

Jill Williams The ethics of life and death

Does a person have a right to be euthanised?

Euthanasia is a very divisive issue. In June 2025 MPs in the Westminster parliament voted in favour of assistive dying in particular circumstances, but the passing of the Bill (The terminally ill adults end of life Bill) has ground to a halt in the House of Lords. There, more than 12000 amendments have been added, half of them by just six peers. The Bill is now certain to run out of time, by April/May 2026, and therefore will not become law. This essay will look at the difference between voluntary and involuntary euthanasia, and at the conditions that are usually required for euthanasia to be ethically implemented. Next we consider the moral responsibilities of the doctor's involvement in voluntary euthanasia. Slippery slope arguments will be considered next, and then a look at how it currently works in Holland. Hospices are often put forward as an alternative way for end of life care, and whether this is a viable option will be considered. Religious objections have been put forward, and will be briefly set out, as well as pressure from the disability lobby.

This essay will deal with voluntary euthanasia, which means that it is the patient who takes the step to end their own life, and the physician provides them with the means to do so. I will not consider involuntary euthanasia, in which it is the physician who ends the patient's life, because, for example, of great pain or distress. The essay question implies that it is the patient considering an end to their life, not the doctor. Also, I shall be considering adults who have mental capacity, that is, they understand what they are doing, they are capable of making informed decisions, and those decisions endure over time, and are free from coercion. Jurisdictions which allow for voluntary euthanasia usually restrict permission to patients with limited lifespans, for example, people with less than six months to live, and that is what the current Bill being considered in the House of Lords specifies.

Most people agree that a competent person has a right to refuse medical treatment, or to discontinue medical treatments, even if they understand that this will lead to their death. The case of a patient who refuses a treatment and understands that this will hasten their death, is not far from a patient requesting the means to end their lives. It could be argued that if someone refuses a treatment, what kills them is the illness, whereas if a doctor supplies them with a fatal medicine then it is the doctor who takes their life. However, as long as it is the patient who is taking the tablet or fatal dose that accusation cannot hold, because it was the taking of the medicine that killed the patient, not the person who supplied it.

Some people believe that it is permitted for a doctor to withdraw a feeding tube at the request of a patient to relieve their suffering and this hastens their death. The doctor does not kill the patient, but does foresee the patient's death. But when supplying the lethal pill, once again at the request of the patient, the intention is to relieve suffering **through** securing the patient's death. But is there a moral difference between these two cases? There does not seem to me to be a moral difference, since in both cases the patient dies, and in both cases the intention is to reduce suffering.

I wish now to consider the slippery slope argument. In this it is argued that if you allow, for example, voluntary euthanasia with conditions such as six months to live, mental capacity, and an intention that persists over time, then at some future date it will be inevitable that further permissions will be given, such as to seriously depressed people, or those with dementia, or who are suffering great pain through disabling ailments and disabilities which will not actually kill them. As R. G. Frey has pointed out, this is not a causal argument, but one of likelihood. Secondly, having drawn up a definition of what constitutes competency, there is no logical reason to think we will at some point in time include the incompetent. The argument of slippery slope does have a pessimistic ring about it, as it seems to suggest that safeguards built into the legislation can never be strong enough.

Another slippery slope argument involves societal pressures, such as exist in China, which is an aging society caused by the one-couple-one-child policy, and of course, increased life expectancy. Coupled with inadequate provision for the elderly, and there is potential for coercion at the end of life. In America, there is in some quarters fear that family finances will be drained by older family members' medical bills. Also, in America there tends not to be long-standing relationships with family doctors, meaning it is more difficult to establish that patients' request for euthanasia are voluntary and long-lasting. This could be overcome, however, by specialised clinical teams monitoring the euthanasia clinics and their procedures.

In the Netherlands, public opinion is strongly in favour of euthanasia. A 1995 study showed 9,700 patient requests a year for euthanasia, with most being turned down. 3,700 cases took place, but in 1,000 cases patients were not competent. The system in Holland allows for family physicians having long standing relationships with patients, meaning that requests were more likely to be voluntary and well-considered. But over half the cases of euthanasia were not reported, and of those that were, some of the necessary criteria had been violated. For example, a few patients had not expressed a desire for euthanasia, and some had not done so recently enough. Some were comatose or had dementia, and even severely disabled babies had been euthanised.

I think these abuses are more likely to happen in societies where public opinion is very strongly in favour of euthanasia, and pressure on medical staff likely to be highest. I believe that it is possible to put in place strong safeguards, and monitoring to prevent abuses taking place, and that the slippery slope is not inevitable. In any case, even if a very few individuals are euthanised, who might have lived, say, longer than six months, I believe this does not negate the advantage to countless others who have had their suffering relieved according to the prescribed manner.

It has often been argued that legalised euthanasia should not be necessary in societies where the hospice movement is active. In the U.K., there are approximately 778 hospices, with the aim of easing the physical and emotional pain of dying. They enable people to die in dignity, having lived life up to the very end. They aim to feel more like home than hospital, but with the full support of doctors, nurses, chaplains, counsellors and trained volunteers. A Panorama programme on assisted dying broadcast on 16 March 2026 visited a hospice named Dorothy House in Wiltshire and Somerset. It costs nineteen million pounds a year to run, and has just ten in-patient beds. Twenty percent of funding comes from the government, leaving eighty percent to be obtained from charitable funding.

The majority of us die in hospital or at home. It is a postcode lottery as to whether we have access to hospice care or not. You are less likely to have access if you are an older person, from a minority community, from a socio-economically deprived area, or if you don't have cancer. In Britain, medical bodies take a neutral stance towards assisted dying; the Association for Palliative Medicine is opposed, with eighty percent being against. I think it is clear that admirable though they are, hospices will never be the solution to the problem of unbearable and intractable pain that some people suffer at the end of their lives. It is very unlikely that the whole healthcare system will be reformed (including the funding for it) so we need provision for voluntary euthanasia to help those with enduring and intractable pain at the end of their lives.

There have been, of course, religious objections to voluntary euthanasia, a major one being that it violates God's intentions for humankind. God is said to have life and death power over humans, and suicide seen as a sin. However, even if you accept the existence of God, His mind and intention for humans is presented as unfathomable, and therefore it becomes a matter of faith. If one accepts that a person has the right to take their own life, what moral objection could there be to having their death assisted by a doctor? Some patients are physically unable to take their own lives, or lack the knowledge of how to do it painlessly and successfully. To many people contemplating suicide the possibility of bungling it and ending up brain damaged, or physically worse off, is all too real. I believe that the merciful thing to do, and the ethical thing to do is to allow doctors, when requested, to administer medication to allow a suffering patient at the end of their lives to fall into a deep sleep and finally to die.

Some people have argued that legalisation of voluntary euthanasia would undermine the doctor/patient relationship. I do not believe so. Not all doctors would want to perform euthanasia, so a register could be set up, or special clinics provided where doctors in agreement could practice, along with a panel of psychiatrist, lawyers, social worker or whatever was decided by that jurisdiction. A number of organisations concerned with disabilities have raised objections. They feel that there may be pressure from non-disabled people, for them to end their lives, or that their lives would be devalued in some way. But in the euthanasia debate no-one is saying that some lives are worth more than others, or that the decision that life is intolerable should be made by anyone other than the person themselves. Just as one would respect the autonomy of the person seeking euthanasia, so one would respect the autonomy of the disabled person to live their own lives and make decisions for themselves free from coercion or interference.

For some objectors to euthanasia it seems that there can never be enough safeguards or evidence that a dying person's wish is competent, enduring and genuinely voluntary. They cite borderline cases that they believe will make the whole proposal impossible. For example, a person who is on medication that makes them confused. If this means they do not have capacity, then they are excluded from the possibility of euthanasia. There is an issue of 'living wills' however, or 'advanced directives', which are taken out by a competent patient in advance of a degeneration of a mental condition. The validity of these have to be worked out in advance of a bill being enacted. But these distinctions should not make it impossible for the more straightforward cases. Respect for persons demands respect for their autonomous choices as long as those choices do not cause harm to others.

This essay title asks if a person has a right to be euthanised. The Universal Declaration of Human Rights specifies the right to life, as well as using the concepts of dignity and equality for all. I do not believe that we should preserve life at all costs. Modern advancements to improve water quality and sewerage systems, improvements in medical science, immunisation and improved legislation around food quality etc. have led to longer lives, but the extra years have not always been healthier or fulfilling. I think that all should have access to voluntary euthanasia. Not everyone would want to use it if provided. Indeed, some people request it, and find that it is available if needed, and find it a comfort, but don't actually go through with it at the end.

In conclusion, the question 'does a person have a right to be euthanised?' proves to be an extremely complex and divisive one. Different decisions are made in different countries, but even in England and Wales, when the majority of people polled want euthanasia to be permitted, and MPs in parliament vote for it, the matter can be derailed by a small minority of people. Not all doctors want to be in a position to participate, but enough do. This essay has considered the 'slippery slope' arguments put forward, and found them to be unfounded, even though in some jurisdictions conditions have been loosened. Hospices, despite their excellence, are no substitute, as there will never be enough of them to supply the demand. I have not found the beliefs of religious people to be compelling, as they are based on faith alone. I think that the disabled may be worried, but there is nothing to suggest that they will be devalued or coerced by allowing voluntary euthanasia to be introduced for those wishing it. Altogether, although the right does not exist at this time in this country, I believe that it should.

Bibliography

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