

United Nations Human Rights Council

The Right to Self-Determination: Examining Euthanasia and Assisted Suicide within the Framework of Human Dignity.

Juan José Zambrano Cure



1. History of the Committee

Established in 2006 by the United Nations General Assembly through Resolution 60/251, the United Nations Human Rights Council (UNHRC) replaced the former Commission on Human Rights with the aim of strengthening the international human rights system. The Council is mandated to promote universal respect for the protection of all human rights and fundamental freedoms, address situations of human rights violations, and provide recommendations to Member States.

The UNHRC also serves as a forum for dialogue on emerging and complex human rights challenges arising from scientific, medical, and technological developments. Through Special Procedures, Universal Periodic Reviews (UPR), and cooperation with treaty bodies, the Council contributes to the evolving interpretation of core principles such as human dignity, autonomy, equality, and the Right to Life.

In the context of euthanasia and assisted suicide, the UNHRC plays a critical interpretative role. While it has not adopted a binding position, its discussions and affiliated bodies have examined how end-of-life decisions intersect with the Right to Life, the prohibition of inhuman or degrading treatment, the protection of vulnerable populations, and the Right to Self-Determination. This places the issue squarely within the Council's mandate.

2. Introduction

Advances in modern medicine have dramatically extended human life expectancy, while simultaneously raising difficult ethical and legal questions regarding the end of life. Central to this debate is whether the Right to Self-Determination includes the authority to choose the timing and manner of one's death.

Euthanasia and assisted suicide generate profound legal, ethical, religious, and political controversy. States must balance respect for individual autonomy and dignity with their obligation to protect life, prevent abuse, and safeguard vulnerable individuals from coercion or discrimination.

The primary objective for delegates is to assess whether international human rights law can—or should—accommodate a rights-based framework for euthanasia and assisted suicide, while respecting the diversity of legal systems, cultural traditions, and moral perspectives among Member States.

3. Historical Context

The global debate on euthanasia and assisted suicide intensified during the twentieth century as medical advancements enabled the prolongation of life beyond natural limits. Practices such as life-support systems and artificial nutrition raised questions about quality of life, patient suffering, and medical responsibility.

Early advocacy movements emerged in Europe and North America, followed by landmark judicial decisions in the late 1990s and early 2000s that challenged absolute prohibitions on

assisted dying. Over the past two decades, countries including the Netherlands, Belgium, Canada, and Colombia have adopted legal frameworks permitting euthanasia or assisted suicide under strict conditions.

Key historical developments include:

- The expansion of palliative care and pain management
- The emergence of bioethics as a recognized interdisciplinary field
- Growing legal recognition of patient autonomy and informed consent
- Constitutional and human rights litigation addressing dignity and bodily integrity

This evolution reflects a gradual shift from paternalistic medical models toward rights-based approaches, while maintaining safeguards intended to protect vulnerable populations.

4. Current Issue

Despite limited legalization in certain jurisdictions, euthanasia and assisted suicide remain highly divisive at the global level. The majority of states continue to criminalize these practices, arguing that they are incompatible with the Right to Life and the duty of the state to protect it.

Conversely, proponents contend that denying mentally competent individuals control over end-of-life decisions constitutes a violation of human dignity, autonomy, and freedom from unnecessary suffering.

Current challenges include:

- Fragmented and inconsistent national legal frameworks
- Increasing requests related to mental illness and non-terminal conditions
- Concerns over discrimination against persons with disabilities
- Ethical objections from religious and medical communities
- Absence of universal safeguards and monitoring mechanisms
- Risk of abuse in states with weak institutional oversight

The issue also has transnational implications, including medical tourism, cross-border legal disputes, and growing pressure on international human rights bodies to clarify whether voluntary death may fall within legitimate personal autonomy.

5. Past International Actions

No binding international treaty explicitly permits or prohibits euthanasia or assisted suicide. Nevertheless, several international instruments and interpretations are relevant to the debate:

- **Universal Declaration of Human Rights (UDHR):** Articles 1 and 3 affirm dignity, equality, and the Right to Life.
- **International Covenant on Civil and Political Rights (ICCPR):** Article 6 protects the Right to Life, while Article 17 addresses privacy and autonomy.
- **UN Human Rights Committee:** General Comments emphasize dignity, autonomy, and protection from arbitrary deprivation of life.

- **Special Rapporteur Reports:** Discussions on torture, cruel treatment, and access to palliative care.
- **World Health Organization (WHO):** Guidelines on end-of-life care and pain management.

While these frameworks shape state obligations, none provide explicit guidance on euthanasia, leaving significant interpretative ambiguity for Member States.

6. Subtopics

- The relationship between the Right to Life and the Right to Self-Determination
- Standards for informed consent and protection of vulnerable individuals
- The role of mental health in end-of-life decisions
- Ethical, cultural, and religious objections raised by Member States
- Responsibilities and protections for medical professionals
- Evolving interpretations of dignity under international human rights law
- Feasibility of establishing a global minimum regulatory framework

7. Positions

Pro-Legalization / Autonomy-Focused Bloc

Includes several Western European states, parts of Latin America, and select North American countries. These states support the legalization of euthanasia or assisted suicide under strict conditions, emphasizing personal autonomy, human dignity, informed consent, and strong

medical oversight. They often argue that carefully regulated frameworks can protect vulnerable individuals while respecting self-determination.

Conditional or Limited Legalization Bloc

Composed of states that permit assisted dying only in narrowly defined circumstances or are actively debating expansion or restriction. These countries recognize autonomy concerns but remain cautious, particularly regarding mental illness, non-terminal conditions, and long-term safeguards. Ongoing legal and ethical debates characterize this group.

Federal or Decentralized Approach Bloc

Includes states where end-of-life decisions are regulated at the sub-national level rather than through a single national framework. Legal approaches vary significantly across regions or states, reflecting internal divisions on moral, medical, and constitutional grounds.

Prohibition and Protection-Focused Bloc

Represents a large number of countries across Europe, Africa, Asia, and the Middle East that prohibit euthanasia and assisted suicide entirely. These states emphasize the sanctity of life, the state's duty to protect vulnerable populations, and concerns about coercion, discrimination, and irreversible harm.

Cultural, Religious, and Ethical Objection Bloc

Primarily includes states where religious doctrine or deeply rooted cultural values strongly influence lawmaking. These countries view euthanasia as incompatible with moral obligations, communal values, and spiritual beliefs, and often resist international frameworks

perceived as imposing external ethical standards.

8. Guiding Questions

1. Does the Right to Self-Determination include choosing one's death?
2. How should states balance autonomy with the protection of vulnerable populations?
3. Should the UN develop a standardized international framework on euthanasia?
4. What constitutes valid informed consent in end-of-life decisions?
5. Should mental illness qualify as grounds for euthanasia requests?
6. How can medical professionals be ethically and legally protected?
7. How can discrimination against persons with disabilities be prevented?
8. What role should palliative care play in reducing euthanasia requests?
9. How should cultural and religious diversity be addressed at the UN level?
10. Is it possible to design safeguards capable of preventing abuse?

9. Suggested Sources

- UN Human Rights Committee — General Comments
- World Health Organization — End-of-Life and Palliative Care Reports
- Stanford Encyclopedia of Philosophy — Euthanasia
- European Court of Human Rights — Relevant Case Law
- National Court Decisions from Canada, Colombia, and the Netherlands

Bibliography

United Nations Human Rights Committee. *General Comment No. 36: Article 6 (Right to Life)*. United Nations, 2018.

World Health Organization. *Integrating Palliative Care and Symptom Relief into Primary Health Care*. WHO, 2018.

Sumner, L. W. "Euthanasia and Assisted Suicide." *Stanford Encyclopedia of Philosophy*, 2022.

European Court of Human Rights. *Pretty v. United Kingdom*. Application No. 2346/02, Judgment of 29 April 2002.

Dworkin, Ronald. *Life's Dominion: An Argument About Abortion, Euthanasia, and Individual Freedom*. Vintage Books, 1994.

