

“MERCY KILLING” IN COMPARATIVE LEGISLATION²

Abstract

The issue of euthanasia is regulated in a different way in each country and legislation. However, the last word has not been spoken, and this is the message of extensive arguments and grave concern. The theme is large in scale, as is the dimension of a human being and the world itself. Difficult and strong, too. As the author points out, behind each question related to euthanasia lies a preceding question of the actual need for its legalization. The author adds: here it is good to hear a different opinion, shed some light on the problem from another perspective and offer new solutions to complex, but important dilemmas which arise in relation to the subject matter.

Keywords: *‘mercy killing’, ordinary or privileged, the motive of the executor or the request of the victim, legalization.*

1. Introduction

It is obvious that contemporary criminal law in various countries shows considerable oscillations in regulating the issue of mercy killing. In other words, the international scene today witnesses a grave division in relation to the issue of this type of the “right to life”. Even a glance at various criminal laws reveals that some of the adopted provisions are diverse and mutually contradictory while some are conceptually similar, even identical. Starting from this, we will further explore the issues that cause considerable dilemma with a note that with such an approach we have attempted to get closer, as much as possible, to the principal goal of this thematic field - to analyze the adopted legal solutions in various countries with all their differences in order to find the most acceptable forms of regulating this type of human action, that is to present a comparative overview as a starting point for better understanding and

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comprehension of this complex problem in order to receive interesting and applicable solutions that may be used for further research.

For the purpose of our research of comparative law on euthanasia, first, we have to acknowledge that, although in almost all legislations murder is the most serious crime, there are certain life circumstances which may, to a certain extent, mitigate the heinous nature of this act and criminal responsibility of the perpetrator, which makes such killing a privileged and less punishable act. As already pointed out, these are specific subjective and objective circumstances of various importance that affect the character and degree of harmfulness of a certain act and its criminal qualification. Following this brief lesson applied to a concrete case, we will start discussing the exceptional circumstances which point to the need of an exception that is the privileged treatment of this criminal act. However, a comprehensive overview of the issue of punishment of euthanasia cannot be made without mentioning some other stands and solutions related to this issue. Thus, the legislative concepts in a number of countries treat this kind of ending of a human being's life as an ordinary murder, while the legislation in some other countries reflects the need to treat this criminal act in a privileged way. Moreover, in some countries euthanasia is legalized, that is the criminal liability for this act is excluded.

Research into alternative solutions aimed at finding the adequate normative regulation of this kind of ending a person's life starts with the elaboration of the first case – euthanasia as an act from the catalogue of lighter or privileged murder crimes.

What are these exceptional, privileged circumstances which constitute the bases of this act that is which specific circumstances point to the criminal and political justification of such a privileged treatment of murder crime? Is there a need to emphasize (again) that these quite exceptional circumstances essentially mitigate the intensity of the crime and its social harmfulness, due to which it cannot be compared with an ordinary murder?

As a response, one fact above all others, appears as an inevitable conclusion: a large number of contemporary legislators (for example, majority of criminal codes in continental Europe, most of US states ...) foresee punishment for euthanasia executors, but during sentencing take into account the executor's motive and the request of the victim to be killed. Thus, this motive and the request appear here as circumstances which decisively shape this criminal act towards a lighter incrimination. For example, the Commission for legal reform in Canada proposed in 1984 that active euthanasia should not be legalized, but suggested that obligatory conviction for this murder crime should be cancelled empowering judges to take into account the motive of the executor and the consent of the victim as mitigating

circumstances.³ To be more precise: murder at the request or appeal, or today more popular terms: mercy killing, euthanasia or assisted suicide has been present for a long time in criminal laws of certain countries⁴ which, in one way or another regulate various forms of privileged homicides surrounded by described circumstances which justify their privileged treatment.⁵ Just to illustrate: German and Swiss criminal codes take into account the motive of the executor as a privileged element in a sense that this motive reflects the character and profile of the perpetrator, that is that it essentially and decisively depicts the executor's character and personality. Honorable motives belong to a group of already mentioned mitigated circumstances. In this scope, the motive of mercifulness is considered to be one of the honorable motives. In the light of the presented fact, German and Swiss legislations regulate „homicide upon request” by a separate provision; Germany incriminates „killing at the request of the victim” by paragraph 216 in the following way: if someone commits a murder at the explicit and earnest request of the person killed, shall be punished with the imprisonment between six months and 5 years. An attempt shall be punishable”. In the same spirit, Article 113 of Swiss criminal code punishes the euthanasia executors: „If someone kills a person at his serious and persistent request shall be punished with five-year imprisonment”. As in the previous case, judges have discretionary power to impose a lighter sentence based on the motive involved.⁶

The Criminal code of Denmark follows the similar path, taking into account the explicit request of the victim as the mitigating circumstance leading to a lighter sentence of three year imprisonment. In Italy (Article 579), homicide with „the victim's personal consent” is punishable with the imprisonment between six and fifteen years.⁷

Moreover, there is also an approach that, given the fact that this criminal act is qualified by special mitigating circumstances, acknowledges that besides already mentioned alleviating circumstances, there are some others which have not been included in the existing incriminations of privileged homicide and which need to be treated as mitigating due to humane and equitable reasons. Thus, some legislation includes a wider scope of incriminations under the name – homicide in especially mitigating circumstances (for ex. criminal codes of Serbia, Slovenia, Sweden...)⁸

³ V. Klajn-Tatić, “Allowing and forbidding euthanasia based on the type of execution”, in: *Contemporary legal problems in medicine* (eds. M. Draškić *et al*), Belgrade, 1996, 141.

⁴ For ex. Criminal Code of Croatia, Criminal Code of FRY Macedonia, Criminal Code of Italy, Norway, Austria, Germany.

⁵ M. Babić, “Pravo na život i privilegovana ubistva”, *Pravni život* 9/1997, 85.

⁶ V. Klajn-Tatić, 142.

⁷ *Ibid*, 142-143.

⁸ M. Babić, I. Marković, *Krivično pravo Posebni deo*, Banja Luka 2005, 35.

Contrary to these examples, French criminal code does not foresee a lighter sentence for mercy killing. This criminal act manifests two legal elements of crime: taking the life of a human being and the intent to cause a death. Therefore, when determining the level of criminal liability and type of punishment, the victim's consent and merciful motive, which cannot be objectively assessed, are not taken into account. However, it is interesting fact that the court practice in these countries noted a few cases of direct deviation from this standard approach when courts passed decisions exonerating medical doctors from criminal liability, setting them free from any guilt.

In order to demonstrate the relative nature of the legal treatment of euthanasia, we will discuss the corresponding laws of China, Australia, some US states, Columbia, Netherlands and Belgium which legalized assisted homicide, while some other countries of Western Europe (Germany, Great Britain, Denmark) also witness an increasing number of cases in which euthanasia executors are punished with lighter sentences. For the purpose of illustration, some of these laws will be discussed here.

2. The Netherlands

Euthanasia was forbidden in the Netherlands until 1973. That particular year a doctor was arrested for killing her seriously ill mother with morphine. She was taken to court which suspended her medical licence and sentenced her to one week in prison and one year of suspended sentence.

In 1984, Royal Dutch Medical Association published the Guidelines of conduct for euthanasia. Following these guidelines, a doctor needs to inform the patient on his medical condition, consult with his close relatives (unless the patient objects), consult at least one other doctor, keep the records of the history of the disease, and in case the patient is a child, seeks a consent of the parents or the legal guardian.

In 1985 the court refused to pronounce a young girl suffering from multiple sclerosis a dying patient. Her disease was really incurable; however, there was not a single reason why she should not live (on the contrary, in another recent case, a woman who was completely physically healthy but suffered from a serious case of depression was euthanized at her request).

Until the 1980's, there was a practice that babies born with a grave handicap, such as Down syndrome, *spina bifida*, (a birth defect of the spine), etc, were euthanized.

Three sisters from Amsterdam assisted in the homicide of a few comatose patients without obtaining their consent. They were found guilty, but not for mercy killing, but for not consulting with the doctor.

In 1990 Dutch doctors helped 11 800 patients to end their lives, which makes 9% of the total number of deaths in this country. Half of

this number were the cases marked as “active involuntary euthanasia”, which means that the patient was killed without a consent.

In 1993 Dutch Parliament included the court decisions on legal provisions.⁹ Thus, in 1993 the Netherlands legalized the practice of euthanasia by the decision passed by its parliament.

3. Great Britain

The concern that this country may follow the Netherlands in increasing practice of euthanasia reached its climax in May 1998 when one of the members of Parliament, that is of the House of Lords, and a renowned British surgeon, stated that there was an evidence that in the Netherlands “the current practice of euthanasia got out of control” and that in Great Britain the proponents of the “right to die” often look on the Netherlands as a role model where a doctor may assist a dying patient with voluntary euthanasia excluding the possibility of potential abuse of this practice. However, he further pointed out that the system which regulated this matter in the Netherlands did not work well and that there was a possibility that Great Britain would be treading on the dangerous ground should it decide to change the law and adopt the same practice as the Netherlands.

The church leaders also expressed their concern in relation to the growing number of cases of voluntary euthanasia in Great Britain. There was fear that courts would pass civil law and that the Parliament could adopt it allowing doctors to assist in mercy killing of mentally disabled patients.

The campaign for the legalization of euthanasia was supported by Voluntary Euthanasia Society under the condition that the types of doctor’s treatment of dying patients are precisely defined. On this occasion, the above mentioned member of Parliament expressed his concern stating:” How can we be sure that what is today happening in the Netherlands will not happen to us one day?” who wondered whether to introduce the institute of “living wills “ that would explicitly define the kind of treatment a person wants in case he becomes seriously ill.¹⁰

On the other side, British doctors refuse proposals for euthanasia: *Edinburg (CWN)* - 3. VII 1997 Doctors from Great Britain refused the proposition from their colleagues to seek the change of the law allowing euthanasia and assisted suicide. The members of British Medical

⁹ B. D. Onwuteaka-Philipsen, M. T. Muller, G. Wal, J. T. M. Eijk, M. W. Ribbe, “Active Voluntary Euthanasia or Physician-Assisted Suicide?”, *Journal of the American Geriatrics Society*, Vol. 45, 10/1997, 1208-1213.

¹⁰ E. Jackson, J. Keown, *Debating Euthanasia*, Hart Publishing, Oxford-Portland 2012, 37
39. T.E. Quill, “Legal regulation of physician-assisted death –the latest report cards”, *The New England Journal of Medicine*, 356(19)/2007, 1911.

Association voted against this proposal after a long debate. Only about 20 doctors wanted the change of the law”. “The rest of us view the problem from the right angle; we save lives, we do not invite death. We do not want to do anything that would betray the trust in our principal, vital function”, said the representative of MBA, Sandy Macara.

4. Columbia

The nation terrorized by crimes connected to drugs and violent guerrilla groups are now facing a new threat to life – euthanasia which was confirmed as a legal action by Columbian Supreme Court. “The decision of the Court came as lighting out of blue sky”, said a Chief of the Center for research and popular education.

“To me, it does not make sense. It is black humour that a nation with the highest rate of murder crimes approves such a thing.”

With six for and three against votes, Columbian Supreme Court passed on May 20, 1994, a decision that “no person shall be held criminally liable for taking the life of a dying patient expressing a clear consent for this act!” According to *Washington Post*, the Court defined as seriously ill or dying patients those suffering from cancer, AIDS, kidney and liver failures”. The Court refused to authorize euthanasia for patients suffering from degenerative diseases, such as Alzheimer, Parkinson and Lou Gehrig. Columbia was the first state in which euthanasia was legalized by the decision of Supreme Court.¹¹

5. Australia

The similar situation is in Australia which regulates this matter according to the Law on the rights of incurable patients (came into effect on June 1st, 1996).¹² Just for the record, before passing this Law a special brochure was published with detailed description how to execute painless death. The brochure was handed out with the telephone number of a service provider whom you could contact for free advice. That is, the contact telephone ran a two-minute recorded message informing the callers that they may leave

¹¹ J. M. Mendoza-Villa, L. A. Herrera-Morales, “Reflections on euthanasia in Colombia”, *Colombian Journal of Anesthesiology*, 44(4)/2016, 324-329.

¹² South Australia Voluntary Euthanasia Society (SAVES). This Law was prepared by the Parliamentary Council according to the instructions of Hon. Anne Levy and MLC and presented to the Legislative Council (The Upper House of South Australia Parliament) on November 8, 1996. It is interesting to note that this Law was cancelled before the election on 11. X 1997. <https://theconversation.com/right-time-to-die-why-rational-suicide-should-be-legalised-13208>, last visited 10.10. 2017.

their phone numbers and addresses in order to receive additional brochures related to new law. „If you are incurably ill and this causes intolerable pain or suffering and if medical treatment of keeping you alive is a no longer acceptable solution, you may ask from your doctor to assist you in ending your life” – a paragraph from the brochure. There is also a set of questions and answers which mark the conditions that a patient needs to fulfil.

The patient must be over 18. Two doctors, one of them being a specialist, must confirm the diagnosis of an incurable disease, while a psychiatrist issues a certificate that the patient is not suffering from curable clinical depression. “You have to take into account possible effects of your decision on your family members”, is written in the brochure. “Your doctor will apply the treatment with the minimum pain involved rendering a dignified and peaceful death. Family and friends may be present”.¹³

Just one year later, in 1997, the Federal Government of Australia terminated assisted suicide which was legalized in the northern territory of this country.¹⁴

6. Japan

For the purpose of clarifying the essence of the problem that surrounds euthanasia, and for its final reframing, it is significant to note the principles formulated by the Supreme Court of Japan in 1963 setting the right example to be followed by other countries worldwide.

This Court defined the principles in the form of directives - recommendations which contained general criteria, that is minimum conditions for making a difference between punishable murder offence and euthanasia, regardless it is a passive or active one, voluntary or involuntary. The Court believed that the following six conditions must be met in order to make euthanasia legal: 1) the victim must be suffering from a disease that cannot be cured by modern medicine, 2) the victim must be suffering from intolerable pain noticeable to an ordinary observer, 3) the goal of the doctor must be to relieve the pain, 4) the victim must

¹³ D. Petrović, “Krivičnopravni aspekt eutanazije”, *Pravo i medicina (dodirne tačke sporna pitanja)* (ed. Đ. Lazin), Beograd 1997, 29-30.

¹⁴ The termination of this Law was preceded by a heated discussion on euthanasia related to the case of ending life of Lizet Nego, an Australian woman, retired university employee of good physical and mental health, who, at the beginning of her 90s wanted to die „before things get worse”. She was the follower of the ideas of doctor Philip Nitschke, so called „the angel of death”, the founder of pro-euthanasia group propagating „the right to dignified death”. She attended one of his „farewell workshops” – preparatory sessions for voluntary departure to another world („exit workshop”). „The angel of death” even announced that he was starting the production of plastic suicide bags which will help the patients „to end their lives quickly, easily and painlessly”. <https://theconversation.com/why-australia-hesitates-to-legalise-euthanasia-47867>, last visited 18.08.2017.

be of clear mind and has to express an earnest request for a mercy killing, 5) whenever possible, the substances used for inducing death must be administered by a doctor, 6) finally, the method used for inducing death must be morally acceptable.¹⁵

7. The United States of America

The criminal legislation of most of US states treats assisted suicide as a crime¹⁶: Arizona, Arkansas, California, Connecticut, Colorado, Florida, Georgia, Hawaii, Illinois,¹⁷ Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Dakota, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Washington, Wisconsin.

Nine US states through common law foresee that mercy killing is a criminal offence: Alabama, Idaho, Maryland, Massachusetts, Michigan, Nevada, South Carolina, Vermont, and West Virginia.

Three US States apply only common law and have no laws which foresee that assisted suicide is a criminal offence: North Carolina, Utah and Wyoming.

Since 1992, several draft versions of the laws on the legalization of the increasing practice of assisted suicide, or euthanasia, has marked the beginning of the actual process of their legalization in Alaska, Arizona, Colorado, New Hampshire, New Mexico, Oregon, Rhode Island, Michigan Nebraska and Washington. Two of these states, Oregon and Washington, have already passed the laws officially legalizing „the right to dignified death. Moreover, in Montana, a district court judge has recently ruled that „mentally healthy

¹⁵ In Japan, Yokohama District Court established in March of 1995 that euthanasia is legal for dying patients who could not resort to alternative treatments and who clearly state that they want to end their life. However, a survey that was conducted among doctors shows that most of them still against euthanasia, as reported by *France Press*.

¹⁶ In the United States, as in many other developed countries, human life span has extended, so, for example, people in the United States today live 25 years longer than their ancestors. This extension is predominantly the result of advancement of medical and technical sciences. But longer life does not mean a better life. According to some unofficial, but reliable estimates, some 11 000 patients are currently in comatose or vegetative conditions. I. Keilitz, J. Bilzor, T. Hafemeister, V. Brown, D. Dudyshyn, “Decisionmaking in authorizing and withholding life sustaining medical treatment: from Quinlan to Cruzan”, *Mental and Physical Disability Law Reporter*, vol. 13, no. 5/1989, 482-493. Scientific achievements enabling the extension of human life span in almost all US states are welcome, but they do not give an answer to the question: Do we really need this? This question changes the meaning of life preserving, and life extension - while it should be quenched according to God’s will – the arguments from : “quality of life” to “right to die”. N. Finkel, M. Hurabiell, K. Hughes, “Right to Die, Euthanasia, and Community Sentiment: Crossing the Public/Private Boundary”, *Law and Human Behavior*, Vol. 17, 5/1993, 487-506.

¹⁷ J. Sanders, “None Dare Call it Murder”, *The Journal of Criminal Law, Criminology and Police Science* 3/1969, 351-359.

person who is incurably ill has the right to a dignified death”.

Although from various reasons, it cannot be expected that such an approach of legal regulation of euthanasia will become a dominant model in all American states; the solutions that have been offered so far will certainly have a positive impact on their adoption in other states. In order to demonstrate their relevance in legal practice related to euthanasia, it is interesting to note that in a number of cases court decisions directly opposed the existing legal stands - these decisions exonerated the doctors who assisted their patients end their life from any criminal liability in Michigan, Ohio, Virginia, Florida, Washington and New York...¹⁸

8. Canada

From the legal and professional point of view, euthanasia or assisted suicide is prohibited. Article 241 (b) of Canadian Criminal Law foresees maximum penalty of 14 years imprisonment for assisting in suicide. Euthanasia or mercy killing is treated as a murder crime – the punishment is the same for the executor of this crime as for an executor of a common murder. The reason for such an approach lies in Article 14 of Canadian Criminal Law which from the beginning denies the right to the patient to defend himself against homicide charges.

Despite the fact that harsh punishment is foreseen for this kind of ending life, it has been noticed that some doctors, from time to time, make a medical decision to, nevertheless, help seriously ill or dying patients. In other words, regardless this legal prohibition, doctors occasionally openly assist in patients' suicide, or in some other way for the purpose support euthanasia.¹⁹

For the purposes of offering the wider scope and better understanding of the situation in Canada, we would like to draw your attention to the study of Monti be Association of Rights and Liberties (MARL), which was made by collecting and using the answers on 33 essential questions. They have been analyzed and explained using scientific literature and research, medical consultations and advice of the experts in this field. These questions include:

- a) Ethical questions related to MDEL
- b) Pain management
- c) Political opinion
- d) Percentage of doctors which participate in assisting in patient's suicide.

¹⁸ J. Deigh, “Physician-Assisted Suicide and Voluntary Euthanasia: Some Relevant Differences”, *The Journal of Criminal Law and Criminology*, Vol. 88, No. 3 (Spring, 1998), 1155-1165.

¹⁹ A. Schadenberg, “Canada: Assisted dying report goes beyond scope, ignores evidence” http://www.no euthanasia.org.au/canada_assisted_dying_report_goes_beyond_scope_ignores_evidence, last visited 15.10.2017.

Based on this study, assisted suicide assumes a situation when a doctor undertakes certain measures and procedures at the patient's request with the aim to end her or his life (the term which is often used to describe this situation is "active voluntary euthanasia").²⁰

9. Israel

The first officially announced case of euthanasia in Israel took place on 4.10.1998 in Hadassah hospital in Jerusalem, at Neurology Unit, reported Israeli journal "Haarec". Itai Arad, (49) a former fighter pilot suffered from a degenerative muscle disease (Lou Gehrig's disease that is ALS). Incurably ill, Arad fought for his right to die without suffering. Professor Avinoam Rehes from Hadassah hospital, also the member of Israeli Institute of Medicine, Ethics and Law, injected a larger amount of anaesthetic in his patient and disconnected the ventilator. Professor Avionam Rehes performed this procedure having obtained the approval from the ethical committee which, before that, had turned to court to get the formal consent to honor the final wish of Itai Arad. This case of euthanasia was recorded on the videotape. It was performed without seeking the approval from, only informing Israeli healthcare community.²¹

10. The Republic of Serbia

The criminal codes of the post-war (WWII) period in the Republic of Serbia²² did not record any historical advancement in regulating the issue of „mercy killing“. In other words, our previous criminal codes did not foresee a special treatment of this act but rather treated it as an ordinary murder crime (Article 47 of Serbian Criminal Code and Article 39 of Montenegrin Criminal Code). However, the circumstance that the murder was executed out of mercy was the subject of the court's assessment along

²⁰ J. T. Landry, T. Foreman, M. Kekewich, "Ethical considerations in the regulation of euthanasia and physician-assisted death in Canada", *Health Policy*, Vol. 119, 11/ 2015, 1490-1498.

²¹ D. A. Frenkel, "Euthanasia in Israeli law", *Forensic Science International*, Vol. 113, 1-3/2000, 501-504.

²² It is common knowledge that the development of criminal law in Yugoslavia in the period 1945-1991 was marked by the frequent changes and amendments – in 1951, 1959, 1962, 1965, 1967, 1973 and 1977. We will not discuss in detail any of them, except the Criminal Code from 1977, only mentioning that the Criminal Code from 1951 did not include any separate provision on euthanasia, but rather treated it as a criminal act of committing a murder with premeditation (Article 135. par. 1 of the Code). However, there was a provision in Article 38 which spoke about taking into account the mitigating and aggravating circumstances when establishing the executor's liability and deciding on his sentence, which means that in cases of assisted suicide it was expected that the court would assess the motives for executing this act.

with other circumstances surrounding the murder case and was usually taken as a mitigating circumstance in establishing the executor's sentence.

The Criminal Code of the Republic of Serbia (passed in September 2005, came into effect on January 1st, 2006)²³ for the first time recognized mercy killing as a privileged type of murder crime and in that sense marked a big step forward in regulating this matter reflecting modern tendencies in the legal regulation of assisted suicide.²⁴

10. Conclusion

In explaining the phenomenon of euthanasia, we have to take into account that, due to an increasing number of these cases, assisted suicide has become an unavoidable subject of criminal law theoreticians, as well as of social interest. It attracts our attention with its complex and provocative nature, as well as with diversity of its forms and with possibilities for significant abuse. Reviewing a spectrum of distinct theoretical streams, as well as studying and interpreting the manifestation of this phenomenon in practice, the following conclusion can be made. The current tendencies in the legal regulation of euthanasia do not follow a developmental pattern, but rather reflect a chaotic and erratic path. There are a large number of separate and contradictory stands, usually representing a mere facade, or just an illusion of ideal solutions. Unfortunately, this situation is unacceptable and we urgently need a general framework that could offer answers to open questions that modern society imposes on its citizens.

²³ *Službeni glasnik RS*, no. 85/2005, 88/2005, 107/2005, 72/2009, 111/2009, 121/2012, 104/2013, recent changes 94/2016 came into force on 1 June 2017, with the exception of Article 24, 27 and 35-38 Mem, which shall enter into force on 1 March 2018, respectively.

²⁴ This new form of privileged murder crime, or as the legislator put it - "ending life out of mercy" (changed phrase – from time to time some modifications in terminology are made), was not recognized by previous criminal legislation in socialist Yugoslavia. However, it existed, in a slightly different form, in the Criminal Code of Yugoslavia of 1929. Unfortunately, the negative attitude towards this type of privileged offence remained without justification until the adoption of the existing Criminal Code. Z. Stojanović, *KZ RS iz Uvodnih objašnjenja*, Beograd 2005, 29.

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“UBISTVO IZ SAMILOSTI” U UPOREDNOM ZAKONODAVSTVU

Rezime

Pitanje eutanazije je regulisano na različite načine u svakoj zemlji i zakonodavstvu. Međutim, još uvek nije sve rečeno, i još postoje brojni argumenati i povodi za ozbiljnu zabrinutost. Tema je široka, kao i same dimenzije ljudskog bića i samog sveta. Teška i snažna, takođe. Kako autor ističe, iza svakog pitanja povezanog sa eutanazijom leži prethodno pitanje stvarne potrebe njene legalizacije. Autor dodaje: ovde je dobro čuti drugačije mišljenje, osvetliti problem iz druge perspektive i ponuditi nova rešenja za složene, ali važne dileme koje nastaju u vezi sa ovim pitanjem.

Ključne reči: “ubistvo iz samilosti”, obično ili privilegovano, motiv egzekutora ili zahtev žrtve, legalizacija.