

Committee: Human Rights Committee (UNHRC)

Topic: Euthanasia/Assisted Suicide



Report of the Chairs

Theme of the Conference:

Last year, at Austin High’s inaugural conference, we challenged delegates to “compromise and collaborate” in order to come to equitable solutions. While our topics were of great nuance, they offered little complexity when it came to negotiation itself. The current roster of topics is thematically centered around the overcoming of this simplicity, including topics of debate that require successful delegates to not only understand relevant content and their national perspective but that they apply heightened diplomatic skills. A simple compromise that allows two sides of a debate to meet in the middle becomes problematic with topics like euthanasia or intellectual property theft. Creativity, as well as a willingness to negotiate from new angles, will be required if acceptable, or novel, solutions are to be found.

As delegates, we believe you will find, both through the deliberate encouragement of the chairs and execution of our background guides, that our topics this year will elevate debate beyond simple compromise.

I. Rationale

Euthanasia, similar to assisted suicide, is the practice of ending a life intentionally in order to relieve pain and suffering in extreme circumstances (Pereira, 2011). Euthanasia is a controversial issue that each nation has independently dealt with and created legislation around in the past, but starting a global conversation will help to answer the ethical and moral questions surrounding its practice. It is a widely debated subject with proponents who argue for the “right to death” and that in certain cases such as a sick elder nearing the end of their life or an infant born with an incurable, life-threatening disease, euthanasia can bring a peaceful end to their distress. On the other end, many are against Euthanasia, claiming that it’s morally wrong to murder in any sense and fearing that this power could be abused. Numerous countries have made

their opposition to Euthanasia clear, making it illegal with serious punishments such as jail sentences or high fees if anyone, including doctors, participates in Euthanasia (Euthanasia & Physician-Assisted Suicide, 2016). Euthanasia is a multi-faceted and complex issue; It can occur actively or passively, it can be physician-assisted or self-administered, or it can be the responsibility of a family member or the individual (Forms of Euthanasia, 2018). The goal of this committee is to create a resolution outlining what it believes to be the ethical and moral way to create legislation on the practice of Euthanasia.

II. Background of the Topic

Euthanasia comes from the Greek words “eu” (good) and “thanatosis” (death) and was established as the name implies, to allow a safe and peaceful death. The practice of euthanasia has been around for as long as medical technology has allowed. In several countries, there have been extreme cases that require legislation about Euthanasia. For example, in India, a Supreme Court ruling about the legality of Euthanasia and assisted suicide was made in 2011 in response to the Aruna Shanbaug case. In this case, the Indian Supreme Court rejected a plea that would have allowed Ms. Shanbaug, who had been in a vegetative state for the past 42 years after being brutally raped and beaten, to be taken off life support and pass on (The Aruna Shanbaug case, 2018). In the past, there had been no legislation in India about Euthanasia, therefore this ruling added some insight on India’s stance on the topic. Another case about Euthanasia, with a different outcome, occurred in Belgium, a country with some of the most permissive laws on Euthanasia. In 2016 and 2017, three children were euthanized in Belgium after a 2014 ruling that authorized doctors to terminate the life of a child, at any age, who makes the request (Lane, 2018). In order for this request to be fulfilled a doctor must verify that the child is “in a hopeless medical situation of constant and unbearable suffering that cannot be eased and which will cause death in the short term” (ibid). This ruling, although angering many, sparked international debate about the legality of Euthanasia.

III. Directive

Keep in mind that the issue of Euthanasia is one that is controversial and very complex. It will require extensive research to determine your delegation’s perspective on the legalization of Euthanasia and the ramifications of this. Also, recognize the difference between Euthanasia and

Assisted Suicide given that each country views each differently and may label Euthanasia illegal, but legalize physician-assisted suicide. Work with your peers to debate the implications of Euthanasia and the specific parameters or limitations that should be put in place to reach resolutions. Consider these questions from your nation's point of view: In which cases are Euthanasia necessary, if any? Are decisions regarding Euthanasia up to the individual? The doctor? Family members? What restrictions should be put in place to ensure this practice will not be abused? Also, consider the ethical dilemmas about Euthanasia: At what point is death preferable to living? Why shouldn't people have the power to decide when to die? Is death a right? If so, how is the Government able to deny one's right to die, especially in such a safe, peaceful manner?

****Disclaimer:** Given that the topic of Euthanasia has many controversial implications, the chairs would advise delegates to steer the debate away from ethical issues of abortion and suicide and focus instead on death in extreme cases of medical necessity. The chairs understand that this topic is heavy, and because of this, we are trusting the delegates to approach the debate with respect and maturity.

IV. Important Terminology

Euthanasia: the practice of intentionally ending a life in order to relieve pain and suffering.

Active Euthanasia: when medical professionals or another person do something deliberately that causes a patient to die; ex: administering medicine that causes death.

Passive Euthanasia: in contrast with active Euthanasia, this is not directly taking a patient's life, but instead allowing them to die; ex: withholding medicine needed to save a patient's life, they die because of a lack of treatment.

V. Note to the Delegates:

Hello, Delegates! Feel free to contact us with any questions or comments you may have about the paper or the conference in general.

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VI. Delegations

Albania

Australia

Belgium

Canada

China

Colombia

Denmark

Finland

France

Germany

India

Ireland

Israel

Japan

Luxembourg

Mexico

Russia

South Africa

South Korea

Switzerland

Netherlands

New Zealand

Norway

United Kingdom

United States

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All Accessed 27 Jan 2018