

**FORUM:** World Health Organization

**QUESTION OF:** The question of legalizing worldwide euthanasia and assisted suicide as legal medical practices.

**MAIN SUBMITTER:** Brazil

**CO-SUBMITTERS:** Switzerland, Mexico, Netherlands, United States of America

*The World Health Organization,*

*Recalling* the A/HRC/27/NGO/29 resolution of 26 August 2014, which accused euthanasia and assisted suicide of violating the right of life,

*Observing* that most member states do not approve of any form of euthanasia or assisted suicide,

*Convinced* that discussing the legalization of worldwide euthanasia and assisted suicide as a legal medical practice is essential for the modernization of medicine,

*Re-emphasizing* that there has been a yearly 15% increase in deaths by euthanasia and assisted suicide since 2008,

*Acknowledging* that euthanasia is not only a human right but is also beneficial for the economy, people in greater need, and lastly the worldwide population,

*Reminding* all member states to keep in mind the vitality of a measured response in order to keep this issue controlled and ethical,

1. Urges all member states that have decriminalized suicide to consider legalizing assisted suicide for non-altruistic reasons as a valid form of death;
2. Affirms involuntary and non-voluntary euthanasia a violation of Article 3 of the Universal Declaration of Human Rights;
3. Strongly Urges countries who allow euthanasia and assisted suicide to increase and add an age restriction corresponding to the country-specific legal age of adulthood;
4. Urges all nations to think of better alternatives to euthanasia and assisted suicide, such as, but not limited to:
  - a. Establish funds for medical research on
    - i. palliative care and other long term medical aid during times of need,

- b. Raise awareness about alternatives to euthanasia and assisted suicide through educating the public's point of view,
  - c. Increase the supply of palliative and psychological care units;
- 5. Recommends that in cases of patients unable to communicate or express their opinion in comatose or conscious paralytic states, they will be treated first;
- 6. Urges all delegations to consider the following states of the patient that may desire the use of euthanasia:
  - a. The patient must be in unbearable pain, suffering or low quality of life,
  - b. Must be terminally ill and expected to die within 6 months,
  - c. Must be mentally competent, fully informed about his or her diagnosis, prognosis, risks and alternatives,
  - d. The doctor must consult with at least another independent doctor who has seen the patient,
  - e. There must be a 15 day waiting period between the patient making the request and the doctor writing the prescription,
  - f. All information must be written down in medical records
  - g. The patient can go back at any time
  - h. If at any time during the 15 day waiting period the doctor finds the patient incompetent
  - i. If all these requirements are met the doctor can hand over the fatal dose of the needed medicine,
- 7. Further urges all delegations to consider the following requirements for the patient desiring the use of assisted suicide:
  - a. Points a, b and c from clause 6 have to be followed,
  - b. The doctor will not end the patient's life but instead, give him or her the means to end his or her own life;
- 8. Encourages the creation of an International Committee for the Merciful Termination of Life and Assisted Suicide (ICMTLAS), which will:
  - a. Be divided into national committees formed by:
    - i. An odd number of members and at least:
      - 1. 1 lawyer,
      - 2. 1 doctor,
      - 3. 1 expert in ethical issues,
      - 4. Substitute members for each of the ones stated before,
    - ii. Members from different ethnicities and religions to ensure an impartial verdict,

- b. Analyze and determine whether the requirements for the application of euthanasia or assisted suicide are met,
  - c. Assess the doctor's implication in the medical process and treatment of the patient,
  - d. Give its final verdict about the procedure, which would be legally binding if any judicial actions were to be made,
  - e. Have a department whose function would only be to answer the phone and provide information related to euthanasia and assisted suicide to anyone interested;
9. Stresses the need for informative sessions in places such as schools or workplaces, which would:
- a. Raise awareness on the topic to inform of what euthanasia is and why it is applied,
  - b. Give guidelines about the behaviour towards individuals that want to end their life and how to provide psychological aid to affected family members throughout the process,
  - c. Provide the phone number of the International Committee for the Merciful Termination of Life and Assisted Suicide (ICMTLAS) of the country, for the use of:
    - i. Receiving more information related to euthanasia and assisted suicide,
    - ii. Reporting any irregularity in the medical process stated above,
    - iii. Asking and being fully informed about their rights, so they can contemplate the possibility of asking for a merciful death;
10. Suggests the creation of a mental support program for both patients and their families to:
- a. Make sure, by talking with the patient and understanding their reasons, that a merciful death is the best possible medical treatment for him,
  - b. Help patients in handling their feelings or their fears towards the medical process they are facing,
  - c. Guide the families and make them understand how the patient feels and how they should treat them;
11. Deplores for the control of drugs such as pentobarbital for euthanasia, making unaccessible to be purchased over the counter unless having a prescription from a doctor.