europe on the need to legislate for assisted dying. In the Netherlands, euthanasia for children over 12 was legalised in 2002. This puts the UK's reluctance to allow the possibility of a more dignified death in all circumstances into context. We need to engage with these difficult questions, because we will always have patients who are in desperate need of help.

The main problem with child euthanasia arises here. Disabled infants may be killed ethically because they are not sentient beings. Sentient or not, babies with disabilities grow up to be children and then adults with disabilities. As adults, these same people will likely have a much different view of his quality of life than his parent might have had based on the doctor's predictions at the time of birth. Studies have shown that people with disabilities usually have a much higher perception of the quality of their lives than people without disabilities have for them. The executive board suggests the discussion of this topic in detail via the means of a moderated caucus.

Suicide tourism

'Suicide', or 'Euthanasia Tourism', is a mass-media term for a form of 'tourism' associated with the pro-euthanasia movement, which organizes trips for potential suicide candidates in the few places where euthanasia is permitted. This is in the hopes of encouraging the decriminalization of the practice in other parts of the world.

To understand suicide tourism better, we take the case of Switzerland. More than 600 people travelled to Switzerland for help taking their own lives between 2008 and 2012, at one of four clinics which permit non-Swiss nationals. The annual number of so-called suicide tourists doubled between 2009 and 2012, according to research carried out by the University of Zurich.

Despite attempts to change the law in the country, assisted dying clinics can operate legally in Switzerland, and have attracted large numbers of people with terminal illnesses and debilitating medical conditions, from other European countries where euthanasia is illegal.

The new analysis of the phenomenon reveals that 126 UK nationals were helped to die between 2008 and 2012 – making it the country with the largest number of suicide tourists after Germany. One in three people who were helped to die were suffering from more than one condition, the researchers said, with neurological conditions the most common reason for seeking euthanasia, followed by cancer and rheumatic diseases, which are conditions of the joints and muscles.

The researchers said that the rise of suicide tourism had been a major factor in prompting debates in other countries over the ethics of euthanasia.

The question here rises whether the latter is beneficial to the people living in countries, where despite the dire need of euthanasia, it is not given or is it just another scope to exploit the loopholes of the concept of euthanasia, thus, bringing into light the concept of the "slippery slope". The executive board suggests the discussion of this topic in detail via the means of a moderated caucus.

Slippery Slope

Critics of euthanasia sometimes claim that legalizing any form of the practice will lead to a slippery slope effect, resulting eventually in non-voluntary or even involuntary. The slippery slope argument has been present in the euthanasia debate since at least the 1930s.^[1]

Lawyer Eugene Volokh argued in his article *The Mechanism of the Slippery Slope* that judicial logic could eventually lead to a gradual break in the legal restrictions for euthanasia,^[2] while medical oncologist and palliative care specialist Jan Bernheim believes the law can provide safeguards against slippery-slope effects, saying that the grievances of euthanasia opponents are unfounded. As applied to the euthanasia debate, the slippery slope argument claims that the acceptance of certain practices, such as physician-assisted suicide or voluntary, will invariably lead to the acceptance or practice of concepts which are currently deemed unacceptable, such

as non-voluntary or involuntary. Thus, it is argued, in order to prevent these undesirable practices from occurring, we need to resist taking the first step. This is one of the parts where a lot of research is required by the delegates. The executive board recommends that this topic be discussed in detail as it is one of the major issues pertaining to this agenda.

Animal euthanasia and its main problems

Approximately 6 to 8 million animals are handled by animal shelters each year. Even though some are reclaimed or adopted, nearly 4 million unwanted dogs and cats are left with nowhere to go. Animal shelters cannot humanely house and support all these animals until their natural deaths. They would be forced to live in cramped cages or kennels for years, lonely and stressed, and other animals would have to be turned away because there would be no room for them.

Trying to build enough animal shelters to keep up with the endless stream of homeless animals is like putting a bandage on a gunshot wound. Turning unwanted animals loose to roam the streets is not a humane option, either. If they don't starve, freeze, get hit by a car, or die of disease, they may be tormented and possibly killed by cruel juveniles or picked up by dealers who sell animals to laboratories.

Euthanasia literally means "good death" and true euthanasia—delivered by an intravenous injection of sodium pentobarbital—is painless, quick, and dignified. Because of the high number of unwanted companion animals and the lack of good homes, sometimes the most humane thing that a shelter worker can do is give an animal a peaceful release from a world in which dogs and cats are often considered "surplus." The Veterinary Medical Association of the world and the Humane Society agree that an intravenous injection of sodium pentobarbital administered by a trained professional is the kindest, most compassionate method of euthanizing animals.

But herein lays the problem. Unfortunately, some animals will be killed by municipal officials using unacceptable and cruel methods, such as gunshot. Bullets are often not placed precisely in the struggling animal's head or are deflected, and some animals survive the first shot only to be shot again and again.

Many animal shelters still use outdated gas chambers to kill animals that aren't adopted or reclaimed. Even the "best" gas boxes can expose conscious animals to the horror of watching other animals in the box suffer from convulsions and muscular spasms as they slowly die. Old, young, and sick animals are particularly susceptible to gas-related trauma and will die slow and highly stressful deaths.

And as hard as it is to believe, there are still facilities in the U.S. that kill animals using painful electrocution or cruel decompression chambers, which make the gases in animals' sinuses, middle ears, and intestines expand quickly, causing considerable discomfort or severe pain. Some animals survive the first go-around in decompression chambers and are recompressed

because of malfunctioning equipment or an operator's mistake or because they get trapped in air pockets. They are then put through the painful procedure all over again.

Why does the world want euthanasia

“Unbearable pain as the reason for euthanasia”

Probably the major argument in favour of euthanasia is that the person involved is in great pain. Today, advances are constantly being made in the treatment of pain and, as they advance, the case for euthanasia/assisted-suicide is proportionally weakened. Euthanasia advocates stress the cases of unbearable pain as reasons for euthanasia, but then they soon include a "drugged" state. I guess that is in case virtually no uncontrolled pain cases can be found - then they can say those people are drugged into a no-pain state but they need to be euthanatized from such a state because it is not dignified. See the opening for the slippery slope? How do you measure "dignity"? No - it will be euthanasia "on demand". The pro-euthanasia folks have already started down the slope. They are even now not stopping with "unbearable pain" - they are already including this "drugged state" and other circumstances.

Nearly all pain can be eliminated and - in those rare cases where it can't be eliminated - it can still be reduced significantly if proper treatment is provided. It is a national and international scandal that so many people do not get adequate pain control. But killing is not the answer to that scandal. The solution is to mandate better education of health care professionals on these crucial issues, to expand access to health care, and to inform patients about their rights as consumers. Everyone - whether it is a person with a life-threatening illness or a chronic condition - has the right to pain relief. With modern advances in pain control, no patient should ever be in excruciating pain. However, most doctors have never had a course in pain management so they're unaware of what to do. If a patient who is under a doctor's care is in excruciating pain, there's definitely a need to find a different doctor. But that doctor should be one who will control the pain, not one who will kill the patient. There are board certified specialists in pain management who will not only help alleviate physical pain but are skilled in providing necessary support to deal with emotional suffering and depression that often accompanies physical pain.

“Demanding a ‘right to commit suicide’”

Probably the second most common point pro-euthanasia people bring up is this so-called "right." But what we are talking about is not giving a right to the person who is killed, but to the person who does the killing. In other words, euthanasia is not about the right to die. It's about the right to kill. Euthanasia is not about giving rights to the person who dies but, instead, is about changing the law and public policy so that doctors, relatives and others can directly and intentionally end another person's life. People do have the power to commit suicide. Suicide and attempted suicide are not criminalized. Suicide is a tragic, individual act. Euthanasia is not about a private act. It's about letting one person facilitate the death of another. That is a matter of very public concern since it can lead to tremendous abuse, exploitation and erosion of care for the most vulnerable people among us.

“People should not be forced to stay alive”

And neither the law nor medical ethics requires that "everything be done" to keep a person alive. Insistence, against the patient's wishes, that death be postponed by every means available is contrary to law and practice. It would also be cruel and inhumane. There comes a time when continued attempts to cure are not compassionate, wise, or medically sound. That's where hospice, including in-home hospice care, can be of such help. That is the time when all efforts should be placed on making the patient's remaining time comfortable. Then, all interventions should be directed to alleviating pain and other symptoms as well as to the provision of emotional and spiritual support for both the patient and the patient's loved ones.

Why does the world NOT want euthanasia

“Euthanasia would not only be for people who are ‘terminally ill’”.

There are two problems here, the definition of "terminal" and the changes that have already taken place to extend euthanasia to those who aren't "terminally ill." There are many definitions for the word "terminal." For example, when he spoke to the National Press Club in 1992, Jack Kevorkian said that a terminal illness was "any disease that curtails life even for a day." The co-founder of the Hemlock Society often refers to "terminal old age." Some laws define "terminal" condition as one from which death will occur in a "relatively short time." Others state that "terminal" means that death is expected within six months or less.

Even where a specific life expectancy (like six months) is referred to, medical experts acknowledge that it is virtually impossible to predict the life expectancy of a particular patient. Some people diagnosed as terminally ill don't die for years, if at all, from the diagnosed condition. Increasingly, however, euthanasia activists have dropped references to terminal illness, replacing them with such phrases as "hopelessly ill," "desperately ill," "incurably ill," "hopeless condition," and "meaningless life."

“Euthanasia can become a means of health care cost containment”

Perhaps one of the most important developments in recent years is the increasing emphasis placed on health care providers to contain costs. In such a climate, euthanasia certainly could become a means of cost containment.

In the United States, thousands of people have no medical insurance; studies have shown that the poor and minorities generally are not given access to available pain control, and managed-care facilities are offering physicians cash bonuses if they don't provide care for patients. With greater and greater emphasis being placed on managed care, many doctors are at financial risk when they provide treatment for their patients. Legalized euthanasia raises the potential for a profoundly dangerous situation in which doctors could find themselves far better off financially if a seriously ill or disabled person "chooses" to die rather than receive long-term care.

“Euthanasia will only be voluntary”

They say Emotional and psychological pressures could become overpowering for depressed or dependent people. If the choice of euthanasia is considered as good as a decision to receive care, many people will feel guilty for not choosing death. Financial considerations, added to the concern about "being a burden," could serve as powerful forces that would lead a person to "choose" euthanasia or assisted suicide.

Let us take an example. An elderly person in a nursing home, who can barely understand a breakfast menu, is asked to sign a form consenting to be killed. Is this voluntary or involuntary? Will they be protected by the law? How? Right now the overall prohibition on killing stands in the way. Once one signature can sign away a person's life, what can be as strong a protection as the current absolute prohibition on direct killing? Answer: nothing.

“Euthanasia is a rejection of the importance and value of human life”

People who support euthanasia often say that it is already considered permissible to take human life under some circumstances such as self defence - but they miss the point that when one kills for self defence they are saving innocent life - either their own or someone else's. With euthanasia no one's life is being saved - life is only taken.

Relevant Treaties, UN-Resolutions and actions taken

Until now the United Nations has not directly involved itself in the issue of euthanasia and no resolution regarding this controversial topic was passed. The UN just reacted to the legalization of euthanasia in the Netherlands in 2001 with concern and furthermore sent an investigation team to control the physician-assisted deaths.

The Article 55 of the UN Charter states that the United Nations is “promoting respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion”, and especially the term “human rights” can be interpreted differently. The UN defined these as “the right of life, liberty and the security of person” and each position towards euthanasia is arguing with this. Proponents of euthanasia are of the opinion, that if assisted suicide is not legalized, the right of liberty would be limited. Opponents believe that if euthanasia is used to kill terminally ill persons the right of life would be taken away from them.

The United Nations itself does not condemn euthanasia neither it is in favour of it and therefore leaves the decision about the legalization of euthanasia to each country itself until now.

Topics for discussion

Delegates, the purpose of this Background Guide is to be a kick start to further research and for better understanding of the urgency of this issue, not for making it the end of your research, but a part of it. We would like to highlight a few points which shall be discussed in the committee for comprehensive and substantive debate and discussion such as the morality of Euthanasia, its dual nature, combating its misuse, palliative care, animal euthanasia, suggestions for international actions etc.

Note:

Only reports from Reuters, BBC, Al Jazeera, UN agencies and other state run agencies will be accepted along with reports from euthanasia.com. Plagiarism will lead to the suspension of the delegate.

All the best!

Questions a resolution must answer

What action should be taken about the following?

Child euthanasia

General euthanasia

Palliative care

Animal euthanasia

Proper governance of euthanasia

Determining the morality of suicide terrorism

What should be the measures to counter it if determined immoral?

How to counter the problems of “slippery slope”?

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