

EUTHANASIA BETWEEN AUTONOMY, DIGNITY, AND THE LEGAL PROTECTION OF LIFE: CAN THE RIGHT TO LIFE BE TRANSFORMED INTO A RIGHT TO DIE?

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Abstract. The right to life is a basic human right and the foundation for the protection of all other rights and freedoms. In this context, euthanasia opens up complex legal, ethical, philosophical and psychological dilemmas, especially in the relationship between the patient's autonomy and the state's obligation to protect life. Although the subject of the paper is primarily euthanasia, the analysis also includes assisted suicide to the extent that it is necessary for comparative legal and normative consideration of this issue. The paper examines the question of whether the right to life can be derived from the so-called the right to die. It starts from the position that the right to life cannot be transformed into the right to die, but that the patient's autonomy can only be recognized within strictly limited legal frameworks. The analysis includes international standards for the protection of human rights, the practice of the European Court of Human Rights and comparative legal solutions in the field of euthanasia and assisted suicide. A special contribution of the paper is reflected in the consideration of psychological factors that can affect the ability to make an autonomous decision, including the ability to reason, hopelessness and fluctuation of will.

Keywords: euthanasia; right to life; right to die; human dignity; patient autonomy

Introduction

The understanding of human life, its dignity and value has never been unchanging, but has been shaped throughout history under the influence of philosophical, religious, moral, social and legal understandings. Ever since ancient philosophy, the issue of managing one's own life has been the subject of intense theoretical debates between the idea of individual autonomy and the understanding of life as

a value that enjoys special moral and legal protection. Contemporary discussions on euthanasia represent the continuation of centuries-old philosophical dialogue in significantly changed medical and legal circumstances. The progress of medicine has opened up new questions about the limits of preserving life, the autonomy of the patient and the role of the state in protecting life as the highest legal value. That is why euthanasia today represents one of the key questions of the contemporary philosophy of law and human rights, raising the dilemma of whether the right to death can be derived from the right to life.

The very term euthanasia comes from the Greek language and means “good” or “easy death”. In modern legal theory, it is most often defined as the intentional ending of the life of a terminally ill person at his express and voluntary request in order to end unbearable suffering. In doing so, it is necessary to distinguish euthanasia from assisted suicide, in which the final action is performed by the patient himself, while in euthanasia the act of ending life is undertaken by another person, usually a doctor. Although these two institutes are conceptually different, certain legal systems regulate them within the broader concept of assisted dying, which is why assisted suicide is discussed in this paper only to the extent necessary for comparative legal analysis. In the normative sense, voluntary and involuntary euthanasia, i.e. active and passive euthanasia, are distinguished, where active means the immediate end of life, while passive means denying or interrupting medical treatment, which enables the occurrence of natural death (Gerrard & Wilkinson 2005, p. 65). The subject of this paper is primarily voluntary active euthanasia, since it is precisely this that represents the center of contemporary legal and philosophical dilemmas.

Although euthanasia is still prohibited and qualified as a criminal offense in most countries, some legal systems allow its application under strictly prescribed conditions. At the same time, numerous criminal legislations also criminalize aiding suicide (Petrović, 2018, pp. 182), while Italian criminal law also criminalizes incitement to suicide and any form of assistance in its execution (Martino & Gatti, 1992, p. 217). Such normative diversity confirms that the boundary between permissible and impermissible ending of life is not unambiguously determined, which opens up space for different legal interpretations, ethical dilemmas and potential abuses.

The complexity of these dilemmas shows that the question of euthanasia cannot be viewed exclusively through normative categories. Empirical research indicates that psychological factors, such as feelings of hopelessness, depression and loss of meaning in life, can influence the decision-making process, especially in persons facing serious and incurable diseases (Kasser, 2002; Twenge, 2017; Twenge et al., 2019; World Health Organization, 2021). For this reason, the assessment of the ability to make autonomous decisions is one of the key issues of modern legal systems that allow or consider the possibility of applying euthanasia. Psychological

aspects in this paper have an auxiliary interdisciplinary function in considering the ability to reason and the validity of consent, while legal analysis remains its central methodological framework.

Based on the above, the central research question of the paper is whether the right to life can be interpreted in a way that implies the existence of the so-called the right to die, that is, the right of an individual to decide on ending his own life under certain conditions. The basic hypothesis of the work starts from the position that the right to life cannot be transformed into the right to die, but that the autonomy of the individual can be recognized only in strictly limited legal frameworks that do not call into question his essential protection. In addition to the basic hypothesis, the work is based on the following auxiliary hypotheses: (1) that psychological factors, such as depression, hopelessness and changeable will, can influence the existence of free and informed consent as a basic legal condition for the application of euthanasia; (2) that the liberalization of euthanasia in certain legal systems increases the risk of abuse, especially in relation to vulnerable categories of persons; and (3) that the autonomy of the individual, although it represents one of the fundamental principles of modern law, cannot have an absolute character when it calls into question the protection of life as a basic legal value. The mentioned hypotheses represent the analytical framework of the work and are checked through the normative, comparative legal, philosophical and psychological analysis presented in the following chapters, while their final assessment is given in the concluding remarks.

The methodological framework of the work is based on the application of normative legal, comparative legal and interdisciplinary approach. The normative legal method is used to analyze international documents, relevant national legislation and the practice of the European Court of Human Rights, while the comparative legal method enables the comparison of different models of regulating euthanasia and assisted suicide. Philosophical analysis is applied to consider the relationship between individual autonomy, human dignity and the right to life, while psychological knowledge serves as a supplementary analytical framework for assessing the ability of autonomous decision-making and the validity of the patient's consent. Starting from this methodological framework, the aim of the work is to provide an interdisciplinary analysis of euthanasia in the light of international human rights protection standards and critically examine whether the right to death can be derived from the right to life. The scientific contribution of the paper is reflected in connecting the legal, philosophical and psychological perspective in order to see the boundaries between the autonomy of the individual and the obligation of the state to protect life as a fundamental value of the modern legal order, while representing the point of view that euthanasia cannot represent a subjective right arising from the right to life, but a possible exception strictly limited by law, accompanied by clear material, procedural and institutional guarantees aimed at preventing abuses.

1. The Right to Life and Its Normative Foundation in International Law

The right to life is one of the fundamental human rights in the system of international protection of human rights and enjoys the highest level of legal protection. Its normative foundation is contained in the most important international documents, primarily in the Universal Declaration of Human Rights and the European Convention on Human Rights. In addition to protection against unlawful deprivation of life, this right also implies positive obligations of the state to ensure its effective protection, which is why it is a basic assumption for the realization of human dignity and all other human rights. Article 2 of the European Convention on Human Rights stipulates that every person's right to life shall be protected by law, with exceptions related to the use of force that is absolutely necessary for protection against unlawful violence, lawful deprivation of liberty or suppression of rebellion. Similarly, Article 3 of the Universal Declaration of Human Rights guarantees everyone the right to life, liberty and security, confirming the centrality of this right in the modern international legal order.

Although international law does not establish a single model of legal regulation of euthanasia and assisted suicide, comparative legal practice confirms the existence of different normative approaches - from systems that allow certain forms of assisted dying to those that maintain their complete prohibition. Precisely because of such diversity, the European Court of Human Rights leaves a wide margin of appreciation to states in regulating this area, with the obligation to respect the basic standards of human rights protection (Brandalise et al., 2018, pp. 217 – 227; Picón-Jaimes et al., 2022).

The practice of the European Court of Human Rights is of particular importance in interpreting the relationship between the right to life, the right to private life and individual autonomy. In *Pretty v. United Kingdom*, the Court held that Article 2 of the European Convention on Human Rights cannot be interpreted to include the right to die or the right to assistance in ending life. Conversely, in the case of *Haas v. Switzerland*, the Court accepted that an individual's decision about the manner and time of his own death can constitute an aspect of the right to private life under Article 8 of the Convention, provided that the person is capable of making such a decision freely and independently. However, the Court emphasized at the same time that this does not result from the state's obligation to provide access to lethal substances or to establish a legal framework that would guarantee the realization of such a choice. This confirmed that individual autonomy is not absolute, but is realized within the limits determined by the protection of life as the highest legal value.

Such an approach is confirmed by the recent practice of the European Court of Human Rights. In the case of *Noelia Castillo Ramos v. Spain*, the Court confirmed that states have a wide field of discretion in regulating aid in dying, but at the same time indicated that any normative solution must be based on clearly established

material and procedural guarantees that ensure the free, informed and autonomous consent of the person requesting the end of life. This confirms once again that the international standards of human rights protection do not recognize the right to death as an independent human right, but require the establishment of a balance between the autonomy of the individual, the protection of human dignity and the positive obligation of the state to protect life.

It follows from the above that the international legal framework consistently confirms the right to life as a fundamental and protected legal value, while the European Convention on Human Rights and the practice of the European Court of Human Rights do not recognize the existence of an independent right to die. Although states leave some space for different normative regulation of euthanasia and assisted suicide, international standards require that any such solution be accompanied by clear material and procedural guarantees that simultaneously protect individual autonomy, human dignity and the right to life.

2. Comparative Analysis of Legal Approaches to Euthanasia: Between Justification and Restriction

Contemporary legal systems apply different models of regulating euthanasia and assisted suicide, which reflect different understandings of the relationship between individual autonomy, human dignity and protection of life. While some countries allow euthanasia under strictly prescribed legal conditions, others maintain its prohibition, but at the same time develop special legal institutes that strengthen the patient's autonomy when deciding on the end of life. Such diversity confirms that contemporary law has not developed a single model for regulating aid in dying, but different normative solutions that seek to establish a balance between the individual's right to self-determination and the state's positive obligation to protect life (Brandalise et al., 2018, pp. 217 – 227; Picón-Jaimes et al., 2022; Gulino et al., 2025).

Among the countries that were the first to establish a legal framework for euthanasia, a special place is occupied by the Netherlands, which in 2002 passed the Law on Termination of Life on Demand and Assisted Suicide. According to this law, euthanasia and assisted suicide are permitted under strictly prescribed conditions, which include the existence of an incurable disease, unbearable and hopeless suffering, a voluntary and deliberate request of the patient, as well as mandatory control by an independent physician. A similar model was adopted by Belgium, where euthanasia is allowed with clearly defined material and procedural conditions, with the aim of establishing a balance between the protection of human dignity and the prohibition of unlawful deprivation of life (Brandalise et al., 2018, pp. 217 – 227).

In addition to the Netherlands and Belgium, individual countries have developed different models of legal regulation of assisted dying. Luxembourg and Canada

allow euthanasia and assisted suicide under strictly prescribed conditions, while Colombia recognizes the possibility of applying euthanasia through constitutional jurisprudence and subsequent legal solutions. In contrast, the Swiss model does not allow euthanasia, but allows assisted suicide provided that the help is not provided for selfish reasons, while the French legislation does not recognize euthanasia, but allows the application of deep and continuous sedation until the occurrence of natural death in legally prescribed cases (Brandalise et al., 2018, pp. 217 – 227; Picón-Jaimes et al., 2022; Petrović, 2018, pp. 180 – 182).

A special place in contemporary comparative law is occupied by Spain, which, with the adoption of Organic Law no. 3/2021 established a special legal framework for the provision of assistance in dying, accompanied by clearly defined material and procedural guarantees. Although this law is commonly referred to as the law on euthanasia, its normative scope is not limited exclusively to euthanasia in the narrow sense. Article 3 of this law foresees two modalities of providing assistance in dying: direct administration of the substance by a healthcare worker and cases in which the patient independently administers the prescribed substance. This second modality in the international legal literature corresponds to the institute of physician-assisted suicide, that is, medical aid in dying, which is why it is necessary to distinguish between these institutes for legal and terminological precision. The importance of this distinction is also indicated by contemporary literature, which emphasizes that euthanasia, assisted suicide and medically assisted dying represent different legal institutes, even when individual legislation regulates them within a single normative model (Dalfin et al., 2022; Gulino et al., 2025).

The contemporary development of comparative law shows that certain legal systems can no longer be simply classified among liberal or restrictive models. Thus, the legal framework in Germany was significantly changed by the decision of the Federal Constitutional Court from February 2020, which declared the provision of § 217 of the Criminal Code on professional assistance in suicide unconstitutional. The court took the position that the right to free development of personality, in connection with the protection of human dignity, also includes the right of an individual to self-determined death, including the possibility of using the help of third parties. At the same time, euthanasia is still prohibited under § 216 of the Criminal Code, thus maintaining the distinction between euthanasia and assisted suicide, with the need to establish appropriate protective mechanisms (Kremeike et al., 2021; Gulino et al., 2025).

A similar development is present in Italy. Although euthanasia remains a criminal offense, Law no. 219/2017 significantly improved patient autonomy through the right to informed consent and advance directives on treatment. Additional progress was made by the decisions of the Constitutional Court in the Cappato case (No. 207/2018 and 242/2019), which, under strictly prescribed conditions, excluded criminal responsibility for assisting suicide, without

general legalization of euthanasia or assisted suicide (Ciliberti et al., 2018; Gulino et al., 2025).

Contemporary developments show that comparative law no longer allows a simple division of legal systems into those that allow euthanasia and those that prohibit it. Hybrid regulatory models are increasingly being developed in which legal solutions are supplemented by constitutional jurisprudence, court interpretations and additional material and procedural guarantees, with the aim of establishing a balance between individual autonomy, protection of human dignity and the right to life. Regardless of the differences in normative solutions, the common feature of modern legislation is the effort to prevent abuses and ensure the protection of particularly vulnerable categories of persons through clearly defined protective mechanisms.

3. Ethical and Psychological Dimensions of Euthanasia: Between Human Dignity, Autonomy and Decision-Making Capacity

Euthanasia and assisted suicide represent one of the most complex issues of contemporary bioethics, philosophy and law, since they open up the question of the relationship between individual autonomy and the protection of life as a fundamental legal and moral value. Although in modern literature they are often included under the common term assisted dying, there is a significant difference between these institutes. In euthanasia, the immediate act of ending life is undertaken by another person, usually a doctor, while in assisted suicide, the final act is performed by the patient himself with appropriate assistance (Picón-Jaimes et al., 2022). This difference is not only terminological, but reflects a different understanding of physician responsibility, patient autonomy, and the limits of medical intervention at the end of life.

The central issue of contemporary ethical debates is the establishment of a balance between the autonomy of the individual and the protection of life. Proponents of euthanasia assume that respect for human dignity implies the right of the individual to freely decide on his own life, especially in cases of incurable disease and unbearable suffering. On the contrary, the opponents point out that the right to life represents an inviolable value that cannot be subject to free disposal. In this context, Ronald Dworkin considers autonomy one of the basic values of modern law, while John Keown emphasizes the inviolability of human life and warns of the possibility of abuses and the gradual expansion of the application of euthanasia to categories that were not originally covered by legal solutions (“slippery slope”) (Keown, 2018, pp. 38 – 40; Mayers, 2020, pp. 42 – 43). The role of the doctor is also of special importance, whose professional duty is traditionally aimed at preserving life, as confirmed by the Hippocratic Oath, although modern medicine simultaneously emphasizes the obligation to alleviate the suffering

of patients (Petrović, 2010, p. 10). The cases of Ingrid Frank and Baby Doe further confirm the complex relationship between patient autonomy, third-party liability and the state's obligation to protect particularly vulnerable categories of the population (Dalfin et al., 2022, pp. 196 – 205).

However, modern research shows that requests for euthanasia or assisted suicide cannot be assessed exclusively through legal and ethical criteria, but also require a psychological assessment of the ability to make autonomous decisions. Assessment of reasoning ability is one of the most complex tasks in clinical practice, since it can be impaired by disease progression, neurological damage, metabolic disorders or consequences of palliative sedation (Appelbaum, 2007). At the same time, serious illness violates basic psychological needs for autonomy, competence, and connection with others, which is why the request for euthanasia is often an attempt to preserve control and dignity, and not exclusively a desire for death (Ryan & Deci, 2000).

Empirical research indicates that physical suffering is not the only reason for requests for accelerated end of life. Depression, feelings of hopelessness, demoralization and loss of meaning in life are significant psychological factors that can influence such a decision (Chochinov et al., 1995; Beck, 1985; Kissane et al., 2001; Monforte-Royo et al., 2012). At the same time, research shows that requests for euthanasia or assisted suicide in individual patients can change after adequate pain control, palliative care and psychological support (Chochinov et al., 1999; Emanuel et al., 2000). However, it is important to emphasize that depression, hopelessness, demoralization and change of will are not characteristic exclusively of euthanasia, but represent general psychological phenomena that accompany various requests for assistance in dying, including assisted suicide (Chochinov et al., 1995; Hendry et al., 2013).

This does not mean, however, that every request for aid in dying necessarily indicates impaired autonomy. The psychological profile of patients differs depending on the nature of the underlying disease. While in terminally ill patients, the ability to make autonomous decisions can remain preserved despite pronounced existential suffering, in persons with primary psychiatric disorders or non-terminal conditions, depression and other mental illnesses can significantly affect the stability and consistency of decision-making (Ganzini et al., 2008). This is precisely why modern legal systems that allow aid in dying foresee independent medical evaluations, multidisciplinary commissions and psychiatric or psychological evaluations when they are needed, in order to simultaneously protect the patient's autonomy, human dignity and the right to life (Radulović, 2010; Picón-Jaimes et al. 2022). In this sense, the theory of managing the fear of death (Greenberg et al., 1986) indicates that the request for euthanasia is sometimes a response to a feeling of loss of dignity and control over one's own life, rather than a permanent and final desire for death.

5. Conclusions and summary

The analysis of international human rights protection standards, the practice of the European Court of Human Rights and comparative legal solutions shows that there is no single model for regulating euthanasia and assisted suicide. Contemporary legal systems have developed different normative approaches that reflect their constitutional traditions, social values, and understanding of the relationship between individual freedom and the state's obligation to protect life.

The results of the conducted research confirm the basic hypothesis of the work that the right to life cannot be interpreted as a source of the subjective right to death. Although modern law increasingly recognizes the importance of patient autonomy and the right to self-determination, especially in the context of making decisions about treatment and the end of life, the analysis of international documents, court practice and national legislation shows that autonomy does not have an absolute character, but is realized within the limits that ensure the protection of life as a fundamental legal value.

At the same time, comparative legal analysis confirms that contemporary legislation can no longer be simply divided into restrictive and liberal models. In addition to states that allow euthanasia under strictly prescribed conditions, hybrid regulatory models are also being developed in which legal solutions are supplemented by constitutional jurisprudence, court interpretations and a complex system of material and procedural guarantees. The common characteristic of these systems is the effort to simultaneously protect the patient's autonomy, human dignity and the right to life, while preventing possible abuses and special protection of vulnerable categories of persons.

The special contribution of the paper is reflected in the connection of legal, philosophical and psychological perspectives. Philosophical analysis shows that the issue of euthanasia goes beyond the limits of positive law and touches on the fundamental issues of human dignity, freedom and the value of life. Psychological analysis, on the other hand, confirms that the assessment of requests for euthanasia or assisted suicide cannot be based on the assumption that such requests are necessarily the result of impaired autonomy or psychological instability. However, at the same time, it indicates that depression, feelings of hopelessness, demoralization and other psychological factors can affect the ability of autonomous decision-making in individual patients, which is why an individual and multidisciplinary assessment of each specific case is necessary. This is precisely why modern legal systems that allow aid in dying provide for independent medical evaluations, psychiatric or psychological evaluations when needed, as well as other mechanisms of legal control to protect life and preserve human dignity.

Based on the conducted analysis, it can be concluded that euthanasia cannot represent a subjective right arising from the right to life, but possibly an exception strictly limited by law, the application of which is possible only with clearly prescribed material, procedural and institutional guarantees. Only such an approach

makes it possible to establish a balance between respecting individual autonomy and preserving the right to life as one of the highest legal goods of a modern democratic society.

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