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Comparison of Euthanasia Laws in Belgium, the Netherlands, and the United Kingdom

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ABSTRACT

The deliberate taking of a person's life to eliminate suffering is still a hotly debated topic across the globe. The rules governing euthanasia in Belgium, the Netherlands, and the United Kingdom are compared in this abstract. The objective is to investigate the end-of-life decision-making processes, safeguards, and public attitudes in these jurisdictions.

According to the Suicide Act of 1961, euthanasia is still prohibited in the United Kingdom. However, the subject has received a lot of attention recently, sparking discussions of legalising assisted suicide. Numerous high-profile cases have sparked public debates and brought attention to the necessity for a thorough legal system to address the complicated moral and practical implications of euthanasia.

On the other hand, the Netherlands and Belgium have implemented various euthanasia-related legislative strategies. With the passage of the Termination of Life on Request and Assisted Suicide Act in 2002, the Netherlands became the first nation to make euthanasia lawful. Patients who are in terrible pain may seek euthanasia under tight guidelines and procedural safeguards, with the concurrence of several doctors. Although continuous discussions and advancements influence its interpretation and application, the legislation guarantees openness, accountability, and protection for those who are most in need.

Similar to other countries, Belgium legalised euthanasia in 2002 via the Act on Euthanasia, with a focus on protecting patients' autonomy and dignity when they are experiencing unending agony.The law allows euthanasia for adults and older minors who are considered to be able to give informed permission. Strong measures are in place to prevent abuse and defend the rights of patients, including several medical consultations, a waiting period, and reporting requirements.

This study contributes to the current conversation about end-of-life options by examining the legal systems and social situations around euthanasia in the United Kingdom, Netherlands, and Belgium.Examining the efficacy of regulatory frameworks and their effects on people, healthcare professionals, and society at large requires an understanding of the similarities, variations, and changing perspectives within different countries.

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 [ISSN 2581-5369]

I. INTRODUCTION

United Kingdom:

Aided suicide would be regarded as murder under existing English law. The consent of the victim would not be relevant to the liability because the law does not recognise consent to serious harm or death. Even intentionally taking one's own life was a criminal up until 1969. Although suicide was declared legal by the Suicide Act of 1969, attempts, suicide incitement, and aiding and abetting suicide remain crimes. If someone is physically capable of doing so, they can try suicide without fear of legal penalties; however, if someone is not physically capable but still wants to die, they must rely on someone else's willingness to help them without the chance of being charged with homicide. Despite the fact that it is undoubtedly illegal to take any action with the goal of hastening another person's death, a doctor is not required by law to attempt to save the life of a patient who is in agony.

There are two reasons for this. The first is that, if the patient is an adult and capable of giving consent, any form of medical care is essentially illegal without their consent. A doctor is behaving legally when a patient requests that treatment be withheld; in fact, he is not allowed to act differently under the law. This has been referred to as passive euthanasia as opposed to active euthanasia. In these situations, the patient voluntarily agrees to forego therapy while yet being able to do so. However, if there is even the slightest question over the patient's wishes, they should be treated since paternalism, which judges for another person when it is right to die, effectively deprives them of the opportunity to completely live their lives as independent people. Furthermore, it would seem unethical in theory to put pressure on a patient to decide whether to end their life.

However, in a recent landmark ruling, the High Court of England found that supplying artificial ventilation against the claimants' preferences amounted to an illegal trespass. From the neck down, this British woman was paralyzed. Her neck blood vessels burst a year ago, leaving her paralyzed and unable to breathe on her own. Her survival was being maintained artificially by hospital doctors, who claimed that shutting off the machine would violate their professional ethics. In this famous judicial case, the women won the right to death, though. The choice was made in response to patients' growing demands that they be given the freedom to make their own death-related decisions without interference from the legal system or medical experts. The request to switch off life support in this way came from a patient who is thought to have full mental ability for the first time in British history.

In some cases, medical professionals have asked courts to permit the shutting off of people who

 [ISSN 2581-5369]

are "in a persistent vegetative state." The judiciary has granted terminally sick people the freedom to die, possibly for the first time in modern English history, which could set a precedent for Indian justices who seek to legalize euthanasia for patients who are in a persistent vegetative state with their consent. Baroness Wooton put forth a bill in the House of Lords on December 4, 1975, that dealt with the rights of those who were nearing the end of their lives.

II. THE BILL STIPULATED

With his consent, a patient who is terminally ill has the right to be given as much medication as is required to completely ease his physical suffering and, if no other form of treatment relieves it, to be put comatose. Even if the patient rejects receiving critical care or other forms of life-sustaining treatment, this is still true. It is deemed an accident when an incurable patient purposely overdoses or engages in another contravention. According to the proposed law, if a person lost the ability to communicate their wishes, they might make a written declaration, signed by two witnesses, saying that they should not be treated. During the debate over the bill, the Lord Bishop of Durham said that it will be advantageous if the issue is widely reported and the medical community is made more aware of the tremendous disquiet felt by many ordinary people about various situations.

Lord Raglan spoke on the subject, saying: "I think there is a distinction between removing a source of life and causing a source of death, but I don't think it is that distinct for either kind of murder." If one accepts that proper medical procedure sometimes requires the removal of life-supporting equipment, then one must also accept that proper medical procedure sometimes requires killing. I think we shouldn't be hesitant to accept the truth in these remarks. Something is very wrong with the way we treat the terminally ill.

III. THE DEFENSE OF NECESSITY: CANNIBALS AND CONJOINED TWINS

The justification of necessity, which was used to achieve that goal when the Dutch euthanasia law was created, has received significant scholarly and legal attention as a viable defense to the charge of murder in a euthanasia case. The defense has developed at common law since there hasn't been any statutory interference. The Law Commission has refrained from interfering. In the Dudley and Stephens Case (1884), the court ruled that this necessity could not be used as justification for murder. The court convicted both of the men guilty for killing a cabin boy and eating food after being shipwrecked. More than a century later, the House of Lords declared in Howe that neither duress nor necessity may be invoked as a defense against a murder accusation. The House of Lords declined to accept the defendants' apparent decision to put their own affections above those of their victims since they killed their victims in response to threats

 [ISSN 2581-5369]

from another that if they did not, they would also be killed.

The decision in Howe was decided principally because it is improper for the law to recognize the right of anyone to decide whether one innocent citizen should die or not. Contrary to the precedent set by Dudley and Stephens in "Re A (children) (Conjoined Twins: Surgical Separation)," the appeals court allowed the defense of necessity to be used in a situation where a choice had to be made between the lives of two conjoined twins. The case can be distinguished from Dudley and Stephens in that, in contrast to the other two cases, the decision in this one was made based on the victim's grim prognosis rather than the killer.

If the surgery to separate them hadn't been done, both of the newborn twins would have died within a few months. If the treatment to separate them were done, both infants would die within a few months. If the surgical separations were done, the stronger twin "would live to have a pretty normal life," but the weaker twin "would die quickly." Brooke LJ's approval of the method embraced the idea of necessity as it was put forth by Sir James Stephen. To use the concept of necessity, the following conditions must be met:

- Nothing should be done beyond what is reasonably required to achieve the goal
- the action is required to stop inescapable, irreversible evil; and the action is necessary.
- The amount of harm avoided must not be more than the amount of evil done.

When the Court of Appeal attempted to limit its conclusion, Lord Justice Ward specifically rejected the notion that the justification of necessity could be used to explain or justify euthanasia.

According to Lord Justice Brooke, the particulars of the case's facts will determine whether the necessity defense is available. He also mentioned how euthanasia has been resisted by parliaments and succeeding governments. Theoretically, Stephen's argument could justify euthanasia if the patient's intolerable pain—which can only be alleviated by euthanasia—is regarded as the inheritable and irreversible evil and is deemed to be appropriate to averting unbearable suffering. considerable observers on the Re A judgement have expressed considerable worry in response to this view. Their concerns are unfounded because they fail to consider the constraints that led the judges in Re A to decide what they did: "Either the twins would both die within a few months," or "the stronger twin might be saved" if the weaker twin was killed during the procedure to separate them." In other words, the choice was either to save one twin or neither. The doctor does not have this choice in a euthanasia situation.

When judges reject the "necessity" defense to a murder charge, they typically do so by asserting

 [ISSN 2581-5369]

or implying that a doctor performing euthanasia did not cause the patient's death or did not intend for the patient to die. Only when the substance being taken has both a killing and a painkilling effect are such escape routes available. These hidden techniques are frequently inaccessible when a euthanaticum, such as potassium chloride, is used, and conviction has already been made.

Another secret power that might be applicable in this case is jury nullification, or the jury's capacity to convict on moral grounds even after being told that the accused has no legal defense. Prosecutors have been inclined to accept guilty pleas to less serious offences in order to avoid a prospective jury trial, maybe because of the possibility of jury nullification. The possibility of convictions may also be low due to judgements on only some charges. In other cases, prosecutors may decide not to file charges, or they may agree to accept a sympathetic medical report that casts culpability for a compassionate execution more favorably. Netherlands:

In addition to outlining the circumstances under which a doctor would not be required to keep a patient alive against their desires, the court's decision affirmed the conviction of a doctor who allowed her mother die after receiving repeated, specific requests for euthanasia. This set of guidelines was formalized throughout a number of court decisions in the 1980s. In the Netherlands, euthanasia and physician-assisted suicide have both been legal since 2002. After obtaining all available palliative care, a person is allowed to end their life with dignity in accordance with the codified agreement that forbids the prosecution of medical professionals who have engaged in euthanasia in certain instances and under very specific circumstances.

IV. THE NETHERLANDS EUTHANASIAN SOCIETY

The Dr. Gertruida Postma-von Boven trial led to the creation of the Netherlands Euthanasia Society133 in 1973. Dr. Postma-von Boven was tried for the murder of her terminally ill mother, who had routinely demanded to be put down. She received a one-year probationary period after being found guilty. When the conditions were laid out by the court during the Dutch doctor's trial, she was instantly disqualified from being punished under "Article 293 of the Dutch Penal Code, which forbids euthanasia." The following standards were met:

- That the patient is dying or is in danger of dying
- That his physical or emotional pain is intolerable
- That he has expressed a desire to end his life or to obtain help in doing so
- That the patient's illness is terminal.

A team of eminent lawyers and physicians is developing plans for Parliament to improve the

 [ISSN 2581-5369]

rights of patients in 1976. The Society is also making an effort to persuade a university to do academic research on the medical effects of euthanasia. For this endeavor, they are also appealing for government support. Miss Nelly Folpmers, the Society's secretary, represented it at the Tokyo Conference in August 1976.

V. BELGIUM

On May 28, 2002, Belgium legalized euthanasia. The survey, which was conducted in 2010, found that euthanasia was more frequently used to end the lives of younger, male, cancer patients who were also more likely to die in their homes.

Almost always, unbearable physical issues were mentioned. While there were 1807 examples of non-terminally ill persons being put to death in 2013, they were not common.

Belgian senators approved enabling children with terminal conditions to request euthanasia in a vote in December 2013.

Children who asked for euthanasia had to fulfil a number of criteria, including understanding what euthanasia means, having their parents and the medical staff approve of the request, having a terminal illness, being in excruciating pain, and having no available treatment options.

The Belgian Senate changed the law governing euthanasia, emphasizing that the patient's request must be voluntary and requiring that a psychologist assess the patient's capacity for decision-making.

VI. CONCLUSION

In conclusion, the comparative study of euthanasia laws in the UK, Netherlands, and Belgium demonstrates various strategies and viewpoints on end-of-life choices. While the UK currently forbids euthanasia and physician-assisted suicide within its legal framework, the Netherlands and Belgium have passed laws that permit these practices under specific circumstances.

In 2002, the Netherlands became the first nation to decriminalize euthanasia after much thought and discussion. Their law permits euthanasia under tight guidelines, which include the presence of intolerable suffering, the patient's voluntary and thoughtful demands, consulting with a second doctor, and reporting the case to a review commission. In order to give patients who are suffering from terminal illnesses a compassionate alternative, the Dutch model places a strong emphasis on autonomy and individual rights.

Similar to this, Belgium has legalized physician-assisted suicide and euthanasia, making it one of the most progressive nations in this area. Euthanasia is legal in Belgium under certain circumstances, including the patient's explicit and voluntary request, extreme bodily or

 [ISSN 2581-5369]

psychological suffering, and the assistance of a doctor. These regulations were passed in 2002 and later expanded. The Belgian method prioritizes patient liberty while both providing close supervision and requiring regular reporting to a control commission.

The UK, on the other hand, has continued to take a more traditional attitude on euthanasia and assisted suicide. Euthanasia and assisted suicide are considered criminal offences in the UK under the existing legal system and are subject to punishment. But recent events, including high-profile court cases and public dialogues, have revived the conversation and prompted growing calls for a review of the legislation governing end-of-life decisions.

Euthanasia policies vary per nation due to social, cultural, and ethical reasons. Incorporating strict protections and oversight systems to ensure cautious implementation, the Netherlands and Belgium have put in place regulatory frameworks that place a priority on patient autonomy and the alleviation of pain. In contrast, the UK has favored a more cautious approach, emphasizing the necessity for continued public conversation and prioritizing the protection of those who are most vulnerable.

Euthanasia remains a contentious topic as nations struggle with difficult moral and ethical decisions. The comparative analysis of euthanasia laws in the UK, Netherlands, and Belgium reveals the various viewpoints and strategies adopted by these nations. It emphasizes how crucial it is to have continual discussions, research, and introspection in order to create legislation that strike a balance between people's right to self-determination, compassion, and the safety of those who are most vulnerable while making end-of-life decisions.

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 [ISSN 2581-5369]