

Re-Evaluating the Laws on Assisted Dying from a Moral and Legal Perspective Using the UK and Netherlands as Case Studies

Yetunde Sekinat Adebayo 

Independent Researcher, Maryland, USA
Email: s.yetundeadebayo@gmail.com

How to cite this paper: Adebayo, Y. S. (2025). Re-Evaluating the Laws on Assisted Dying from a Moral and Legal Perspective Using the UK and Netherlands as Case Studies. *Beijing Law Review*, 16, 1709-1720. <https://doi.org/10.4236/blr.2025.163085>

Received: January 22, 2025

Accepted: August 31, 2025

Published: September 3, 2025

Copyright © 2025 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0). <http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Ethics remain an important concern in the promulgation and implementation of laws. As a result, laws which seem to violate ethical standards herald problematic critiques. Assisted dying and euthanasia are end-of-life options that involve intentionally ending a patient's life through lethal drugs at the patient's express request. The discourse on assisted dying and euthanasia has raised controversial opinions on the legal and ethical capacity of persons to make informed decisions concerning life and death. Most healthcare regulations and laws pertaining to physician-assisted suicide use the term "decision-making capacity". Determining competency can be difficult due to clinical reality and well-defined legal frameworks not always aligning. In the UK, assisted dying remains a contentious issue due to ongoing cases and legal challenges. The courts recognise the role of parliament in making end-of-life decision-based laws and maintain that legislative inventiveness must handle any repeal of restrictions. However, some jurists and judges argue against legalising assisted dying, citing concerns about safeguarding life's sanctity and incorporating adequate safeguards into legislation. This study analyses statutes and case laws on assisted dying and euthanasia, in order to proffer recommendations on its application. It also determines the factors affecting euthanasia laws by examining political, religious and historical influences alongside academic research and public opinion data.

Keywords

Assisted Dying, Euthanasia Law, Decision-Making Capacity, Ethical and Legal Challenges

1. Introduction

As noted by Fontalis, Prousalis and Kulkarni (2018), assisted dying and euthanasia

are closely related concepts that both involve intentionally ending a person's life to relieve suffering, although they differ in their methods and legal classifications. On the one hand, assisted dying, often restricted to the context of physician-assisted suicide (PAS) occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (for instance, the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide) (Mroz et al., 2021). On the other hand, euthanasia strictly refers to the act or practice of painlessly putting to death persons suffering from painful and incurable disease, incapacitating physical disorder, or age-related issues (Ibitoye, 2021). To put it simply, PAS involves the assistance of a health professional, whereas euthanasia does not (Kim et al., 2016). As already mentioned, while distinct in execution and legal treatment, both practices raise similar ethical and legal questions and are therefore jointly addressed in this paper. The main thrust of this paper is examining how these practices are regulated in the UK and the Netherlands by highlighting the relevant legal frameworks, cultural factors, and safeguards that govern their implementation.

Both the UK and the Netherlands have a checkered history on assisted dying and euthanasia. To begin with, in the UK, the law on assisted dying is currently being debated, with advocates arguing for greater individual autonomy, while critics are concerned about its inherent potential abuses vis-à-vis other surrounding circumstances (Griffith, 2015). More precisely, assisted dying is still prohibited under the Suicide Act of 1961, which criminalizes aiding or abetting suicide. As noted by Bacon (2025), despite increasing pressure, courts have frequently deferred to Parliament, noting that such ethically complex topics should be addressed through legislative intervention rather than judicial innovation. For example, in *R (Conway) v Secretary of State for Justice*, the courts supported the prohibition on assisted dying, concluding that Article 8 of the European Convention of Human Rights (ECHR)'s right to respect for private and family life did not include the right to assisted suicide. Mr. Conway had submitted that section 2 of the Suicide Act provides a blanket ban on the provision of assistance for suicide which constitutes an interference with his right to respect his private life. The courts found that while Article 8 is engaged in cases involving assisted dying, the blanket prohibition on assisting suicide in the Suicide Act 1961 was a proportionate interference with this right.

Similarly, in *Nicklinson and Lamb v. United Kingdom*, a case brought by two individuals with severe disabilities seeking to enforce their right to assisted suicide. Similar to Conway, they also argued that the blanket ban on assisted suicide in the UK was incompatible with their human rights under Article 8 of the ECHR, which protects the right to private and family life. On reaching the Supreme Court, the Court acknowledged the complexities of the issue but ultimately deferred to Parliament to potentially amend the law.

In contrast to the UK, the Netherlands has developed a comprehensive framework that permits euthanasia under the *Termination of Life on Request and As-*

sisted Suicide (Review Procedures) Act 2002. This Act was shaped by groundbreaking cases, the most notably being Netherlands' first euthanasia case in early 1984—the *Schoonheim's case* (Griffith, 2015). In this case, a General Physician obliged the request of a bedridden 95-year-old woman who had also lost her speech, hearing, and eyesight abilities. When arraigned, the defendant pled a necessity defense, and the Dutch Supreme Court found him not guilty. The judgement of the Dutch Supreme Court in this case and the subsequent findings of the Rummelink report laid the foundation for the legislative reform (Jochemsen, 1994). Under Dutch law, physicians must meet strict due care criteria, including verifying that the patient's suffering is unbearable with no prospect of improvement, that the request is voluntary and well-considered, and that an independent physician has been consulted. The oversight over this process is provided by Regional Euthanasia Review Committees (RTEs), which reviews each case to ensure compliance.

As noted by Wright (2025), this law was the first of its kind to legalize euthanasia and physician-assisted suicide under specific, strictly defined circumstances. The Act exculpated doctors from euthanasia-based punishment once they comply with the prescribed procedure and criteria laid down in the Act (Ezenduka & Halder, 2025). Netherlands' Criminal Code was also amended to include clauses that granted immunity from criminal liability to physicians who practice Euthanasia (Groenewoud et al., 2000). The decision in *Schooner's case* and provisions of TLRAA have been applied to several other cases, including *Chatbot's case* (ECLI:NL:HR: 1994: ZC1338, 1994), *the Brongersma's case* and the 2013 *Tuitjenhorn's case*, where a general practitioner administered lethal injection without strictly following the provisions of the Act on euthanasia. The doctor was suspended, although subsequently pardoned for his wrongdoing by a medical disciplinary tribunal. The ruling shaped future legal frameworks, reinforcing the need for medical oversight, unbearable suffering and explicit patient consent.

As would be further expounded on in the paper, it is noted that cultural and institutional factors drive the legal divergence between the two countries. In the Netherlands, a culture of openness, pragmatism, and tolerance has allowed for healthy discussions about end-of-life issues (Van Wijmen et al., 2010). Dutch healthcare is noted for very comprehensive primary care systems in which general practitioners play major roles in patient care, allowing for nuanced discussions concerning euthanasia (Van Gorp et al., 2021). These cultural components are obvious in public policy texts and social science studies, which confirm widespread Dutch popular support for euthanasia. In contrast, the UK's reluctance to embrace euthanasia and PAS reflects a cultural and ethical framework based on natural law, religious traditions, and concerns about the protection of vulnerable groups (Smith, 2024). The essay is thus focused on re-evaluating the laws on assisted dying from a legal and moral perspective.

2. The Ethics of Euthanasia: A Discourse

The ethics of assisted dying continue to provoke intense debate, particularly when

viewed through the lens of cultural, legal, and medical frameworks. Central to this discourse as argued by [Ciliberti et al. \(2025\)](#), is the question of a person's legal and ethical capacity to make informed decisions about ending their life. Across jurisdictions, this capacity is typically framed in terms of "decision-making capacity", which is often a functional standard requiring individuals to demonstrate comprehension, reasoning, and appreciation of relevant information to make informed choices ([Damato et al., 2025](#)). While this standard is widely accepted, its practical application is usually divergent based on national legal traditions and cultural attitudes toward autonomy, life, and death.

In the UK, decision-making capacity is assessed under the Mental Capacity Act 2005, which outlines a two stage test: assessing whether the impairment prevents the patient from understanding, retaining and weighing key information to make informed decision, and second, determining if the impairment has disturbed the patient's mental functioning, or in other words, an impairment of the mind or brain ([Murrell & McCalla, 2016](#)). Tools such as the structured evaluations by trained professionals and the MacArthur Competence Assessment Tool for Treatment (MacCAT-T), are usually used to assess these capacities. Studies however show that even in such structured settings, doctors often express uncertainty about whether patients, particularly those with psychiatric or neurodegenerative conditions can reliably make such grave decisions. For example, a study of psychiatrists in Oregon revealed that just 6% of doctors were extremely certain that they could accurately determine in a single assessment whether a mental illness was influencing a patient's decision to seek physician-assisted suicide ([Ganzini et al., 2000](#)).

Additionally, cultural attitudes significantly impact on how these legal standards are interpreted and applied. In the Netherlands, where assisted dying is legal as already established, assessments also include verifying that the patient is experiencing "unbearable suffering" with no prospect of improvement and that the request is voluntary and well-considered ([Asscher & Metselaar, 2025](#)). Dutch physicians express varied opinions on whether patients with mental illness possess the requisite capacity for such decisions ([Ganner & Steiner, 2025](#)). This inconsistency reflects broader societal values: Dutch culture, influenced by secularism and a long-standing tradition of open dialogue in healthcare, tends to prioritize individual autonomy. This cultural context encourages a more lenient legal attitude, as demonstrated in the 1984 Schoonheim case ([Rietjens et al., 2009](#)), where a physician was acquitted of conducting euthanasia on a seriously disabled patient.

The United Kingdom has taken a more cautious approach, influenced by cultural norms that emphasize the sanctity of life ([Crane, 2018](#)). These beliefs are based on Judeo-Christian ethics, natural law, and a longstanding skepticism of state-authorized life termination. According to [Twycross \(2024\)](#), although public opinion on assisted dying is changing, with some polls showing increased support, this trend has failed to convert into legislative action. The courts have remained respectful to Parliament, as evidenced by judgments such as *R (Conway) v Secre-*

tary of State for Justice and *Nicklinson v United Kingdom*, where judges highlighted that reform should stem from democratic procedures rather than judicial activism. This demonstrates a fundamental disconnect between growing public mood and the conservative rigidity of the legal system, emphasizing the necessity of understanding how cultural and legal realities frequently diverge.

Furthermore, the mechanisms for safeguarding against abuse also differ across the two countries, reflecting these divergent cultural-legal philosophies. In the UK, the Suicide Act 1961 criminalizes assisted suicide, and institutions like the Court of Protection, Care Quality Commission (CQC), and General Medical Council (GMC) oversee end-of-life decisions through strict ethical and professional standards. These bodies ensure compliance with mental capacity requirements and protect vulnerable individuals from coercion. In contrast, the Netherlands employs a model based on transparency and post-procedure accountability. Physicians must report all assisted dying cases to Regional Euthanasia Review Committees (RTEs), which evaluate whether the statutory due care criteria were met. Failure to comply may result in criminal or professional sanctions, yet the overall system relies more on trust and self-regulation than pre-emptive restriction.

3. The Morality of Euthanasia Laws: A Comparative Review of Legislation in the UK and Netherlands

Progressively, it has been argued that the morality of euthanasia laws is deeply rooted in a society's legal traditions, ethical philosophies, and cultural values (Ugwu, 2024). In comparing the United Kingdom and the Netherlands, it is observed that there are two distinct moral and legal approaches to assisted dying, shaped by differing national attitudes towards life, autonomy, and the role of the state in end-of-life decisions. While both countries are committed to protecting human rights and dignity, their interpretations of how best to do so have produced sharply contrasting legal regimes.

With euthanasia and assisted suicide being illegal in the UK, the country's prevailing moral stance reflects a longstanding commitment to the sanctity of life, rooted in natural law theory, religious doctrine, and professional medical ethics (Paterson, 2017). UK legislation, particularly the Suicide Act 1961, criminalises any act of assisting suicide, and efforts to reform the law have been consistently resisted by Parliament. This legal rigidity, according to Ramos-Pozón, Román-Maestre, & Blánquez (2025) can be connected to concerns about the potential for abuse, the risk of coercion, and the broader implications for vulnerable groups such as the elderly, disabled, or mentally ill whose capacity to give consent to being euthanised or being assisted to die remains the subject of a complex and raging debate. Morally, the argument is that legalising euthanasia could undermine the medical profession's duty of care, weaken societal respect for life, and expose patients to subtle pressures that compromise genuine consent (Hegde et al., 2024).

The UK's stance is also supported by arguments that medical professionals should focus on providing palliative care and improving the quality of life for pa-

tients rather than facilitating death (McCaffrey et al., 2016). The idea is also that the basic objective of healthcare is to alleviate suffering and not to terminate lives. It is because of these objectives that medical practitioners are trained to uphold the non-maleficence principle, which implies that they should not arbitrarily harm or murder their patients (Motloba, 2019). The concept of assisted dying or euthanasia is argued to be a flagrant violation of this principle. It is also argued that it contradicts the principles of the Universal Declaration of Human Rights, which affirms that all humans, from birth, have an equal right to life, liberty, and personal security (Hughes, 2011).

The philosophical foundation for the position against PAS and euthanasia is grounded in natural law theory which opposes the practice of euthanasia with the argument that the intrinsic value of human life should be preserved and protected at all costs (Paterson, 2017). Natural law theorists maintain that this practice violates the dignity of the human person and that the right to life cannot be surrendered. Hence people owe a duty to each other to ensure that they do not suffer the irreparable consequence of their conditions. Similarly, some scholars point to how the Nazi regime in Germany targeted people with mental illness, disabilities, and other so-called “undesirable” traits to argue that legalizing euthanasia risks reviving such dangerous ideas.

This is however not to say that there have not been some efforts at legalising assisted dying in the UK, with one of such attempts being Lord Falconer’s introduction of a Bill to legalise assisted dying in the UK in 2013. The Assisted Dying Bill UK 2013 essentially aimed to legalize assisted dying for terminally ill patients diagnosed to live fewer than six months. According to Verhofstadt et al. (2019), the bill canvassed that doctors should be allowed to prescribe lethal doses to patients who meet the criteria and expressly permit their death. While this bill never received assent, the proponents of the bill argued that legalizing assisted dying would respect the autonomy and dignity of terminally ill patients (Griffith, 2015). It was also argued that it would be a more compassionate option for those suffering unbearable pain and distress (Cohen-Almagor, 2017).

As highlighted in the previous section, the posture of the English Court in their decisions has been to consistently reinforced Parliament’s primacy in legislating on the sensitive issue of euthanasia and PAS. Notable cases such as *Nicklinson v Ministry of Justice* and *R (Conway) v Secretary of State for Justice* highlight the courts’ reluctance to declare a constitutional right to assisted dying. Despite acknowledging the personal suffering of terminally ill individuals and the moral complexity of their situations, the courts have deferred to the democratic process, insisting that such a profound moral shift must come through legislative debate rather than judicial intervention. This deference illustrates a key moral consideration in the UK which is the belief that decisions involving life and death must be subject to the broadest possible democratic scrutiny.

In contrast, the Netherlands has embraced a more permissive and structured approach to euthanasia, grounded in principles of autonomy, transparency, and

harm reduction (Verbakel & Jaspers, 2010). The Dutch legalisation of euthanasia in 2002 was the culmination of decades of public debate, professional practice, and judicial precedent. The Dutch model requires that patients requesting euthanasia must be experiencing unbearable suffering with no prospect of improvement, and that the request must be voluntary and well-considered. Physicians are obliged to consult an independent colleague and submit the case to a regional review committee. These safeguards are designed to prevent abuse while affirming the moral right of individuals to choose a dignified death. As noted by Yesil (2025), the Dutch moral position is often associated with utilitarian principles which prioritises the reduction of suffering and respecting individuals' choices about the quality and end of their lives.

The reasoning behind the utilitarian perspective to PAS and euthanasia, according to Timmons (2022) is that if autonomy and self-determination are recognised as fundamental moral principles or moral ideals, people are ethically justified to voluntarily ask for help with suicide or deadly injections since they have autonomy in the first place. Proponents of this perspective in fact argue that a legal or medical system forbidding assisted dying is cruel and unmerciful and that denying a patient's plea for mercy to let them deteriorate for a long time shows a lack of compassion (Wilde, 2016). It is further argued that having a right to assisted death allows people to make a last wish that conforms to their beliefs and glorifies their human dignity (Ugwu, 2024). This perspective is not only reflected in the Dutch legal system but in the Canadian system as well. Thus, in the case of *Rodriguez v. British Columbia*, the Canadian Supreme Court was urged to determine whether the ban on aiding suicide violated the rights and freedoms guaranteed by the Canadian Charter of Rights and Freedoms. On a 5:4 ratio, the judges held that the right to a dignified death must be safeguarded like any other right.

Significantly as well, the morality of euthanasia laws in both jurisdictions is also reflected in their regulatory mechanisms. In the UK, safeguarding human life is the default, with state institutions like the Court of Protection, the Care Quality Commission, and the Crown Prosecution Service playing active roles in ensuring that vulnerable people are not exposed to undue risk. In the Netherlands, regulatory oversight is proactive and procedural, with post-event reviews and professional accountability forming the backbone of ethical practice. While both systems aim to prevent abuse, the Dutch approach centres on enabling autonomy within a regulated framework, whereas the UK system prioritises protective restraint (Romijn & Frederiks, 2012).

In summary, the comparative moral analysis of euthanasia laws in the UK and the Netherlands reveals the complex intersection of ethical principles, cultural norms, legal philosophy, and public policy. While the UK leans towards a precautionary stance grounded in the sanctity of life and the potential risks of legalisation, the Netherlands offers a model that seeks to manage end-of-life choices through transparency and structured compassion (McCann, 2023). Both approaches raise important moral questions about how societies value life, manage suffering, and

navigate the legal boundaries of personal autonomy.

4. Mechanisms for Curbing Irrational Administration of Euthanasia in the UK

Despite increasing public support for assisted dying in the United Kingdom as reflected in the Assisted Dying Bill UK 2013, the legal and institutional framework remains opposed to its legalization. This highlights a gap between changing cultural attitudes where individual autonomy is increasingly valued and a legal regime that emphasises protection, sanctity of life, and the preservation of public trust in medical professionals. According to Keown (2018), the legal safeguards in place serve not only to prevent unlawful euthanasia but also to express and reinforce the country's moral and cultural stance that life should be preserved, and that vulnerable persons must be protected from exploitation and undue influence.

Significantly, the Suicide Act 1961 criminalises aiding or abetting suicide and provides for penalties of up to fourteen years in prison. This law functions not merely as a deterrent, but as a public policy statement that values life as inviolable. As already established, it reflects the prevailing legal view that state endorsement of euthanasia would be incompatible with the duty to safeguard vulnerable individuals, especially those who may be subject to emotional, psychological, or financial pressure at the end of life.

Instead of pursuing euthanasia legalization, the UK has focused on expanding palliative care services through the National Health Service (NHS) and accredited private providers (Inbadas, Carrasco, & Clark, 2020). These services operate under the guidelines of the National Institute for Health and Care Excellence (NICE), which emphasize holistic approaches to end-of-life care, including pain management, psychological support, and maintaining patient dignity. According to Peel (2021), this preference for palliative care over euthanasia is entrenched in the UK's healthcare culture, which views the role of medicine as preserving comfort and alleviating suffering without terminating life. In many ways, this institutional commitment reinforces the UK's broader moral stance and offers a cultural counterpoint to jurisdictions like the Netherlands, where euthanasia is considered part of compassionate care.

To prevent potential abuses, the UK relies on a multi-tiered system of legal, professional, and institutional oversight. As also highlighted, a critical safeguard is the Mental Capacity Act 2005, which codifies a framework for assessing whether a patient has the capacity to make decisions about their medical treatment. The Court of Protection, a specialist court that makes decisions about the financial and welfare matters of people who lack the capacity to make those decisions for themselves also plays an essential role in adjudicating disputes relating to a patient's best interests, particularly in complex or contested end-of-life scenarios. By mandating legal oversight of decisions involving incapacitated persons, the court ensures that ethical standards are upheld and that coercion is avoided (Keene et al., 2019). This judicial involvement further underscores the UK's cautious and con-

trolled approach to end-of-life matters.

As noted by Marrelli (2023), institutional oversight is also provided by the Care Quality Commission (CQC), which inspects and monitors healthcare providers to ensure they adhere to ethical and medical standards in palliative and terminal care. The General Medical Council (GMC) sets professional expectations for doctors and enforces disciplinary action against those who breach their ethical duties, including unlawful participation in euthanasia (Stock, 2019). Any doctor found assisting in euthanasia may face license revocation and prosecution, reaffirming the legal and moral boundaries of medical conduct in the UK.

Criminal enforcement is supported by the police and the Crown Prosecution Service (CPS). According to Swift (2020), the CPS applies a “public interest” test to determine whether to bring charges in cases involving suspected assisted suicide. This test considers factors such as the nature and seriousness of the illness, the voluntariness and informed nature of the individual’s decision, and the motivation of the suspect, particularly whether compassion was the driving factor (Eldergill, 2015). Though this discretion provides some flexibility, it does not override the fundamental illegality of assisted dying under current law.

5. Conclusion

In conclusion, the issue of euthanasia and assisted death is a deeply controversial one. This paper has analyzed it from a moral, legal, and medical lens, highlighting the arguments for the right to end one’s life with dignity as well the arguments against euthanasia, often touted as going against the sanctity of life, using the UK and the Netherlands as case studies. While the Netherlands has normalized and regulated euthanasia within a carefully designed framework, the UK continues to prioritize the sanctity of life and judicial restraint. Each approach has its merits and shortcomings, but what is clear is the necessity for clearer public discourse, informed legislation, and compassionate policy that centers patients’ dignity, autonomy, and safety. However, while there are valid concerns about the potential for abuse, the evidence from the Netherlands shows that assisted dying can be conducted safely and with compassion. Ultimately, it is submitted that the decision to end one’s life is profoundly personal, and those suffering should have the right to make that choice with dignity and compassion.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- Asscher, E., & Metselaar, S. (2025). Ethical Expertise before and after Medically Assisted Dying: The Informal and Formal Role of the Ethicist in the Netherlands. *Bioethics*. <https://doi.org/10.1111/bioe.13437>
- Bacon, M. (2025). Police Innovation and Institutional Entrepreneurs: The Emergence of Police Drug Diversion Schemes in England and Wales. *Policing and Society*.

- <https://doi.org/10.1080/10439463.2025.2523809>
- Ciliberti, R., Alfano, L., Robba, C., & Patroniti, N. A. (2025). End of Life in Italy: Ethical and Legal Perspectives. *Healthcare, 13*, Article 666. <https://doi.org/10.3390/healthcare13060666>
- Cohen-Almagor, R. (2017). Assisted Dying Bill for England and Wales. In M. J. Cholbi (Ed.), *Euthanasia and Assisted Suicide: Global Views on Choosing to End Life* (p. 29). Praeger.
- Crane, D. (2018). *The Sanctity of Social Life: Physicians Treatment of Critically Ill Patients*. Routledge.
- Damato, F. M., Lippi, M., Adelini, V., Orsini, F., & Arcangeli, M. (2025). Assessment of Testamentary Capacity: A Systematic Review of Legal, Neuropsychological, and Bioethical Perspectives across Jurisdictions. *La Clinica terapeutica, 176*, 89-100.
- Eldergill, A. (2015). Compassion and the Law: A Judicial Perspective. *Elder Law Journal, 5*, 268-278.
- Ezenduka, U. Y., & Halder, D. (2025). Legal Reform for Passive Euthanasia in Indonesia: A Comparative Analysis of Policy and Ethics. *Journal of Law and Legal Reform, 6*, 869-908. <https://doi.org/10.15294/jllr.v6i2.20498>
- Fontalis, A., Prousalis, E., & Kulkarni, K. (2018). Euthanasia and Assisted Dying: What Is the Current Position and What Are the Key Arguments Informing the Debate? *Journal of the Royal Society of Medicine, 111*, 407-413. <https://doi.org/10.1177/0141076818803452>
- Ganner, M., & Steiner, M. K. (2025). Assisted Suicide and Euthanasia in Europe: A Foray through Current Developments from an Austrian Perspective. *Journal of Aging Law & Policy, 15*, 2.
- Ganzini, L., Leong, G. B., Fenn, D. S., Silva, J. A., & Weinstock, R. (2000). Evaluation of Competence to Consent to Assisted Suicide: Views of Forensic Psychiatrists. *American Journal of Psychiatry, 157*, 595-600. <https://doi.org/10.1176/appi.ajp.157.4.595>
- Griffith, R. (2015). Will the UK Supreme Court Allow Assisted Dying? *British Journal of Nursing, 24*, 970-971. <https://doi.org/10.12968/bjon.2015.24.19.970>
- Groenewoud, J. H., van der Maas, P. J., van der Wal, G., Hengeveld, M. W., Tholen, A. J., Schudel, W. J., & van der Heide, A. (2000). Clinical Problems with the Performance of Euthanasia and Physician-Assisted Suicide in the Netherlands. *New England Journal of Medicine, 342*, 551-556. <https://doi.org/10.1056/NEJM200002243420806>
- Hegde, A. K. S. H. A. T., Bhatti, B. K., Dalvi, V. E. D. I. K. A., & Chandora, P. U. R. N. A. (2024). Balancing Personal Autonomy and the Right to Life in Euthanasia. *International Journal of Legal Science and Innovation, 6*, 61-80.
- Hughes, G. (2011). The Concept of Dignity in the Universal Declaration of Human Rights. *Journal of Religious Ethics, 39*, 1-24. <https://doi.org/10.1111/j.1467-9795.2010.00463.x>
- Ibitoye, N. (2021). *The Practice of Euthanasia and the Nigerian Legal System*. SSRN. <https://ssrn.com/abstract=4944357>
- Inbadas, H., Carrasco, J. M., & Clark, D. (2020). Representations of Palliative Care, Euthanasia and Assisted Dying within Advocacy Declarations. *Mortality, 25*, 138-150. <https://doi.org/10.1080/13576275.2019.1567484>
- Jochemsen, H. (1994). Euthanasia in Holland: An Ethical Critique of the New Law. *Journal of Medical Ethics, 20*, 146-149. <https://doi.org/10.1136/jme.20.3.146>
- Keene, A. R., Kane, N. B., Kim, S. Y. H., & Owen, G. S. (2019). Taking Capacity Seriously? Ten Years of Mental Capacity Disputes before England's Court of Protection. *International Journal of Law and Psychiatry, 62*, 56-76.

- <https://doi.org/10.1016/j.ijlp.2018.11.005>
- Keown, J. (2018). *Euthanasia, Ethics and Public Policy: An Argument against Legalisation*. Cambridge University Press. <https://doi.org/10.1017/9781107337909>
- Kim, S. Y. H., De Vries, R. G., & Peteet, J. R. (2016). Euthanasia and Assisted Suicide of Patients with Psychiatric Disorders in the Netherlands: 2011 to 2014. *JAMA Psychiatry*, 73, 362-368. <https://doi.org/10.1001/jamapsychiatry.2015.2887>
- Marrelli, T. M. (2023). *Hospice and Palliative Care Handbook: Quality, Compliance, and Reimbursement*. Sigma Theta Tau.
- McCaffrey, N., Bradley, S., Ratcliffe, J., & Currow, D. C. (2016). What Aspects of Quality of Life Are Important from Palliative Care Patients' Perspectives? A Systematic Review of Qualitative Research. *Journal of Pain and Symptom Management*, 52, 318-328.e5. <https://doi.org/10.1016/j.jpainsymman.2016.02.012>
- McCann, A. (2023). Patient Safety at the End of Life: The Role and Limits of the Law in England and Wales. In J. Tingle, C. Milo, G. Msiska, & R. Millar (Eds.), *Research Handbook on Patient Safety and the Law* (pp. 141-164). Edward Elgar Publishing. <https://doi.org/10.4337/9781802207064.000015>
- Motloba, P. (2019). Non-Maleficence—A Disremembered Moral Obligation. *South African Dental Journal*, 74, 40-42. <https://doi.org/10.17159/2519-0105/2019/v74no1a7>
- Mroz, S., Dierickx, S., Deliens, L., Cohen, J., & Chambaere, K. (2021). Assisted Dying around the World: A Status Question. *Annals of Palliative Medicine*, 10, 3540-3553. <https://doi.org/10.21037/apm-20-637>
- Murrell, A., & McCalla, L. (2016). Assessing Decision-Making Capacity: The Interpretation and Implementation of the Mental Capacity Act 2005 Amongst Social Care Professionals. *Practice*, 28, 21-36. <https://doi.org/10.1080/09503153.2015.1074667>
- Paterson, C. (2017). *Assisted Suicide and Euthanasia: A Natural Law Ethics Approach*. Routledge. <https://doi.org/10.4324/9781315096766>
- Peel, E. T. (2021). *Orientations, Spectra and Absolutes: An Exploration of the Attitudes towards Assisted Dying Expressed by Respiratory and Palliative Medicine Physicians, and the Influence of Their Professional Organisations*. Master's Thesis, Newcastle University.
- Ramos-Pozón, S., Román-Maestre, B., & Blázquez, B. (2025). Coercive Measures in Disability and Mental Health Care Services: Mechanical Restraints from a Bioethical and Legal Perspective in Spain. *International Journal of Law and Psychiatry*, 99, Article ID: 102067. <https://doi.org/10.1016/j.ijlp.2024.102067>
- Rietjens, J. A. C., van der Heide, A., Onwuteaka-Philipsen, B. D., van der Maas, P. J., & van der Wal, G. (2009). Two Decades of Research on Euthanasia from the Netherlands. *Ethics, Medicine and Public Health*, 35, 271-277. <https://doi.org/10.1056/NEJMs0901954>
- Romijn, A., & Frederiks, B. J. M. (2012). Restriction on Restraints in the Care for People with Intellectual Disabilities in the Netherlands: Lessons Learned from Australia, UK, and United States. *Journal of Policy and Practice in Intellectual Disabilities*, 9, 127-133. <https://doi.org/10.1111/j.1741-1130.2012.00345.x>
- Smith, S. (2024). The Ethics and Legality of Assisted Dying: A Critical Analysis of Regulatory Frameworks, Human Rights Implications, and Impact on Vulnerable Groups. *LJMU Student Law Journal*, 3, 1-25.
- Stock, N. J. (2019). Legal and Ethical Issues Related to Professional Practice. In P. McGee, & C. Inman (Eds.), *Advanced Practice in Healthcare: Dynamic Developments in Nursing and Allied Health Professions* (pp. 187-204). Wiley-Blackwell.
- Swift, K. (2020). Gross Negligence Manslaughter: Is Prosecution of Doctors Always in the

- Public Interest and Is Specific Prosecutorial Guidance Needed? *The Journal of Criminal Law*, 84, 341-368. <https://doi.org/10.1177/0022018320946943>
- Timmons, A. (2022). Physician Assisted Suicide for Terminally Ill Patients from a Utilitarian Perspective with a Feminist Lens. *Journal of Intersectional Social Justice*. <https://doi.org/10.21428/93b2c832.86a7f2df>
- Twycross, R. (2024). Assisted Dying: Principles, Possibilities, and Practicalities. An English Physician's Perspective. *BMC Palliative Care*, 23, Article No. 99. <https://doi.org/10.1186/s12904-024-01422-6>
- Ugwu, P. (2024). Euthanasia as an Ethical Controversy in the Con-Temporary World. *Oracle of Wisdom Journal of Philosophy and Public Affairs (OWIJOPPA)*, 8, 129-137.
- Van Gorp, B., Olthuis, G., Vandekeybus, A., & van Gorp, J. (2021). Frames and Counter-Frames Giving Meaning to Palliative Care and Euthanasia in the Netherlands. *BMC Palliative Care*, 20, Article No. 79. <https://doi.org/10.1186/s12904-021-00772-9>
- Van Wijmen, M. P. S., Rurup, M. L., Pasman, H. R. W., Kaspers, P. J., & Onwuteaka-Philipsen, B. D. (2010). Advance Directives in the Netherlands: An Empirical Contribution to the Exploration of a Cross-Cultural Perspective on Advance Directives. *Bioethics*, 24, 118-126. <https://doi.org/10.1111/j.1467-8519.2009.01788.x>
- Verbakel, E., & Jaspers, E. (2010). A Comparative Study on Permissiveness toward Euthanasia: Religiosity, Slippery Slope, Autonomy, and Death with Dignity. *Public Opinion Quarterly*, 74, 109-139. <https://doi.org/10.1093/poq/nfp074>
- Verhofstadt, M., Van Assche, K., Sterckx, S., Audenaert, K., & Chambaere, K. (2019). Psychiatric Patients Requesting Euthanasia: Guidelines for Sound Clinical and Ethical Decision Making. *International Journal of Law and Psychiatry*, 64, 150-161. <https://doi.org/10.1016/j.ijlp.2019.04.004>
- Wilde, K. (2016). *The Ethics of Aging in the 21st Century: Applying a Utilitarian Framework to Long-Term Care & Physician-Assisted Suicide*. uO Research, University of Ottawa. <https://hdl.handle.net/10393/35347>
- Wright, I. (2025). Dignity in Death: A Comparative Account of the United States, Canada, and the Netherlands. *Alberta Law Review*, 62, 1001-1031. <https://doi.org/10.29173/alr2838>
- Yesil, I. (2025). Whose Choice? A Qualitative Inquiry into Professionals' Moral Positions on Euthanasia in Belgium. *OMEGA—Journal of Death and Dying*, 90, 1453-1472. <https://doi.org/10.1177/00302228221123153>