

WHO



Topic A: "Euthanasia focusing into the right to the life as the main right: medical, and social implications in modern healthcare."

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MODERATOR:

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CHAIR:

**María José
Armada**



CFMUN



Welcoming letter

Dear delegates,

Welcome to this edition of Colegio Fontanar Model of the United Nations. We are very excited to have you at the World Health Organization, thank you for choosing this committee.

In this committee, we will talk about Euthanasia, focusing on the right to life as the fundamental right, and we will address the lack of vaccination for polio of children at Gaza, its devastating impact, and the increasing death toll resulting from this preventable disease.

We are confident that each of you will bring unique perspectives and insights to the table, and we look forward for productive and engaging sessions. Best of luck to all of you, and we wish you a successful experience at this Model of the United Nations.

Sincerely,
Paula Pérez and María José Armada
Moderator and Chair of WHO

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I. Committee Background

The World Health Organization (WHO), founded in 1948, is a United Nations agency dedicated to combat disease and promote global health.

WHO collaborates with 194 member states worldwide to address various health issues, such as infectious diseases, maternal and child health, environmental health, among others. WHO's primary focus is to improve health outcomes globally, address healthcare crises, and support countries in achieving the Sustainable Development Goals. Some of the key situations WHO has contributed to, include the response to the COVID-19 pandemic, the Pandemic Treaty aimed at preventing future pandemics, the Hub for Pandemic and Epidemic Intelligence to respond to health emergencies, mental health initiatives, among others.



II. Introduction to the Topic

Euthanasia, the practice of intentionally ending a life to relieve pain and suffering, has long been a subject of ethical, legal, and philosophical debate. At its core, the issue raises profound questions about the right to life—a fundamental human right enshrined in international law and many national constitutions.

The World Health Organization recognizes the right to life as the foundation of all other human rights, highlighting the importance of protecting individuals' dignity, autonomy, and health.

In the context of modern healthcare, euthanasia presents complex medical and social implications that challenge existing healthcare systems and ethical norms.

II. Introduction to the Topic

While proponents argue that euthanasia offers a compassionate solution to end the suffering of terminally ill patients, on the other side there is the fact that it is an attack to the fundamental right, the rights to life, potentially eroding trust in the medical profession and healthcare institutions.

The practice also raises significant questions about the role of healthcare providers in preserving life versus relieving suffering, as well as concerns about vulnerable populations, such as the elderly, disabled, or those with affected mental health conditions, who may be at risk of coercion.

III. Evolution of the Topic

Euthanasia, or the intentional ending of life to relieve suffering, has evolved significantly throughout history, shaped by cultural, philosophical, and medical perspectives.

In ancient times, concepts of voluntary death were accepted in certain cultures, but as ethical views emphasizing the dignity of life took hold, euthanasia became widely condemned. In more recent centuries, as medicine advanced and life-prolonging technologies emerged, the ethical debate shifted.

The increasing ability to extend life raised questions about when it should end, especially in cases of terminal illness or unmanageable pain. The idea of personal autonomy began to gain importance, with growing recognition of individuals' right to make decisions about their own lives.

III. Evolution of the Topic

By the late 20th and early 21st centuries, several countries legalized euthanasia under strict conditions, while others continued prohibiting it.

The rise of palliative care, which focuses on alleviating suffering without hastening death, added complexity to the debate. Today, euthanasia remains a divisive issue, with some advocating for individual rights and compassion, while at the other side the dignity and right of life and the risks of abuse are important matter.

The World Health Organization continues focusing on promoting palliative care and addressing the medical aspects of this issue, while the debate over euthanasia's place in healthcare systems continues to evolve, balancing autonomy with ethical concerns surrounding life and death.

IV. Relevant Events

A. Panorama

- 1960s-1970s: The modern debate on euthanasia began as medical technology advanced, raising ethical questions about when life should be ended, especially in cases of terminal illness. The "Right to Die" movement gained momentum, influenced by high-profile cases like Karen Ann Quinlan, who was kept on life support despite being in a persistent vegetative state.
- 1990s: The Netherlands became the first country to legalize euthanasia, setting a precedent for others. Dr. Jack Kevorkian in the U.S. gained attention for assisting in euthanasia, prompting further debate about physician involvement and patient rights.

IV. Relevant Events

- 2000s: Belgium legalized euthanasia in 2002, followed by expanding laws in countries like Canada (2016) and Spain (2021), recognizing euthanasia as a legal option under strict medical guidelines.
- 2015-2021: Several U.S. states, including Oregon, Washington, and California, legalized physician-assisted suicide. Global debates continued, with countries like Luxembourg and Spain enacting laws, while WHO emphasizes on palliative care as a crucial alternative to euthanasia.

B. Points of View

United States: Around 71% of its population is in favor of the legalization of euthanasia, more people accepts this practice rather than medical-assisted suicides, even though both lead to death.

IV. Relevant Events

Until August 2024, euthanasia was not legal, but the doctors were allowed to stop medicating the terminal patients in case they did not get better, allowing them to die. (Yi, R., 2024).

China: At this country there are no laws regarding euthanasia nor medical-assisted suicide, which has led to a space of confusion, their ancient cultural context & culture, modern society, and its diversity can clash, provoking it to be a hard topic, and they do not have a clear position about it. (Liu, G., & Liu, K., 2024).

United Kingdom: At the UK euthanasia remains illegal, this nation knows it is ending with someone's life, and the maximum penalty is life sentence, definitively at the UK practicing euthanasia is not an option. (NHS., 2023).

IV. Relevant Events

France: Even though in France explicit euthanasia is illegal, and assisted suicide is penalized too, they count with a politic of doctors allowed to medicate the patients with lethal substances, which entails a long process of months, but finally it gets to the same place; ending with a life. (AFP., & Monde, L., 20204).

Russia: Euthanasia is illegal at Russia, but according to a VCIOM survey, almost half of its population is in favor of legalizing euthanasia, 18% is unsure and only 1/3 is against it (their reasons are religious, thinking that the death must be natural and seeing it as an homicide). At this country the youth is the less informed about the topic, contrary to elder people. (TASS., 2024).

V. UN and External Actions

The United Nations, through agencies like WHO, focuses on promoting palliative care and improving end-of-life options, emphasizing pain management and dignity for terminally ill patients. The UN Human Rights Council upholds the right to life and calls for policies that protect vulnerable populations while respecting informed consent and autonomy. The World Health Organization also works to reduce barriers of pain relief medications and advocates for non-lethal alternatives to euthanasia.

EXTERNAL ACTIONS:

- **Legislation:** Several countries have legalized euthanasia, such as the Netherlands, Belgium, Canada, and Spain, with strict criteria to ensure patient consent and prevent abuse.

V. UN and External Actions

- **NGO Advocacy:** Organizations like Dying with Dignity International, and Compassion & Choices, work to legalize euthanasia and support patients autonomy, while others like the European Association for Palliative Care (EAPC) promote palliative care as an alternative.
- **Public Debate:** Countries continue to debating euthanasia, with laws evolving based on public opinion, ethical considerations, and cultural factors.
- **Global Efforts:** Organizations like the World Palliative Care Alliance (WPCA) work to expand palliative care access globally, ensuring that people in low and middle income countries have alternatives to euthanasia.

VI. Conclusion

The issue of euthanasia and the right to life is a complex, multifaceted topic that intersects with ethics, healthcare, law, and human rights. Over time, the debate has evolved, with varying legal frameworks emerging across countries. While some have chosen to legalize euthanasia under strict guidelines, others focus on expanding palliative care and improving end-of-life support as alternatives to euthanasia. International organizations like the UN and WHO emphasize the importance of dignity in dying and advocate for palliative care as a critical component of healthcare systems.

The actions taken by both, the UN and various countries or NGOs have been pivotal in advancing policies that either regulate or prohibit euthanasia, focusing on patient autonomy, informed consent, and protection for vulnerable groups.

VI. Conclusion

At the same time, they continue to highlight the importance of pain management and improving access to end-of-life care.

Addressing this issue in a comprehensive manner—through legislative action, international cooperation, and robust healthcare policies—can help to ensure that those at the end of their lives have the support and care they need, reducing suffering and promoting dignity.

Solving this matter is crucial for the of advancing human rights, protecting vulnerable populations, and ensuring that healthcare systems respect the individual autonomy of all patients, especially in their most vulnerable moments.

The solution should always advocate for life, the UN search the common well-being through the human rights, and the fundamental one is the right to life...

VII. Committee Focus

- What measures can be taken to expand access to high-quality palliative care and pain management, especially in underserved or rural areas, as an alternative to euthanasia?
- How can international collaboration and coordination be enhanced to ensure that patients in countries with or without legalized euthanasia have access to appropriate end-of-life care focused on dignity?
- What role can the UN and other international organizations play in promoting ethical guidelines and best practices for end-of-life care, particularly in countries with differing cultural and religious perspectives on euthanasia?

VII. Committee Focus

- How can public awareness campaigns be effectively designed to address the social and ethical debates surrounding euthanasia, fostering better understanding of the issues while respecting individual autonomy and cultural values?
- How can the committee get to show and convince the international authorities, as well as the citizens, that the fundamental right to life without exceptions should always be respected?

VIII. Participation List

- Arab Republic of Egypt
- Commonwealth of Australia
- Federal Republic of Germany
- French Republic
- Hashemite Kingdom of Jordan
- Italian Republic
- Kingdom of Belgium
- Kingdom of Saudi Arabia
- Kingdom of Spain
- Lebanese Republic
- People's Republic of China
- Republic of Colombia
- Republic of Iraq
- Republic of Korea
- Republic of Turkey
- Russian Federation
- State of Israel
- State of Qatar
- United Kingdom of Great Britain and Northern Ireland
- United States of America

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