

Review

Review of Euthanasia as a Therapy in Terminal Condition from Health and Law Perspective



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Article Info	Abstract
Article history: Received: 16 November 2023 Accepted: 29 January 2024	<i>Introduction:</i> Terminal conditions and their treatment processes initiate actions that can be taken to relieve patients of the pain they suffer. This action is carried out by accelerating the death of patients with terminal conditions, known as euthanasia. Euthanasia is still being debated regarding the legal aspects and purpose of the act as part of the patient's treatment. This study aims to determine the perspective of euthanasia as part of the treatment or therapy of terminal conditions. <i>Methods:</i> This research is a literature study from several databases, including Proquest, Science Direct, SpringerLink, and Google Scholar. The article search used keywords combined with booleans. 755 articles were found according to the keywords, and 12 articles were selected using Prism analysis. <i>Results:</i> Euthanasia is seen as a way for terminal patients who have been resistant to treatment to be free from the misery of their illness. Euthanasia in health can be carried out if it is the patient's conscious choice without coercion and has met the medical requirements. Euthanasia can be carried out in areas, regions, or countries where there are regulations, laws, or similar regulations governing the implementation of euthanasia. <i>Conclusion:</i> With the existence of clear rules for the implementation of euthanasia, health workers or families involved in euthanasia can provide a clear understanding of how to implement euthanasia.
Keywords: Euthanasia, health, law, perspective	

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INTRODUCTION

Various terms are used to describe the duration of care for illnesses, ranging from the point where the disease no longer responds to treatment to the point of death. These terms include palliative care, end-of-life care, active dying, terminal illness, collectively referred to as terminal diseases [1]. The term "terminal illness" describes a condition or disease process that will not improve with curative medical treatment and will worsen until it leads to death [2]. Terminal conditions in patients occur when diseases no longer respond to treatment modifications, often associated with metastasis, functional decline, and deteriorating quality of life [1]. As a result, treating and caring for terminal conditions can require extensive resources and time for both patients and their families.

For patients who fear the dying process, they assert their right to die as soon as possible to avoid suffering and potential loss of dignity associated with terminal illness [3]. Terminal conditions in patients pose a significant financial burden on their families. Besides the psychological costs, families grapple with the reality that the patient will not recover from the illness. The terminal condition and its treatment processes initiate actions to alleviate the patient's suffering [4], often involving expediting the death of a terminally ill patient in a hospital setting, known as euthanasia [5].

Euthanasia is simply defined as the intentional ending of someone's life deemed unworthy to live due to their illness, either through active measures or withholding life-sustaining treatments [6]. While all actions

intended to end someone's life are chosen or decided by the patient, euthanasia refers to providing the means for the patient to do so [7]. The two main factors driving patients to seek a doctor's assistance in ending their lives are pain and depression [8]. Furthermore, depending on the country, the reasons for euthanasia vary, but it is most often allowed in cases of serious and incurable diseases, both physical and psychological, causing unbearable suffering that cannot be relieved [9].

Euthanasia remains a subject of debate concerning its legal aspects and the purpose of the action as part of patient care [10]. The ethical and legal implications of euthanasia remain complex. Legalizing this procedure is considered risky as it may lead to a slippery slope and potential serious abuse [11]. Currently, Belgium, Germany, the Netherlands, and Switzerland permit euthanasia. Canada, Japan, and US states such as Washington, Oregon, Colorado, Vermont, Montana, Washington, DC, and California have legalized assisted dying. Passive euthanasia is legal in several European countries, including Spain, Sweden, the UK, Italy, Hungary, and Norway, but only in specific situations. When a patient is suffering from an incurable disease and chooses not to receive life-prolonging treatments, such as food or fluid replacement, it is known as passive euthanasia [4].

However, not all experts in law, medicine, religion, and morality agree on how to treat those who desire euthanasia to end their suffering. An unresolved question is whether doctors have a legal right to end a patient's life based on their request or the

family's request, citing the intention to end the patient's long-term suffering while avoiding legal consequences. This raises concerns among medical professionals. Undoubtedly, doctors would face moral difficulties in such situations [12]. The researchers refer to the background description to conduct a literature review on the perspectives of euthanasia from the health and legal standpoint. This research aims to understand euthanasia as one aspect of managing or treating terminal conditions.

METHODS

This research constitutes a literature review study utilizing several databases, including ProQuest, Science Direct, SpringerLink, and Google Scholar. The research problem is formulated as follows: "What is the perspective of euthanasia as one aspect of managing or treating terminal conditions?" Articles for this study were selected based on inclusion criteria, including publication within the timeframe of 2018-2023, English language, original research or review articles discussing terminal illnesses. The literature search excluded articles that were not open access. Keywords for this study were

combined using the Boolean operator "AND" to retrieve articles aligned with the research objectives. The keywords employed in this study are Euthanasia AND Terminal Illness AND Therapy AND Perspective AND Health AND Law AND Legal AND Human NOT Animal. The PRISMA analysis was employed to select relevant articles from the identified pool.

RESULTS

The search results across the four databases identified a total of 755 articles relevant to the used keywords. The application of the PRISMA selection process yielded 15 articles, which underwent further scrutiny to address the research objectives. The selected articles were then subjected to detailed analysis and presented in Table 1. The analysis of the chosen articles delves into discussions on euthanasia, assisted suicide, medical assistance in dying, or physician-assisted dying in various countries worldwide, including Italy, Africa, the Netherlands, Belgium, Luxembourg, Turkey, Canada, the United States, and Japan. Each article explores the pros and cons of euthanasia from both health and legal perspectives.

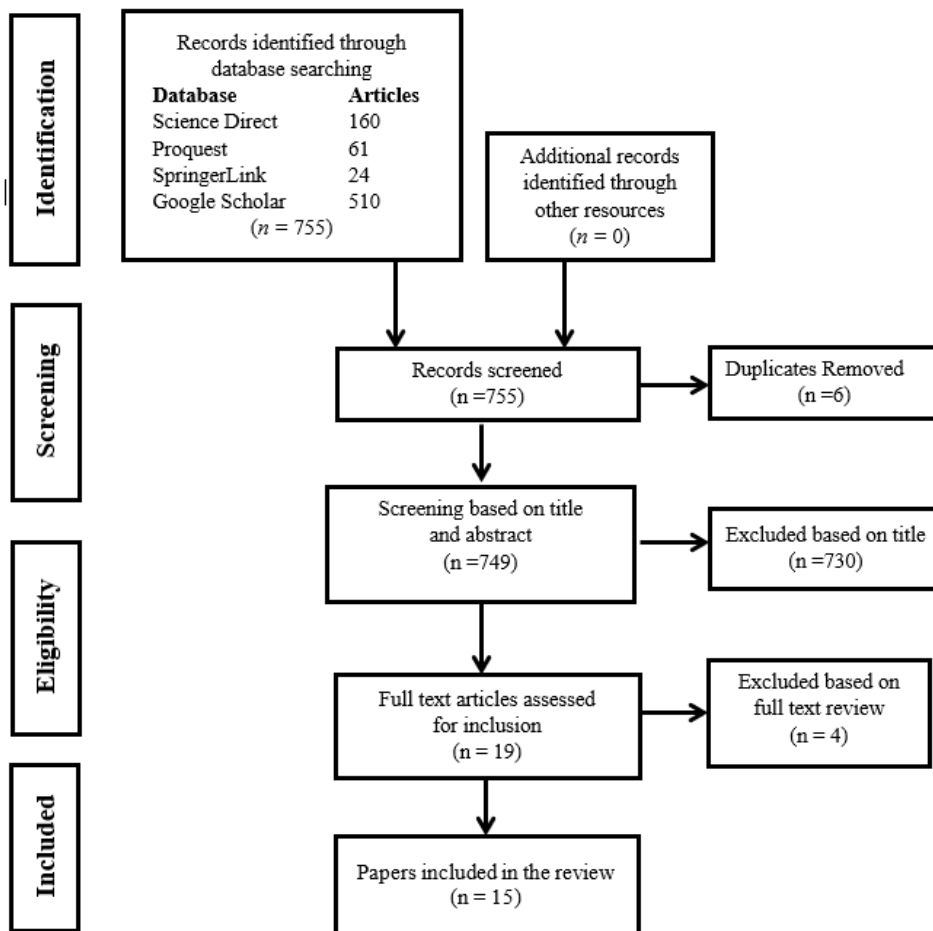


Fig. 1. Prisma Diagram in Article Selection

Table 1
Research Article Analysis

No.	Author (Year)	Country	Pro	Contra	Perspective	
					Healthcare Sector	Legal Sector
1	Montanari Vergallo dan Gulino (2022)	Italia	✓		Cases in Italian and European courts have raised public concerns regarding patient dignity and the conditions for life-sustaining assistance (assisted suicide/AS). These cases raise questions about whether AS is a valid option when treatment refusal is insufficient to meet the patient's wishes.	Interventions are needed to ensure the right to assisted suicide (AS), provided that its conditions are met, and to protect those who provide assistance. This aligns with the evolution of European Court of Human Rights law, which has recently interpreted the right to decide when and how to end one's life while respecting personal life.

2	Amzat et al. (2023)	Afrika	✓	The review results indicate resistance to euthanasia but not to passive euthanasia, which includes the withdrawal of life-sustaining medical care for severely ill patients due to advanced age and incurable diseases. Individual attitudes toward physician-assisted suicide and euthanasia are influenced by factors such as religion, career, and age, and experts consider sociocultural backgrounds and patient clinical conditions.	The most common gap found is the lack of specific care policies, a medical-legal framework, and ethics in implementing detention or cessation of treatment in the reviewed studies.
3	Grassi et al. (2022)	Netherlands, Belgium, Luxemburg	✓	Medical assistance criteria for dying non-terminal (MAID-NT) with mental disorders, neurological disorders, dementia, and existential suffering are more problematic than for patients with advanced or terminal somatic diseases that cannot be cured.	Moral dilemmas arise when balancing professional roles and personal expectations, including the duty to preserve life and prevent suicide. Failure to do so can result in moral and legal errors. A better definition and assessment of unbearable suffering in mental disorders are needed for therapeutic regulation.
4	Avci (2018)	Turki	✓	Palliative sedation as an alternative to euthanasia can be used as a way to end patient suffering. In addition to patients, the families of patients also endure extraordinary pain due to the harsh, aggressive, and prolonged patient	The criminalization of euthanasia raises legal, ethical, and religious issues, hindering its justification.

				care plans.	
5	Jansen et al. (2019)	USA, Canada, Europe	✓	Depressed patients resistant to treatment and advanced age receive top priority, while patients without terminal illnesses may be considered strong candidates for extending PAD. Legal options should not be introduced to patients not suffering from terminal illnesses, assuming appropriate modifications can be made.	If Physician-Assisted Death (PAD) is legal, it should only be available to those with severe illnesses.
6	Baykara et al. (2020)	Turki	✓	Turkish ICU doctors face pressure due to a high ratio of terminal patients and inadequate End of Life policies. Most surveyed respondents support the legalization of Do-Not-Resuscitate (DNR) and Do-Not-Intubate (DNI) orders for severely ill patients but not for non-severe patients.	Turkey lacks specific laws and legal precedents for End-of-Life decisions, causing confusion and potential legal disputes in legal claims. This topic is currently debated among legal experts.
7	Asai et al. (2023)	Jepang	-	-	Discussions should begin as soon as possible by introducing more conservative policies to protect the right to life among those in vulnerable positions while respecting those who wish to die immediately due to unbearable suffering.
8	Schmahl et al. (2021)	Belanda	✓	In this study, a psychiatric patient expressed a desire to die after a full life	In some cases, assisted suicide (EAS) or euthanasia is allowed for those

				due to a lack of hope for recovery from treatment-resistant bipolar I disorder, possibly as a coping mechanism for the difficulties of everyday life or a lack of meaning.	with mental illnesses. Guidelines suggest seeking a second opinion to ensure a diagnosis and rule out independent treatment resistance.
9	Wright dan Shaw (2019)	Kanada	✓	End-Of-Life Care options in Canada are inadequate, and Canadian citizens face barriers in accessing them. Palliative care, hospice, and MAID (medical assistance in dying) should be considered inclusive and accessible.	In June 2016, the Supreme Court of Canada approved Medical Assistance in Dying (MAID), making it a legitimate option for Canadians suffering from incurable diseases.
10	Menz dan Kissane, (2020)	-	✓	The authors state that they do not support assisted suicide or euthanasia as a way to address end-of-life challenges or challenging situations for patients. Regardless of their personal opinions, it is clear that using these methods without properly evaluating the rights of each individual would violate their rights to personal autonomy.	Legal structures designed to preserve autonomy must positively demonstrate an individual's potential to act with unaffected and undisturbed freedom, alongside building adequate decision-making capacity. True autonomy cannot exist without real institutions.
11	Perreault et al. (2019)	Canada	✓	Patients with extended care are reluctant to commit suicide due to the risk of failure and increasing suffering, viewing MAID (Medical Assistance in Dying) as a safe and assured way to end their suffering	In 2016, Canada passed the Medical Assistance in Dying (MAID) Act, regulating this practice nationally. Quebec has two legal documents, the End-of-Life Care Act at the provincial level and the MAID Act at the federal level.
12	Colleran dan Doherty	Belanda, Belgia, dan	✓	Efforts to protect and alleviate	Netherlands, Belgium, and Canada

	(2023)	Kanada			suffering as well as individual autonomy are the main foundations for legalizing EAS	have expanded eligibility for Euthanasia or Assisted Suicide (EAS), focusing on protecting vulnerable groups and ensuring social justice. Current laws prioritize patient-centered care, ensuring fair access to palliative and mental health primary and specialist care for those with incurable and untreatable diseases. Balancing measures and addressing safety concerns are crucial.
13	Calati et al., (2021)	Belanda, Belgia dan Swiss	-	-	The prognosis and efficacy of treatment for mental disorders cannot be predicted, and treatment refusal by patients with an uncertain prognosis, such as treatment-resistant depression, should be considered in pEAS evaluations. Treatment-resistant mood disorders are common, but there is no consensus on their definition.	Protocols for patients with mental disorders requesting Euthanasia or Assisted Suicide (pEAS) should be carefully amended to provide appropriate access criteria and rules for evaluating such requests, as patients with mental disorders requesting pEAS seem similar to "traditional suicide" in many ways.
14	Skidmore and Robinson Kurpius, (2021)	America	✓	-	The increasing average age of individuals in the United States and worldwide has led to an increase in the number of older adults seeking counseling to make end-of-life decisions, including euthanasia. Physician-assisted death is a new and often misunderstood	-

				option. The American Mental Health Counselors Association has developed a code of ethics to guide counselors in exploring euthanasia options	
15	Haeranah et al. (2020)	Indonesia	✓	-	The legal framework in Indonesia still prohibits euthanasia; therefore, euthanasia cannot be carried out formally. Court decisions rejecting euthanasia requests indicate this. Additionally, the legalization of euthanasia activities in Indonesia is hindered by conventions and values.

DISCUSSION

Euthanasia Perspective from the Healthcare Sector

The literature review results indicate an ongoing debate regarding the implementation of euthanasia within the healthcare sector. Proponents argue that euthanasia provides a way for terminal patients to be relieved of their suffering, emphasizing that the patient requests euthanasia and meets the necessary criteria [15], [16], [19], [20], [23], [24]. Supporters of assisted dying advocate for an individual's autonomy to end their life, especially if they experience unbearable symptoms and perceive a poor quality of life.

However, such decisions require adequate information and competence without coercion. In the Netherlands, only about a third of those requesting euthanasia receive assisted death, and doctors may be unclear about alternative treatments or provide insufficient information. Refusing to allow assisted dying is seen as restricting patient autonomy [28]. Terminal or severely ill patients should prioritize quality of life over its prolongation by any means. Euthanasia and assisted suicide may serve as alternatives, but healthcare professionals must be knowledgeable about these issues. While not legalized in many countries, international organizations may provide access to these practices [29].

Proponents of euthanasia prioritize respect for autonomy and individual decision-making, as outlined in the Georgetown Mantra, a biomedical ethics principle. Autonomy is often seen as an "uber" right, imposing duties beyond individual risks and benefits. In its implementation, the informed consent principle must be fulfilled. Healthcare providers must ensure that patients receive complete information about the risks, dangers, benefits, and euthanasia alternatives. This consent must be legally valid, involve adequate palliative care, be legally competent, and voluntary, free from coercion or undue influence [7]. Respecting individual freedom and alleviating suffering are the primary reasons supporting these actions. The most common defense against these practices revolves around personal beliefs and the social function of doctors as healers [30].

Literature review results also show that, despite some countries supporting euthanasia citing patient autonomy as the primary rationale, there are opposing views from a medical bioethics standpoint [14], [22]. This statement is also echoed by Wijaya et al. (2021), asserting that euthanasia contradicts medical ethics, including the Hippocratic Oath, which states that doctors must respect every human life from conception. This includes respecting the existence of a fertilized egg after the meeting of the egg and sperm. The ethical debate on physician-assisted death is highly complex, with opponents arguing that it is inappropriate and wrong. Some consider it unethical due to the Hippocratic Oath's instruction for doctors to "do no harm," while

others believe it may harm patients and erode trust in the patient-doctor relationship. Legalizing physician-assisted death requires medically trained professionals versed in moral reasoning and collaboration with clinical ethicists to understand the value of life [31].

Euthanasia Perspective from the Legal Sector

Literature review findings reveal countries that have regulated and legalized euthanasia practices, including the Netherlands, Belgium, Luxembourg, Canada, and the United States [15], [17], [20], [21], [23], [24]. Before performing euthanasia, doctors must inform patients about their medical condition, life expectancy, alternative treatment options, and the decision to end their life. They must be certain that euthanasia is the only appropriate course, and the patient has no doubts about the decision. A second doctor must evaluate the patient's situation and meet legal requirements. In the Netherlands, euthanasia without consent is not considered euthanasia. After euthanasia, a report must be submitted to the regional euthanasia commission. These legal requirements work in tandem to prevent hasty decisions and consider all options before a final decision is made [32].

However, in Indonesia, there is currently no regulation governing euthanasia practices. Euthanasia actions intersect with Article 344 of the Indonesian Criminal Code, which prohibits active euthanasia, with the serious offense carrying a penalty of up to twelve years in prison. Law Number 39 of 1999

concerning Human Rights does not establish legal standards for euthanasia but states that everyone has the right to live, preserve life, and improve their quality of life. This law also guarantees the right to integrity and personal freedom, including the right to end one's own life. Patients and their representatives can request consent to stop treatment if the patient's disease is incurable [33]. Furthermore, doctors violating Regulation SK 17/KKI/KEP/VIII/2006 on Medical Discipline Enforcement are prohibited from practicing euthanasia due to patient suffering. This violation goes against medical ethics, goals, and criminal law rules, as it contradicts the oath and ethics of medicine [12]. Since euthanasia in Indonesia contradicts existing laws, there is no officially sanctioned euthanasia in the country. Additionally, cultural norms and morals hinder euthanasia practices in Indonesia from becoming legal [27].

CONCLUSION

Euthanasia is viewed as a means for terminal patients who are resistant to treatment to be freed from the suffering caused by their diseases. From a healthcare perspective, euthanasia can be performed if it is purely the conscious choice of the patient without coercion and meets medical criteria. Furthermore, euthanasia can be implemented in regions or countries with regulations or laws governing its practice. With clear guidelines for euthanasia implementation, healthcare professionals or families involved in euthanasia procedures can have legal protection.

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CONFLICT OF INTEREST

All of the authors of this manuscript have no conflict of interest to declare.

REFERENCES

- [1] F. R. Cordeiro, S. Griebeler Oliveira, J. Zeppini Giudice, V. Pellegrini Fernandes, and A. Timm Oliveira, "Definitions for 'palliative care', 'end-of-life' and 'terminally ill' in oncology: a scoping review," *Enfermería Cuid. Humaniz.*, vol. 9, no. 2, pp. 205–228, Oct. 2020, doi: 10.22235/ech.v9i2.2317.
- [2] B. M. Guerrero, "Terminal Illness," in *Encyclopedia of Child Behavior and Development*, Boston, MA: Springer US, 2011, pp. 1475–1478. doi: 10.1007/978-0-387-79061-9_2889.
- [3] I. Oancea, "Eutanasia – Asumarea Absurdă A Libertății," *Rev. Rom. Bioet.*, vol. 5, no. 4, 2007, [Online]. Available: <https://www.proquest.com/scholarly-journals/euthanasia-absurd->

- assumption-freedom/docview/1417745802/se-2
- [4] S. Duxbury, "Assisted dying in the terminally ill: an evaluation of views on euthanasia," *J. Radiother. Pract.*, vol. 18, no. 4, pp. 343–352, Dec. 2019, doi: 10.1017/S1460396919000402.
- [5] B. Varkey, "Defining Euthanasia and the Need to be Circumspect in the Usage of the Term," *Med. Princ. Pract.*, vol. 29, no. 5, pp. 499–500, 2020, doi: 10.1159/000508791.
- [6] D. K. Nehra, P. Kumar, and S. Nehra, "Euthanasia : An Understanding," *Suicide Attitude Prev.*, no. January 2013, 2014.
- [7] E. C. Goligher *et al.*, "Physician-Assisted Suicide and Euthanasia in the ICU," *Crit. Care Med.*, vol. 45, no. 2, pp. 149–155, Feb. 2017, doi: 10.1097/CCM.0000000000001818.
- [8] T. Nayernouri, "Euthanasia, terminal illness and quality of life," *Arch. Iran. Med.*, vol. 14, no. 1, pp. 54–55, 2011, doi: 011141/AIM.0011.
- [9] I. Stokłosa *et al.*, "Analysis of Factors Influencing Polish Students' Opinions on Euthanasia," *Int. J. Environ. Res. Public Health*, vol. 19, no. 9, p. 5019, Apr. 2022, doi: 10.3390/ijerph19095019.
- [10] D. Mendelson and T. S. Jost, "A Comparative Study of the Law of Palliative Care and End-of-Life Treatment," *J. Law, Med. Ethics*, vol. 31, no. 1, pp. 130–143, Jan. 2003, doi: 10.1111/j.1748-720X.2003.tb00063.x.
- [11] P. Lewis, "The Empirical Slippery Slope from Voluntary to Non-Voluntary Euthanasia," *J. Law, Med. Ethics*, vol. 35, no. 1, pp. 197–210, Jan. 2007, doi: 10.1111/j.1748-720X.2007.00124.x.
- [12] H. Wijaya, N. P. Jaya, B. J. Supeno, and A. Natalis, "Legal Liability for Euthanasia Actions in the Perspective of the Medical Code of Ethics in Indonesia," *Med. Leg. Updat.*, vol. 21, no. 2, pp. 619–624, 2021, doi: 10.37506/mlu.v21i2.2751.
- [13] G. Montanari Vergallo and M. Gulino, "End-of-life care and assisted suicide: An update on the Italian situation from the perspective of the European Court of Human Rights," *Ethics, Med. Public Heal.*, vol. 21, p. 100752, 2022, doi: 10.1016/j.jemep.2022.100752.
- [14] J. Amzat, K. K. Kanmodi, A. Ismail, and E. A. Egbedina, "Euthanasia in Africa: A scoping review of empirical evidence," *Heal. Sci. Reports*, vol. 6, no. 5, May 2023, doi: 10.1002/hsr2.1239.
- [15] L. Grassi *et al.*, "Debating Euthanasia and Physician-Assisted Death in People with Psychiatric Disorders," *Curr. Psychiatry Rep.*, vol. 24, no. 6, pp. 325–335, 2022, doi: 10.1007/s11920-022-01339-y.
- [16] E. Avci, "Does palliative sedation produce an ethical resolution to avoid the demand for euthanasia in a Muslim Country?," *Indian J. Palliat. Care*, vol. 24, no. 4, pp. 537–544, 2018, doi: 10.4103/IJPC.IJPC_105_18.
- [17] L. A. Jansen, S. Wall, and F. G. Miller, "Drawing the line on physician-assisted death," *J. Med. Ethics*, vol. 45, no. 3, pp. 190–197, 2019, doi: 10.1136/medethics-2018-105003.
- [18] N. Baykara, T. Utku, V. Alparlan, M. K. Arslantaş, and N. Ersoy, "Factors affecting the attitudes and opinions of

- ICU physicians regarding end-of-life decisions for their patients and themselves: A survey study from Turkey," *PLoS One*, vol. 15, no. 5, pp. 1–20, 2020, doi: 10.1371/journal.pone.0232743.
- [19] A. Asai, T. Okita, Y. Shimakura, M. Tanaka, and M. Fukuyama, "Japan should initiate the discussion on voluntary assisted dying legislation now," *BMC Med. Ethics*, vol. 24, no. 1, pp. 1–11, 2023, doi: 10.1186/s12910-023-00886-0.
- [20] O. Schmahl, R. Oude Voshaar, A. van de Poel-Mustafayeva, and R. Marijnissen, "Request for euthanasia by a psychiatric patient with undetected intellectual disability," *BMJ Case Rep.*, vol. 14, no. 8, pp. 1–5, 2021, doi: 10.1136/bcr-2020-239862.
- [21] A. C. Wright and J. C. Shaw, "The spectrum of end of life care: an argument for access to medical assistance in dying for vulnerable populations," *Med. Heal. Care Philos.*, vol. 22, no. 2, pp. 211–219, 2019, doi: 10.1007/s11019-018-9860-z.
- [22] G. L. Mendz and D. W. Kissane, "Agency, Autonomy and Euthanasia," *J. Law, Med. Ethics*, vol. 48, no. 3, pp. 555–564, 2020, doi: 10.1177/1073110520958881.
- [23] A. Perreault, D. Benrimoh, and A. Fielding, "Euthanasia requests in a Canadian psychiatric outpatient clinic: A case series part 2 of the McGill University euthanasia in psychiatry case series," *Int. J. Law Psychiatry*, vol. 66, no. July, p. 101464, 2019, doi: 10.1016/j.ijlp.2019.101464.
- [24] M. Colleran and A. M. Doherty, "Examining assisted suicide and euthanasia through the lens of healthcare quality," *Irish J. Med. Sci. (1971 -)*, Jun. 2023, doi: 10.1007/s11845-023-03418-2.
- [25] R. Calati *et al.*, "Euthanasia and assisted suicide in psychiatric patients: A systematic review of the literature," *J. Psychiatr. Res.*, vol. 135, no. November 2020, pp. 153–173, 2021, doi: 10.1016/j.jpsychires.2020.12.006.
- [26] S. J. Skidmore and S. E. Robinson Kurpius, "Euthanasia in an Aging America: An Ethical Challenge for Mental Health Counselors," *J. Ment. Heal. Couns.*, vol. 43, no. 2, pp. 125–138, 2021, doi: 10.17744/mehc.43.2.03.
- [27] Haeranah *et al.*, "Health and law: Euthanasia in Indonesian legal perspective," *Enfermería Clínica*, vol. 30, pp. 492–495, Jun. 2020, doi: 10.1016/j.enfcli.2019.10.128.
- [28] D. Oliver, "A perspective on euthanasia," *Br. J. Cancer*, vol. 95, no. 8, pp. 953–954, Oct. 2006, doi: 10.1038/sj.bjc.6603365.
- [29] P. G. T. Cabrera, A. A. Ramírez-Coronel, I. C. Mesa-Cano, and L. C. J. Vásquez, "Perspective on assisted suicide and euthanasia: systematic review," *ociedad Venez. Farmacol.*, vol. 40, no. 6, pp. 581–586, 2021, doi: <https://doi.org/10.5281/zenodo.5557132>.
- [30] A. Gutierrez-Castillo, J. Gutierrez-Castillo, F. Guadarrama-Conzuelo, A. Jimenez-Ruiz, and J. Luis Ruiz-Sandoval, "Euthanasia and physician-assisted suicide: a systematic review of medical students' attitudes in the last 10 years," *J.*

Med. Ethics Hist. Med., Dec. 2020, doi: 10.18502/jmehm.v13i22.4864.

[31] B. McKinnon and M. Orellana-Barrios, "Ethics in physician-assisted dying and euthanasia," *Southwest Respir. Crit. Care Chronicles*, vol. 7, no. 30, pp. 36–42, Jul. 2019, doi: 10.12746/swrccc.v7i30.561.

[32] M. Cohen and J. Hortensius, "A HUMAN RIGHTS APPROACH TO END OF LIFE ? RECENT DEVELOPMENTS AT THE EUROPEAN," 2018. [Online]. Available: [\[A_human_rights_approach_to_end_of_lif
e\]\(#\)](http://www.echr.coe.int/documents/d/echr/COHEN-2018-</p></div><div data-bbox=)

[33] A. Syahroel, "Juridical Analysis of Euthanasia (Right to Death) Based on Article 344 of Indonesian Criminal Code and Law Number 39/1999 Concerning Human Rights," in *Proceedings of the 3rd International Conference on Business Law and Local Wisdom in Tourism (ICBLT 2022)*, no. 39, Paris: Atlantis Press SARL, 2023, pp. 353–361. doi: 10.2991/978-2-494069-93-0_42.