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KNŻ Position Paper on Euthanasia: Upholding Dignity, Compassion and Autonomy

The Malta National Youth Council (KNŻ) acknowledges the growing societal, medical, and ethical discussions surrounding the introduction of voluntary assisted euthanasia in Malta. While euthanasia remains a deeply complex and emotive subject, KNŻ supports the principle of legalising voluntary euthanasia under strict and compassionate safeguards. Our focus lies not in promoting death, but in upholding the dignity, autonomy, and humanity of individuals suffering from terminal illnesses.

1. Human Dignity Must Be Central

Our point of departure is the inalienable dignity of every human being. Individuals suffering through unrelievable pain, debilitating deterioration, or terminal illness deserve a choice that respects their autonomy. Euthanasia, when safeguarded by rigorous procedures and informed consent, can be a means of enabling that choice with dignity. This perspective is not about encouraging death, but recognising that, for some, the quality of life has eroded to a point where extending life becomes an act of cruelty.

2. An Informed, Voluntary, and Patient-Led Process

We strongly affirm that any legal framework for euthanasia must ensure that patients are:

1. Fully informed about all medical, palliative, and psychological support options available.
2. Making the decision voluntarily, free from coercion or pressure.
3. Assessed to have the mental capacity to make such a decision (though we question the necessity of a psychiatrist being the only authorised professional to do so).

Doctors must never propose euthanasia as an unprompted option. However, they must not obscure the choice either. Informed consent is meaningful only if the patient is aware of all the available options, including the right to die with dignity.

3. The Luxembourg Precedent

Luxembourg is one of only a few European nations to have legalised euthanasia. Their framework emphasises individual choice, professional responsibility, and respect for life, all

tenets which KNŻ views as commendable. Luxembourg's 2009 law ensures that euthanasia is tightly regulated and applies only to patients experiencing constant, unbearable suffering from an incurable condition.

Importantly, Luxembourg also mandates that doctors who object to euthanasia must refer the patient to another professional. We agree with this model, where the conscience of a practitioner is valid, but it should never act as a barrier to a patient's access to legal and compassionate care. This affirms individual belief while safeguarding patient autonomy.[1]

4. A Compassionate Safeguard, Not a Slippery Slope

Opponents often cite the 'slippery slope' argument, fearing that legalisation leads to abuse or societal devaluation of the vulnerable. However, international evidence, including from Luxembourg, shows that with the right safeguards, this has not occurred. Instead, legalisation has brought relief, transparency, and dignity.

What must be prioritised is the agency of the person concerned. Patients should not have to suffer needlessly when medical science and ethical clarity can offer them a peaceful and chosen end.

The council argues that the slippery slope objection to euthanasia is both logically and empirically flawed. This view is corroborated by Shariff, who explains that a shift from voluntary to involuntary euthanasia is not logically inevitable when autonomy and informed consent are upheld. She further notes that empirical claims of inevitable expansion are often asserted without adequate evidence. According to Shariff, safeguards such as oversight bodies and eligibility assessments which are both present in the consultation document can prevent misuse, and the slippery slope remains an inadequate analytical tool that oversimplifies complex ethical and social realities.[2]

5. Towards a Holistic Ethical Approach

[1] Bibliothèque du Congrès. (2008, 2 March). *Luxembourg: Right-to-die with dignity*. Global Legal Monitor. Retrieved from https://www.loc.gov/item/global-legal-monitor/2008-03-02/luxembourg-right-to-die-with-dignity/

[2] Shariff, M. J. (2012). Assisted death and the slippery slope: Finding clarity amid advocacy, convergence, and complexity. *Current Oncology, 19*(6), e385–e392. https://doi.org/10.3747/co.19.1095.

KNŻ does not believe euthanasia is the solution for all suffering. But it should be part of a spectrum of compassionate care, which includes:

1. Strong investment in palliative and hospice services.
2. Mental health support for patients and families.
3. Medical ethics training for healthcare professionals.
4. The Board must keep track of all details to ensure that the process can be reviewed periodically.

6. Contextual Concerns in the Maltese Proposal

KNŻ has reviewed the current public consultation document and raises the following concerns:

1. **Age limitation –** Limiting euthanasia access to those over 18 and residents for over 12 months is arbitrary and unnecessarily restrictive, especially for individuals with progressive conditions. With regards to the age limit, the Council notes that people under the age of 18 can already make autonomous choices (such as choices relating to consent, alcoholic beverages, the right to vote ect). Therefore, we believe that persons aged 16 and upwards, provided they are given healthcare suited to their needs, are able to make a voluntary choice.

2. **Assessment of Mental Capacity** – The Council notes that mental capacity is routinely assessed by general medical practitioners. Requiring a psychiatrist may delay urgent cases unnecessarily and excludes other qualified professionals.

   Mental capacity is typically assessed by general practitioners rather than psychiatrists in euthanasia systems.[3] These assessments are treated as part of routine clinical care, despite their subjectivity. In jurisdictions such as the Netherlands, psychiatric referrals occur in only 4–5% of medical assistance in dying cases, showing that psychiatric involvement is rare.[4] Requiring a psychiatrist in every case may cause harmful delays for terminally ill patients and unnecessarily exclude other qualified professionals.[5]

[3] McDougall, R., Pratt, B., & Sellars, M. (2023). Ethical diversity and practical uncertainty: A qualitative interview study of clinicians' experiences in the implementation period prior to voluntary assisted dying becoming available in their hospital in Victoria, Australia. *Journal of Bioethical Inquiry, 20*(1), 71–88. https://doi.org/10.1007/s11673-022-10224-5; Sheehan, K. A., Gaind, K., & Downar, J. (2017). Medical assistance in dying: Special issues for patients with mental illness. *Current Opinion in Psychiatry, 30*(1), 26–30. https://doi.org/10.1097/YCO.0000000000000298.
[4] Sheehan (n 3).
[5] Mc Dougall (n 3).

3. **Temporal Limitation** – Limiting eligibility to those with a life expectancy of six months or less is problematic. Prognostication is never certain, it shifts according to the circumstances of the patient, and it is a very heavy burden for a medical practitioner to guarantee a life expectancy of six months.[6]

The Council believes that rather than attaching a temporal limitation to the criteria proposed in the document, there should be a quality of life assessment.[7]Despite it being a subjective assessment, it continues to shift the discussion onto the dignity of the patient, which in the Council's opinion should take priority.

For example, in 2016 Canadian law first adopted a 'reasonably foreseeable' temporal limitation i.e. the patient's death must be reasonably foreseeable. This was repealed in 2021 and nowadays the focus is on the capability of the patient in comparison to the individual's prior capability and the subjective suffering of the patient.[8] A shift toward qualitative, patient-centered assessments better reflects the complexity of decisions relating to voluntary euthanasia.

4. **Method** – Whilst the document is a consultation stage, the Council wants more clarity as to the method that will be used at the end of the euthanasia process. The document only mentions that the patient must perform the final procedure. This shrouds the process with unnecessary insecurities and speculation.

We believe Malta can become a regional example of compassionate medical ethics, balancing patient rights with professional integrity.

[6] Treleaven, L., Komesaroff, P., La Brooy, C., Olver, I., Kerridge, I., & Philip, J. (2023). A review of the utility of prognostic tools in predicting 6-month mortality in cancer patients, conducted in the context of voluntary assisted dying. *Internal Medicine Journal, 53*(12), 2180–2197. https://doi.org/10.1111/imj.16081

[7] White, B., Close, E., Willmott, L., Del Villar, K., Downie, J., Cameron, J. K., Hewitt, J., Meehan, R., & Greaves, L. L. (2021). Comparative and critical analysis of key eligibility criteria for voluntary assisted dying under five legal frameworks. University of New South Wales Law Journal, 44(1), 183–221. https://doi.org/10.53637/juwl9208.

[8] ibid.

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Conclusion

As a national youth body, KNŻ calls for a rational, rights-based, and youth-informed conversation on euthanasia. We support legislation that respects autonomy, protects vulnerable groups, and ensures dignified endings. Malta's future must be rooted in empathy, dignity, and scientific integrity, not in fear.

We look forward to seeing the necessary amendments to the proposal to better reflect a just, compassionate, and inclusive healthcare system that values the humanity of each individual until the very end.