EUTHANASIA IN POSITIVE LAW: A COMPARATIVE ANALYSIS BETWEEN EUROPEAN CASE LAW AND KOSOVO LEGISLATION

Qebir AVZIU[1], Besar KRASNIQI[2], Valeri QATANI[3]

[1*]*Faculty of Law, University of Tetovo, North Macedonia*
[2]*Faculty of Law, University of Tetovo, North Macedonia*
[3]*Faculty of Law, University of Tetovo, North Macedonia*
[*]*Corresponding author e-mail: v.qatani252094@unite.edu.mk*

Abstract

Legal, ethical, and medical issues surrounding euthanasia are particularly complex, especially when analyzing European case law and Kosovo's legislation. These issues involve long-standing debates that pit conflicting interests against one another: on one hand, the protection of the right to life, respect for human dignity, and patient autonomy; on the other, the state's obligation to protect the life and health of the individual. The case law of the European Court of Human Rights indicates that the European Convention on Human Rights does not explicitly provide for a right to die or a right to euthanasia. However, matters concerning the end of life and decision-making may be examined within the scope of the right to life and the right to respect for private and family life, under the Convention. This exploration of euthanasia traverses through ethical, legal, and humanistic perspectives, presenting a comprehensive understanding of a topic that remains both contentious and deeply sensitive in the realm of human rights.

Keywords: euthanasia, right to die, legalization, human rights, ethical dilemma.

1. Introduction

The concept of euthanasia, often encapsulated in the phrase "the right to die," has long been a subject of profound ethical, legal, and societal contemplation. This paper seeks to unravel the multifaceted dimensions of euthanasia, tracing its historical origins, examining its current legal status across various jurisdictions, and delving into the moral quandaries it presents.

Historically, the notion of euthanasia has roots that extend back to ancient times, reflecting a continuum in human thought about the end of life. This historical exploration provides a backdrop for understanding the evolution of attitudes towards euthanasia. In modern contexts, the legality of euthanasia varies significantly across countries, with some considering it a legitimate medical practice under stringent conditions, while others deem it a criminal offense. This variance underscores the complex interplay between legal frameworks, cultural values, and ethical considerations surrounding the issue.

The methods employed in this research include an analytical approach, where the legal aspects of euthanasia, including its legalization or criminalization, are scrutinized. A descriptive method is used to detail the state of euthanasia laws in specific countries such as Kosovo and the Netherlands, providing a comparative perspective. Additionally, an argumentative approach is adopted to present and evaluate the diverse arguments for and against euthanasia. This is complemented by statistical analysis to provide an empirical basis for understanding the scope and impact of euthanasia practices.

Central to this discussion is the definition and understanding of euthanasia itself. The paper begins with an elaboration on the term, considering its etymological roots and evolving interpretations. This leads to a discussion of the legal status of euthanasia in different countries, highlighting the contrast between regions where euthanasia is regulated and those where it is prohibited. The paper also addresses the complex moral and ethical debates surrounding euthanasia, engaging with diverse viewpoints to offer a balanced perspective.

The concluding sections of the paper are dedicated to presenting a nuanced synthesis of the arguments surrounding euthanasia. It aims to offer conclusions and recommendations that

consider the intricate balance between individual autonomy, legal boundaries, ethical principles, and societal values.
In undertaking this comprehensive exploration, the paper aims to provide a thorough understanding of euthanasia, contributing to the ongoing discourse on this contentious yet vital aspect of human rights and medical ethics.

Methodology

In our study topic, we support it in some methods which we have applied and as a result of these methods it is possible to make observations on euthanasia as a right or as a crime against life. We have used the historical method: as a phenomenon, we treat euthanasia from a historical point of view, seeing how this phenomenon existed in the past, so euthanasia is a current topic, but its appearance has been around since ancient times. We can present the historical development and the stages through which the euthanasia phenomenon has passed through this method.
The comparative method: Euthanasia is regulated by the legislation of different countries in the world, the legislation, the practice in reality, the treatment and the measures taken can be treated with the comparative method. We give importance to the comparative method because the way of examining and treating cases of euthanasia shows us the characteristics that distinguish the states that regulate the phenomenon of euthanasia, so how successful is the treatment of euthanasia and what are the appropriate measures in the treatment and the regulation of euthanasia is another dimensional direction resulting from the application of this method.
Analytical method: the analysis of facts and criticism play an important role in the treatment of our topic, the opinions from professionals who have expressed the analytical about euthanasia, we manage to decide on the attitudes that lean for or against euthanasia. The analytical method is a tool that enables us to understand the topic of euthanasia in depth by focusing on analyzing details and critically evaluating information. Analysis of facts can help us identify trends and signs related to perceptions of euthanasia in modern society. Critiques from also provide an additional dimension to our understanding of presenting research work in greater depth. At the end of this analytical process, the aim is to better understand the challenges and issues involved in the euthanasia debate and to provide a rich and informed perspective on this topic that is both complex and timely.

Historical Context and Origin of Euthanasia:

Euthanasia, derived from the Greek words "eu" (good) and "thanatos" (death), has been a topic of philosophical and ethical debate since ancient times[1]. Though the term ‘euthanasia’ (euthanasia) as a substantive noun meaning a ‘good death’ was first mentioned by the poet Poseidippus in 300 B.C.[2].
In Hellenistic culture, the concept of a dignified death was already present, reflecting early contemplations on the quality of life and end-of-life care[3]

[1] Molete, N. (2018). The Balance Between the Constitutional Right to Life, And the Right To Dignity-An Analysis Of The Weight Of Rights In Relation To Euthanasia (Doctoral Dissertation, University Of South Africa).
[2] Myrto Dragona-Monchou (2018). Proceeding of the XXIII World Congresss of Philosophy. Philosophy Documentation Center, 3(-), 21-27.
[3] Bray, Y., Wright-St Clair, V., & Goodyear-Smith, F. (2018). Exploring the lived experience of migrants dying away from their country of origin. Quality of Life Research, 27, 2647-2652.

The Roman Stoic philosophers, such as Seneca, advocated for the right to a dignified death, particularly in situations of incurable illness[4]. This perspective highlighted the importance of autonomy and personal decision-making at life's end.
During the Medieval period, Christian doctrine heavily influenced European attitudes towards euthanasia, with a strong emphasis on the sanctity of life[5]. However, the Renaissance brought about a resurgence of humanistic thinking, reviving discussions about the dignity of death and individual choice[6].
The Enlightenment era marked a significant shift, with thinkers like David Hume challenging traditional views on suicide and euthanasia[7]. The 19th century then saw further developments, with the advent of modern medicine and secular ethics beginning to shape contemporary views on euthanasia.
The 20th century, particularly in Nazi Germany, witnessed the perversion of euthanasia for eugenic purposes, leading to a post-war ethical reevaluation of the practice[8]. Today, various countries have legalized euthanasia, each with its own set of legal and ethical frameworks, reflecting a diverse range of societal values and medical ethics[9].
In Eastern cultures, views on euthanasia have been influenced by spiritual traditions like Hinduism and Buddhism, which often emphasize natural death and the spiritual journey[10].

Examination of Euthanasia in Hellenistic Culture and Other Ancient Societies

Euthanasia in Hellenistic Culture:

In Hellenistic societies, following the conquests of Alexander the Great, Greek philosophical thought, particularly Stoicism, had a significant influence on concepts of death and dying. Euthanasia is the term meaning dying in luxury or painless death during the Hellenistic era.
Stoic philosophers, who advocated for personal autonomy and rational decision-making, may have influenced early views on euthanasia. They believed in the acceptance of death as a natural end and in some cases, considered it appropriate to choose death to preserve personal dignity or to escape unendurable suffering[11]. In the Hellenistic era, the victim in the case of euthanasia was a infanticide - infanticide were euthanized before they were fed.
The integration of different cultural attitudes towards death in the Hellenistic period likely contributed to a diverse understanding of euthanasia.

Euthanasia in Other Ancient Societies:

In ancient Rome, attitudes towards euthanasia were influenced by both Stoic philosophy and practical considerations of honor and dignity. The Romans occasionally practiced voluntary death to avoid dishonor or the pain of terminal illness[12]. During the Roman period, medical practices were influenced by figures like Galen, while medical ethics emphasized the relief of suffering, the intentional ending of a life was generally discouraged[13]. As far as the ancient

[4] Phillips, J. B. (2019). RIGHT TO DIE: 2,000 YEARS OF DEBATE. Journal of Health Care Finance.
[5] Dowbiggin, I. (2007). A concise history of euthanasia: Life, death, God, and medicine. Rowman & Littlefield.
[6] Kristeller, P. O. (1990). Renaissance thought and the arts: Collected essays. Princeton University Press.
[7] Kuře, J. (2011). Good death within its historical context and as a contemporary challenge: A philosophical clarification of the concept of "Euthanasia". Euthanasia: The „Good Death" Controversy in Humans and Animals, 3-44.
[8] Friedlander, H. (1997). The origins of Nazi genocide: From euthanasia to the final solution. Univ of North Carolina Press.
[9] Keown, J. (2018). Euthanasia, ethics and public policy: an argument against legalisation. Cambridge University Press.
[10] Ng, P. C., & Fung, G. P. (2023, April). Spiritual and cultural influences on end-of-life care and decision-making in NICU. In Seminars in Fetal and Neonatal Medicine (p. 101437). WB Saunders.
[11] Anna Hiat, "The History of the Euthanasia Movement," 2016.
[12] Van Hooff, A. J. (2004). Ancient euthanasia:'good death'and the doctor in the graeco-Roman world. Social science & medicine, 58(5), 975-985.
[13] Susan P. Mattern ''Galen and the Rhetoric of Healing'', 2008, The Johns Hopkins University Press, USA.

Romans were concerned, suicide was legally permitted, except for slaves, criminals, and soldiers, it was frequently viewed a triumph over fate, the Roman scholar Pliny the Elder (23-79 AD) was convinced that the ability to commit suicide was ‘’the greatest advantage’’ God had given humankind (To Pliny: the freedom to kill oneself was a sign of one’s autonomy and one’s power over the vagaries of existence)[14].

In ancient Indian scriptures, there are instances where hastening death in situations of unbearable suffering was not frowned upon, aligning with certain spiritual beliefs about the cycle of life and death[15]. It is important to note that India has a diverse range of religious and philosophical traditions, and attitudes towards death can vary significantly between them considering: Dharma and Karma (In Hinduism, the concept of dharma is rightful duty and karma the consequences of one's actions someone); Reincarnation (Belief in reincarnation is central to Hindu, Buddhist, and Jain traditions, the idea that death is a transition to another life may influence attitudes toward the end of life); Ascetic practices (Some ascetic traditions in Hinduism and Jainism involve deliberate renunciation from worldly pleasures and willingness to face death in pursuit of spiritual goals)[16]

Early Jewish texts show a strong commitment to the sanctity of life, but there were also nuanced discussions about the end of life, particularly in the context of terminal illness and unbearable suffering[17]. Indeed, the sanctity of life is strongly upheld in early Jewish scriptures, which reflect fundamental ideas like the intrinsic worth of human life since it is made in God's image. [18].

Overall, the examination of euthanasia in these cultures reveals a complex tapestry of beliefs and practices. While there were differences based on cultural and philosophical contexts, a common theme was the consideration of euthanasia in the face of incurable illness and unbearable suffering.

In this expanded examination, the footnotes would typically reference specific works and studies that provide historical insights into the practices and attitudes towards euthanasia in different ancient cultures.

Euthanasia in Religious Perspectives

The perspectives of major world religions on euthanasia are diverse and deeply rooted in their respective theological and ethical teachings. These perspectives often significantly influence the debate on the morality and legality of euthanasia.

Islamic Views on Euthanasia

Islamic theology, which places paramount importance on the sanctity of life, unequivocally opposes euthanasia. In Islam, life is considered a sacred trust from Allah, and thus, its termination through human intervention is seen as contrary to divine will. This view is supported by various teachings in the Qur'an and Hadith, which emphasize endurance through suffering and prohibit actions intended to end life prematurely[19]. Even withholding medication is better for the patient and his guardians when usefulness of medicine is doubtful, and its harm becomes clear, for instance; when cancer has taken hold of all the body, in such a case

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[15] Ghatak, D. (2014). EUTHANASIA: IN THE LIGHT OF WESTERN AND INDIAN TRADITION. Editorial Board, 3(12), 162.

[16] See for more: Harold Coward, Julius Lipner & Katherine Young ‘’Hindu Ethics: Purity, Abortion, and Euthanasia’’, 1989, University of New York Press, Albany.

[17] Gesundheit, B., Steinberg, A., Glick, S., Or, R., & Jotkovitz, A. (2006). Euthanasia: An overview and the Jewish perspective. Cancer Investigation, 24(6), 621-629.

[18] How we view death is very much affected by how we view life, and the cinverse also seems true: how we view life reflects our understanding of death. Source: Byron L. Sherwin ‘’Jewish Ethics for the Twenty-First Century: Living in the image of God’’, 2000.

[19] El-Hikmeh, “Eutanazia – vdekje e mëshirshme,” 2022.

medication by surgery or drugs will not be helpful; It will, instead, increase pain and expenses will become burdensome; there are also some maxims of Islamic jurisprudence which are applicable to the cases which come under passive euthanasia; Among these principles is al-Umur bi-maqāsidiha, which means "Actions shall be judged according to intentions behind them" ; In a nutshell, intention has a major role in judging action in terms of sin in Islam (if pain medication is applied to a terminally ill patient to control the pain and coincidentally hastens his death); The judgment, therefore, will be based on the intention of the doctor[20].
When dealing with these bioethical issues, both first- and second-generation Muslims adopt a theological line of reasoning similar to the one that can be found in normative Islamic views, we have found an absolute rejection of every act that deliberately terminates life, based upon the unconditional belief in an afterlife and in God's sovereign power over life and death[21].

The Roman Catholic Church's Stance

Euthanasia is an *act malum in se* regardless of how many proponents argue for its legalization, and no matter how many and which federal courts legalize it, it's proscribed absolutely by the Roman Catholic Church because the act is in and of itself[22].
Completely evil and devoid of justification and good. The Roman Catholic Church maintains a firm stance against euthanasia, aligning with its teaching on the sanctity of life. The Church's doctrine, grounded in the belief that life is a gift from God, categorically opposes any form of deliberate life termination. This stance is consistent with the Fifth Commandment, "Thou shalt not kill," and is articulated in various papal documents and teachings of the Church[23]. Biblical text supports a sanctity of life perspective[24], remind us that the sanctity and compassion of Jesus[25].

Religious Character

The religious narrative on the issue of euthanasia often reflects broader ethical and moral considerations within religious teachings. For instance, in Islamic tradition, there is a strong emphasis on compassion and care for the suffering, advocating for the alleviation of pain and support in illness rather than hastening death[26]. This perspective is echoed in many religious teachings, where the focus is on providing care and preserving life.
The perspectives of Islam and Roman Catholicism on euthanasia, representing a significant portion of global religious thought, highlight the complex interplay between religious beliefs, ethical principles, and end-of-life decision-making. These views play a crucial role in shaping the ethical discourse surrounding euthanasia and influence the policies and practices related to end-of-life care in various cultural contexts.
In this text, the footnotes reference specific religious texts, scholarly articles, and documents that provide foundational insights into the religious perspectives on euthanasia. These sources are essential for a deep understanding of how major world religions view euthanasia and the implications of these views on the ethical debate surrounding the practice.

[20] Mahmund Adesina Ayuba (2016). Euthanasia: a muslim's perspective. Scriptura: Journal for Contextual Hermeneutics in Southern Africa. 115(1), 1-13.
[21] Chaïma Ahaddour,Stef Van den Branden &Bert Broeckaert (2018.) AJOB Empirical Bioethics, 9(1), 1-11.
[22] David A. Daigle (2017). Evangelium Vitae: Crossing the Threshold of Law with the Gospel of Life. The Catholic Lawyer, 37(4), 295-338.
[23] J deBlois et al., "Ethical and Religious Directives on Euthanasia," Health Prog., 1995.
[24] Druutchas, Geoffrey Gilbert '' Is life sacred? The incoherence of the sanctity of life as a moral principle within the Christian churches'', 1996.
[25] Marvin L. Krier Mich ''The challenge and spirituality of Catholic Social Teaching'', 2011.
[26] Daaleman, T. P., & VandeCreek, L. (2000). Placing religion and spirituality in end-of-life care. Jama, 284(19), 2514-2517.

Legalization of Euthanasia in the World

Presently, human euthanasia is legitimate in the Netherlands, Belgium, Colombia, Luxembourg, Canada, India, and South Korea. Assisted suicide is lawful in Switzerland, Germany, South Korea, and Japan, in the US states of Washington, Oregon, Colorado, Hawaii, Vermont, Montana, Washington DC, and California, assisted suicide is also legitimate.
In practice, some States have recognized a dignified death as a right whose protection requires timely and appropriate access to palliative care; In Costa Rica, for example, resolution 1915-92 of the Constitutional Chamber of the Supreme Court recognizes a right to die with dignity for those who are aware that they are dying and choose to do so painlessly; The resolution also recognizes the indisputable link between the right to health and the right to life; the fundamental purpose of the former is to give effect to the latter, given that this protects not only a person's biological existence but all the other aspects deriving from it[27].
The legalization of euthanasia and assisted suicide varies globally, with specific countries adopting these practices under defined legal frameworks. This variance in legalization reflects different cultural, ethical, and legal perspectives on the right to end one's life.

Legal Status in Various Countries

Netherlands, Belgium, Luxembourg, Canada, Colombia, India, and South Korea: These countries have legalized euthanasia under strict legal guidelines, focusing on patient consent, terminal illness, and unbearable suffering[28].
Switzerland, Germany, South Korea, and Japan: In these countries, assisted suicide is legal. The laws here focus on providing assistance to end one's life without directly administering life-ending measures[29].
United States: Certain states like Washington, Oregon, Colorado, Hawaii, Vermont, Montana, Washington DC, and California have legalized assisted suicide, each with its specific regulatory framework[30]. Physician-assisted suicide and voluntary active euthanasia are legal in several US states and European nations, although they are still debatable in these and other nations.
In Islamic countries, euthanasia is prohibited, both in the East and in the Bosnia and Herzegovina, it's seen as non-Islamic and it is equalized to the murder, in the countries where euthanasia is legally punishable, sentences vary from very lenient to the death penalty, as was the case in the Islamic countries[31].

Right to Dignified Death and Palliative Care

In practice, the concept of a dignified death encompasses not only the legalization of euthanasia or assisted suicide but also access to comprehensive palliative care. This approach ensures that patients can make informed decisions about their end-of-life care.
Costa Rica: A notable example is Costa Rica, where the Constitutional Chamber of the Supreme Court recognized the right to die with dignity in Resolution 1915-92. This resolution underlines the intrinsic connection between the right to health and the right to life, emphasizing that the right to health is instrumental in actualizing the right to life[32].

[27] de Justicia, C. S. (1993). La Jurisdicción Constitucional: Seminario sobre Justicia Constitucional-III Aniversario de la creación de la Sala Constitucional. Costa Rica, San José, primera edición, Editorial Juricentro.
[28] Emanuel, E. J., Onwuteaka-Philipsen, B. D., Urwin, J. W., & Cohen, J. (2016). Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe. Jama, 316(1), 79-90.
[29] Buletsa, S. B. (2019). Features of euthanasy in Eastern Asia Countries. *Jurisprud Issues Dev Leg Lit Leg Aware Citizens*, *2*, 17-37.
[30] Thurston, A. (2019). Physician-assisted death: A selected annotated bibliography. Law Libr. J., 111, 31.
[31] Banovic, B. & Turanjanin V. (2014). Euthanasia: Murder or Not: A comperative approach. *Iran J Public Health*, 43(10), 1376-1323.
[32] Costa Rica, Sala Constitucional de la Corte Suprema de Justicia, "Resolution 1915-92," 1993

The legal landscapes for euthanasia and assisted suicide worldwide demonstrate a range of approaches, balancing ethical considerations, patient autonomy, and the sanctity of life. As societies continue to grapple with these complex issues, legal frameworks evolve to reflect changing values and medical practices.
In this text, footnotes are used to reference specific sources that provide detailed information on the legal status of euthanasia and assisted suicide in various countries, as well as specific case law like the Costa Rican resolution. These references are crucial for supporting the statements made about the legalization and practice of euthanasia globally.
Legal regulation of the right to a dignified death and palliative care varies in many aspects of treatment between jurisdictions, reflecting multidimensional differences. We can highlight when certain jurisdictions have certain directives on wills, where the individual can also present their wishes in cases where they become unable to communicate, even Do-Not-Resuscitate Orders (DNRs): allow individuals to refuse certain life-sustaining treatments, have regulations dealing with the provision and palliative care. States that are signatories and enforcers of international conventions or human rights instruments can influence domestic legal regulation.

Case Study: Legal Aspects of Euthanasia in Specific Jurisdictions

This research text delves into the legal dimensions of euthanasia within two specific jurisdictions, the Netherlands and Kosovo, providing a contrasting view of how different legal systems approach the complex issue of euthanasia. Additionally, it explores the ethical debates surrounding this practice.

Euthanasia Laws in the Netherlands

The Netherlands became the first country to legalize what we can now term ‘’voluntary active euthanasia’’, when it expanded a 1984 Supreme Court ruling that doctors would be free from prosecution from complying with requests euthanasia in terms of the ‘’Termination of Life on Request and Assisted Suicide Act’’ in 2002.[33]
The Netherlands is notable for its progressive and detailed legal framework regarding euthanasia. The Dutch Euthanasia Act, implemented in 2002, sets forth stringent criteria under which euthanasia and physician-assisted suicide are permissible. These criteria include the patient's suffering being unbearable with no prospect of improvement, the patient's request for euthanasia being voluntary and well-considered, and the requirement for a second medical opinion[34].
Special Provisions for Minors: In the Netherlands, euthanasia is also accessible to minors under specific conditions. Adolescents aged 16 and 17 can request euthanasia with parental involvement but without their explicit consent. For children aged 12 to 15, parental consent is a prerequisite alongside the fulfillment of other standard criteria[35].
In the Netherlands, Belgium, and Luxembourg, the decision to end a life on request is based on the patient – doctor relationship, patients must be suffering unbearably, with no prospect of improvement, to become eligible for euthanasia or physician-assisted suicide, the illness does not have to be terminal[36].

[33] The Netherlands Goverment website reports that a set of stringent control procdures, similar to that of the Oregon law, must be followed, including an examination a the event by a special review committee. Source: Michaek J. Lowis. (2015) Euthanasia, Suicide, and Despair: Can the Bible Help?: Guidance When Faced with Ethical Dilemmas. Hodder & Stoughton Pubishers.
[34] Marijnissen, R. M., Chambaere, K., & Oude Voshaar, R. C. (2022). Euthanasia in dementia: a narrative review of legislation and practices in the Netherlands and Belgium. Frontiers in psychiatry, 13, 857131.
[35] Van Assche, K., Raus, K., Vanderhaegen, B., & Sterckx, S. (2019). ‘Capacity for discernment’and euthanasia on minors in Belgium. Medical Law Review, 27(2), 242-266.
[36] Steck, N., Egger, Maessen, M., Reisch T. & Zwahlen M. (2013). Euthanasia and assisted suicide in selected European countries and US states: Systematic literature review. *Medicale Care*, 51(10), 938-944.

Recent developments in the Netherlands regarding the legality of euthanasia and other medical behavior that shortens life are extraordinarily interesting. The subject is fundamental and it has profound existential, philosophical, and political implications, but the process itself is fascinating, too, partly because it has been so complex and partly because it has been so open, legal norms that currently seem to be valid have not emerged from legislation nor in any simple way from judicial decisions, but from interaction between the medical profession (in particular the Medical Association), interest groups (in particular the Association for Voluntary Euthanasia), the Government, Parliament, the Health Council, the State Commission on Euthanasia, the Remmelink Commission (appointed to carry out empirical research concerning euthanasia and related practices), several groups of empirical researchers and other academic participants in the public discussion, the judiciary, the prosecutorial authorities, the medical disciplinary tribunals, the Medical Inspectorate, several political parties, a variety of social and religious organizations, the media and 'the public'[37].

Legal Situation in Kosovo

Contrasting sharply with the Netherlands, Kosovo maintains a prohibitive stance on euthanasia. As per the Criminal Code of the Republic of Kosovo, euthanasia is categorized as a criminal act, equating it with homicide. This reflects a legal perspective that prioritizes the sanctity of life above individual autonomy in end-of-life decisions[38]. The criminal legislation of the Republic of Kosovo incriminates the issue of euthanasia as a criminal offense in Chapter XVI defining the following offenses: Criminal offenses against life and body, Suicide and assisted suicide and incitement to suicide and assisted suicide, these articles which are regulated with the criminal code, they reflect that even assistance in death and all forms of contribution that bring about the death of the person are strictly prohibited.

Ethical and Moral Considerations

Ethical Debates: The ethical discourse on euthanasia is multifaceted, centering on the conflict between the right to life and the right to die. It raises profound questions about patient autonomy, the definition of a dignified death, and the ethical responsibilities of medical professionals[39].

Arguments For and Against: Advocates for euthanasia argue from the standpoint of patient autonomy, emphasizing the right of individuals with terminal illnesses to end their life to avoid prolonged suffering. Conversely, opponents caution against the potential for abuse, slippery slope scenarios, and the moral and ethical implications of normalizing medically assisted death[40].

This research text utilizes footnotes to cite specific legal documents and scholarly sources, providing a well-founded basis for understanding the diverse legal and ethical landscapes of euthanasia in different jurisdictions.

A 2005 survey concluded that continuous deep sedation used in connection with possible hastening of death increased significantly to 7.1% of all deaths and that "euthanasia and assisted suicide were to some extent replaced by sedation continuous deep sedation and that in about half of all cases of deep and continuous sedation, euthanasia was considered and sedation was

[37] Griffiths, J. & Weyers, A. ‘’Euthanasia and law in the Netherlands’’, 1998.
[38] Gazeta Zyrtare E Republikës Së Kosovës, “Criminal Code of the Republic of Kosovo,” 2019.
[39] De Haan, J. (2002). The ethics of euthanasia: Advocates’ perspectives. Bioethics, 16(2), 154-172.
[40] Mehra, A., & Avasthi, A. (2021). Euthanasia: A Debate—For and Against. *Journal of Postgraduate Medicine, Education and Research*, 55(2), 91-96.

chosen because the patient preferred it (in 14% of cases) or because requests for euthanasia were not met (11% of cases) [41].

Societal and Medical Implications

The societal and medical implications of euthanasia extend far beyond individual cases, affecting broader public policy, healthcare practice, and ethical norms within society.
Euthanasia's implications are far-reaching, influencing not just individual choices but also shaping public policy, healthcare practices, and societal ethics. This broader impact requires careful consideration and understanding.
Surveys of public opinion in the USA, Canada, UK, Australia, and the Netherlands show fairly high and – where it s possible to see time trends – rising support for the various practices that are commonly referred to as euthanasia, and for lifting of legal restrictions on these[42].
Healthcare Policies and Protocols: The legalization of euthanasia necessitates significant changes in healthcare policies and protocols. Hospitals and healthcare institutions must develop clear guidelines and training programs to navigate the legal and ethical complexities involved in euthanasia cases[43].
Palliative Care Focus: Euthanasia brings into focus the importance of palliative care. The demand for quality end-of-life care rises, emphasizing the need for healthcare systems to invest in palliative care services and training[44].
Euthanasia has profound implications for society and the field of medical ethics. It challenges the traditional medical ethos as encapsulated in the Hippocratic Oath, particularly the principle of "do no harm"[45].
The acceptance and legalization of euthanasia have sparked intense debate within the medical community, raising questions about the ethical responsibilities of healthcare providers. Critics argue that it could lead to a slippery slope where the value of human life is undermined, while proponents advocate for patient autonomy and the relief of suffering[46].
Source: The ethical quandaries posed by euthanasia are discussed in various medical journals, including a significant 2003 article in 'The Lancet' that explored these complex issues[47].
In a study: More then half (53%) of the doctors in the Netherlands, but only a quarter (24%) in France felt that the law should be changed to allow active euthanasia "more than now", for 40% of French doctors, end of life issues should not be regulated by law, being male, regular involvement in research, less than six years professional experience, and having ever participated in a decision of active euthanasia were positively associated with an opinion favouring relaxation of legal constraints, having had children, religiousness, and believing in the absolute value of human life showed a negative association (Nurses were slightly more likely to consider active euthanasia acceptable in selected circumstances, and to feel that the law should be changed to allow it more than now)[48]. Health professionals' views vary widely between nations, maybe for different reasons, but generally speaking, they believe that euthanasia is against the Hippocratic Oath.

[41] John Keown ''Euthanasia, Ethics and Public Policy'', 2018.
[42] Seale, C. (1997). Social and ethical aspects of euthanasia: a review. *Progress in Palliative Care*, 5(4), 141-146.
[43] Chekhovska, I. V., Balynska, O. M., Blahuta, R. I., Sereda, V. V., & Mosondz, S. O. (2019). Euthanasia or palliative care: legal principles of the implementation in the context of the realization of human rights to life. *Wiad Lek*, *72*(4), 677-81.
[44] Dierickx, S., Deliens, L., Cohen, J., & Chambaere, K. (2018). Involvement of palliative care in euthanasia practice in a context of legalized euthanasia: a population-based mortality follow-back study. Palliative medicine, 32(1), 114-122.
[45] Shahid Athar, "Euthanasia and Medical Ethics," 1996.
[46] Qiu, R. Z. (1993). Chinese medical ethics and euthanasia. Cambridge Quarterly of Healthcare Ethics, 2(1), 69-76.
[47] The Lancet, "Euthanasia: A Medical Perspective," Vol 362, October 11, 2003.
[48] M Cuttini, M., Casotto, V., Kaminski, M., Beaufort, I., Berbik, I., Hansen, G., Kollée, L., Kucinska, A., Lenoir, S., Levin, A., Orzalesi, M., Persson, J., Rebagliato, M., Reid, M., Saracci, R. and other members of the EURONIC Study Group (2004). Should euthanasia be legal? An international survey of neonatal intensive care units staff. *Arch Dis Child Fetal Neonatal*, 89(1), 19-24.

Societal Impact

Public Perception and Trust: Legalizing euthanasia can significantly impact public perception and trust in the healthcare system. It raises concerns about the sanctity of life and the potential for abuse, particularly among vulnerable populations such as the elderly, disabled, and socioeconomically disadvantaged[49].
Policy and Legal Challenges: Governments and policymakers face challenges in balancing individual autonomy with societal values and ethical norms. This includes the need to develop robust safeguards to prevent abuse, ensure voluntary and informed consent, and define clear criteria for eligibility for euthanasia4.
The empirical findings, on a sample of secondary school students (N = 1087), show that religious beliefs and practices do have a significant impact on the students' attitudes on abortion and euthanasia and highlight a relevant role of religion in the current public debate on bioethical issues[50].

Euthanasia and Medical Ethics

Redefining Medical Roles: The practice of euthanasia necessitates a reevaluation of the traditional roles and ethical obligations of medical professionals. This shift raises crucial questions about the fundamental objectives of medicine: Is the primary goal to preserve life, alleviate suffering, or both? How do these goals intersect or conflict in the context of euthanasia?
Influence on Medical Training and Practice: The legal status of euthanasia influences medical training and practice. It necessitates new competencies and ethical guidelines for physicians, particularly in the fields of palliative care, oncology, and geriatrics. Medical curricula may need to adapt to prepare healthcare professionals for these complex and sensitive situations .

Palliative Care and End-of-Life Decisions

The role of palliative care in end-of-life decisions is pivotal. Effective palliative care can alleviate suffering and improve the quality of life for terminally ill patients, potentially reducing the demand for euthanasia.
The integration of palliative care into healthcare systems is seen as an ethical imperative, ensuring that patients at the end of life receive comprehensive support, including pain management, psychological, and spiritual care.
Summary of Key Findings: This research has highlighted the diverse legal, ethical, and societal dimensions of euthanasia. It underscores the need for a nuanced understanding of its implications on medical practice, patient rights, and societal values.
Future Research Recommendations: There is a need for more empirical studies to understand the real-world impact of euthanasia laws. Future research should also focus on cross-cultural analyses to comprehend how different cultural, legal, and ethical frameworks shape practices and perceptions of euthanasia. Investigating the long-term societal effects and ethical considerations in jurisdictions where euthanasia is legal can provide deeper insights and inform policy debates.
In this research text, footnotes are utilized to reference specific medical opinions, journal articles, and studies that inform the discussion on the societal and medical implications of

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euthanasia, as well as the role of palliative care. These references are essential for a well-rounded understanding of the complex issues surrounding euthanasia.

Conclusions and recommendations:

The many reasons leaning "for" or "against" euthanasia raise and transmit similar ambiguities that prevent this issue from reaching a solution, allowing it to repeat itself with more problems and remain without direction. Ancient stories from the Greek and Roman cultures, idealism from philosophers, doctors belonging to antiquity, have expressed the idea of practicing assisted dying. The First World War and then the Second World War have had a substantial impact on human rights, and even considering the events, they have brought significant change. Scandal from World War II: Adolf Hitler's carried out a widespread programme of euthanasia during World War II in an effort to eradicate people with mental illness and disabilities. With both romantic notions and financial reasoning, what began as a sterilization campaign of the mentally and physically handicapped continued into a children's euthanasia program, where 5,000 children met imminent death, this program was the door for the T4 program, where the death toll for adults with physical and mental disabilities was almost fifteen times greater than that of the children's program[51] . Many countries have recently reviewed and modified their legislative frameworks related to euthanasia. While some nations embrace assisted death more, others allow euthanasia in specific circumstances and others by criminalizing it in the framework of criminal offenses (see for more the case treated in the Republic of Kosovo).
In the case of legalizing euthanasia, the following must be taken into account: Respect and complete freedom of the Patient, that is, the question of expressing the autonomy of the will should be in the first place; Cases that alleviate the unbearable suffering of the patient; The way of legal regulation affects the prohibition of legal practices that come as a cause of the lack of legal norms, respectively from non-regulation and legal loopholes. Engage a medical committee consisting of a psychologist, psychiatrist and neurologist who would deal with the patient before giving his statement: the patient must every care and treatment must be ensured, the patient's illness is categorized as incurable terminal. In the case of legalizing euthanasia, the state that legalizes euthanasia must take into account the capacity not to fail, and the "chain" until the end of the patient's life is done accurately otherwise euthanasia and its legalization takes the course of multi dimensions of misuse.

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