



CalsMUN 2020
Historical Influences



Research Report

Forum: General Assembly 6

Issue: Utilising euthanasia in health care systems

Chairs: Sam de Jong and Friso van Raalte



Personal Introduction

Sam de Jong

Dear delegate, my name is Sam. I'm 16 years old and I live in Apeldoorn. I'm currently in my final year of the Gymnasium Apeldoorn, after which I will go to the University College in The Hague. One day I want to become an officer of justice for the Dutch 'Openbaar Ministerie' or join the United Nations. For now, MUN is what keeps me busy. In my school, I'm the head of the delegation. We organize meetings and workshops and we go to conferences together. One day we hope to host our own conference. I have done about 5 MUN's as a delegate, and this is my third time chairing a commission. MUN for me is the highlight of my school career. I love the social aspect of it, meeting people from all over the world. It introduces you to interesting places and people. Also, I feel like MUN gives the youth a change to speak up and think about realistic solutions for real-life problems. I love seeing students come up with creative ideas, as a chair it is so much fun to guide them through that process. Another great thing about MUN is the whole side of fun and games, like the gossip box! Anyway, I am very much looking forward to the conference. You can e-mail me with any questions or ask them at the conference. Especially for first timers it might be a little hard to keep up, but we will do our bests to keep everyone active within debate. Lastly, I urge you to come well prepared. Knowing a little more about the issue adds so much to the experience of the conference. Good luck everyone, we will see you at CalsMUN 2020!



Friso van Raalte

Dear delegates,
I am Friso, 15 years old and I'm from Haarlem. I go to the Stedelijk Gymnasium Haarlem and I'll be in my final year next year. After that I want to study law and probably work as an attorney or something in that area. Besides politics and law, I am very interested in music. I have been participating in MUN conferences for over 4 years now starting as an admin on our very own HMUN conference. I know have done 10 conferences as a delegate and I am in the secretariat of HMUN. As Deputy Secretary-General of Development of HMUN I keep myself busy with building an HMUN app, making our conference more sustainable and I help with organizing some trips for our own delegation. Although I have experience as a delegate, this is my first time chairing. I am really looking forward to this opportunity to be on the other side of the debate. The reason I waited 10 conferences before applying as chair is that I simply haven't been able to make time for this. I have been really busy with HMUN and I absolutely loved being a delegate. The thing I love most about MUN is getting to meet new people. I have made a lot of friends during my MUN career from all around the world. One of the highlights of my MUN career is becoming DSGD at HMUN. It is really an honor to be fulfilling this position at such a great conference. This is the first time they introduced my position as a secretariat position which made it very much fun, because I have a lot of freedom in my positions, I don't have concrete tasks and I can mold this position into a position that completely suits me. MUN really has helped me in my personal life as well. I used to have trouble speaking in public and was a very shy person, but MUN has really given me a confidence boost regarding speaking in public.



I am really looking forward to meeting all of you at the CALSMUN conference and I wish you good luck with your research!



Introduction to the topic

'Euthanasia' is the term for a medical procedure where a sick patient dies without suffering. This is mostly done by injecting a lethal substance into the patient's veins or by taking a pill. The method is used to help ill patients with an incurable disease die without having to hurt.

Many people question how ethically responsible euthanasia is. Only a few nations have legalised this method, but most other nations refer to it as immoral and wrong. There are also some nations where the procedure is illegal, with an exception when a patient is in a vegetative state. In most nations, however, euthanasia is illegal.

Mankind has quite some problems with euthanasia. Firstly, if the procedure is legalized, people with incurable diseases would be disposed and neglected from our society. We would not give them a chance to live, even when there might be possible treatments available (in the future), such as palliative care.

Another argument against euthanasia is that we give doctors the task to purposely end someone's life, which is unethical. Their job, originally designed to save lives, would then include killing people. Also, legalising voluntary euthanasia could also lead to non-voluntary euthanasia. We hand the lives of ill people in the hands of doctors, who would then be able to decide whether someone's life is worth living. In the Netherlands, for example, the legislation of 'voluntary' euthanasia has led to a thousand instances in which the method was applied without request of the patient since 1990.

There are arguments in favour of the utilisation of euthanasia. Firstly, patients that have no outlook on a cure, but are constantly suffering, would be saved from this useless pain. These patients could die peacefully, without having to bear too much pain, instead of living with a lot of pain.

Also, when the procedure is legalized, governments will have the ability to control the use of it from within the government. It can be safely regulated if legislated.



Introduction to the Committee

The United Nations have a total of 7 General Assemblies, 1 through 7. Each one has their own speciality, but as the name suggest, they consider rather general issues. To be eligible to join the real GA's, you'll need a high school diploma, be 18 years or older and have language proficiency in English and/or possibly other languages. Another thing the UN requires is work experience, for GA1 no experience is required. However, GA2 requires 2 years of working experience, GA3 requires 3, etc. GA6 requires 6 years of experience and is therefore a more advanced committee.

The General Assemblies together are rather powerful within the UN. They have various tasks, like considering the other councils reports, assigning delegates, making recommendations on international peace operations and setting standards for laws within member-states. To put all the separate knowledge of each committee together, the GA's are joining each other in a plenary session.

At MUN, the GA's are with their own committee most of the conference. Like other committees, they use this time to write their resolution and try to pass at least one resolution per agenda-topic. The thing that makes GA's different is their plenary session. At the end of the conference, all the assemblies come together to discuss all the resolutions. Only if a resolution passes through plenary, it can be applied. The discussion in plenary is a lot less detailed and long, because there are some serious time restraints. No amendments will be allowed, just some points of information. A resolution passes when the bigger part of the house votes in favour.

GA6 is the Legal committee. They're specifically set up to make law standards. It is a rather advanced committee, since it requires delegates to have at least 6 years of experience. Within MUN it is a lot less pressurized, but still, we require dedication from our delegates.

You will be asked to solve issues surrounding the euthanasia discussion, as well as the discussion of freedom of speech and the justified limits. If a resolution passes, it will have to be defended in the plenary session too, usually by the main submitter.



Definition of Key Terms

Active/Passive euthanasia

Active Euthanasia is when the patient is killed by a lethal substance. Passive Euthanasia is when the doctors stop trying to save the patient and let them die.

Assisted Suicide

Suicide with help from an assistant. This could be a doctor prescribing lethal drugs, but also a friend or family member (in which case it will officially be seen as murder).

Euthanasia

The process of a patient getting put down by a doctor by injecting a lethal substance or a taking a pill.

Palliative care

A method in which a doctor or nurse tries to soothe the pain of a patient without having to take their lives.

Patient

Sick person who is being treated in a medical institution. In this report we specifically use the term for those who are, due to physical diseases, in (nearly) unbearable pain.

Vegetative state

When the patient only breathes and keeps their eyes open. They aren't able to speak or process information. Some countries see this as an exception on their euthanasia ban.

Right to die

As we have the right to life, we do not have the right to die under international law. This is a simplifying term for unrightfully using euthanasia to take someone's life.

Voluntary/Non-Voluntary euthanasia

Whether the patient has requested to undergo euthanasia.



General Overview

Nowadays, there are a few countries that have legalised Euthanasia. In the United States only the state of Oregon and Washington have legalised assisted suicide, but euthanasia is still illegal.

In the Netherlands, assisted suicide and euthanasia are both legal since 2001. After a long debate of around 30 years, the government finally came to the solution of legalising it. During the past 40 years, rules and procedures of euthanasia have changed a lot, mostly in order to be able to control and develop it. Despite Belgium initially being against euthanasia, they legalised it in 2002. They saw how well the law was regulated in the Netherlands and they perfected it. 7 years later, in 2009, Luxembourg legalised euthanasia and assisted suicide as well.

The exceptional matter is Switzerland. Assisted suicide is not legal, but because of a loophole decriminalising suicide, it is tolerated. Euthanasia, however, is illegal. So, the conclusion is that the patient may be assisted with putting themselves down, but the assistant can't have selfish motives or personal gain.

That being said, a lot has happened over the last years. A lot of criteria set, laws made and adjusted. Most of them were set in order to make sure euthanasia or assisted suicide is available for those who need it, but is also controllable, to prevent non-voluntary euthanasia.



Major Parties Involved

Organisations

VELS (Voluntary Euthanasia Legislation Society)

Founded in 1935, this organisation, founded by C. Killick Millard stands for legalising euthanasia.

Countries

The Netherlands

Since 2001, active Euthanasia has been legalised in the Netherlands. After 30 years of debate they finally came to the conclusion that there should be a law that includes legality of euthanasia and assisted suicide. They also try to have control over non-voluntary Euthanasia. By this, other nations followed their path, such as Belgium and Luxembourg. Nowadays, if a person is over 70 years old, they can request euthanasia. Denying euthanasia as an option is seen as a form of discrimination against people with illnesses, since they are forced to suffer.

Switzerland

Having a complex system, Switzerland is one of the major parties. They have no law promoting assisted suicide, but with help from a loophole in the Swiss law, which decriminalises suicide, it is practically legal. Euthanasia, however, is illegal.

United States

The law system in the USA is very complicated. There are some national laws that apply for every state, but there are also state laws that only apply for the state that set them. An international law has been set in the United States, which forbids euthanasia. Although all states were against Physician-Assisted suicide as well, there are now 8 states that legalise it: Oregon, Washington, Vermont, California, New Mexico, Montana, Hawaii and Maine.

Others

There are some other countries that legalise Euthanasia and a lot that don't. I have stated the most important in both cases. Try to look into which other countries legalise euthanasia and/or assisted suicide when doing research, in order to find allies for a resolution.



Timeline of Key Events

Date	Description of Event
1828	First US law against assisted suicide.
1870	Samuel Williams using morphine for euthanasia.
1915	Dr. Haiselden lets deformed baby die instead of giving him surgery.
1935	VELS (Voluntary Euthanasia Legislation Society) founded.
1937	Voluntary Euthanasia Act introduced in US senate.
1940s	Nazi's use involuntary euthanasia.
1967	First living will was written. (document that declares what life-sustaining medical interventions a person wants if she becomes terminally ill with little or no hope of recovery and is unable to communicate her wishes.)
1973	Debate concerning Euthanasia in the Netherlands starts, because of the "Postma Case". A physician helped his mother put herself down when repeatedly requested. After the physician was convicted, the court set criteria for when a doctor wouldn't have to keep a patient alive if the patient didn't want to.
1991	Choice in dying formed.
2001	Netherlands legalise Euthanasia.
June 7, 2016	Physician-Assisted suicide becomes legal in Canada.
June 12, 2019	Maine becomes 8 th state in the USA to legalise Physician-Assisted suicide.



Possible Solutions

Solutions have to be formed into a resolution, which will be debated by the committee, and if passed, at the General-Assembly plenary session. For instructions on how to write a resolution, please refer to the research report on the first topic of the GA6.

For specific solutions on this topic, you can look into the laws made by those countries that have legalised euthanasia. The discussion will be mostly on euthanasia and not assisted suicide, however, if you wish to mention assisted suicide in your resolution you can.

The big question is: do we legalise it? And in which cases?

Therefore, ask yourself how your countries wish to see it happen. Do they want very strict limitations? Try to describe them in much detail. Think about things like minimum age, no cure for the patient's disease, family's opinion. Also, patients that cannot speak anymore, how will they express their request? What about young children that have no outlook on a long, nor a happy life?

There is an option of completely illegalizing euthanasia, however that would result in a resolution consisting of 1 or 2 OC's. If your country is against euthanasia completely, try to make the limitations so strict that in reality, no one will be allowed to do it, but your country seems willing to adapt.

Another option is to legalize euthanasia without limits, or with very broad limits. If this is your countries' preference, refer to Dutch law. Try to see what the countries that have legalised the procedure have done about it. How do you control it, or do you not want to control it? How can you protect your citizens from involuntary euthanasia?

Good luck with your resolutions! If you have any questions or need something from us, do not hesitate to e-mail us. Frisovanraalte@me.com or s.amdejong@outlook.com.



Bibliography and Further Reading

Rijksoverheid, Netherlands Euthanasia law:

<https://www.rijksoverheid.nl/onderwerpen/levenseinde-en-euthanasie/euthanasie>

Adf International, “right to die”:

<https://adflegal.blob.core.windows.net/international-content/docs/default-source/default-document-library/resources/campaign-resources/europe/euthanasia/euthanasia-factsheet.pdf?sfvrsn=2>

Indian journal of medical research, introduction info:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3612319/>

Pumbed, General overview:

<https://www.ncbi.nlm.nih.gov/m/pubmed/8074593/?i=2&from=/7944057/related>

EUPHA:

<https://academic.oup.com/eurpub/article/16/6/663/587667>

Euthanasia timeline:

<https://euthanasia.procon.org/view.timeline.php?timelineID=000022>