

# **The Universal Declaration of Human Rights**

**United Nations December 1948**

## Preamble:

Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.

Human rights should be protected by law.

Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms.

-----

Article 1. All human beings are born free and equal in dignity and rights.

Article 2. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind.

Article 3. Everyone has the right to life, liberty and security of person.

Article 7. All are equal before the law and are entitled without any discrimination to equal protection of the law.

**House of Lords Report of  
Select Committee on Medical Ethics 1994**

Voluntary Euthanasia.

- The right to refuse treatment is far removed from the right to request assistance in dying.

- Having considered all the evidence, we do not believe the arguments for euthanasia are sufficient to weaken society's prohibition of intentional killing. That prohibition is the cornerstone of law and of social relationships. It protects all of us impartially, embodying the belief that all are equal.

- Individual cases cannot reasonably establish the foundation of a policy that would have such serious and widespread repercussions. We believe that the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole.

- We do not think it is possible to set secure limits on voluntary euthanasia. It would not be possible to frame safeguards against non-voluntary euthanasia if voluntary euthanasia were to be legalised. It would be next to impossible to ensure that all acts of euthanasia were truly voluntary, and that any liberalisation of the law would not be abused. These dangers are such that we believe that any decriminalisation of voluntary euthanasia would give rise to more, and more grave, problems than those it sought to address.

- We are also concerned that vulnerable people, the elderly, lonely, sick or distressed, would feel pressure, whether real or imagined, to request early death. The message sent to such people should assure them of our care and support in life.

- With the necessary political will, we believe high standards of palliative care could become available to all those who need it and could benefit from it. We strongly support the development and growth of such services.

## **New York State Task Force on Life and the Law 1994**

### **When Death is Sought.**

- While holding different views on the ethical acceptability of assisted suicide and euthanasia, Task Force members unanimously recommend that existing law should not be changed to permit these practices.

- No matter how carefully any guidelines are framed, euthanasia will be practised through the prism of social inequality and bias that characterises the delivery of services in all segments of our society, including health care. The practices will pose the greatest risks to those who are poor, elderly, members of a minority group or those without access to good medical care.

- Members recognise that the desire for control at life's end is widely shared and deeply felt. As a society, however, we have better ways to give people greater control and relief from suffering than by legalising euthanasia.

- Depression accompanied by feelings of hopelessness is the strongest predictor of wanting death for both individuals who are terminally ill and those who are not. Most doctors, however, are not trained to diagnose depression, especially in complex cases such as patients who are terminally ill. Even if diagnosed, depression is often not treated. In elderly patients as well as the terminally and chronically ill, depression is grossly under-diagnosed and under-treated.

- The under-treatment of pain is a widespread failure of current medical practice, with far-reaching implications for attempts to legalise euthanasia.

- The criteria and safeguards that have been proposed for euthanasia would prove elastic in clinical practice and law. As long as policies hinge on notions of pain and suffering, they are uncontrollable; neither pain nor suffering can be gauged objectively, nor are they subject to the kinds of objective judgments needed to fashion coherent public policy.

- Euthanasia to cover those who are incapable of consenting would also be a likely, if not inevitable, extension of any policy permitting the practice for those who can consent. The evidence from the Netherlands supports this view.

**Report of the Community Development Committee  
of the Parliament of Tasmania  
on the need for  
Legislation on Voluntary Euthanasia 1998**

- While individual cases may present a strong case for reform of the present law, the obligation of the state to protect the right to life of individuals equally could not be delivered by legislation that is based on subjective principles.

- Euthanasia legislation would have to be based on a general principle that treated all individuals equally.

- The Committee does not consider the legalisation of voluntary euthanasia as an appropriate solution to any abuses that may be occurring in the current system.

- The Committee found that the codification of voluntary euthanasia could not adequately provide the necessary safeguards against abuse.

- The Committee found that a doctor was not legally culpable for manslaughter or murder if his intent in withholding or withdrawing medical treatment from a patient who subsequently died was to relieve the patient of the burden of futile treatment, in accordance with prudent medical treatment.

- The Committee found that the legalisation of voluntary euthanasia would pose a serious threat to the more vulnerable members of society and that the obligation of the state to protect all its members equally outweighs the individual's freedom to choose euthanasia.

- The Committee recognises that in a small percentage of cases palliative care is ineffective in relieving all pain, however whilst regrettable, this is not sufficient cause to legalise voluntary euthanasia.

- The Committee found that there is a need for greater resources to expand and improve the delivery and efficacy of palliative care.