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STEERING COMMITTEE ON BIOETHICS (CDBI)

Replies to the questionnaire for member states relating to euthanasia

In response to a request by the Committee of Ministers of the Council of Europe, in the light of Recommendation 1418(1999) of the Parliamentary Assembly *on the protection of the human rights and dignity of the terminally ill and dying*, the Steering Committee on Bioethics sent a questionnaire in 2001 to the Council of Europe member states concerning aspects of their law and practice relating to euthanasia and other end of life decisions. This document contains an analysis of the responses of the 35 member states that replied.

Index:

- NS (Not Specified) signifies that a “yes” or “no” answer to the specific question was not given though some additional comments may have been submitted (included as a footnote).
- When neither the question nor the answer were mentioned, the box was left blank
- * corresponds to a footnote at the bottom of the table
- A slash (/) signifies that no response was necessary, i.e. that an answer would have been meaningless
- “the former Y R M” means the former Yugoslav Republic of Macedonia

I. Definitions

1. Is the following term used in your country (y/n)?

- a. Euthanasia** (Answers. Yes: 25 No: 3 Not Specified: 7)
b. Active Euthanasia (Answers. Yes: 16 No: 7 Not Specified: 12)
c. Passive Euthanasia (Answers. Yes: 16 No: 7 Not Specified: 12)
d. Assisted Suicide (Answers. Yes: 18 No: 5 Not Specified: 12)
e. Assisted Dying (Answers. Yes: 7 No:17 Not Specified: 11)

Country	a.	b.	c.	d.	e.	Country	a.	b.	c.	d.	e.
Albania	Yes*	Yes*	Yes*	Yes*	Yes*	Luxembourg	No*	No*	No*	No*	No*
Andorra						"the former Y R M"					
Armenia						Malta	Yes	NS	NS	NS	NS
Austria						Moldova					
Azerbaijan						Netherlands	Yes	No	No	Yes	No
Belgium	Yes	No	No	Yes	No	Norway	NS*	NS*	NS*	NS*	NS*
Bulgaria	NS	NS	NS	NS	NS	Poland	NS*	NS*	NS*	NS*	NS*
Croatia	NS	NS	NS	NS	No*	Portugal	Yes	Yes	Yes	Yes	Yes
Cyprus	No	No	No	Yes	No	Romania	Yes	NS	NS	NS	NS
Czech Rep.	Yes	Yes	Yes	Yes	No	Russia	Yes	Yes	Yes	No	No
Denmark	Yes	Yes	Yes	Yes	Yes	San Marino	NS*	NS*	NS*	NS*	NS*
Estonia	Yes*	Yes*	Yes*	Yes*	Yes*	Slovakia	Yes	Yes	Yes	Yes	No
Finland	Yes	Yes	Yes	Yes*	No	Slovenia	Yes	No*	No*	Yes	No
France	NS	NS	NS	NS	NS	Spain	Yes	Yes	Yes	No	No
Georgia	Yes	No	No	No	No	Sweden	NS*	NS*	NS*	NS*	NS*
Germany	Yes	Yes	Yes	Yes	Yes	Switzerland	Yes	Yes*	Yes	Yes*	No
Greece	Yes*	Yes*	Yes*	Yes*	Yes*	Turkey	Yes	NS	NS	NS	NS
Hungary	No*	No*	No*	No*	No*	Ukraine					
Iceland						United Kingdom	Yes	Yes	Yes	Yes	No
Ireland	Yes*	NS	NS	NS	NS	Canada					
Italy	Yes*	Yes*	Yes*	Yes*	Yes*	U.S.A.	Yes	Yes	Yes	Yes	No
Latvia	Yes*	NS	NS	NS	NS						
Liechtenstein											
Lithuania	Yes*	Yes*	Yes*	Yes*	No*						

Albania: All the terms are known in our medical practice, especially during these ten years. As a matter of fact, they are not yet applied in practice, except of some cases of so-called palliative effort as a kind of passive euthanasia.

Croatia: Assisted dying is not used in Croatia

Estonia: All these terms are used as generally accepted in literature, but these terms are not used in Estonian laws.

Finland: d. rarely

Greece: All the above terms are used in literature but not in legal documents. The term 'participation in suicide' is used in article 301 of the penal code. In this article it is stated that whoever gave help in suicide is punished by imprisonment.

Hungary: These terms are not used in the Hungarian regulations (a, b, c, e), but in the Penal Code is "assisting to a suicide". See footnote to answer 3.

Ireland: There are no official definitions but euthanasia is what would generally be referred to.

Italy: Yes, all the terms are used in specialized literature. Anyway the definitions vary depending on the ethical positions.

Latvia: Yes, medical professionals and Medical Ethics Committees use the term "euthanasia".

Lithuania: The terms a, b, c, d are being used in public debate in the country. Usually the distinction is made between b and c (killing and letting die), as well as d. However, none of these terms is used in legal provisions. Their meaning in a public debate is rather loose and overlapping.

Luxembourg: None of the terms found in the questionnaire are used in an official text in Luxembourg, be it in law, in regulations relating to the implementation of an instruction or in professional codes of practice.

Norway:

The policy of the Norwegian government is based upon the fundamental christian and humanistic values of our civilisation. One of those fundamental values is respect for the inviolability of life. Norwegian legislation does not use the term euthanasia.

Poland: The term euthanasia is used by the Medical Ethics Code of 1991. Other terms are used by health professionals.

Romania: Not defined by any legal provisions

San Marino: All the above terms are used in literature but not in legal documents. The term 'participation in suicide' is used in article 150 e 151 of the penal code, and is punished by imprisonment.

Slovenia: for b. and c. the use of the term is discouraged, as it causes confusion.

Sweden: a-d is used in everyday language.

Switzerland:

b. Yes, distinction between direct active and indirect active
d. Yes, assistance in the suicide

2. When a term is used, please state how it is defined and whether or not the definition is set out in legal provisions?

Albania:

Euthanasia: is defined as the appeal for a “merciful death” for an incurably ill person with the intention of terminating his life in order to reduce the suffering of the patient.

Active Euthanasia: also called direct euthanasia is defined as assisting in the dying process with the intention of shortening the life span, is induced by active activities of the physician, following the expressed or tacit wishes of the dying person or for a dying person who is in no condition to make this decision, with or without the consent of a relative.

Passive Euthanasia: also called indirect euthanasia is defined as helping in the process of dying with the shortening of the person’s dying process as a subsidiary effect, which, without regard to the intention, can be more or less wanted or more or less unavoidable.

Assisted Suicide: In my opinion is understood nearly like a kind of passive euthanasia.

Assisted Dying: Is defined as an assistance in the process of dying by allowing the patient to die naturally.

Belgium:

Proposed law on euthanasia, adopted by the Senate on the 25/10/2001, to be adopted by the House of Representatives: “For the present law to be applied, euthanasia should be understood as the act, undertaken by a third party, which intentionally terminates the life of a person at his or her request”.

Assisted suicide: No definition.

Croatia: Euthanasia is used for intentional termination of life on the basis of patients request. Assisted suicide is giving to the patient anything with which he/she himself can end his/her life.

Euthanasia - article 94. of Penal Code Killing on a demand –killing on a specific and serious demand, although not strictly defined, it seems that the definition of Passive Euthanasia may be considered in article 104 of Penal Code – Denial of help – the one who denies help to a person whose life is in immediate danger, although he could help with no major danger for himself or others. Assisted suicide – Participating in committing suicide – article 96, of Penal Code – the one who induces another person to commit a suicide or assisted in committing a suicide so that suicide was committed.

Cyprus: The terms Euthanasia, active Euthanasia and assisted dying are not used in the legislation. The term assisted suicide is used in the Criminal Code article 218.

Czech Republic:

There is no use and no definition of the term euthanasia in the current Czech legislation.

It is often used in medias and even by health professionals in a quite confusing way.

In general the term euthanasia is used to describe the intentional termination of life by somebody other than the person concerned but in the public discussions often not appropriate distinction is being made between voluntarily /” at the patient request”/ and non-voluntarily euthanasia. The term active euthanasia is in general reserved for the termination of a patient’s life by mean of a specific medical intervention / lethal dose of medication etc/.

The term passive euthanasia is used either for non-voluntarily active termination of a patient’s life or- more often- for the limitation of treatment i.e. withdrawing or withholding of life sustaining medical treatment. The current legislation addresses the above mentioned situations in the terms of malefaction or homicide / active euthanasia/ or misprision or insufficient care /passive euthanasia and withholding of life sustaining care/.

The term “assisted suicide” is clearly defined by current Czech legislation as “ a intentional help a person to terminate his or her life at his or her request” and according to Czech Penal Law is considered to be a crime with possible criminal sanction of imprisonment in the length of 6 month to 3 years.

Denmark:

Euthanasia, active euthanasia and passive euthanasia are not set out in legal provisions in Denmark. The terms are not clearly defined and are primarily used to describe what's legal and illegal according to existing law in Denmark.

Assisted suicide and assisted dying are set out in legal provisions in the Danish Criminal Act. According to section 239 in the criminal act, assisted dying is to kill another person on his/her demand. According to section 240 in the criminal act, assisted suicide is to assist a person in committing suicide. (E.g. give the person a gun etc.)

Finland: By euthanasia we mean that the physician intentionally assists the patient to die in case where the patient specifically asks for it. Usually by euthanasia we mean active euthanasia. In passive euthanasia the purpose is not to kill the patient, but instead, the death is the result or "side-effect" of an action intended to help the patient, for example to alleviate his/her pain. None of these terms are set out in our legal provisions.

France:

All of the terms indicated in the questionnaire are certainly recognised and used in France within the framework of the ethical and societal reflection on the end of life issue that our country is engaged in. However, they do not relate to the legal domain. Indeed, no legislation exists in France authorising euthanasia which would recognise a right, in any form, to this practice or which expressly uses this term. The medical deontological code of 1995, the only text which, until now, explicitly addresses the issue did so without resorting to the notions mentioned above and in the following terms: "The physician must accompany the dying person until his or her last moments, ensure through appropriate health care and appropriate measures the quality of a life which is ending, protect the dignity of the patient and comfort his or her close contacts. The physician does not have the right to provoke deliberately a death" (article 38 of the medical deontological code).

The prohibition of euthanasia is currently sanctioned by the provisions of the criminal code relating to voluntary homicide even though it is not a specific crime.

The specific reserve by the French legislation with respect to the field in which the debate relating to euthanasia is developing is thus not equivalent to an absence of a limiting framework.

In 1999, the government sought to address openly the end of life issue, consensus was then only related to the development of access to palliative care. The issue of euthanasia was, however, not absent from the parliamentary debates. However, this law established for the first time the principle of refusal of therapeutic relentlessness.

In addition to the fact that it enacted the provisions affirmed by the 1999 law aiming at guaranteeing access to palliative care, the law of the 4th of March 2002 relating to the rights of patients and the quality of the health care system establishes the principle of a right to dignity of the sick person. The respect of this principle becomes an essential task of the health professionals who "engage all the means at their disposal to ensure that each person has a dignified life until the time of death". This principle is expressed, on the one hand, through the respect of the expression of the will of the person, who from being a passive consentor becomes the actor of the medical decision, and on the other hand, by a quality requirement for his or her care. It is realised by provisions condemning therapeutic relentlessness, affirming a right to refuse to benefit from or continue a treatment and a right to the care of pain. Based on the recognition of the sick person as an actor to his or her care, the text also seeks to propose solutions to the difficult problem of the loss of the ability by the person to express his or her will, by establishing in particular the possibility of nominating a person of confidence.

One can thus observe a certain evolution of the end of life approach in our country since 1995. If France has not always wished to recognise a right to euthanasia, it is important to note, as mentioned above, that a real debate concerning the end of life has been established. This debate comes as part of a larger movement which recognises the autonomy of the sick person and his or her primacy in the relationship with the health care system. The consent of the patient is established as a principle in addition to its corollary, the choice to refuse treatments or therapeutic relentlessness.

Georgia:

The term "euthanasia" is defined by the Law on "Health Care" (adopted in 10 December, 1997) as follows: "the help to the dying person to put an end to his/her life at his/her request". (Article "3" paragraph "f")

Germany:

The term "euthanasia" is not used in Germany with a neutral value in the same way as "assisted dying", something which can be explained historically by the atrocities committed under National Socialism. The definition thus demonstrates a clear orientation towards unlawful killing by physicians against the will of the individuals concerned, and targeting specific groups of the population (e.g. the sick, ethnic groups). The discussion as to what assistance may be afforded to a person by third parties if they wish to die by their free will, in full consciousness in the final stages of a fatal illness, is hence covered by the terms assisted dying and accompanied dying.

The terms used are not set out in legal provisions.

Active assisted dying:

In accordance with German criminal law, punishment is incurred by anyone who takes part as a perpetrator in the killing of a person wishing to die, so-called active assisted dying. Assisted dying may also not be provided by specific killing if the prognosis is hopeless.

Various constellations of criminalised active assisted dying can be considered, of which however the Criminal Code (Strafgesetzbuch) does not contain a standard definition. Depending on the pattern of the case, the circumstances can be subsumed under the following provisions contained in the Criminal Code:

- If the sick person expressly and seriously asks to be killed, the person permitting him/herself to be guided by this to kill that sick person is punished in respect of killing on request (section 216 of the Criminal Code).
- If there is no express, serious request by the person killed, punishability is possible in respect of manslaughter (sections 212 and 213 of the Criminal Code).
- If a sick person kills him/herself who was unable to take the decision to commit suicide of their own free will for instance because of brain damage or psychiatric symptoms – simply permitting the suicide to take place may be punishable: Anyone who has a duty to act as a guarantor for the life of the suicide (such as the doctor in attendance or a close relative) may incur punishment in respect of killing by means of omission (sections 212 and 213 of the Criminal Code); anyone who is not a guarantor may be punished in respect of failure to lend assistance (section 323c).
- In accordance with the line of rulings of the Federal Court of Justice, however, the guarantor is obliged to save the person making a freely responsible suicide attempt when the suicide becomes unable to act. A doctor must therefore intervene on principle if he/she finds his/her patient unconscious having taken an overdose of sleeping pills and it is still possible to save the patient's life.

Assisted suicide:

Suicide is not criminalised under German law. For this reason, inciters or accessories to a freely responsible suicide are also not criminally liable. In contrast to the abovementioned killing, when somebody kills, as a perpetrator, another person who is willing to die, the helper only makes a subordinate contribution towards the offence, the person willing to die having what is termed 'offence domination' over the events.

However, the helper is obliged from the time when the person willing to die loses consciousness to initiate emergency measures since offence domination then transfers to the helper. If he/she omits this action, the helper becomes punishable (sections 212 and 213 and 323c of the Criminal Code).

Passive assisted dying

Non-punishable so-called passive assisted dying is understood to refer to non-initiation or cessation of life-prolonging measures such as artificial respiration, blood transfusion or artificial feeding. No definition is laid down by law.

So-called passive assisted dying is permissible in order to permit death – where appropriate using effective pain-killers – to take its natural course, respecting human dignity. The doctor is not obliged to prolong a life that is ending by using intensive care at any price and possibly painfully. It is indeed unlawful to exhaust the possibilities offered by intensive care technology if this runs counter to the real or presumable will of the patient.

Passive assisted dying is conditional on the basic disease of a sick person being irreversible according to medical conviction, having taken a fatal course and on the assumption that death will occur soon. It must correspond to the actual or presumed will of the patient.

Exceptionally, with a person whose illness is not curable and who is no longer able to decide, cessation of medical treatment may be permissible if death has not yet commenced, but one may presume the probable agreement of the sick person. In this situation, too, the patient's right of self-determination is to be respected.

However, increased demands are to be made of evidence for this presumed will because the danger of a doctor, relative or careperson ending the existence of the patient which they regard as senseless, not worth living or useless according to their own standards and acting irrespectively of the will of the sick person who is unable to decide, must be countered from the outset.

Assisted dying

German criminal law permits so-called indirect assisted dying: A physician may administer pain-killers to a sick person in the final phase of his/her life even if these accelerate death as an unintended but accepted ancillary consequence. Facilitating a dignified and pain-free death in accordance with the declared or presumed will of the patient is a higher-value legal interest than the prospect of having to live just a little longer in very serious, and in particular unendurable pain.

Greece: There is no definition of the above mentioned terms in legal documents. The terms are used in literature in their usual meaning.

Hungary: These terms are not used in the Hungarian regulations.

Italy:

The only binding legal provision on that matter is the Penal Code. The following articles are more directly connected to the question of euthanasia.

Art. 579 (unlawful killing of a consenting party).

Anyone who causes the death of a consenting person is punished by imprisonment for six to fifteen years. The aggravating circumstances provided for in article 61 are non applied in this case.

The provisions stated by articles (575-576-577) regarding homicide are applied if the action has been made against:

- 1) a person under age;
- 2) a person mentally ill, either mentally deficient because of other infirmity or because of drug or alcohol abuse;
- 3) a person which consent has been extorted to violence, blackmail, influence, or obtained by deceit.

Art. 580 (incitement or assistance to commit suicide).

Is punished by imprisonment for five to twelve years, anyone who makes a person decide to commit suicide or strengthened his intention to commit suicide, or else makes easy its realization, in case suicide occurred. If suicide doesn't occur, but the person suffers serious or very serious bodily harms, the imprisonment is for one to five years.

The punishments are increased if the person who has been incited or assisted in committing suicide is in the conditions stated in the previous article (see points 1 and/or 2). Nevertheless, the general provisions regarding homicide (art. 572, 575 etc.). are applied if the person is under the age of fourteen or whoever is not in full possession of his/her faculties.

Latvia: No, here are not any direct legal regulations concerning this term. However in accordance with the Criminal Law illegal homicide (murder) is culpable. Accordingly the euthanasia will be ranged as illegal homicide. Hereto should be mentioned that Physicians Ethics Code states the obligation of every physician to act in the best interests of the patient and to protect his/her life.

Netherlands: The Termination of Life on Request and Assisted Suicide (Review Procedures) Act concerns euthanasia in response to a patient's voluntary and carefully considered request for the termination of his or her life. Assisted suicide is defined as intentionally helping another person to commit suicide or providing him with the means to do so as referred to in article 294, paragraph 2, second sentence, of the Criminal Code. All statutory provisions referred to have been annexed.

Poland: No, neither the Medical Ethics Code nor the legal directives define the notion of euthanasia (the latter do not even mention it). Doctrine and health professionals implicitly give to the generic term of euthanasia the connotation of active euthanasia, understood as an action which could deliberately provoke death.

Portugal:

Euthanasia: The term euthanasia is one that is used in Portugal.

The Criminal Code uses rather the expression *homicide at the request of the victim* (article 134º) and privileged homicide (article 133º.)

The Deontological Code of the Council of Physicians specifically uses the term euthanasia (Article 47, n.º 2 and 4) [The Deontological Code of the Council of Physicians does not have the legal status of law, however it is legally relevant at the level of disciplinary responsibility and also as an indirect source of rights, in particular in the field of civil responsibility. Cft. F. Dias / S. Monteiro, "Portugal", in E. Deutsch / H.L. Schreiber (Ed.) *Medical Responsibility in Western Europe*, Springer-Verlag, p. 522.].

Active Euthanasia: By active euthanasia one understands "medical help in the death of the patient who is already in a process of cruel suffering and whom, according to current medical knowledge and prognosis, will ineluctably lead to death" [F. Dias, *Comentário Conimbricense ao Código Penal*, Coimbra Editora, 1999, p. 12.]

Passive Euthanasia: One speaks of passive euthanasia when the physician relinquishes taking measures likely to preserve or to prolong the life of patients who are dying and one considers that this situation should not be punished.

Criminal policy states that the procedure of disconnecting a reanimation apparatus is also a situation of passive euthanasia.

The Deontological Code considers that there is a duty to abstain from hopeless therapies (article 49º). This means that the physician must avoid *therapeutic relentlessness* and respect a dignified death in conformity with the condition of a human being.

Assisted Suicide: The Criminal Code addresses and punishes help towards a suicide in Article 135º (sentence of up to 3 years of prison). The intervention of the physician (or an other person) consists in helping or encouraging the other person to commit suicide. The help can be of a material, moral, physical or psychological kind.

Assisted Dying: On the legal level this expression is not utilised. However, the Deontological Code affirms (Article 49) that the physician can limit his or her intervention to the giving of moral assistance and to the prescription of a treatment which could avoid meaningless suffering to the patient.

The *Deontological Code of the Nurse* imposes duties of respect for the dying patient (article 87º). The nurse must accompany the patient in the various stages of the terminal illness and must: (a) defend and promote the right of the patient to choose the place and the persons who will accompany him or her during the final stages of life; (b) respect and make others respect the expressions of pain and suffering of the patient, the family and the close contacts; (c) respect and make others respect the body after death.

Romania: Not defined by any legal provisions

Russia: Euthanasia is defined in law as "complying with request of a patient to hasten his (her) death with some actions or means, including discontinuing of life-sustaining treatment". There are no legal definitions of active or passive euthanasia.

San Marino: No terms in legal documents, but are used in literature in their usual meaning.

Slovakia:

The definitions are not set out in the legal provisions.

Euthanasia is usually referred to as deliberate taking life of the patient by a medical professional (doctor or nurse) upon the patient's request, usually in the situation of "unbearable suffering".

"Active euthanasia" – euthanasia performed by a deliberate, concrete act (e.g. lethal injection), "passive euthanasia" – by deliberately not acting in a life-saving manner.

Assisted suicide is usually referred to as intentionally helping a patient to terminate his or her life at his or her request.

Spain: There is no definition in the Penal Code, but it describes the situation:

Penal Code: "needed and direct acts for death of a person, because his/her express, serious, and without doubt request, in case of a grave disease that will necessarily conduct to death or that provokes grave suffers", "needed acts for suicide of a person".

(In original: "actos necesarios y directos a la muerte de otro, por la petición expresa, seria e inequívoca de éste, en el caso de que la víctima sufriera una enfermedad grave que conduciría necesariamente a su muerte, o que produjera graves padecimientos permanentes y difíciles de soportar"; "actos necesarios al suicidio de una persona")

Switzerland :

- *Direct active euthanasia*: intentional homicide with the aim of curtailing the sufferings of a person. It is not defined as such in the penal code but it does come under Article 111 (murder), 114 (murder at the request of the victim) or 113 (murder of passion) of the Swiss penal code (CPS).

- *Indirect active euthanasia*: It takes place when, to relieve sufferings, substances are administered the side effects of which may reduce the survival time. This form of euthanasia is not expressly regulated in the current penal code but is considered, in theory, as allowed. The directives with respect to euthanasia of the Swiss Academy of Medical Sciences (ASSM Directive) consider this form of euthanasia as being admissible.

- *Passive euthanasia*: Relinquishment to implement measures that would maintain life or interruption of these measures. This form of euthanasia is also not expressly regulated by the law, but it is considered as being permitted; this is also the assessment made by the Directives of the ASSM.

- *Assistance in the suicide*: Only the person who, "driven by a selfish motive", gives assistance in the suicide of someone (for example, in giving him or her a fatal substance) is punishable, according to Article 115 CPS (incitation and assistance in the suicide). According to the Directives of the ASSM, assistance in the suicide is, obviously, "not part of the medical activity" (cf. Directives ASSM par.2.2.).

United Kingdom :

Euthanasia: Generally understood as an active intervention to end life, albeit at the request of the patient or for a merciful motive. It is not defined in law. Please note that in the response to subsequent questions concerning « euthanasia » the response is based on this understanding of the term.

Active Euthanasia: This term is sometimes used as a description of euthanasia as defined in a) above. It is not defined in law.

Passive Euthanasia: This term is sometimes used when withdrawing medical treatment may be seen as causing or contributing to the patient's death. It is not generally used within the medical profession. It is not defined in law.

Assisted Suicide:

In England & Wales, the Suicide Act 1961, section2 (1) :

« A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years. »

In Scotland, the term is not specifically defined in legislation. Assisting suicide may constitute the « art and part » of murder or culpable homicide.

Assisted Dying: This term is not used professionally, legally or by Government.

U.S.A.:

a. *Euthanasia* – a doctor administers a fatal dose of medication to a patient.

<<http://www.facts.com/iof/i00057.htm>>

b. *Active Euthanasia* – the deliberate action to end the life of a dying patient to avoid further suffering.

<<http://www.hemlock.org/background.htm>>

c. *Passive Euthanasia* – the deliberate disconnection of life support equipment, or cessation of any life-sustaining medical procedure, permitting the natural death of the patient.

<<http://www.hemlock.org/background.htm>>

d. *Assisted Suicide* - a doctor prescribes a lethal dose of medication, making the means of death available but not participating in it. <<http://www.facts.com/iof/i00057.htm>>

Assisted suicide is defined and prohibited in 40 state statutes.

II. Current Legislation, Rules and Practices

Euthanasia:

3. Do any professional codes of practice relating to euthanasia exist? (y/n)

(Answers. Yes:11 No:14 Not Specified:10)

If so, please give details.

Country	Rep.	Country	Rep.
Albania	NS*	Luxembourg	NS*
Andorra		Malta	No
Armenia		"the former Y R M"	
Austria		Moldova	
Azerbaijan		Netherlands	Yes*
Belgium	Yes*	Norway	NS
Bulgaria	NS	Poland	NS*
Croatia	Yes*	Portugal	No*
Cyprus	Yes*	Romania	No
Czech Rep.	Yes*	Russia	No
Denmark	No	San Marino	NS*
Estonia	No	Slovakia	Yes*
Finland	NS*	Slovenia	Yes*
France	No*	Spain	No
Georgia	No	Sweden	No
Germany	Yes*	Switzerland	Yes*
Greece	No*	Turkey	No
Hungary	No*	Ukraine	
Iceland		United Kingdom	NS*
Ireland	Yes*	Canada	
Italy	NS*	U.S.A.	Yes*
Latvia	No*		
Liechtenstein			
Lithuania	NS*		

Albania:

In the Chapter of "CRIMES AGAINST THE HEALTH AND LIFE" OF OUR "PENAL CODE", the term Euthanasia does not exist at all.

Only at our "CODE OF DEONTOLOGY" (1998) at item 20 is expressed as follows: "The alleviation of suffering and pain is one of the basic tasks of a physician. Accelerator termination of life is contrary to medical ethics. The wishes of the well informed patient, suffering from an incurable disease, regarding the artificial prolongation of his life clearly expresses while fully conscious or from his family when he is unconscious, should be respected."

As a custom the doctor are allowed to cooperate in so-called passive euthanasia when a patient or his family by a written consent do not want the postponing of the time of death for a terminally ill (refuse of treatment in comma dépassé, advanced forms of cancer etc.)

Belgium:

Yes: Medical Deontological Code drafted by the National Council of Physicians:

Article 95: A physician cannot deliberately provoke the death of a sick person nor help him or her commit suicide.

Article 96: When a sick person is in the terminal stages of his or her life while retaining a certain state of consciousness, the physician must provide him or her moral and medical assistance to relieve his or her moral and physical sufferings and preserve his or her dignity.

When the sick person can no longer regain consciousness, the physician should limit himself or herself to providing comforting care.

Article 97: The attitude to be adopted in situations addressed by Article 96, in particular the establishment of a treatment or its interruption, is decided by the physician in charge of the patient, after having consulted at least one other physician, and having informed and taken the opinion of the patient or, if unavailable, his or her close contacts or his or her legal representatives concerning it.

Article 98: In the case of an irreversible and complete loss of cerebral functions, as determined by current scientific information, the sick person must be declared as having deceased and the medical means for artificial preservation must be terminated. However, these can be temporarily maintained to enable the removal of organs with the view to transplantation, in accordance with the wishes of the sick person and the legal provisions.

Croatia: Yes, In the Code of ethics of Croatian medical chamber a special article deals with the termination of life without mentioning the term. The same thing is in article 30. of the By-law on rights and liabilities of the members of Croatian medical chamber.

Cyprus: Yes, There are professional codes of practice that are not allowing euthanasia. the Hippocratic Oath is very clear. "I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them. I will not give poison to anyone though asked to do so, nor will I suggest such a plan. Similarly I will not give a pessary to a woman to cause abortion".

Czech Republic: Yes. The Ethical Code of The Czech Medical Chamber / professional organisation representing all physicians practising in Czech Republic/ from 1.1.1996 declares euthanasia and assisted suicide to be unacceptable. Nevertheless it emphasises that the relevant goal of care in a terminally ill and dying patient is the relieve of physical symptoms and of suffering and not only the prolongation of life.

Finland: The Finnish Medical Association publishes a book "Doctor's ethics". The book deals also with dying patients and euthanasia. According to the book, the treatment of a dying patient concentrates on decreasing suffering. Burdensome treatments that do not affect the prognosis should be replaced by good palliative care. When the patient's health cannot be improved and death is expected, measures extending life can be given up. This is sometimes called passive euthanasia, but the term is misleading because it's a question of good medical practice of dying patients. For example, a terminal cancer patient with excruciating pain can be given big amounts of morphine to alleviate his/her pain even though this might shorten the length of his/her life.

The Finnish Medical Association is against active euthanasia. It believes it to be against the ethics of a doctor. However, there are some patient groups that would like to have active euthanasia legalized in Finland.

France:

French legislation does not authorise euthanasia and assimilates such an act to one of voluntary homicide. The medical deontological code does not allow a physician to provoke deliberately the death of his or her patient (see above).

Germany:

There is a guideline for accompanied dying published by the Federal Medical Association entitled "Principles of the Federal Medical Association on medical accompanied dying".

This guideline contains the following indications, amongst others:

Referring to assisting the dying:

Definition of the dying: Sick or injured persons suffering from the irreversible failure of one or several vital functions leading to an expectation of death in the near future.

Measures to prolong life may be omitted or discontinued, in accordance with the will of the patient, if these measures only delay death and the course of the illness can no longer be arrested.

With patients with an unfavourable prognosis who are not yet dying, but whose illness is well advanced and for whom treatment that maintains life would only prolong suffering, prolonging and maintaining life is replaced with palliative medical and care measures.

With the new-born suffering most serious deformities or serious metabolic disorders with no prospect of healing or improvement, in agreement with the parents, life-prolonging treatment may be omitted or discontinued.

With patients who have life-threatening illnesses who will not necessarily die in the near future, at an advanced stage of the illness, if for instance another vital function irreversibly fails, the decision may be justified to omit to use technical aids.

Greece: There are no professional codes of practice relating to euthanasia. However the code of Medical Deontology puts an obligation to all doctors to respect and save human life.

Hungary:

The Hungarian Act IV of 1978 on the Criminal Code orders a punishment for every culpable behaviour aiming at the extinction of another person's life. Although suicide is not considered as a criminal act, but assisting to a suicide is regulated as a special statement of a case. Due to the specificity of the regulation, the instigation of a crime and the determination of abetting of a crime are not excluded conceptually. It can be decided in case of a given, concrete act carried out by a medical doctor, whether the statements of a case was realised. However, euthanasia – named as a statement of a case – is not recognised by the Hungarian legislation in force (Paragraph 168 of Act IV of 1978 on the Criminal Code states, that: The person who induces an other person to commit suicide or assists to commit it, and if they attempt or commit suicide, this person commits a crime and it shall be punished by a sentence up to the period of 5 years.)

Ireland: The Medical Council Guidelines preclude euthanasia

Italy: The professional code of physicians deals with the issue as follows:

Art.36 (euthanasia):

A physician, even if requested by patient, should not practice or facilitate treatments aimed to cause his/her death.

Art. 37 (Incurable patient care):

In case of illness with unfavourable prognosis or in a terminal phase, physician should limit himself to moral assistance and to provide a therapy aimed to spare patient pointless suffering. Physician should provide the suitable treatments safeguarding, as possible, the quality of life.

When the consciousness is endangered, the physician should continue the support therapy until it will be reasonably useful. The sustaining therapy shall be continued until the irreversible loss of all the brain functions has been verified.

Art.14 (persistence in useless therapeutic and diagnostic treatments):

A physician should refrain from persisting in treatment that will not result in a benefice for the patient health and/or in an improvement in his/her quality of life.

Latvia: No, here is not any direct code of practice relating to euthanasia. In the Physicians Ethics Code there is only general statement concerning the obligations of physicians to protect human life and to act in the best interests of the patient.

Lithuania: Professional codes do not mention euthanasia explicitly. There are only general provisions to protect human life.

Luxembourg:

[T]he deontological code of physicians contains in the final indent of its Article 45 the following provision: *"The physician does not have the right to deliberately provoke the death of the patient"*. However, this provision must be read in the context of the first indent of the same article drafted as follows: *"In the case of an incurable or terminal disease, the physician must appease the physical and moral suffering of the patient by giving him or her the appropriate treatments while avoiding any hopeless extraordinary therapeutic means and in maintaining, as far as possible, the quality of a life that is ending. The physician must assist the dying person until the end and act in a manner which will enable the patient to retain his or her dignity."* The hospital law of the 28 August 1998 has corroborated the above provisions of the deontological code by ruling as follows in its Article 43:

"In the case of an incurable or terminal disease, the treating physician in the hospital must appease the moral and physical sufferings of the patient by giving him or her the appropriate treatments while avoiding any hopeless extraordinary therapeutic means and in maintaining, as far as possible, the quality of the survival.

The physician must assist the dying person until the end and act in a manner which would permit the patient to retain his or her dignity.

In the same way, the physician will provide to those close to the patient adequate assistance to relieve their sufferings with respect to this situation.

At the approach of death, the patient must have the right to be continually accompanied by at least one person of his or her choice in conditions which respect his or her dignity."

Netherlands: Yes. The professional associations for physicians and for nurses have drafted guidelines on good medical practice in cases of euthanasia, which may only be performed by a physician. These guidelines discuss the definitions of euthanasia and assisted suicide, the meaning of the due care criteria, practical matters, the options available to those with moral objections and potential legal implications. Furthermore, many institutions have their own written procedures for euthanasia and assisted suicide.

Poland:

The Medical Ethics Code indicates in Article 2, indent 2 that the physician's vocation consists in protecting life and the health of persons, and that the physician cannot use his or her knowledge or expertise in a manner which is contrary to this vocation.

According to Article 30 of the Code, a physician is expected to provide any help with the aim of ensuring the humanitarian care of the dying patient, which will enable him or her to die in dignity. The physician must alleviate the dying patient from his or her suffering until the end of his or her life and maintain, whenever possible, the quality of the life which is ending.

Article 31 of the Code addresses the prohibition of euthanasia.

This issue is regulated in a similar manner by the Ethical Code of Nurses and Midwives and by the Charter of Patients' Rights.

Portugal: The rules of the Deontological Code of the Council of Physicians are, in short, the following:

- The prohibition of euthanasia (it represents a serious deontological fault);
- The respect of the free and conscious decision of the patient to not be subjected to a treatment (article 47^o, n.º4);
- The prohibition of therapeutic relentlessness.

San Marino: There are no professional codes of practice relating to euthanasia. However the code of Medical Deontology puts an obligation to all doctors to respect and save human life.

Slovakia: YES. The Ethical Code of the Slovak Chamber of Physicians prohibits it. (This Code is, in the form of an appendix, the part of the Law No. 219/2002 on the profession of the physician, Slovak Medical Chamber, etc.)

Slovenia: There is a Position statement given by the National Bioethics Committee giving guidelines for withdrawal or withholding of medically futile treatment – which is not considered euthanasia (see enclosed).

Switzerland:

Yes, the medico-ethical directives on the medical care of patients at the final stages of life or suffering from extreme mental disturbances (ASSM Directives) which regulate indirect active euthanasia and passive euthanasia. (for the text cf. <http://www.ofj.admin.ch/f/index.html>.)

United Kingdom:

Active euthanasia is prohibited by law and no professional codes therefore exist on it.

Although we do not regard it as "euthanasia", withdrawal of treatment is covered in professional guidance, notably:

- British Medical Association: *Withholding and withdrawing life prolonging medical treatment: 1st edition 1999, 2nd edition 2001.*

- Royal College of Paediatrics and Child Health: *Withholding or withdrawing life saving treatment in children: a framework for practice: 1997*

The General Medical Council is in the process of developing guidance on this subject. As of August 2001, a consultation text has been issued.

Although we do not regard respecting an advance directive as "euthanasia", the professional code covering such directives is: *British Medical Association: Advance statements about medical treatment (1995).*

U.S.A.: Yes. The American Medical Association prohibits euthanasia.

4. Do laws relating to euthanasia exist? (y/n)

(Answers: Yes: 11 No: 21 Not Specified: 3)

a. What is the nature of these regulations (legislation, case-law, custom, code of ethics...)?

b. Please give the name or title of the legislation, regulations or other provisions.

5. Does the legislation, regulations or other provisions make euthanasia possible? (y/n)

(Answers: Yes: 1 No: 25 Not Specified: 9)

Country	4.	5.	Country	4.	5.
Albania	No*	NS*	Luxembourg	No*	NS
Andorra			Malta	No	No
Armenia			"the former Y R M"		
Austria			Moldova		
Azerbaijan			Netherlands	Yes*	NS*
Belgium	NS*	Yes*	Norway	NS*	NS
Bulgaria	No*	NS	Poland	No*	No*
Croatia	Yes*	No	Portugal	Yes*	No*
Cyprus	No*	No	Romania	No	No
Czech Rep.	No*	No	Russia	Yes*	No
Denmark	Yes*	NS*	San Marino	No*	No*
Estonia	No	No	Slovakia	No*	No
Finland	No*	No	Slovenia	Yes*	No
France	No*	No	Spain	No	No
Georgia	Yes*	No*	Sweden	No	No
Germany	Yes*	No	Switzerland	No*	NS*
Greece	Yes*	No*	Turkey	No	No
Hungary	No*	No*	Ukraine		
Iceland			United Kingdom	Yes*	No
Ireland	NS*	No	Canada		
Italy	No*	NS	U.S.A.	Yes*	NS*
Latvia	No	No			
Liechtenstein					
Lithuania	No	No			

Albania:

4. In the Chapter of "CRIMES AGAINST THE HEALTH AND LIFE" OF OUR "PENAL CODE", the term Euthanasia does not exist at all.

5. Only at our "CODE OF DEONTOLOGY" (1998) at item 20 is expressed as follows: "*The alleviation of suffering and pain is one of the basic tasks of a physician. Accelerator termination of life is contrary to medical ethics. The wishes of the well informed patient, suffering from an incurable disease, regarding the artificial prolongation of his life clearly expresses while fully conscious or from his family when he is unconscious, should be respected.*"

As a custom the doctor are allowed to cooperate in so-called passive euthanasia when a patient or his family by a written consent do not want the postponing of the time of death for a terminally ill (refuse of treatment in comma dépassé, advanced forms of cancer etc.)

Belgium:

4. nearly: the proposed law mentioned above, adopted by the Senate; must still be considered and voted-on by the House of Representatives.

4.a. Future law

4.b. "Proposed law relating to euthanasia".

5. Legislation will make euthanasia possible.

Bulgaria:

4. In Bulgaria, no regulations exist concerning euthanasia.

Croatia:

4.a. Legislation and Code of ethics, Code of ethics binds all members of the Chamber. All physicians working with the patients must be members of the Chamber.

4.b. Penal Code – 1997. Code of ethics – 1996. By-law on rights and liabilities of the members of Croatian Medical Chamber – 1998.

Cyprus:

4.a. There are no laws that permit Euthanasia, active Euthanasia, passive Euthanasia or assisted Dying. The article 218 of the Criminal Code (amendment) Law 46/1982 prohibits assisted suicide.

4.b. Article 218 of the Criminal Code.

Czech Republic:

4. No. See answer to question 2.

Denmark:

4.a. Legislation

4.b. Act on patients' legal rights and entitlements in Denmark and the Danish Criminal Act.

5. The Danish legislation only makes passive euthanasia possible.

Finland:

4. No. According to the act on the status and rights of patients (1992), article 6 (patients' right to self-determination):

"The patient has to be cared in mutual understanding with him/her. If the patient refuses a certain treatment or measure, he/she has to be cared, as far as possible, in other medically acceptable way in mutual understanding with him/her.

If a major patient because of mental disturbance or mental retardation or for other reason cannot decide on the treatment given to him/her, the legal representative or a family member or other close person of the patient has to be heard before making an important decision concerning treatment to assess what kind of treatment would be in accordance with the patient's will. If this matter cannot be assessed, the patient has to be given a treatment that can be considered to be in accordance with his/her personal interests. "

France:

4.a. Not relevant

4.b. Not relevant

Georgia:

4.a. Legislation

4.b. The Law of Georgia on "Health Care"

5. Article 151 of the Law on "Health Care" reads as follows:

"Medical Personnel, as well as any other person are prohibited to accomplish euthanasia, or participate in it".

Germany:

4.a. Legislation

4.b. Criminal Code

Greece:

4. Yes, indirectly, since the term euthanasia is not used in the law

4.a. Penal Code

4.b. Article 300 of the Penal Code 'Homicide on request'

5. No, but the person who decided and committed homicide after the serious and persistent request of the deceased, because of mercy towards him, who was suffering from an incurable disease, is punished by imprisonment (ten days to five years)

Hungary:

4., 5. The Code of Ethics of the Hungarian Medical Chamber prohibits every form of euthanasia. The application of terminal palliative medicine – which is not identical with passive euthanasia – is allowed in certain circumstances. The objective of this medicine is to relieve the physical and mental suffering of the terminally ill patient reaching the final state. The medical doctor, after due consideration, proposes appropriate treatment as well as the non-application of ineffective therapy. Palliative terminal medicine cannot be applied without the informed consent of the patient or his/her relative.

Ireland:

4. The medical Council Guidelines preclude Euthanasia.

Italy:

4. No, see Penal Code

Luxembourg:

4. The penal code does not specifically address euthanasia. This issue should be considered as coming under the chapter relating to homicide in the penal code.

Netherlands:

4. Yes.

4.a. The current regulations are laid down in an Act of Parliament based on the due care criteria established in pre-existing case law.

4.b. The Termination of Life on Request and Assisted Suicide (Review Procedures) Act.

5. The Termination of Life on Request and Assisted Suicide (Review Procedures) Act stipulates that euthanasia or assisted suicide shall not be regarded as an offence if certain conditions are met. Euthanasia is a criminal offence under Article 293 of the Criminal Code. The attending physician is exempt from prosecution, however, if he has observed the due care criteria listed in section 2 of the Termination of Life on Request and Assisted Suicide (Review Procedures) Act and notifies the municipal pathologist of the act. The due care criteria are listed in the answer to question 19.

The municipal pathologist reports the case to the regional review committee, which assesses whether the attending physician acted in accordance with the due care criteria. If so, he is exempted from prosecution. If not, the committee presents its findings to the Public Prosecution Service, which decides whether or not to prosecute.

The Termination of Life on Request and Assisted Suicide (Review Procedures) Act does not address:

- Withholding or withdrawing life-prolonging treatment
- Alleviation of pain and symptoms with an unintended life-shortening effect
- Medical intervention to terminate life *without* an explicit request by the patient.

Norway:

4. Under the Norwegian Penal Code section 236 it is prohibited to assist someone who wants to take his or her own life, and this kind of assistance is punishable as complicity in murder.

According to section 235 the punishment may be reduced or given a more lenient form, if someone motivated by compassion has killed or assisted in the killing of a terminally ill person.

Poland:

4. No. In Poland, legal provisions and regulations do not exist with respect to euthanasia.
5. No, in Poland, legal provisions and regulations making euthanasia possible do not exist. Actions of euthanasia constitute a criminal offence (homicide).

Portugal:

4. There is only the Criminal Code. However, voluntary euthanasia is covered by Article 134^o (homicide at the request of the patient; punishes the perpetrator with 1 to 5 years of prison) and involuntary euthanasia (euthanasia by compassion) is covered in Article 133^o (from 1 to 5 years). Both have a sentence much lower than for homicide (from 8 to 16 years) and qualified homicide (from 12 to 25 years).
5. No. According to our legislation, euthanasia is not possible.

Russia:

4. Yes
4.a. Legislation
4.b. Federal Law "Fundamentals of Legislation of the Russian Federation on Protection of Citizens' Health"

San Marino:

- 4.a. Penal Code
4.b. Article 150 of the Penal Code 'Homicide on request'
5. No, is punished by imprisonment

Slovakia:

4. NO. No special legislation concerning euthanasia exists in the Slovak Republic. Such practices are outlawed, however, by the existing provisions of the Penal Law (Law No. 141/1961 as later amended). Euthanasia would be considered under this law as taking of an innocent human life (i.e. as a murder; § 219), and/or as not providing necessary professional (life-saving) help, and this way not honouring important professional obligations on the part of the physician or other health professional (§ 224).
4.a. NA – non/applicable
4.b. NA – non/applicable

Slovenia:

- 4.a. Legislation & code of ethics.
4.b. Criminal Code; Code of Medical Ethics and Deontology

Switzerland:

4. No, except the Articles of the Swiss penal code mentioned above ch.2.
4.a. Legislation and ASSM Directives.
4.b. Swiss penal code and medico-ethical directives on the medical care of patients at the final stages of life or suffering from extreme mental disturbances.
5. No, with regards to direct active euthanasia. Yes, with regards to indirect active euthanasia and passive euthanasia (ASSM Directives).

United Kingdom:

4. Euthanasia is regarded as murder in all the legal jurisdictions of the UK.
4.a. In *England & Wales*, murder is a common law offence. In the medical setting, *R v Cox* (1992) confirmed that if a medical professional carried out an action with the intention of ending life, whether or not for compassionate reasons or at the patient's request, this would constitute murder. In *Scotland* murder is also a common law offence.

U.S.A.:

4. Yes. Laws relating to active euthanasia exist.
4.a. Euthanasia is illegal in the U.S. The regulations are governed by each state.
4.b. Euthanasia is covered in homicide laws in every state.
5. Not applicable.

6.

a. Do criminal sanctions exist (y/n)?

(Answers. Yes:28 No: 2 Not Specified: 5)

b. If so, have they ever been applied? (y/n)

(Answers. Yes: 7 No: 8 Not Specified:19)

Country	6.a.	6.b.	Country	6.a.	6.b.
Albania	No	No	Luxembourg	Yes*	NS*
Andorra			Malta	Yes	NS
Armenia			"the former Y R M"		
Austria			Moldova		
Azerbaijan			Netherlands	NS*	NS*
Belgium	Yes*	NS	Norway	NS	NS
Bulgaria	NS	NS	Poland	NS*	NS
Croatia	Yes*	No*	Portugal	Yes*	NS
Cyprus	Yes*	No	Romania	Yes*	NS
Czech Rep.	NS*	NS*	Russia	Yes	NS
Denmark	Yes	Yes	San Marino	Yes	No
Estonia	Yes*	NS	Slovakia	Yes*	No*
Finland	No	/	Slovenia	Yes	No
France	Yes*	NS	Spain	Yes	No
Georgia	Yes*	NS	Sweden	Yes	Yes
Germany	Yes	Yes	Switzerland	Yes*	NS*
Greece	Yes	NS*	Turkey	Yes	NS
Hungary	Yes	Yes*	Ukraine		
Iceland			United Kingdom	Yes*	Yes*
Ireland	Yes*	NS	Canada		
Italy	Yes*	Yes*	U.S.A.:	Yes*	Yes*
Latvia	Yes*	NS*			
Liechtenstein					
Lithuania	Yes*	No*			

Belgium:

6.a. Yes - Implementation of the dispositions of the Penal Code.

Croatia:

6.a. Yes. Penal Code article 94. cites the sanction 1-8 years.

6.b. The sanction was never applied.

Cyprus:

6.a. Although there is no legislation on Euthanasia, according to medical professional codes there are disciplinary proceedings against the doctor who applies, on his/her patients euthanasia.

Czech Republic:

6.a. See answer to question 2.

The penal code / Law No.360 from 1999/ defines the misprision /art.222 and 224, sanction : licensure suspension to 2 years of prison/ and malefaction /art.221, sanction: 2-8 years of prison/ and homicide / art.219, sanction 10-15 years of prison/

6.b. These sanctions have not been applied in the last 10 years for the situations which could be described as euthanasia or assisted suicide.

Estonia:

6.a. Yes. The sanctions exist on the basis of the Criminal Law as in all kinds of killing.

France:

6.a. Euthanasia is assimilated to a voluntary homicide to which criminal sanctions are associated.

Georgia:

6.a. Although, euthanasia is not specifically mentioned in the Criminal Code (the law which includes all criminal sanctions), it includes one article, which may be related to euthanasia. Particularly article 110 of the Criminal Code of Georgia says that, killing upon victim's request aiming at "saving" the dying person from severe pain is punishable with an imprisonment up to five years."

Greece:

6.b. I cannot answer this question if I don't make some research which I am unable to do before the deadline for answering this questionnaire. Nevertheless no such court case has ever reached publicity .

Hungary:

6.b. Last year started a criminal proceedings. An assistant of operating theatre was a participant of assisting to a suicide with drug from the Hospital. See the footnote to answer 3!

Ireland:

6.a. [Euthanasia] would be regarded as murder or manslaughter and subject to relevant legislation.

Italy:

6.a. Yes, see Penal Code

6.b. Yes at least in a legal case against a physician in Florence.

Latvia:

6.a. Yes. In accordance with the Criminal Law illegal homicide (murder) is culpable. Although the Criminal law do not use the term "euthanasia", though such kind of actions ought to be classified as illegal murder.

6.b. According to the information from the Ministry of Justice, there have not been any Court cases related to this issues in Latvia until now.

Lithuania:

6.a. Yes, general sanctions against killing. Such a killing would be regarded as one directed towards a vulnerable person and therefore the sanctions would be more severe.

6.b. No, however, some time ago a mother (a medical doctor herself) killed her severely burnt son, who requested to terminate his life for a long time. This case was discussed as euthanasia case in Lithuania. The mother was prosecuted, however, she was not sentence because psychiatric investigation revealed that during the accident she was in an affective state.

Luxembourg:

6.a. Yes, general sanctions against homicide

6.b. Until now no prosecution for actions relating to euthanasia have, seemingly, been undertaken in Luxembourg.

Netherlands:

6.a., 6.b. Article 293 of the Criminal Code reads as follows. 'Any person who terminates another person's life at that person's express and earnest request shall be liable to a term of imprisonment not exceeding twelve years or a fifth-category fine [one hundred thousand guilders]'

If the due care criteria are not fulfilled, no form of exemption from prosecution is available. In such cases, courts have imposed a sentence (usually suspended) on the attending physician because the criteria for exemption from prosecution on the above-mentioned grounds had not been fulfilled. Physicians may also be subject to disciplinary punishment.

Poland:

6.a. Criminal sanctions relating to euthanasia (without, however, using the exact term of euthanasia) are defined by the Criminal Code in the chapter addressing offences against life and health . According to Article 150 of the Criminal Code, the person who enables the death of another person on his or her request, and under the influence of compassion towards this person, is liable to a custodial sentence of between 3 months and 5 years. The Polish legislator, aware of the specificity of this offence, indicated in indent 2 of the same Article that in exceptional circumstances, the court may provide for the institution of an exceptional attenuation of the sentence and may even not impose it.

Portugal:

6.a. Yes, criminal sanctions exist.

Romania:

6.a. Yes, the penal code

Slovakia:

6.a. YES (provided for in the Law No. 141/1961 as later ammended, see sub 4.)

6.b. NO, they have not (to my knowledge).

Switzerland:

6.a. Yes, to the extent where acts of direct active euthanasia come under the provisions of Articles 111, 113, 114 CPS

Article 111 CPS: Murder

Anyone who intentionally kills a person will be punished with a detention of at least five years, if the conditions covered by the following Articles are not realised.

Article 113 CPS: Murder of passion

If the offender committed a murder when he or she was overcome by a violent emotion which was excusable due to the circumstances, or if he or she was at the time of the deed in a state of profound distress, he or she will be punished with a detention of 10 years at the most or with an imprisonment of between one and five years.

Article 114 CPS: Murder at the request of the victim

Anyone who, overcome by an honourable motive, in particular with pity, would have killed a person at his or her serious and persistent request will be punished with imprisonment.

6.b. We are not in a position to answer this question.

United Kingdom:

6.a. Yes. Conviction for murder carries a mandatory life sentence in all legal jurisdictions.

In England and Wales, if a person performed an act intending to end life whilst the balance of his or her mind was sufficiently disturbed so as to diminish his or her responsibility for the act, the charge may be reduced to manslaughter under the Homicide Act 1957, where the judge has a greater discretion in sentencing.

In Scotland, depending on the degree of diminished responsibility, it is possible for the charge to be reduced to the common law offence of culpable homicide, where a greater discretion in sentencing is also available.

6.b. There have been a number of convictions of family members who have performed euthanasia. In all the cases of which I am aware, the persons have been found to have diminished responsibility and if convicted at all, have been convicted of manslaughter. Not all of those convicted have been sentenced to prison.

U.S.A.:

6.a. Yes, criminal sanctions exist.

6.b. Yes, there are a small number of cases where people who have performed “mercy killing” were charged with first or second degree murder.

Assisted suicide:

7. Do any professional codes of practice relating to assisted suicide exist? (y/n)

(Answers. Yes:8 No:21 Not Specified:6)

If so, please give details.

Country	Rep.	Country	Rep.
Albania	No*	Luxembourg	NS*
Andorra		Malta	Yes
Armenia		“the former Y R M”	
Austria		Moldova	
Azerbaijan		Netherlands	Yes*
Belgium	NS*	Norway	NS
Bulgaria	NS	Poland	No*
Croatia	No	Portugal	No
Cyprus	Yes*	Romania	No
Czech Rep.	Yes*	Russia	NS
Denmark	No	San Marino	No
Estonia	No	Slovakia	Yes*
Finland	No	Slovenia	No
France	No*	Spain	No
Georgia	No	Sweden	No
Germany	No	Switzerland	No
Greece	No	Turkey	No
Hungary	Yes*	Ukraine	
Iceland		United Kingdom	No
Ireland	Yes*	Canada	
Italy	No	U.S.A.	Yes*
Latvia	No		
Liechtenstein			
Lithuania	NS		

Albania: Assisted suicide as a term does not exist in our code of ethics or other legislation.

Belgium:

See Article 95 on the Deontological Code above.

Cyprus: See answer for Q3.

Czech Republic: Yes. See response to question 3.

France:

Observations: Insofar as it is established that the acts of assistance to a suicide constitute a criminal offence corresponding either to one of the qualifications relating to the violation of life, or to the qualification of non-assistance to a person in danger, they are acts of homicide prohibited and punishable by French law. The following questions thus imply the same answers as above with regard to the section on euthanasia. See answer to question 3.

Hungary: See footnote to answer 3

Ireland: The Medical Council Guidelines precludes this practice.

Luxembourg: See comments for question 3.

Netherlands: See answer to question 3. The same rules apply to both assisted suicide and euthanasia. Assisted suicide must also be reported to the regional review committee through the intermediary of the municipal pathologist. The review committee must assess a case of assisted suicide using the same criteria that apply to euthanasia. The guidelines mentioned in the answer to question 3 are also applicable. For this reason, we have answered only those questions relating to euthanasia. No answer is given to questions 7, 8, 9 and 10.

Poland:

No, the deontological codes of the different medical professions do not regulate the issue of assisted suicide.

Slovakia: YES. The Ethical Code of the Slovak Chamber of Physicians prohibits it. (This Code is, in the form of an appendix, the part of the Law No. 219/2002 on the profession of the physician, Slovak Medical Chamber, etc.)

U.S.A.: Most medical professional groups oppose assisted suicide.

8. Do laws relating to assisted suicide exist? (y/n)

(Answers. Yes:16 No:15 Not Specified: 4)

a. What is the nature of these regulations (legislation, case-law, custom, code of ethics...)?

b. Please give the name or title of the legislation, regulations or other provisions.

9. Does the legislation, regulations or other provisions make assisted suicide possible? (y/n)

(Answers. Yes: 2 No:23 Not Specified: 10)

Country	8.	9.	Country	8.	9.
Albania	No*	NS	Luxembourg	No*	NS
Andorra			Malta	No	No
Armenia			"the former Y R M"		
Austria			Moldova		
Azerbaijan			Netherlands	Yes*	NS*
Belgium	No*	No	Norway	NS*	NS
Bulgaria	NS	NS	Poland	No*	No*
Croatia	Yes*	No	Portugal	Yes*	No
Cyprus	Yes*	No	Romania	No	No
Czech Rep.	Yes*	No*	Russia	NS	NS
Denmark	Yes*	No	San Marino	Yes*	No
Estonia	No	Yes	Slovakia	Yes*	No
Finland	No	NS	Slovenia	Yes*	No
France	No*	No*	Spain	Yes*	No
Georgia	No	No	Sweden	No	No
Germany	Yes*	No*	Switzerland	Yes*	Yes*
Greece	Yes*	No	Turkey	No	No
Hungary	Yes*	No	Ukraine		
Iceland			United Kingdom	Yes*	No
Ireland	No	No	Canada		
Italy	No	NS	U.S.A:	Yes*	NS*
Latvia	No	No			
Liechtenstein					
Lithuania	NS	NS			

Albania:

8. Assisted suicide as a term does not exist in our code of ethics or other legislation.

Belgium:

8. No - nothing on the proposed law on this subject.

Croatia:

8.a. Penal Code, article 96.

8.b. Participating in committing suicide

Cyprus:

8.a. Legislation

8.b. Criminal Code (amendment) Law 46/1982, article 218.

Czech Republic:

8. Yes. See response to question 2.

9. No. See response to question 2.

Denmark:

8.a. Legislation

8.b. The Danish Criminal Act.

France:

8.a. Not relevant. See answers to questions 4.a. and 7.

8.b. Not relevant. See answers to questions 4.b. and 7.

9. See answers to questions 5 and 7.

Germany:

8.a. Legislation

8.b. Criminal Code

9. No, see above at I.

Greece:

8. Yes (although the relative article of the Penal Code actually refers to the case where someone persuaded somebody to commit suicide or gave help to him)

8.a. Legislation

8.b. Article 301 of the Penal Code states that whoever assisted in suicide is punished by imprisonment

Hungary:

8. See footnote to answer 3.

Luxembourg: Assisted suicide is no more regulated than euthanasia. Since suicide is not a penal offence, the "accomplice" of a suicide is not prosecuted either, under the condition that the provisions sanctioning the non-assistance of persons in danger are applied.

Netherlands:

8. Yes. See answers to questions 7 and 4.

9. See answers to questions 7 and 5

Norway:

8. Under the Norwegian Penal Code section 236 it is prohibited to assist someone who wants to take his or her own life, and this kind of assistance is punishable as complicity in murder.

According to section 235 the punishment may be reduced or given a more lenient form, if someone motivated by compassion has killed or assisted in the killing of a terminally ill person.

Poland:

8. No, in Poland, legal provisions and regulations do not exist with respect to assisted suicide.
9. No, in Poland, legal provisions and regulations making assisted suicide possible do not exist. On the contrary, the physician's assistance in the suicide of his or her patient could constitute a criminal offence. Therefore, the Criminal Code endorses the prohibition for physicians (as, indeed, for all other persons) to encourage or assist in the suicide of another person.

Portugal:

8.a. There is the Criminal Code

San Marino:

8. Yes not directly, as above

8.a. Legislation

8.b. Article 151 of the Penal Code states that whoever assisted in suicide is punished by imprisonment

Slovakia:

8. YES. Assisting anyone in performing suicide is considered a serious criminal act under the Penal Law (§ 230, Law No. 141/1961 as later amended).

8.a. Penal Law – Law No. 141/1961 as later amended; see above.

8.b. Penal law – Law No. 141/1961 as later amended; § 230.

Slovenia:

8.a. Same as above

Spain:

8.a. Legislation

8.b. Penal Code

Switzerland:

8. Yes, Article 115 CPS (incitation and assistance in the suicide)

8.a. Legislation

8.b. Swiss penal code

9. Yes, if the author is not driven by a selfish motive (cf. Article 115 CPS e contrario)

United Kingdom:

8. Yes, in England & Wales and in Scotland the matter is dealt with under common law.

8.a. Legislation

8.b. Suicide Act 1961:

Section 2(1) provides : « A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years. »

U.S.A.:

8. Yes. Most states bar assisted suicide.

- General note about assisted suicide in the U.S.:

In 1997 two Supreme Court decisions ruled that there is no federal constitutional right to assisted suicide.

Therefore, assisted suicide is a policy matter left to each individual state in the U.S.

- In 1994, Oregon was the first, and is the only, state to make assisted suicide legal. However, the practice of assisted suicide in Oregon may change in the near future. The Federal Controlled Substance Act states that before a controlled substance can be distributed for legitimate medical purposes, one must obtain a license from the Drug Enforcement Administration. Attorney General Ashcroft is suggesting that physicians who prescribe controlled substances for assisted suicide are violating the Federal Controlled Substance Act because assisted suicide is not a legitimate medical practice. Depending on the federal government's interpretation of this Act, Oregon's practice of assisted suicide could be blocked.

8.a. The Death with Dignity Act is the assisted suicide law in Oregon. Before doctors may help patients with assisted suicide, the following actions must take place:

- Two doctors must judge independently that the patient has six months or less to live.

- Patients must have explored all treatment options.

- Witnesses must affirm that the patient seeks to die voluntarily and, if a person's mental competence is in question, a psychologist must affirm that the patient is neither mentally incompetent nor depressed.
- Patients must make three requests to die. A 15-day waiting period, beginning after the initial request, must elapse before the patient can obtain a prescription containing a large enough drug dose to kill himself or herself.

(Oregon's Death with Dignity Act Annual Report 2001 <<http://www.ohd.hr.state.or.us/chs/pas/ar-index.htm>>)

8.b. Death with Dignity Act (in the state of Oregon)

9. See response to question 8.

10.

a. Do criminal sanctions exist (y/n)?

(Answers. Yes: 23 No: 4 Not Specified: 8)

b. If so, have they ever been applied? (y/n)

(Answers. Yes: 6 No: 6 Not Specified: 21)

Country	10.a.	10.b.	Country	10.a.	10.b.
Albania	No	No	Luxembourg	NS	NS
Andorra			Malta	Yes	NS
Armenia			"the former Y R M"		
Austria			Moldova		
Azerbaijan			Netherlands	NS*	NS*
Belgium	Yes*	NS*	Norway	NS	NS
Bulgaria	NS	NS	Poland	Yes*	NS
Croatia	Yes	Yes	Portugal	Yes*	NS
Cyprus	Yes*	No*	Romania	Yes*	NS
Czech Rep.	Yes*	NS*	Russia	NS	NS
Denmark	Yes	Yes	San Marino	Yes	No
Estonia	No*	No	Slovakia	Yes*	No*
Finland	No	/	Slovenia	Yes	No
France	Yes*	NS*	Spain	Yes	NS*
Georgia	No	/	Sweden	NS	NS
Germany	Yes	Yes	Switzerland	Yes*	NS
Greece	Yes	NS	Turkey	Yes	NS
Hungary	Yes	Yes*	Ukraine		
Iceland			United Kingdom	Yes*	Yes*
Ireland	Yes *	NS	Canada		
Italy	Yes*	NS	U.S.A.	Yes*	Yes*
Latvia	NS*	NS*			
Liechtenstein					
Lithuania	NS	NS			

Belgium:

10.a. Yes – general provisions of the Penal Code (non-assistance of persons in danger).

10.b. Not to my knowledge.

Cyprus:

10.a. Yes. Ten years imprisonment

10.b. No. No cases referred until now.

Czech Republic:

10.a. Yes. See response to question 2.

10.b. Sanctions have not been applied in the last 10 years.

Estonia:

10.a. No, suicide is not punishable and the assistance in suicide is not punishable also.

France:

10.a. See answers to questions 6.a. and 7.

10.b. See answers to questions 6.b. and 7.

Hungary:

10.b. See footnote to answer 3.

Ireland:

10.a. [Assisted suicide] would be defined as murder or manslaughter and subject to relevant laws.

Italy:

10.a. Yes, see Penal Code

Latvia:

10.a., 10.b. See the answer to item Nr. 6.

Netherlands:

10.a., 10.b. See answers to questions 6 and 7

Poland:

10.a. Yes. Article 151 of the Criminal Code foresees that the person who provokes the suicide of another person, by providing assistance or encouraging him or her to end his or her life, is liable to a custodial sentence of between 3 months and 5 years.

Portugal:

10.a. Yes. Criminal sanctions exist. They are addressed in Article 135° of the Criminal Code (sentence of up to 3 years in prison).

Romania:

10.a. Yes, the penal code

Slovakia:

10.a. YES (provided for by § 230 of the Law No. 141/1961).

10.b. NO (to my knowledge).

Spain:

10.b. Once there have been active prosecution of familiars in case, but without results.

Switzerland:

10.a. Yes, Article 115 CPS (incitation and assistance in the suicide)

Anyone who, driven by a selfish motive, would have incited a person to suicide, or would have given assistance with regards to the suicide, will be, if the suicide was accomplished or attempted, punished with a detention of five years at the most or with imprisonment.

United Kingdom:

10.a. Yes. Up to 14 years imprisonment can be imposed under the Suicide Act 1961. **10.b.** **10.b.** Prosecutions have been brought under the Act.

U.S.A.:

10.a. Yes. Criminal sanctions exist across the U.S., except for the state of Oregon.

10.b. Yes. These sanctions have been applied.

National Commission on euthanasia:

11. Did a National Commission on euthanasia exist in the past? (y/n)

(Answers. Yes: 3 No: 28 Not Specified: 4)

12. Does a National Commission on euthanasia now exist? (y/n)

(Answers. Yes: 0 No: 33 Not Specified: 2)

Country	11.	12.	Country	11.	12.
Albania	No	No	Luxembourg	NS	No
Andorra			Malta	No	No
Armenia			"the former Y R M"		
Austria			Moldova		
Azerbaijan			Netherlands	Yes*	No*
Belgium	No	No*	Norway	NS	NS
Bulgaria	NS	NS	Poland	No	No
Croatia	NS	No*	Portugal	No	No
Cyprus	No	No*	Romania	No	No
Czech Rep.	No*	No	Russia	No	No
Denmark	No	No	San Marino	No	No
Estonia	No	No	Slovakia	No	No
Finland	No	No	Slovenia	No	No
France	No	No*	Spain	No*	No
Georgia	No	No	Sweden	No	No
Germany	No	No	Switzerland	No	No
Greece	No	No	Turkey	No	No
Hungary	No	No	Ukraine		
Iceland			United Kingdom	Yes*	No
Ireland	No	No	Canada		
Italy	Yes*	No*	U.S.A.	No	No
Latvia	No	No*			
Liechtenstein					
Lithuania	No	No			

Belgium:

12. No but currently envisaged by the proposed law ("Federal Commission of control and evaluation")

Croatia:

12. No. It does not exist

Cyprus:

12. No. This year a National Committee on Bioethics is going to be established. Its sphere of competence refers to the following issues:

The systematical analysis of moral problems, which arise out of scientific progress in the fields of biology, medicine or general health care; The production of statements of opinions and advice concerning the above problems. The preparation of legislation that regulates issues related with the above mentioned problems.

Czech Republic:

11. No. There is a working group for the questions of euthanasia within the Czech Medical Chamber with consultative role for the board of the Chamber.

France:

12. No, a National Commission specialised on the issues of euthanasia does not exist.

However, a certain number of bodies can be entitled to consider such issues in as much as they relate to ethical, societal or human rights concerns and to give opinions and recommendations either at the request of public authorities or on their own initiative. This occurred with the National Advisory Ethics Committee for Life Sciences and Health (Comité consultatif national d'éthique pour les sciences de la vie et de la santé: CCNE) or again the National Advisory Commission for Human Rights (Commission consultative nationale des droits de l'homme : CNCDH).

Italy:

11. Yet, the Minister of Health instituted a Commission on Permanent Vegetative State.

12. The National Bioethics Committee instituted a working-group which task is to analyse ethical issues related to pain relief treatment, permanent vegetative state, living will.

The first opinion published, on pain treatment, is available in NBC website:

www.palazzochigi.it/bioetica/pareri. The next task of the group will be preparing an advice on "the permanent vegetative state". Besides that the NBC produced in 1995 a statement on "Ethical questions related to the end of life" (see the website)

Latvia:

12. No, here is no especial National Commission. However, the Central Medical Ethics Committee is responsible for all to human life and medicine related ethical issues. Accordingly the Committee can review the questions regarding to the ethical aspects of euthanasia.

Netherlands:

11. Yes. The Netherlands had a National Commission on euthanasia from 1982 to 1985.

12. There is no National Commission on euthanasia at present.

Spain:

11. No. But for one year and a half, the Senate has constitute a Commission who heard more than one hundred experts in euthanasia. No definitive results, but a motion was approved asking the Government to work in a plan of palliative care. The Plan has been approved and sent to the Senate.

United Kingdom:

11. Yes. The most recent was the House of Lords Select Committee on Medical Ethics, which considered euthanasia in depth and reported in 1994.

13. What is (was) the role of this National Commission (writing of report, advice, proposing regulations...)?

Belgium: Subsequent examination of each euthanasia file – report to Parliament every two years.

France: Not relevant with respect to the existence of a National Commission.

NB: With respect to the role of the bodies mentioned above, one can note the opinion of the CCNE of January 2000 entitled "End of life, ending of life, euthanasia". This opinion was noticed and strongly debated, even denounced. Indeed, for the first time the CCNE, having already given several opinions on the matter (opinion of 1991 concerning the proposition for a resolution of the European Parliament on the assistance to dying persons, opinion of 1998 on the informed consent of, and information provided to, persons accepting care or research procedures), explicitly proposed an "opening-up" with respect to euthanasia, evoking the possibility of a "euthanasia exception" enabling a response, without incurring a criminal sanction, to a specific request from a suffering patient who is dying.

As for the CNCDH, it is currently preparing a synthesis study of the positions, experiences and arguments involved concerning the end of life issue. This work should also contribute to clarify the debate.

Italy: Writing an ethical advice that could be used by Italian government in order to produce regulations.

Latvia: According to the Statutes of the Central Medical Ethics Committee (approved by the Cabinet of Ministers) the Committee is responsible to provide guidance and necessary information for governmental and nongovernmental organisations related to the medical ethics questions, in particular concerning the legal acts conformity to the medical ethics standards. The Committee has the duty concerning the estimation of new medical technologies in relation to the medical ethics standards, to examine the complaints on medical ethics questions. Thereto the Committee has the right to initiate the abrogation of physicians certificate in case of medical ethics standards disturbance by physician.

Netherlands: The Commission's task was to make recommendations on euthanasia policy.

Poland:

The Polish system is not acquainted with such an institution.

Slovakia:

NA – non/applicable

United Kingdom: To prepare a report and make recommendations.

General:

14. Do the regulations include neonates? (y/n)

(Answers. Yes: 8 No: 10 Not Specified: 17)

15. Do the regulations include children? (y/n)

(Answers. Yes: 8 No: 11 Not Specified: 16)

16. Do patients have the right to refuse a specific treatment? (y/n)

(Answers. Yes: 28 No: 0 Not Specified: 7)

17. Can life sustaining treatment be withdrawn from a patient who is considered as being brain dead? (y/n) If so, under what circumstances?

(Answers. Yes: 24 No: 1 Not Specified: 10)

18. Can life sustaining treatment be withdrawn from a patient who is not able to consent? (y/n) If so, under what circumstances?

(Answers. Yes: 17 No: 7 Not Specified: 10)

Country	14.	15.	16.	17.	18.	Country	14.	15.	16.	17.	18.
Albania	No	No	Yes	Yes*	Yes*	Luxembourg	NS	NS	Yes*	NS	NS*
Andorra						Malta	No	No	Yes	Yes	Yes
Armenia						"the former Y R M"					
Austria						Moldova					
Azerbaijan						Netherlands	No*	Yes*	Yes*	NS*	NS*
Belgium	No	No	Yes	Yes*	Yes*	Norway	NS	NS	NS*	NS	NS*
Bulgaria	NS	NS	NS	NS	NS	Poland	No*	No*	Yes*	NS*	NS*
Croatia	Yes*	Yes*	NS*	NS*	NS*	Portugal	NS*	No	Yes*	NS*	Yes*
Cyprus	NS*	NS*	NS*	Yes*		Romania	NS	NS	Yes	Yes	Yes*
Czech Rep.	No	No	Yes	Yes*	Yes*	Russia	No	No	Yes	No	No
Denmark	Yes	Yes	Yes	Yes*	Yes*	San Marino	Yes*	NS*	Yes	NS*	No
Estonia	NS	NS	Yes	Yes*	No	Slovakia	Yes*	Yes*	Yes*	Yes*	No*
Finland	No	No	Yes	Yes*	Yes*	Slovenia	NS*	NS*	Yes	Yes*	NS*
France	NS*	NS*	Yes*	NS*	NS*	Spain	NS*	NS	Yes	Yes*	Yes*
Georgia	No	No	Yes*	Yes*	Yes*	Sweden	NS	NS	NS	Yes	No
Germany	Yes	Yes	Yes	Yes*	Yes*	Switzerland	Yes*	Yes	Yes*	Yes*	Yes*
Greece	NS*	NS*	Yes	Yes*	No	Turkey	NS	NS	Yes	Yes*	Yes*
Hungary	NS	No	Yes	Yes*	Yes*	Ukraine					
Iceland						United Kingdom	Yes	Yes	NS*	Yes*	Yes*
Ireland	NS*	NS*	NS*	NS*	NS*	Canada					
Italy	Yes	Yes	Yes	Yes*	No*	United States	No	No	Yes*	Yes*	Yes*
Latvia	NS	NS	Yes*	Yes*	Yes*						
Liechtenstein											
Lithuania	NS	NS	Yes	Yes*	NS*						

Albania:

17., 18. Yes, when it is asked from the family or close relatives by a written consent, or when the doctor must act according to his best knowledge and his moral ethical belief.

Belgium:

17., 18. Yes – see Article 98 of the Deontological Medical Code above.

Croatia:

14. Yes, article 97. Penal Code – Illegal abortion

15. Yes, for example Penal code – assisted suicide – participating in committing suicide – article 96. – st. 2. i 3. sanction is harder when the victim is neonate or child. Sanction is like for murder – defined in art. 90. Penal Code of Croatia.

16. Art. 26. Law on health protection, item 10 and 11 define refusal of medical examination and medical treatment, surgical and other medical intervention on human body of the person is conscious and capable for judgement. Article 31. of the By – law rights and responsibilities of the members of the Croatian medical chamber defines the same as well as the Code of medical ethics and deontology in art. 4., item 2.

17. Art. 26 item 11. of the Law on health protection – Approval for refusal of medical intervention for persons who are not conscious or are not capable for judgement are provided by the members of their closer family or their close relatives or by custodian, except in case of undeferrable medical intervention.

18. The same

Cyprus:

14. There are no such regulations

15. There are no such regulations

16. There are no regulations concerning this particular issue, but it is a patients' right to accept or refuse a specific treatment and to choose his/her doctor. Concerning the persons who are not able to consent there are regulations providing for the competent body or person who can give the necessary authorisation for a specific treatment that can be carried out on a person unable to consent.

17. Yes. Life sustaining treatment can be withdrawn in certain cases where is been certified by two independent specialists doctors. This procedure is being followed especially under the provisions of the law on transplantation (No. 97, Part III, 10, 1987). There are also regulations about the procedures for such issue as set out in K.?.?. 308/89.

Czech Republic:

17. Yes. Withdrawing of the therapy is possible only under the circumstances of an appointed brain death. Brain death is appointed by a neurological assessment conforming lack of reflexes above C1 under circumstances of no sedative treatment, with no signs of spontaneous breathing with no evidence of hypocarbia, and twice performed cerebral panangiography confirming no intracranial perfusion in thirty minutes interval. The Brain Death Protocol must be signed by consultants of neurology intensive care and radiology. These consultants must not be members of one treatment group caring of the particular patient.

18. Yes. Withholding of the therapy – the therapy is withheld in a moment when these life prolonging treatments cause more suffering than benefit.

Withdrawing of the therapy – please see the answer to the question 17.

Denmark:

17. Yes. If it is useless to treat the patient and the patients' death is approaching, it is legal to break off the life sustaining treatment. (The patient might have consented in a living will, look below, no. IV.)

18. Yes. If it is useless to treat the person and the patient's death is approaching, it is legal to break off the life sustaining treatment. (The patient might have consented in a living will, look below, no. IV.)

Estonia:

17. Yes, when the commission of experts fixed the brain death on the basis of provisions of brain death, asserted by the Minister of Social Affairs

Finland:

17. Yes. Brain death is recognized in Finnish legislation and therefore life sustaining treatment is withdrawn (in case of organ donation the treatment is maintained until organs have been removed; this requires the consent procedures).

18. Yes (a brain dead person is, by definition, unable to consent). See answer to question 4.

- if the patient has expressed his wishes when he was still capable of consent, these wishes have to be followed.

- if previous wishes have not been expressed, the patient's legal representatives, a close relative, or other person closely connected with the patient, give their consent. This consent cannot, however, be against the patients' best interests (the physician in charge needs to make a decision about this).

France:

14. Not applicable

15. Not applicable

16. Yes

As mentioned above in question 1, recent French legislation on the rights of sick persons does not recognise a right to euthanasia but enacts the primacy of the person in the physician / sick person relationship and his or her right to dignity. Beyond the passive consent to health care, the March 2002 law introduced a principle of participation in the decision. It is the previously informed sick person who, in association with the health care professional, takes the decisions concerning his or her health. Thus, he or she can always refuse or interrupt a treatment. However, if this refusal puts his or her life in danger, the physician must make every effort to convince him or her to accept essential health care.

17. These situations are the most sensitive since one is in the presence of persons who are no longer in a condition to consent.

With regard to the recent French legislation, insofar as the medical team, after having consulted the person of confidence nominated beforehand by the sick person or his or her family or, failing this, his or her close contacts, considers that it is a situation of therapeutic relentlessness, it can decide to interrupt the treatment rendered useless. However, this decision is open to a control by a penal judge. In the event that the medical decision is subsequently questioned, it will indeed be for the latter to determine whether there was an interruption of a situation of therapeutic relentlessness, a situation which could not be comparable to an act of euthanasia (or, on the contrary, euthanasia,) which means, in our legislation, to a homicide.

18. See answer to the previous question

Observations relating to questions 17 and 18:

In any event, it seems to us that any reflection concerning the end of life, when the person is no longer in a condition to consent, must set as its objective the elimination of existing situations in which the medical profession, delivered unto itself, acts to some extent in clandestinity.

Georgia:

16. Yes. This issue is regulated by the Law on "the Rights of Patient". Patients are allowed to refuse any type of treatment. With this regard article 23 of the Law says the following:

" 1. Competent patient having decision-making capacity shall have the right to refuse medical service, as well as to cease ongoing medical service at any stage. Patient shall be thoroughly informed about expected outcomes of refusal or cessation of medical services.

2. It is prohibited to provide medical services against the will of competent patient who has decision-making capacity, with the exception of the cases stipulated by the legislation of Georgia".

But there is one exception from the rule set out in the above mentioned article; Particularly law doesn't allow the pregnant woman to refuse treatment which poses minimal risk to the health and life of the woman and if intervention is necessary for the delivery of a live foetus. The article 36 of the law on "the Rights of Patients" reads as follows:

"1. The pregnant woman shall have the right to make decision about the medical intervention proposed to be carried out on her or foetus with the exception of cases referred to in paragraph "2" of this article.

2. Pregnant woman shall not have the right to refuse medical intervention, which is necessary for the birth of living foetus and which bears minimal risk to the health and life of pregnant woman."

17. Yes. According to Georgian legislation, brain dead persons are considered to be dead (see below the Article 12 of the law "on Human Organ Transplantation").

"The person can be considered as dead only after brain death or irreversible cessation of heartbeat and circulation is confirmed."

Human brain death criteria are approved by Decree of the President. In this Decree it is stated that "Once the brain death diagnosis is stated the resuscitation activities including artificial ventilation of lungs can be terminated if the deceased is not a potential donor of organs."

18. Yes. Generally decision about the treatment of incompetent patient is made by patient's relative or his/her legal representative. The law allows the above-mentioned persons (patient's relative or his/her legal representative) to make decision to withhold the life sustaining treatment from dying patient when patient is unconscious (see article 148, paragraph 2 of the law "on Health Care").

"In the case of unconsciousness of the patient in the terminal stage, the patient's relative or legal representative taking into consideration patient's personal wishes, and in order to preserve the patient's dignity, has the right to deny the resuscitation, life-saving or palliative treatment."

On the other hand law establishes certain protective measures to prevent patient from abuse; with this regard paragraphs 1 and 3 of the article 25 of the law on "the Rights of Patient" says the following:

"1. Healthcare provider shall have the right to put the decision of the incompetent patient's relative or legal representative into court, if this decision contradicts the health interests of the patient."

3. If incompetent patient or patient who lacks decision making capacity urgently needs medical service without of which the death is imminent, but patient's relative or legal representative refuses medical service, healthcare provider shall make decision in accordance with patient's health interests."

Germany:

17. Yes. If brain death has been diagnosed

18. Yes. See above at I.

Greece:

14., 15. The way article 300 is formulated does not include neonates. However, perhaps the Court could apply it by analogy.

17. Yes, Brain stem death has to be certified under a series of clinical and laboratory procedures

Hungary:

17. Yes. If a previously authorized person withdraws the life sustaining treatment. The legitimate authorization is regulated.

18. Yes. If a previously authorized person withdraws the life sustaining treatment. The legitimate authorization is regulated.

Ireland:

14., 15. Not Specifically and not relevant

16. Not relevant

17., 18. These questions are rather naïve because apart from ventilation and food, life sustaining measures are not always easily defined. For 17. Ventilators are eventually turned off but relatives wishes are involved in decision making.

Italy:

17. Yes, see art.37 of the professional code, just quoted. Notice that from a legal point of view the definition of "brain death" refers to the death of the whole brain. (see law 19991 n.578 in www.parlamento.it)

18. No. Yet, see above.

Latvia:

16. Yes, in accordance with the Article 23 of Law on Medical Treatment: "A patient has the right to refuse, in full or in part, examination or medical treatment offered by certifying such refusal with his or her signature. If a patient is a minor or a person who due to his or her state of health is unable to understand the consequences of his or her actions, family members, but if such do not exist, the closest relatives or lawful representatives of the patient (trustees, guardians) have such rights and liability for the decisions taken. The doctor has a duty to explain to the patient, his or her family members, closest relatives or lawful representatives (trustees, guardians) the consequences of such refusal. If a patient has accepted a treatment plan, he or she is responsible for observing all instructions of the medical practitioner related to the medical treatment and care."

17. Yes, see the answer to item 16.

18. Yes, see the answer to item 16.

Lithuania:

17. Yes. In case the whole brain death is diagnosed there are special provisions dealing with this issue. A decision is made by a special consilium.

18. See 17. Also according to the Law on Human Death and Critical Care, a person should not be resuscitated if he/she has expressed such a wish and there is an approval of doctors' consilium.

Luxembourg:

16. According to Article 40 of the hospital law *"the patient has the right to refuse or accept any diagnostic or therapeutic intervention"*.

18. Concerning any withdrawal of life sustaining treatment, an answer must be looked for in the articles mentioned above of the deontological code and the hospital law relating to extraordinary therapeutic means.

Netherlands:

14. No. Termination of the life of neonates is governed solely by the Criminal Code, and not by the Termination of Life on Request and Assisted Suicide (Review Procedures) Act.

15. Yes. The Termination of Life on Request and Assisted Suicide (Review Procedures) Act includes the following provisions on children.

Minors aged 16 or over may request euthanasia or assisted suicide. Their parents or guardian must be consulted. Minors aged 12 to 15 may also make such a request but euthanasia may not be performed nor may assistance with suicide be given without the consent of the parents or guardian.

Termination of the life of children aged 12 and under is governed solely by the Criminal Code, and not by the Termination of Life on Request and Assisted Suicide (Review Procedures) Act.

16. Under the provisions of the Dutch Civil Code, patients always have the right to refuse medical treatment.

17. The standard in the health professions is to withdraw treatment when it no longer serves any medical purpose. When a patient is found to be brain dead according to the protocols in effect, treatment can be regarded as no longer serving any medical purpose and may be withdrawn.

18. As a general rule, medical treatment may not be withdrawn without the patient's consent. The following cases are exceptions to this rule:

1. The standard in the medical professions is to withdraw treatment when it no longer serves any medical purpose.

2. A provision on refusal of treatment directives is included in the Civil Code. A patient who is capable of making an informed decision may state in such a directive that under certain circumstances he does not want further treatment. If these circumstances then arise at a time when the patient is no longer capable of an informed decision, the directive will be interpreted as a refusal of further treatment.

3. The Termination of Life on Request and Assisted Suicide (Review Procedures) Act also provides for advance directives. A patient capable of making a reasonable appraisal of his own interests may make a written declaration requesting that his life be terminated if his suffering becomes unbearable, there is no prospect of improvement and he is unable to express his will. This declaration may be regarded as a voluntary and well-considered request for euthanasia. In making his decision, the attending physician must take into consideration the statutory due care criteria.

Norway:

16. 18. Section 7 in The Health Personnel Act deals with the question of emergency health care. Health personnel shall immediately provide the health care they are capable of when it must be assumed that the health care is of vital importance. Pursuant to the limitations laid down by the Patients Rights Act section 4-9, necessary health care shall be given, even if the patient is incapable of granting his consent thereto, and even if the patients objects to the treatment.

In some situations the patients themselves have a right to decide whether a treatment that is lifesaving at least in the short run, should be applied or not. According to section 4-9 in The Patients' Rights Act the patients have a right to refuse this kind of health care under special circumstances.

The patient is entitled, due to serious conviction, to refuse to receive blood or blood products and to refuse to call off an ongoing hunger strike.

A dying patient is entitled to object to life-prolonging treatment. If a dying patient is incapable of communicating his wishes on treatment, the health personnel may withdraw health care if the patient's next of kin state wishes corresponding thereto, if the health personnel, based on an independent evaluation, find that this corresponds with the patient's wishes as well, and therefore should clearly be respected.

Health personnel must ensure that a patient as mentioned on item 1 and 2, is of age, and that he has been given adequate information and has understood the consequences to his own health upon refusing treatment.

Poland:

14. 15. No. The Civil Code and the Polish Family Code only include general regulations relating to the protection of the child (neonates constitute the medical and not the legal term). In the system of Polish medical law, the notion of the child is often covered by the term patient.

16. Yes. The right for patients to refuse a proposed treatment is stated in the Law on the Physician's Profession of 5 December 1996 and the Law on the Provision of Medical Care of 30 August 1991.

17. 18. Article 32 of the Medical Ethics Code indicates that during the final stages, the physician is not obliged to initiate nor to continue intensive care or final therapy, nor to undertake exceptional measures. The decision concerning the interruption of intensive care belongs to the physician and is dependent on his or her appreciation of possible successful therapeutic outcomes.

Portugal:

14. There are no specific regulations for neonates. The general regulations are applied. [However, in cases of abortion of living foetuses, Report 28/CNECV/99 (National Ethics Council for the Life Sciences) indicates that physicians should not try to undertake aggressive therapies; on the other hand they must care for the child and avoid any suffering.]

16. Yes. Article 47^o, n.º 4 Deontological Code, Article 156^o Criminal Code and Basis XIV, nº1, al. b) of the Law n.º 48/90 of the 24th of August.

17. The Law n.º 141/99, of August 28 determines that "*death corresponds to the irreversible cessation of the cerebral trunk functions*" and, according to the legal authorisation, the *Declaration of the Council of Physicians of 1 September 1994* specifies the medical conditions to certify brain death and its irreversibility. In a situation of a comma, without a declaration of brain death, life sustaining treatments must not be interrupted. However, the policy indicates that the operation to disconnect the reanimation apparatus can be regarded as a situation of passive euthanasia.

18. Yes. If undertaking the treatment is futile.

Romania:

18. Yes, in the case of brain death declared by a Medical Commission

San Marino:

14. Yes art. 152 Penal Code set to it

15. As above

17. Not prescript by law and brain death is certify after a clinical-instrumental proceedings. Circumstances: After global (family, relatives and doctors) decision

Slovakia:

14. YES, all provisions prohibiting or outlawing euthanasia or assisted suicide include also neonates.

15. YES, all provisions prohibiting or outlawing euthanasia or assisted suicide include also children.

16. YES. (§ 6, Law No. 277/1994 on health care.)

17. YES. Specified by the provisions of the law (§ 52, Law No. 277/1994 on health care).

18. NO. This is not specifically provided for by the law. However, it is considered a good medical practice to withdraw the so-called futile treatments, treatments not bringing any benefit to the patient, especially, if those are connected with additional burden, or suffering, or considerably worsening the quality of life of the patient. "The best patient's interest" principle should always be applied.

Slovenia:

14. Not Applicable

15. Not Applicable

17. Yes, After brain death has been diagnosed in the legally defined manner. ("whole brain death" criteria fulfilled on two examinations 6 hours apart for adults and 72-12 hours for children of different ages; an instrumental confirmation test (EEG or radionuclide brain scintigraphy) is mandatory; 2 MDs with proper experience perform the tests and confirm the diagnosis).

18. See enclosed text by NMEC

Spain:

14. There is some rules of the Spanish Society of Paediatrics

17. Yes. Case by case. Agreement among family and physicians

18. Yes. When the physicians considers that there is no viability and the family agrees. Most ICUs have written criteria about withdrawn.

Switzerland:

14. Yes (cf. ASSM Directives, par.3.5.)

16. Yes (cf. ASSM Directives, par. 2.1. Patients capable of discernment)

17. Yes (cf. ASSM Directives par.3.)

18. Yes (cf. ASSM Directives par. 3.5.)

Turkey:

17. Yes, When brain dead

18. Yes, By court judgment

United Kingdom:

16. Except for patients detained under mental health legislation in respect of treatment for the mental disorder, all patients over the age of 18 have an absolute right to refuse medical treatment.

The position with children is more complex and there are differences between Scotland and England & Wales in this respect.

17. Yes. A patient who is diagnosed as brain stem dead according to the professional code of practice, which has been accepted by the Courts, is dead according to law. As the patient is dead there can be no duty to continue any form of life sustaining treatment.

18. Yes. There is a range of different circumstances:

In England & Wales:

i) where a patient over the age of 18 has made an advance directive when s/he had the competence to do so which is valid and applicable to the circumstances;

ii) where it is no longer in the best interest of a patient over the age of 18 to continue the treatment;

iii) in the case of a child under the age of 18 in England & Wales, or under the age of 16 in Scotland, where either:

a) the persons with parental responsibility refuse consent for the treatment to be continued;

b) where it is no longer in the best interests of the child to continue the treatment.

In both a) and b) if there is any doubt about the appropriate course of action the Courts should be consulted and will then direct the action to be taken. The Courts can over-rule the refusal of a person with parental responsibility.

Under the Adults with Incapacity (Scotland) Act 2000 treatment can be withdrawn if:

the treatment does not promote or safeguard the health of the person concerned

or if a person appointed under the Act refuses the treatment on behalf of the person concerned.

U.S.A.:

16. Yes. Informed adults with decision-making capacity almost always have the legal and ethical right to refuse any recommended life-sustaining medical treatment. The patient has this right regardless of whether he or she is terminally or irreversibly ill, has dependents, or is pregnant. (Ethics Manual. Annals of Internal Medicine. 128 : 576-594, 1998 < <http://www.acponline.org/shell-cgi/printhappy.pl/journals/annals/01apr98/ethicman.htm>>)

17. If "considered as being brain dead" means that a patient has lost higher brain function but brainstem functions continue, then yes, life sustaining treatment can be withdrawn. Some state laws require a court order to do this.

18. Advance directives allow doctors to remove life sustaining treatment from the patient.

In most states, treatment can be withdrawn through a family decision without an advance directive. In some states, this process is known as surrogate decision making. If family members are not available, a guardian may go to court and take steps to remove treatment.

Also in most states, if a physician determines a treatment to be medically ineffective, then the physician can withdraw treatment.

19. What criteria must be met before euthanasia or assisted suicide is undertaken?

Albania:

When it is asked from the family or close relatives by a written consent, or when the doctor must act according to his best knowledge and his moral ethical belief.

Belgium:

Proposed law: consent by the sick person – consultation with another independent physician, the health-care team and close contacts.

Croatia: No criteria since euthanasia is forbidden by law.

Cyprus: Is not applied.

Czech Republic: No standard criteria. See the answer to question 2.

Denmark:

According to Danish law it is only legal to give passive euthanasia by refraining from beginning or breaking off a treatment which prolongs life. It is however a condition that treating the patient is useless and the patients' death is approaching. It is also legal to give a patient, where treatment is useless and the death is approaching, pain killing drugs even though the use of the drugs as an unintended consequence causes the patients' death at an earlier stage.

France: Not applicable

Germany: Active assisted dying is punishable. Reference is made to the answer to Question 1 in other respects.

Greece: Neither euthanasia nor assisted suicide is permitted in Greece

Hungary: Euthanasia and assisted suicide is forbidden in Hungary.

Italy: See above

Netherlands: When dealing with a patient's request for euthanasia or assisted suicide, physicians must observe the following due care criteria. They must:

- a. be satisfied that the patient has made a voluntary and carefully considered request;
- b. be satisfied that the patient's suffering was unbearable, and that there was no prospect of improvement;
- c. have informed the patient about his situation and his prospects;
- d. have come to the conclusion, together with the patient, that there is no reasonable alternative in the light of the patient's situation;
- e. have consulted at least one other, independent physician, who must have seen the patient and given a written opinion on the due care criteria referred to in a. to d. above; and
- f. have terminated the patient's life or provided assistance with suicide with due medical care and attention.

Poland:

Provisions of a legal and deontological nature make euthanasia and assisted suicide inadmissible – such actions would be considered as criminal offences.

Portugal: Neither euthanasia nor assisted suicide are accepted.

San Marino: Never, it is not possible

Slovakia: NA – non/applicable (Euthanasia or assisted suicide should never be undertaken under the Slovak Republic's legislation and Slovak Medical Chamber's Code of Practice.)

Slovenia: Not Applicable

Switzerland:

In the case of indirect active euthanasia and passive euthanasia: cf. ASSM Directives. In the case of assistance in the suicide: the author must not act because he or she is driven by a selfish motive and the person which wants to commit suicide must be able to act by himself or herself.

United Kingdom: Neither must be undertaken in any circumstances.

U.S.A.: See response to question 8a.

III. Consent

20. When euthanasia is possible, what conditions for consent are required by your regulations?

Albania:

When it is asked from the family or close relatives by a written consent, or when the doctor must act according to his best knowledge and his moral ethical belief.

Belgium: Written consent from the sick person.

Croatia: Euthanasia is not possible in Croatia.

Cyprus: Euthanasia is not permitted in Cyprus.

Czech Republic: See answer to question 2.

Denmark: The person can consent in either way, e.g. in a living will, talk to the doctor or by telling the relatives ones wishes.

France : Not applicable

Germany:

Assisted dying is punishable on principle. However, the physician is not obliged to prolong expiring life at any price and possibly painfully (cf. comments re I.).

Human dignity, the general right to personality (Art. 2 para 1 in conjunction with Article 1 para 1 of the Basic Law [Grundgesetz]) and the protection of personal freedom and bodily integrity (Article 2 para 2 of the Basic Law) leading to the right of self-determination, including that of the dying, are all constitutionally protected. Medical intervention is hence only permissible if the patient consents. This right of self-determination should also be respected if the patient is no longer able to consent, and hence can no longer effectively give his/her consent. Then, the point is the probable will of the patient at the time of the cessation of treatment. Here, earlier oral or written statements and religious convictions, other personal values, age-related life expectancy or suffering of pain are to be taken into account. In individual cases, the decision will naturally also depend on how hopeless the medical prognosis is and how close the patient is to death: The less likely the restoration of a dignified life, in line with general ideas, and the closer death, the more justifiable cessation of treatment will appear.

Hungary : Euthanasia is forbidden.

Ireland: Not relevant

Italy: Euthanasia is forbidden.

Luxembourg: Euthanasia being prohibited in Luxembourg, the issue of consent is not relevant.

Malta : Not Applicable

Netherlands: The most important condition is that the patient's request must be voluntary and well-considered. In addition, the patient should provide his informed consent; in other words, the doctor must tell the patient anything he should know, within reason, about his medical condition and his prospects. It is advisable for a patient to make his request in writing.

Poland: Not relevant, euthanasia is not possible.

Portugal: Euthanasia is not possible.

San Marino: Never

Slovakia: NA – non/applicable

Slovenia: Not Applicable

Switzerland: Cf. ASSM Directives par.2.

United Kingdom: It is not possible.

U.S.A.: Not applicable

IV. Living Wills and Advance Directives

21. Do laws regulating living wills or advance directives exist? (y/n)

(Answers. Yes:7 No:18 Not Specified:10)

a. What is the nature of these regulations (legislation, case-law, custom, code of ethics...)?

b. Please give the name or title of the legislation, regulations or other provisions.

Country	Rep.	Country	Rep.
Albania	No*	Luxembourg	NS*
Andorra		Malta	No
Armenia		"the former Y R M"	
Austria		Moldova	
Azerbaijan		Netherlands	NS*
Belgium	NS*	Norway	NS
Bulgaria	NS	Poland	No*
Croatia	Yes*	Portugal	Yes*
Cyprus	No	Romania	No
Czech Rep.	No	Russia	No
Denmark	Yes*	San Marino	No*
Estonia	No	Slovakia	No
Finland	NS*	Slovenia	NS*
France	No*	Spain	NS*
Georgia	Yes*	Sweden	No
Germany	Yes*	Switzerland	No*
Greece	No*	Turkey	No
Hungary	NS*	Ukraine	
Iceland		United Kingdom	Yes*
Ireland	No	Canada	
Italy	No*	U.S.A.	Yes*
Latvia	No		
Liechtenstein			
Lithuania	NS*		

Albania:

21. Living Wills do not exist in our legislation, the wishes of the patient or his family is expressed only by a written consent.

Belgium:

21. Aforementioned proposed law.

Croatia:

21.a. Legislation and Code of ethics.

Law on apprehension and transplantation of the human body for the purpose of medical treatment Code of ethics.

Denmark:

21.a. Legislation

21.b. Act on patients' legal rights and entitlements in Denmark.

Finland:

21. The act on the status and rights of patients speaks of the patient's previously expressed wishes. In daily life, we previously used the term living will but now we have started to use the term "hoitotahto" (this can be translated approximately to "wishes for treatment").

France:

21. The French legislation does not envisage such provisions. However, as we have already specified, the law relating to the rights of the patients mentioned in our preliminary observations puts the expression of the will of the patient at the centre of the sick person / physician relationship and affirms the principle of shared decision-making between the patient and his or her physician. A sick person can refuse or interrupt a treatment and no medical intervention nor treatment can be undertaken without his or her free and informed consent, consent which he or she can withdraw at any time. The law also makes it possible to nominate a person of confidence who will be consulted if the person loses the ability to express his or her will. In any event, the family or the close contacts will be consulted. Thus, to make a decision of appropriate care or treatment when the person is no longer in a position to express his or her will, the physician will either have a previous indication clearly expressed by the person concerning the desired treatment or have the opinion of the person of confidence, of the family or of the close contacts.

Georgia:

21.a. Legislation

21.b. The Laws of Georgia on "the Rights of Patient" (adopted in 2000) and "Health Care" (adopted in 1997).

Germany:

21. Germany has no statutory provisions comprehensively regulating patient's instructions and other advance directives.

Greece:

21. No, but Greece has signed and ratified the Convention of Human Rights and Biomedicine

Hungary:

21. In the Hungarian legislation the living will is regarding to the withdrawn of the life sustaining treatment.

21.a. law, and government decree

21.b. CLIV/1997 law about the Health and 117/1998 (VI.18.) government decree about the regulation of the withdrawn of the life sustaining treatment.

Ireland:

21.a. Not relevant

21.b. Not relevant

Italy:

21. No. Yet recently the parliament proposed a law to legalize the right to self-determination: project n.4694 "Provisions on consent and advanced directives regarding medical treatment" (June, 29, 2000) see the website www.senato.it/att/ddl/home.htm

21.a. The Bioethics Council, a private institute, proposed a "Right to self-determination paper", available in website: www.symbolic.parma.it/bertolin/consulta.htm.

Lithuania:

21. There are no specific legal provisions dealing with this matter, however, see an answer 18.

Luxembourg:

21. The ratification of the Convention on human rights and biomedicine, which is presently under way, will have as a consequence the integration in the national juridical structure of the provision relating to previously expressed wishes found in the Convention (Article 9 of the Convention).

The commentary on the project for the ratification of the law takes due care to point out that the wording in which "the previously expressed wishes ... shall be taken into account" does not impose any legally binding disposition. In this respect, it will be possible to consider an eventual evolution of medical expertise and techniques from the possibly very distant moment in time in which the wishes were worded.

Netherlands:

21. As noted in the answer to question 18, a provision on refusal of treatment directives is included in the Civil Code.

The Termination of Life on Request and Assisted Suicide (Review Procedures) Act contains provisions on advance directives relating to euthanasia. Such a directive may be regarded as a request for euthanasia by the patient if he becomes unable to express his will. It is subject to the criteria listed in the answer to question 19.

21.a. Legislation.

21.b. The Civil Code and the Termination of Life on Request and Assisted Suicide (Review Procedures) Act.

Poland:

All the directives expressed by a conscious patient can be respected on condition that they are in conformity with the prescriptions governing the manner of their expression and their collection defined by the Civil Code, the Law on the Physician's Profession, the Law on the Nurses and Midwives' Profession and other provisions of a regulatory nature relating to medical law, and the deontological codes of the members of the medical professions.

Portugal:

21. The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine was ratified by the Portuguese State [Decree of the President of the Republic N.º 1/2001, DR I – A-Series, 3 January 2001] and is in force since the 1st of December 2001. Article 9 of this Convention is the only legal norm on this subject in Portugal.

San Marino:

21. San Marino has signed and ratified the Convention of Human Rights and Biomedicine

Slovenia:

21.a. Code of ethics

21.b. Guideline by the NMEC.

Spain:

21. A national law is in discussion at the Congress. Three Regions have already a law in that subject.

21.a. Law

21.b. Law of Rights and Duties in Clinical Information and Documents.

Switzerland:

21. No, not at the federal level, but in some cases at the level of the cantons.

21.a. They can vary with respect to the cantons which regulate them.

United Kingdom:

21. a. Case law in England and Wales; general principles of the Adults with Incapacity (Scotland) Act 2000.

21.b. The leading cases in England and Wales are:

Re T (adult; refusal of treatment) [1993] Fam 95

Re C (adult: refusal of medical treatment) [1994] 1 All ER 819

The Adults with Incapacity (Scotland) Act 2000 provides that in determining the lawfulness of an intervention the clinician must, as a general principle, take in to account the previously expressed wishes of the person.

U.S.A:

21.a.

- *Living Will*: a type of advance directive that contains instructions about future medical treatment in case a person cannot communicate his or her wishes later in life. State law may govern a living will's effective date and the treatments it may cover. These regulations are formed by state legislation.

- *Durable Power of Attorney*: a document naming a person to make medical decisions in the event that the individual becomes unable to make those decisions himself or herself. These regulations are formed by state legislation and case-laws.

Living wills and durable powers of attorney are recognized by medical code of ethics.

21.b. Most states have adopted some form of law on advance directives.

The Federal Patient Self Determination Act (1990) states that any health care facility receiving federal dollars under the Medicare/Medicaid program must:

1. Inform patients of their right under state law to create an advance directive.
2. Ask if the patient has an advance directive and place a copy in the patient's file.

22. In what form can these living wills or advance directives be made?

Belgium:

The "advanced declaration" must be certified in writing and be established in the presence of two adult witnesses.

Croatia: Written form.

Cyprus: Is not applied.

Denmark:

Any person who has reached the age of 18 and who does not have a guardian dealing with his /her personal conditions and health issues shall be entitled to make a living will. In this living will, the person in question may express his/her last wishes with a view to treatment if the person concerned should arrive in a condition in which he/she has lost the capacity to make decisions. A living will may provide that:

- 1) the testator/testatrix wishes no life-prolonging treatment if he/she is terminally ill, and/or
- 2) no life-prolonging treatment is required in the event that illness, advanced weakening due to age, accident, cardiac arrest etc have resulted in such serious disability that testator/testatrix no longer will have sufficient physical or mental capacity to look after him /herself.

Testator/testatrix sends the living will to the Danish Living Will Register where the will is registered. If a medical attendant, in the event that the patient has lost the decision-making capacity, plans to initiate life-prolonging treatment or plans to carry on life-prolonging treatment in a situation as the one mentioned in no. 2), the medical attendant shall contact the Danish Living Will Register with a view to verifying whether a living will has been made.

Finland: Any form. Some hospitals have developed specific forms that can be used for the purpose of a living will.

France: Not relevant

Georgia:

See article 24 of the Law "on the Rights of Patients" below:

"1. Every citizen of Georgia has the right to express in advance his/her wishes (consent or refusal) in written form concerning the provision of resuscitation, life-saving treatment or palliative care when patient becomes incompetent or loses decision-making capacity only if such condition is caused by:

- a) terminal stage of incurable disease or
- b) disease, which inevitably will cause serious disability.

2. Every citizen of Georgia has the right to entitle in advance the person who will make decision about the provision of medical services under the circumstances specified in the section "1" of this article."

Germany:

Written instructions by a person to undertake or omit specific medical measures as a future patient may be given in the shape of so-called patient's instructions or care instructions. As an additional precaution, a so-called care proxy can be given in matters concerned with therapeutic treatment.

a) Definition of patient's instructions

A person able to take decisions may use written patient's instructions to directly and bindingly control their own medical treatment themselves before entering a state in which he/she is unable to make a decision.

Patient's instructions may on principle refer to any conceivable treatment, but should remain clear. Any shortcoming as to clarity weakens the obligatory effect of patient's instructions.

b) Definition of care instructions

Whilst patient's instructions address the physician in attendance, care instructions address a careperson when the person concerned is under care. The future caree can use care instructions to express their wishes to the future careperson as to the omission of medical care or to rule out specific types of treatment in the event of a need for care, such as life-prolonging intensive care, or the like.

Care instructions become relevant only when the situation of specific inability to agree occurs, meaning that the caree must be unable to agree to the examination or treatment.

c) Definition of care proxy

With medical intervention, representation is possible by assigning a proxy, since consent to medical treatment resembles legally relevant conduct.

Hungary: The living wills have to be made in a legal document regulated by the CLIV/1997 law, 20§ (2)-(3), 22§.

Ireland: Not relevant

Netherlands: An advance directive has legal force only if it is in written form and the patient was capable of making an informed decision at the time of its drafting.

Poland: Not relevant. All the directives expressed by a conscious patient can be respected on condition that they are in conformity with the prescriptions governing the manner of their expression and their collection defined by the Civil Code, the Law on the Physician's Profession, the Law on the Nurses and Midwives' Profession and other provisions of a regulatory nature relating to medical law, and the deontological codes of the members of the medical professions.

Portugal: Policy admits the validity of these wills or directives. However, there are no regulations on this subject. The general legal provision is the freedom of form (article 217^o Civil code), but this seems insufficient to us *de lege ferenda*.

Slovakia: NA – non/applicable

Slovenia: in writing, co-signed by witnesses.

Spain: Decided for each region: two witnesses, notary

Switzerland: Variable forms

United Kingdom: The law in England, Wales and Scotland does not require a particular form.

U.S.A.: Advance directives are legal written documents. In some states, oral directives are also legally permitted.

23. Are the wishes expressed in living wills or advance directives (legally) binding? (y/n)

(Answers. Yes: 8 No: 5 Not Specified: 22)

24. Are the wishes expressed in living wills or advance directives retractable at any time? (y/n)

(Answers. Yes: 13 No: 1 Not Specified: 20)

If so, under what circumstances?

Country	23.	24.	Country	23.	24.
Albania	NS	NS	Luxembourg	NS	NS
Andorra			Malta	NS*	NS*
Armenia			"the former Y R M"		
Austria			Moldova		
Azerbaijan			Netherlands	NS*	Yes*
Belgium	No	Yes*	Norway	NS	NS
Bulgaria	NS	NS	Poland	NS*	NS*
Croatia	Yes	Yes*	Portugal	No*	Yes*
Cyprus	NS*	NS*	Romania	NS	NS
Czech Rep.	No	NS	Russia	NS	NS
Denmark	NS*	Yes*	San Marino	Yes*	Yes
Estonia	No	NS	Slovakia	NS*	NS*
Finland	Yes*	Yes*	Slovenia	NS*	Yes*
France	NS*	NS*	Spain	Yes	Yes*
Georgia	Yes*	Yes*	Sweden	NS	NS
Germany	NS*	NS*	Switzerland	Yes*	Yes
Greece	NS	NS	Turkey	NS	NS
Hungary	Yes	Yes*	Ukraine		
Iceland			United Kingdom	NS*	NS*
Ireland	NS*	/	Canada		
Italy	NS	NS	U.S.A.	Yes	Yes*
Latvia	No	No			
Liechtenstein					
Lithuania	NS	NS			

Belgium:

24. Yes – wishes of the relevant person.

Croatia:

24. Yes. Does not depend on any circumstances.

Cyprus:

23., 24. Is not applied

Denmark:

23. Any wish of the testator/testatrix according to no 1) above is binding on the medical attendant whereas any wish in pursuance of no. 2) above shall be considered directional and shall be included in any deliberations made on treatment.

24. Yes. Living wills are retractable at any time e.g. by giving a written and unambiguous statement to the Danish Living Will Register or simply by telling it to the doctor or the relatives in an unambiguous way.

Finland:

23. They are binding but in practice difficulties arise, for example in cases where the living will is old and treatment possibilities have since improved.

24. Yes, whenever the person wishes to change his living will he may do so.

France :

23. Not relevant

24. Not relevant. Specifically with respect to the nomination of the person of confidence, it is revocable at any time.

Georgia:

23. Yes. According to the law on “Health Care” patient’s advance directive is to be taken into account by health care personnel, particularly in the article 11 of the above-mentioned law is stated:

“The provision of medical intervention on person not able to consent, or his/her involvement in the process of education and scientific research is admissible only with taking into consideration his/her previously expressed will (when he/she was able to consent). If the latter is absent, consent is to be given by patient’s relative and/or legal representative.”

Also article 149 of the same Law says the following:

“Unconscious patient undergoes relevant treatment, except cases when he/she has previously (when he/she had decision making capacity) refused resuscitation, life-saving or palliative treatment.”

24. According to Georgian legislation patient has the right to change his/her decision at any time.

Germany:

23. nature of advanced directives

a) The binding nature of a patient instruction is always in line with the circumstances of the individual case. A restricted binding effect may be justified if:

- the patient gives his/her patient’s instructions without prior medical instruction since it is possible that information on risks and alternatives is insufficient,
- the patient’s instructions are quite old and there are doubts as to whether the person concerned still wishes to maintain them,
- standardised wording is used for patient’s instructions, the content and meaning of which cannot be sufficiently well understood when signing uncritically, and
- patient’s instructions are in such generalised wording that it is questionable whether they are really intended to cover the situation as it subsequently arises.

An unrestricted binding effect of the patient instruction, on the other hand, can be presumed if after an immediate check there is no indication of a change in the will of the patient related to the specific situation, and if the instruction is based on sufficient medical information for the medical treatment subsequently actually effected. In this case, an instruction that is clearly in favour of cessation of treatment which is the manifest desire of the patient is to be complied with.

b) The wishes expressed in advance in care instructions are binding if the caree does not in fact revise his/her wish, or the wish is acceptable to the careperson, or the latter does not counter the interests of the caree.

The consent of the careperson to cessation of treatment must be preceded by the necessary medical information if it is to become legally binding.

c) The binding effect of a care proxy

The instructions expressed in the care proxy regarding therapeutic treatment are to be followed by the proxy-holder.

It is possible for him to depart from the instruction without consultation if the proxy-giver is unable to consent to the specific treatment situation and the care proxy-holder can make the assumption that the proxy-giver probably intends to revoke the binding effect.

24. The wishes expressed in patient's instructions, care and care proxy can be retracted informally at any time.

Hungary:

24. Yes. The living wills are retractable at any time without formal obligations.

Ireland:

23. There are no legal provisions for living wills but known wishes are respected.

Malta:

23. Not applicable

24. Not applicable

Netherlands:

23. An advance directive directing withdrawal of treatment is binding as long as it is sufficiently clear that it applies to the actual situation. Neither an oral nor a written request for euthanasia confers any right to euthanasia on a patient. Physicians are not required to perform euthanasia but those physicians who are willing to do so must regard an advance directive as an expression of the will of the patient. Of course, they must also fulfil the due care criteria.

24. The patient's current wishes always take priority. Patients may retract or modify an advance directive at any time.

Poland:

23. 24. Not relevant. All the directives expressed by a conscious patient can be respected on condition that they are in conformity with the prescriptions governing the manner of their expression and their collection defined by the Civil Code, the Law on the Physician's Profession, the Law on the Nurses and Midwives' Profession and other provisions of a regulatory nature relating to medical law, and the deontological codes of the members of the medical professions.

Portugal:

23. No. However they must be "taken into account" (Article 9 of the Convention of Oviedo).

24. Yes. There are no regulations.

San Marino:

23. Yes, if legal provision

Slovakia:

23. 24. NA – non/applicable

Slovenia:

23. Binding by the code of medical ethics and deontology, but not by law.

24. Yes, upon request by the patient, and (although such cases have not yet happened), when any suspicion would arise that the will may in fact not reflect the true wishes of the patient.

Spain:

24. Yes, when they want.

Switzerland:

23. Yes, they are, as a rule, binding for the medical doctors. Cf. ASSM Directives par. 3.4.

United Kingdom:

23. In *England & Wales* advance refusals made by a person over the age of 18 are legally binding if they are valid and applicable to the circumstances (unless over-ruled by the Mental Health Act concerning treatment for mental disorder).

An advance refusal made by a child under the age of 18 can be over-ruled.

In *Scotland*, the previously expressed wishes of the person concerned must be taken into account but are not necessarily determinative.

Advance requests for treatment are not legally binding in either jurisdiction.

24. They are retractable so long as the person retains the capacity to retract them.

U.S.A.:

24. A person may change his or her wishes in the legal document at anytime until the person loses the capacity to do so. At that time, the document cannot be changed.

V. Actions Against Medical Staff

Euthanasia:

25. Do members of the medical profession have immunity from punishment when undertaking euthanasia? (y/n)

(Answers. Yes: 2 No:30 Not Specified: 3)

26. Can actions against a member of the medical profession relating to euthanasia be taken by a professional regulatory body? (y/n)

(Answers. Yes:31 No: 0 Not Specified: 4)

27. Have members of the medical profession ever been prosecuted after performing euthanasia? (y/n)

(Answers. Yes: 9 No:12 Not Specified:14)

28. Have members of the medical profession ever been convicted or punished after performing euthanasia? (y/n)

(Answers. Yes: 7 No:15 Not Specified:12)

Country	25.	26.	27.	28.	Country	25.	26.	27.	28.
Albania	No	Yes	No	No	Luxembourg	NS*	NS*	NS	NS
Andorra					Malta	No	Yes	No	No
Armenia					"the former Y R M"				
Austria					Moldova				
Azerbaijan					Netherlands	Yes*	Yes*	Yes	Yes*
Belgium	Yes*	Yes*	Yes	Yes	Norway	NS	NS	NS	NS
Bulgaria	NS	NS	NS	NS	Poland	No*	Yes*	NS*	NS*
Croatia	No*	Yes	NS*	NS*	Portugal	No	Yes*	NS*	NS*
Cyprus	No	Yes*	No*		Romania	No	Yes	NS*	No
Czech Rep.	No	Yes*	No	No	Russia	No	Yes	NS	NS
Denmark	No	Yes	Yes	No	San Marino	No	Yes	No	No
Estonia	No	Yes	No	No	Slovakia	No	Yes*	No*	No*
Finland	No	Yes	NS*	NS*	Slovenia	No	Yes	NS	NS
France	No*	Yes	Yes	Yes	Spain	No	Yes	No	No
Georgia	No	NS	No	No	Sweden	No	Yes	NS	NS
Germany	No	Yes*	Yes	No*	Switzerland	No	Yes*	NS*	NS*
Greece	No	Yes	No	No	Turkey	No	Yes	Yes	Yes*
Hungary	No	Yes	No	No	Ukraine				
Iceland					United Kingdom	No	Yes	Yes	Yes*
Ireland	No	Yes	NS*	No	Canada				
Italy	No	Yes*	Yes*	Yes	U.S.A.	No	Yes	Yes	Yes
Latvia	No	Yes*	No*	No*					
Liechtenstein									
Lithuania	No	Yes	NS*	NS*					

Belgium :

25. Yes- if the conditions of the (future) law are respected.

26. Currently Yes: Council of Physicians.

Croatia:

25. Of course not. No

27. Not yet

28. Not yet

Cyprus:

26. Yes. See answer in para. 6.

27. No. No cases referred until now.

Czech Republic:

26. Theoretically yes.

Finland:

27., 28. Not that I know of.

France:

25. No. An immunity as a matter of principle does not exist and the risk with respect to prosecutions is not theoretical for the physician undertaking an act of euthanasia. However, it is appropriate to note that few prosecutions grounded on this complaint exist in France and if prosecutions do take place, in certain specific situations, extenuating circumstances for the physician can be recognised.

Germany:

26. Yes, according to professional guidelines

28. No, as far as the Federal Government knows.

Ireland:

27. Don't know, but I do not think so.

Italy:

26. Yes: the expulsion from professional role.

27. Yes, at least in a case (see above)

Latvia:

26. Yes, the Institutions of Physicians Certification have the right to abrogate the Physicians certificate in occasion of professional or ethical standards disturbance by physician.

27. No, according to the information from Institutions of Physicians Certification there have not been any cases in Latvia until now.

28. No, according to the information from Institutions of Physicians Certification there have not been any cases in Latvia until now.

Lithuania:

27: see answer 6

28: see answer 6

Luxembourg:

25., 26. Physicians are open to penal and disciplinary sanctions if they practice an action of euthanasia (see II.1. and 2. above).

Netherlands:

25. Yes. Physicians are exempt from prosecution pursuant to the Termination of Life on Request and Assisted Suicide (Review Procedures) Act, if they have fulfilled the above-mentioned due care criteria and reported the act.

26. Yes. A disciplinary body for the medical profession can impose one of the penalties included in the Act on medical disciplinary law, applying to physicians and certain other health professionals.

28. Yes, pursuant to the Criminal Code physicians have been subjected to disciplinary proceedings and disciplinary punishments.

Poland:

25. No, members of the medical professions are subjected to the ordinary system of sentences defined by the Criminal Code.

26. Yes, professional bodies (panel of physicians, panel of nurses and midwives working closely with the regional orders of these professions) can inflict sanctions following a disciplinary procedure for a breach to legal or deontological prescriptions (in accordance with the Law on the Orders of Physicians and the Law on the Order of Nurses and Midwives).

27. No data.

28. No data.

Portugal:

26. Yes. The Council of Physicians has disciplinary powers over its members.

27. Not in the public domain.

28. Not in the public domain.

Romania:

27. I do not know

Slovakia:

26. YES, by the Slovak Medical Chamber (or the Chambers of other health professionals)

27. NO (to my knowledge).

28. NO (to my knowledge).

Switzerland:

26. Yes, for example in the case of a breach to the deontological code of the Federation of Swiss Physicians (FMH).

27. We are not in a position to answer this question.

28. We are not in a position to answer this question.

Turkey:

28. This rarely happens

United Kingdom:

28. I am aware of at least one.

Assisted Suicide:

29 Do members of the medical profession have immunity from punishment when undertaking assisted suicide? (y/n)

(Answers. Yes: 2 No:26 Not Specified: 7)

30. Can actions against a member of the medical profession relating to assisted suicide be taken by a professional regulatory body? (y/n)

(Answers. Yes:26 No: 1 Not Specified: 8)

31. Have members of the medical profession ever been prosecuted after performing assisted suicide? (y/n)

(Answers. Yes: 5 No:12 Not Specified:16)

32. Have members of the medical profession ever been convicted or punished after performing assisted suicide? (y/n)

(Answers. Yes: 4 No:14 Not Specified:16)

Country	29.	30.	31.	32.	Country	29.	30.	31.	32.
Albania	No	Yes	No	No	Luxembourg	NS*	NS*	NS*	NS*
Andorra					Malta	No	Yes	No	No
Armenia					“the former Y R M”				
Austria					Moldova				
Azerbaijan					Netherlands	Yes*	Yes*	Yes*	Yes*
Belgium	No	Yes*	NS*	NS*	Norway	NS	NS	NS	NS
Bulgaria	NS	NS	NS	NS	Poland	No*	Yes*	NS*	NS*
Croatia	No	Yes	No	No	Portugal	No	Yes*	NS*	NS*
Cyprus	No	Yes*		No*	Romania	No	Yes	No	No
Czech Rep.	No	Yes*	No	No	Russia	NS	NS	NS	NS
Denmark	No	Yes	Yes	No	San Marino	No	Yes	No	
Estonia	No	Yes*	No	No	Slovakia	No	Yes*	No*	No*
Finland	No	Yes	NS*	NS*	Slovenia	No	Yes	NS	NS
France	NS*	NS*	NS*	NS*	Spain	No	Yes	No	No
Georgia	No	NS	No	No	Sweden	No	Yes	NS	NS
Germany	No	Yes*	Yes	Yes	Switzerland	No	No*	NS*	NS*
Greece	No	Yes		No	Turkey	No	Yes	Yes*	Yes*
Hungary	No	Yes	No	No	Ukraine				
Iceland					United Kingdom	No	Yes	NS*	NS*
Ireland	NS*	NS*	NS*	NS*	Canada				
Italy	No	Yes	NS	NS	U.S.A.	Yes*	Yes	Yes	Yes
Latvia	No	Yes*	No*	No*					
Liechtenstein									
Lithuania	NS	NS	NS	NS					

Belgium:

30. Currently Yes, by the Council of Physicians.

31.,32. ?

Cyprus :

30. Yes. Assisted suicide is a criminal offence and the Criminal Code does not make any discrimination among medical professionals and lay persons.

32. No. No cases referred until now.

Czech Republic

30. Theoretically yes

Estonia :

30. Yes, but only on administrative or moral basis.

Finland

31., 32. Not that I know of.

France:

29., 30., 31., 32. See previous observations concerning the section on assisted suicide

Germany:

30. Yes, according to professional guidelines

Ireland

29., 30., 31., 32. Not legally recognised, and indeed not permitted.

Latvia:

30. Yes, the Institutions of Physicians Certification have the right to abrogate the Physicians certificate in occasion of professional or ethical standards disturbance by physician.

31. No, according to the information from Institutions of Physicians Certification there have not been any cases in Latvia until now.

32. No, according to the information from Institutions of Physicians Certification there have not been any cases in Latvia until now.

Luxembourg:

29., 30., 31., 32. As for the penal aspects in relation to assisted suicide, reference is made to point II.4. above.

As for the disciplinary aspects, it seems that the disciplinary council can initiate a reprimand even in the case of assisted suicide. But, in this case, it is an issue of interpretation of Article 45 of the deontological code. (See under II.2.). Until now, no disciplinary prosecution has yet been initiated under this provision.

Netherlands:

29. See answer to question 25. As noted above, assisted suicide is subject to the same rules as termination of life upon request. Please refer to the answers regarding euthanasia.

30. See answers to questions 26 and 29.

31. See answers to questions 27 and 29.

32. See answers to questions 28 and 29.

Poland:

29. No, member of the medical professions are subjected to the ordinary system of offences defined by the Criminal Code.

30. Yes, professional bodies (panel of physicians, panel of nurses and midwives working closely with the regional orders of these professions) can inflict sanctions following a disciplinary procedure for a breach to legal or deontological prescriptions (in accordance with the Law on the Orders of Physicians and the Law on the Order of Nurses and Midwives).

31. No data.

32. No data.

Portugal:

- 30. Not in public the public domain.
- 31. Not in public the public domain.
- 32. Not in public the public domain.

Slovakia:

- 30. YES, by the Slovak Medical Chamber (or Chambers of other health professionals
- 31. NO (to my knowledge).
- 32. NO (to my knowledge).

Switzerland:

- 30. No, to the extent where assistance in the suicide is not considered as a medical activity (cf. ASSM Directives par. 2.2.).
- 31. We are not in a position to answer this question.
- 32. We are not in a position to answer this question.

Turkey:

- 31. Yes. This rarely happens
- 32. Yes. This rarely happens

United Kingdom:

- 31. I am not aware of any such case but have not been able to conduct a full legal review. As the law makes no distinction between members of the medical profession and others, it would be necessary to obtain details of all the prosecutions ever brought for assisted suicide to determine whether a member of the medical profession had been involved.
- 32. I am not aware of such a case.

U.S.A.:

- 29. Yes, medical professionals are protected from prosecution for undertaking assisted suicide in Oregon when all of the regulations are followed.