

## **EUTHANASIA: ETHICAL, LEGAL, AND SOCIETAL PERSPECTIVES**

**Ifeanyi A. Chukwudebelu**

Department of Religion and Human Relations,  
Chukwuemeka Odumegwu Ojukwu University, Igbariam  
chukwudebeluifeanyia88@gmail.com, +2347062861261,  
(ORCID ID: 0009-0001-3724-5429)

&

**Dr Wilson Ejiofor Anowia**

Humanities Unit (SGS) & Department of Religion and Cultural Studies,  
University of Nigeria, Nsukka.  
wilson.anowia@unn.edu.ng.

&

**Nganwuchu Geoffrey Chiazor, PhD**

Department of Religion and Cultural studies  
University of Nigeria Nsukka  
geoffrey.nganwuchu@unn.edu.ng, 08033103468

&

**Ven. Dr. Geoffrey Chidebem Molokwu**

Institute of Theology, Paul University Awka.  
Geoffrey.molokwu@pauluniversity.edu.ng, +2348033272903

&

**Daniel O. Chukwudebelu**

Department of Theology and Religious Studies,  
On the Niger University, Umuaya  
danielchukwudebelu7@gmail.com, +2347045076027

### **Abstract**

This study aims to comprehensively analyze the ethical, legal, and societal dimensions surrounding euthanasia, filling a critical gap in understanding the complexities of end-of-life care. The focus lies on elucidating the historical context, ethical underpinnings, legal frameworks, and societal considerations pertinent to euthanasia debates. Through a qualitative methodology integrating anthropological, historical, cultural, and social approaches, the research aims to provide a vivid exploration of diverse perspectives and experiences related to euthanasia. By synthesizing primary sources such as direct observations and verbal interactions with secondary sources comprising academic literature and online resources, this study aims to offer a nuanced understanding of euthanasia's multifaceted nature. The gap filled by this research lies in its comprehensive approach to navigating the intricate ethical dilemmas and legal complexities surrounding euthanasia, thereby contributing to informed discourse and policymaking in the sensitive domain of end-of-life care.

**Keyword:** Euthanasia, Ethics, Legal frameworks, Societal considerations, End-of-life care, Autonomy.

### **Introduction**

The ongoing discourse surrounding euthanasia reflects a dynamic interplay of factors influenced by medical progress, shifting societal values, and ongoing debates within the realms of bioethics and healthcare policy (Fontalis et al, 2018). This evolving landscape necessitates critical reflections on essential themes such as compassion, dignity, and the delicate balance

between upholding individual autonomy while also safeguarding against potential abuses or unforeseen consequences associated with euthanasia.

As medical technologies advance and populations globally continue to age, the prominence of discussions regarding euthanasia is expected to grow (Mroz et al, 2020). Euthanasia, being a multifaceted issue, delves into core aspects of human existence, ethical considerations, legal intricacies, and the broader implications within healthcare systems (Banović et al, 2017). Hence, understanding the historical context of euthanasia, its ethical underpinnings, in-depth legal frameworks, and societal impacts is paramount for informed discourse and effective policymaking within the sensitive domain of medical ethics and end-of-life care (Picón-Jaimes et al, 2022).

This work emphasizes the necessity for societies to engage in thoughtful and respectful dialogues that encompass diverse viewpoints. Central to these discussions are principles such as compassion, dignity, and informed decision-making, which must guide any discourse or policy formulation related to euthanasia. Neglecting these critical aspects could lead to outcomes that may not align with the best interests of human society, highlighting the importance of a well-informed and comprehensive approach to understanding and addressing euthanasia-related issues.

To achieve this understanding, a comprehensive data collection strategy is essential. This strategy incorporates a blend of primary and secondary sources. Primary sources encompass direct observations and verbal interactions, providing firsthand insights into various perspectives and experiences related to euthanasia. Meanwhile, secondary sources comprise a diverse array of published and unpublished materials, including academic journals, textbooks, online resources, articles, and library materials. This multifaceted approach ensures a robust foundation for exploring the complexities of euthanasia, encompassing ethical considerations, legal dimensions, and broader societal implications in a thorough and informed manner. Utilizing a qualitative methodology, the research integrates anthropological, historical, cultural and social, approach to analyze the gathered data. This multifaceted approach will enable an in-depth analysis of the

### **Euthanasia: An Overview**

Euthanasia, derived from the Greek roots "*eu*" (good) and "*thanatos*" (death), originally signifies a 'good death.' However, in contemporary discourse, it encompasses both the manner of death and the desired outcome (Childress, 2001, p. 270). The concept revolves around providing a humane and dignified end to individuals facing unbearable suffering or terminal illnesses.

Euthanasia, also known as mercy killing, involves painlessly ending the life of someone suffering from a painful and incurable disease or disabling physical condition. It may include withholding treatments or withdrawing artificial life support to allow a natural death (Margaret, 1998). This intentional act is aimed at alleviating prolonged suffering and ensuring a peaceful passing for the patient, particularly in cases where death is inevitable and imminent.

Historically, the advocacy for legalizing euthanasia dates back to early 20th-century in United States. Henry Hunt's legislative proposal in the Ohio General Assembly in 1906, supported by Anna Sophina Hall, marked a significant milestone in the euthanasia movement. Hall, motivated by her mother's agonizing battle with liver cancer, spearheaded efforts to spare

others from similar suffering. Through extensive advocacy, including letter campaigns and public debates, Hall and her allies like Lurana Sheldon and Maud Ballington Booth brought attention to the ethical and moral dimensions of euthanasia (Appel & Jacob, 2004).

Euthanasia is a topic that continues to provoke deep discussions and debates worldwide due to its multifaceted nature. One of the key dimensions of these discussions is ethics. Ethical considerations in euthanasia debates often revolve around fundamental principles such as autonomy, beneficence, non-maleficence, and justice (Grove et al., 2022).

Autonomy refers to an individual's right to make decisions about their own life and body. In the context of euthanasia, autonomy highlights the importance of respecting a person's choice if they wish to end their life due to unbearable suffering or terminal illness. However, balancing autonomy with other ethical principles like beneficence (doing good) and non-maleficence (avoiding harm) raises complex ethical dilemmas. While respecting autonomy may be seen as fulfilling a person's wishes, concerns about potential harm or the unintended consequences of legalizing euthanasia also come into play (Akdeniz, 2021).

Beneficence and non-maleficence emphasize the obligation of healthcare professionals to act in the best interests of their patients while avoiding harm. In the context of euthanasia, proponents argue that ending unbearable suffering can be considered a form of beneficence. However, opponents raise concerns about the potential misuse or abuse of euthanasia, as well as the ethical implications for healthcare providers who may face conflicting duties (Varkey, 2021).

Justice is another ethical principle that is central to discussions about euthanasia. Questions of justice arise concerning equal access to end-of-life care options, the potential for discrimination or coercion in euthanasia decisions, and broader societal implications. For example, some argue that legalizing euthanasia could lead to inequalities in access to healthcare, particularly for vulnerable or marginalized groups (Fontalis et al, 2018).

Furthermore, legal frameworks surrounding euthanasia vary significantly across different countries and regions. Some jurisdictions have enacted laws that permit certain forms of euthanasia or assisted dying under strict regulations, such as requiring multiple medical assessments and ensuring patient consent. In contrast, other countries maintain strict prohibitions on euthanasia, viewing it as incompatible with medical ethics or religious beliefs (Pereira, 2011).

These diverse perspectives and considerations contribute to the ongoing complexity and controversy surrounding euthanasia. Debates continue to evolve as societies grapple with the ethical, legal, religious, and societal implications of end-of-life care decisions and the rights of individuals facing terminal illnesses or unbearable suffering (Math & Chaturvedi, 2012).

### **Classification of Euthanasia**

Euthanasia is commonly classified into three types, each with distinct ethical and legal considerations:

1. **Voluntary Euthanasia:** Voluntary euthanasia is carried out with the explicit consent of the patient. It involves ending a person's life at their request to alleviate their suffering ([www2.health.vic.gov.au](http://www2.health.vic.gov.au)). This type of euthanasia is legal in many parts of the world and is based on the premise of the "right to die." Supporters argue that individuals with

terminal illnesses or in unbearable pain should have the autonomy to end their own lives, opt for assisted suicide, or refuse life-prolonging treatment (Calabrò, 2016).

2. **Non-voluntary Euthanasia:** Non-voluntary euthanasia occurs when the individual's consent is unavailable, such as in cases of persistent vegetative state or with young children. While not widely accepted, proponents argue that under certain conditions, non-voluntary euthanasia should be considered. Biggs and Hazel (2001) elaborate on situations where non-voluntary euthanasia might be acceptable, such as when the decision aligns with the incapacitated individual's hypothetical wishes or reflects what the decision-maker would want if in the patient's place. Additionally, it may be made by a doctor based on their own ethical reasoning (Biggs & Hazel, 2001, p. 51).
3. **Involuntary Euthanasia:** Involuntary euthanasia occurs against the will of the patient. Jackson and Jennifer (2006) define it as euthanasia performed on a person who could provide informed consent but does not do so either because they do not wish to die or because they were not consulted (Jackson & Jennifer, 2006, p. 137). Involuntary euthanasia is highly controversial and generally considered unethical and illegal in most jurisdictions due to the violation of patient autonomy and rights.

These classifications highlight the nuanced ethical and legal considerations surrounding end-of-life decisions and the complex moral dilemmas faced in navigating the boundaries of patient autonomy, suffering relief, and healthcare provider responsibilities.

### **Variant Forms of Euthanasia**

Euthanasia can also be categorized into two variant forms, active euthanasia and passive euthanasia, each involving distinct methods and ethical considerations:

1. **Active Euthanasia:** Active euthanasia involves the direct administration of lethal substances or actions to end the life of a patient. This can include administering a lethal injection or medication with the explicit intent of causing death. Active euthanasia is often referred to as "aggressive" euthanasia due to the active role taken in ending the patient's life (Goligher et al., 2019).
2. **Passive Euthanasia:** Passive euthanasia, on the other hand, involves the deliberate withholding or withdrawal of life-sustaining treatments or interventions that are necessary for the patient's survival. This can include decisions to withhold artificial life support such as ventilators, oxygen, feeding tubes, or medications that sustain life (Goligher et al., 2019). Passive euthanasia is characterized by the intentional act of allowing a patient to die naturally without actively causing their death.

However, both forms of euthanasia raise complex ethical and legal questions. Active euthanasia is often more controversial due to the direct involvement in causing death, while passive euthanasia involves decisions about the continuation or cessation of life-sustaining treatments. These distinctions highlight the intricate moral dilemmas and considerations faced in end-of-life care and decision-making processes (Akdeniz et al, 2021).

### **Arguments on Euthanasia: A Comprehensive Analysis**

The debate surrounding euthanasia is multifaceted, drawing arguments from various perspectives including ethical, religious, and societal considerations. Here, we explore key arguments both in support of and against euthanasia, as well as the controversial concept of state-sponsored euthanasia.

1. **Support of Euthanasia:** Advocates of euthanasia argue for the right of individuals to make autonomous choices about their lives, including the decision to end their suffering

through euthanasia. They emphasize the importance of preserving human dignity and relieving unbearable pain and distress ([www2.health.vic.gov.au](http://www2.health.vic.gov.au)). Supporters contend that euthanasia can spare patients and their families from prolonged suffering and grief, allowing individuals to die with dignity (Calabrò, 2016). However, proponents like Wren (1988) emphasize the necessity of voluntary euthanasia, cautioning against the ethical concerns of involuntary euthanasia.

2. **Against Euthanasia:** Critics of euthanasia often cite moral and religious objections, viewing it as morally unacceptable and akin to murder. Many faiths, including Christianity, consider euthanasia a violation of the sanctity of life and divine order, as outlined in religious doctrines and ethical principles (Lambeth Conference, 1998; Dupuis, 2004). The arguments against euthanasia emphasize the potential erosion of societal respect for life and the ethical imperative to protect vulnerable individuals from harm.
3. **State-Sponsored Euthanasia:** A controversial perspective on euthanasia is the notion of state-sponsored euthanasia, where the state asserts the authority to enforce euthanasia, even involuntarily. This concept has historical precedents, notably seen in the Nazi German regime's "Nazi Euthanasia Program." Proponents of state-sponsored euthanasia argue for the state's right to make decisions about life and death in the interest of societal well-being, including the elimination of individuals deemed unfit or burdensome (Genocide under the Nazis Timeline, 2011). However, this viewpoint is highly contentious and raises profound ethical and human rights concerns regarding state power and individual autonomy.

The ongoing discourse on euthanasia reflects deep-seated ethical, moral, and philosophical dilemmas about the value of life, individual rights, and societal responsibilities. These arguments highlight the complex nature of euthanasia debates and the imperative for thoughtful consideration of ethical principles, legal frameworks, and societal implications in addressing end-of-life care and decision-making (Fontalis et al, 2018).

### **Societal Considerations in the Debate on Euthanasia**

The discussion around euthanasia extends beyond individual rights to broader societal considerations. It raises questions about the role of healthcare professionals, the importance of palliative care and pain management, and the need for clear ethical guidelines and legal frameworks to navigate end-of-life decisions responsibly.

In many societies, including the United States and various European countries, there are ongoing debates and legislative initiatives regarding euthanasia and physician-assisted dying (PAD). Physician-assisted dying involves a physician providing the means or information for a patient to end their own life, in contrast to euthanasia where the physician directly administers the intervention.

Religious and cultural beliefs also play a significant role in shaping attitudes towards euthanasia. For example, in predominantly Christian societies, beliefs about the sanctity of life and the divine authority over life and death often influence opposition to euthanasia. Conversely, secular perspectives may prioritize individual autonomy and quality of life considerations.

### **Ethical Concerns and Societal Implications of Legalizing Euthanasia**

The comparison of euthanasia to 'Social Darwinism' by many ethicists highlights a deep concern regarding the potential consequences and ethical implications of legalizing euthanasia (Abakare, 2021). 'Social Darwinism' historically represented a rejection of the intrinsic value and dignity of human life, advocating for ideologies that could undermine traditional moral and ethical frameworks (Williams, 2000).

Thus, ethicists caution against a slippery slope scenario, where the practice of euthanasia begins with individuals who are terminally ill and suffering immensely but could gradually extend to include other vulnerable groups (Benatar, 2011 & Fontalis, 2018). This concern stems from historical precedents, such as the Nazi regime's misuse of euthanasia to justify the killings of disabled individuals, as noted by Zoech (2003). This misuse exemplifies how what starts as a seemingly compassionate measure can deviate into practices that compromise the sanctity and protection of human life.

The suspicion surrounding euthanasia's scope is rooted in the fear that once a society accepts the notion of intentionally ending life to alleviate suffering, it may blur the lines regarding who qualifies for such actions. This raises profound questions about where to draw the line ethically and legally, especially concerning individuals who may not be terminally ill but could face pressure or coercion towards euthanasia due to various societal factors (Fontalis, 2018).

In essence, the association with 'Social Darwinism' underscores the importance of approaching the euthanasia debate with caution, thoughtful consideration of potential consequences, and robust ethical frameworks to safeguard against unintended harm or exploitation of vulnerable populations. Collaborating this viewpoint, Zoech (2003) observed that:

the killing of the disabled infant whose name was Gerhard Kretschmar, born blind, with missing limbs, subject to convulsions, and reportedly "an idiot"—provided the rationale for a secret Nazi decree that led to 'mercy killings' of almost 300,000 mentally and physically handicapped people. While Kretschmar's killing received parental consent, most of the 5,000 to 8,000 children killed afterwards were forcibly taken from their parents. (P.84)

Therefore, it is very important to protect even at the moment of death, the dignity of the human person, against a technological attitude (euthanasia) that may threatened to later become an abuse in the future if legalized.

### **Ethical Considerations and Safeguards in Euthanasia Decision-Making**

Moreover, Euthanasia can be ethically considered under certain conditions, primarily focusing on the individual's autonomy, medical condition, and safeguards to prevent abuse or coercion (Banović, 2017). For instance, Math & Chaturvedi (2012) observed that euthanasia could be deemed fair if the person meets specific criteria, such as being of lawful age, mentally competent, and suffering from a fatal injury, an irrevocable illness, or severe physical pain.

Therefore, to ensure ethical practice, several stringent measures are proposed. These include the involvement of medical professionals, such as physicians, who must assess the case thoroughly. This assessment should involve multiple physicians agreeing that the patient's recovery is impossible, considering the severe terminal nature of the health condition. The involvement of several witnesses during the informed consent process further adds transparency and safeguards against potential misuse (Varkey, 2021) (Odia, & George, 2015).

It is also essential to highlight the unpredictability of medical outcomes, where patients may sometimes recover against all odds, possibly due to initial misdiagnosis or unexpected medical advancements. This underscores the need for a careful and thorough evaluation before considering euthanasia as an option, emphasizing the gravity of such decisions and the importance of medical expertise and ethical considerations (Fontalis, 2018).

Hence, adequate measures aim to balance the principles of patient autonomy and the protection of vulnerable individuals must be in place, acknowledging the complexities involved in all form of end-of-life care and the ethical dilemmas surrounding euthanasia in particular. Such criteria and safeguards aim to ensure that euthanasia, if ever legalized, is carried out responsibly and with utmost respect for human life and dignity.

### **Ethical Considerations and Human Dignity in Euthanasia**

Life, as Neuner (2004) argues, holds inherent value irrespective of pleasure or suffering, challenging the notion that pain alone justifies ending life through euthanasia. This view emphasizes that suffering and pain, while significant, do not diminish life's inherent worth. The pleas for death from individuals facing grave illness are often complex and not necessarily indicative of a genuine desire for euthanasia. Neuner suggests that such pleas are more likely expressions of profound anguish, seeking not only relief from physical suffering but also emotional and spiritual support. This underscores the crucial role of love, warmth, and compassionate care in the holistic treatment of individuals facing serious health challenges (Babaei & Taleghani, 2019).

This view extends beyond mere medical care, emphasizing the importance of human connection and support from family, caregivers, and healthcare professionals. Hence, the concept of the "right to die" is reframed not as a license for self-inflicted death or assisted suicide but as the right to a peaceful and dignified death surrounded by care and compassion (Russell, 2016).

This perspective underscores the ethical imperative to provide comprehensive and compassionate care that respects human dignity, autonomy, and the holistic well-being of individuals facing terminal illnesses or severe suffering.

### **Conclusion**

In conclusion, the discourse on euthanasia encapsulates a myriad of ethical, legal, and societal considerations, reflecting the intricate tapestry of human values and beliefs surrounding end-of-life care. As explored in this comprehensive analysis, euthanasia invokes fundamental questions about compassion, autonomy, dignity, and the sanctity of life, challenging societies to navigate complex moral dilemmas and legal frameworks.

From its historical roots to contemporary debates, euthanasia remains a deeply nuanced and contentious issue, with advocates and critics grappling with divergent perspectives and values. The classifications and variant forms of euthanasia underscore the intricate ethical and legal landscapes that characterize end-of-life decision-making, highlighting the importance of clear guidelines and safeguards to protect vulnerable individuals and uphold principles of justice and autonomy.

Moreover, societal considerations broaden the discourse, prompting reflections on the role of healthcare professionals, the significance of palliative care, and the impact of cultural and

religious beliefs on attitudes towards euthanasia. Ethical concerns surrounding the potential consequences of legalizing euthanasia, including the risk of abuse and exploitation, underscore the imperative for cautious deliberation and robust safeguards to protect human dignity and rights.

Ultimately, the ethical imperative to uphold human dignity and ensure compassionate care lies at the heart of discussions on euthanasia. This argument regarding the inherent value of life and the importance of holistic support and compassion resonates deeply, emphasizing the need for comprehensive approaches to end-of-life care that prioritize the well-being and dignity of individuals facing terminal illnesses or unbearable suffering.

In navigating the complexities of euthanasia, societies must engage in thoughtful and respectful dialogues, informed by diverse perspectives and grounded in ethical principles and legal frameworks. By upholding principles of compassion, autonomy, and dignity, while also safeguarding against potential harms, societies can strive towards a more just and compassionate approach to end-of-life care that respects the inherent worth and dignity of every individual.

## References

- Abakare, C. O. (2021). Legal, social and ethical issues in euthanasia. *Jurnal Predestination: Journal of Society and Culture*, 1(2), 229.
- Akdeniz, M., Yardımcı, B., & Kavukcu, E. (2021). Ethical considerations at the end-of-life care. *SAGE open medicine*, 9, 20503121211000918. <https://doi.org/10.1177/20503121211000918>
- Akdeniz, M., Yardımcı, B., & Kavukcu, E. (2021). Ethical considerations at the end-of-life care. *SAGE open medicine*, 9, 20503121211000918. <https://doi.org/10.1177/20503121211000918>
- Appel, J. (2004). *A Duty to Kill? A Duty to Die? Rethinking the Euthanasia Controversy of 1906*. *Bulletin of the History of Medicine*, 78(3), 610–634. <https://doi.org/10.1353/bhm.2004.0106>
- Babaei, S., & Taleghani, F. (2019). Compassionate Care Challenges and Barriers in Clinical Nurses: A Qualitative Study. *Iranian journal of nursing and midwifery research*, 24(3), 213–219. [https://doi.org/10.4103/ijnmr.IJNMR\\_100\\_18](https://doi.org/10.4103/ijnmr.IJNMR_100_18)
- Banović, B., Turanjanin, V., & Miloradović, A. (2017). An Ethical Review of Euthanasia and Physician-assisted Suicide. *Iranian journal of public health*, 46(2), 173–179.
- Benatar D. (2011). A legal right to die: responding to slippery slope and abuse arguments. *Current oncology (Toronto, Ont.)*, 18(5), 206–207. <https://doi.org/10.3747/co.v18i5.923>
- Biggs, H. (2001). *Euthanasia: Death with Dignity and the Law*. *Hart Publishing*. ISBN 1-84113-091-5.
- Calabrò, R. S., Naro, A., De Luca, R., Russo, M., Caccamo, L., Manuli, A., ... Bramanti, P. (2016). *The Right to Die in Chronic Disorders of Consciousness: Can We Avoid the Slippery Slope Argument? Innovations in Clinical Neuroscience*, 13(11–12), 12–24. PMC 5300707. PMID 28210521.
- Childress (2001). *Christian Ethics, medicine, and genetics: in the Cambridge Companion to Christian Ethics*, pp. 270. *Cambridge University Press*.
- Dupuis, J., & Neuner, S. (2004). *The Christian Faith in the Doctrinal Documents of the Catholic Church*. *Theological Publications: India*.



- Fontalis, A., Prousalis, E., & Kulkarni, K. (2018). Euthanasia and assisted dying: what is the current position and what are the key arguments informing the debate?. *Journal of the Royal Society of Medicine*, *111*(11), 407–413. <https://doi.org/10.1177/0141076818803452>
- Genocide under the Nazis Timeline (1939). BBC. Archived from the original on 5 August 2011. Accessed 23 July 2011.
- Jackson, J. (2006). *Ethics in medicine. Polity*.
- Margaret (1998). *Lambeth Takes Stand Against Euthanasia*. ACNS: London.
- Materstvedt, L. J., Clark, D., Ellershaw, J., Førde, R., Boeck Gravgaard, A.-M., Müller-Busch, C., ... Rapin, C.-H. (2003). *Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force. Palliative Medicine*, *17*(2), 97–101.
- Materstvedt, Lars Johan; Clark, David; Ellershaw, John; Førde, Reidun; Boeck Gravgaard, Anne-Marie; Müller-Busch, Christof; Porta i Sales, Josep; Rapin, Charles-Henri (2003). *Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force. Palliative Medicine*. **17** (2): 97–101.
- Math, S. B., & Chaturvedi, S. K. (2012). Euthanasia: right to life vs right to die. *The Indian journal of medical research*, *136*(6), 899–902.
- Mroz, S., Dierickx, S., Deliens, L., Cohen, J., & Chambaere, K. (2020). Assisted dying around the world: a status quaestionis. *Annals Of Palliative Medicine*, *10*(3), 3540-3553. [doi:10.21037/apm-20-637](https://doi.org/10.21037/apm-20-637)
- Odia, O. J., & George, A. R. (2015). *Law and Ethics of Medical Practice in Nigeria (Second Edition)*. Port Harcourt: University of Port Harcourt Press.
- Pereira J. (2011). Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls. *Current oncology (Toronto, Ont.)*, *18*(2), e38–e45. <https://doi.org/10.3747/co.v18i2.883>
- Picón-Jaimes, Y. A., Lozada-Martinez, I. D., Orozco-Chinome, J. E., Montaña-Gómez, L. M., Bolaño-Romero, M. P., Moscote-Salazar, L. R., Janjua, T., & Rahman, S. (2022). Euthanasia and assisted suicide: An in-depth review of relevant historical aspects. *Annals of medicine and surgery (2012)*, *75*, 103380. <https://doi.org/10.1016/j.amsu.2022.103380>
- Russell, S. J. F. (2016). Advance care planning and living with dying: the views of hospice patients. *Doctoral dissertation*, University of Hertfordshire.
- Varkey B. (2021). Principles of Clinical Ethics and Their Application to Practice. *Medical principles and practice : international journal of the Kuwait University, Health Science Centre*, *30*(1), 17–28. <https://doi.org/10.1159/000509119>
- Williams, R. (2000). Social Darwinism. In *J. Offer (Ed.), Herbert Spencer: Critical Assessment* (pp. 186–199). London; New York: Routledge. ISBN 9780415181846.
- Wreen, M. (1988). The Definition of *Euthanasia*. *Philosophy and Phenomenological Research*, *48*(4), 637–653. <https://doi.org/10.2307/2108012>
- Zoech (2003). Named: the baby boy who was Nazis' first euthanasia victim. *Telegraph.co.uk*.