

Law and Society - Euthanasia and Criminal Law

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Abstract

Euthanasia or "sweet death" is a topic that has sparked numerous debates throughout history. In Albania, the right to life is protected by Article 21 of the Constitution of the Republic of Albania. Regarding the individual's right to die in Albania, both forms of euthanasia, the passive and the active one, are considered criminal offenses and are punishable by law. The problem lies in the fact that such a definition is not found in the Albanian legislation, but such actions are considered as criminal by the interpretation of the law. In this topic we will study the perception of Albanians regarding euthanasia and whether the Albanian legislation should include this form of soft death or not. The protection of life in the country should take the dimensions of a sustainable protection. For this reason, in addition to the positive effects of improving life protection that derive from the application of the entirety of the various criminal justice programs and policies, also including the recent amendments to the Criminal Code of the Republic of Albania, a concrete and continuous protection should be provided in support of the right to life. I have always drawn a debate on this issue, which deals with the fundamental human right, with the most sacred right, that of life.

Keywords: *euthanasia, pasive euthanasia, active euthanasia, human rights, life protection, legal basis, suffering, etc.*

Introduction

The word euthanasia comes from two Greek word, which has a positive meaning and the sense of death: In the first view, euthanasia has always created the idea of an action which caused harm to a person, while this action leads to the end of the life of the being human. By browsing and searching a great number of substantial materials, I see euthanasia as an individual's right to self-determination, to die in the time and manner chosen by him while suffering from incurable diseases, rather than continue to suffer and have an even more bitter end.

On the other hand, euthanasia can also be viewed from the perspective that it is not be a matter of self-determination and personal conviction because it is an act that requires two people to make it happen. Euthanasia is considered the same as murder, which is against law everywhere in civilized societies.

Albania's opening up to the global world, besides a number of positive outcomes for the country, is accompanied by the emergence of a number of phenomena, some of which are not foreseen or regulated to provide efficient protection of life or to allow the practice of what is known as light death. Some of these phenomena include our criminal legislation in terms of life protection in our country.

1. Study Background

Euthanasia is a human right to end life without suffering. It is often called "sweet murder". There are two types of euthanasia called active voluntary euthanasia and passive voluntary euthanasia. The first is a series of actions that tend to end a person's life, while the second is a treatment, care or assistance to end a person's life. Both passive and active euthanasia can also be non-voluntary. Action in both the active and passive euthanasia can be done without the patient's request.

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Historian Suetonius (AD 63-14) describes how Emperor August, dying quickly and painlessly in the hands of his wife Livia, used the term Euthanasia to show what she wanted at that moment. While the philosopher and married man Francis Bacon (1561-1626) was the first to use the term euthanasia in the medical context, saying that the doctor's role was not only to improve the patient's health but to ease the pain and suffering, and not only when this relief could help improve health but also when it could serve to make a straightforward and upright transition to death. Patients who were almost dead could not be abandoned, but every possible care needed to help them leave this world in a lighter and more gentle way. This was the prevailing thought until the twentieth century. XIX, which accurately depicted what we mean today with sedatives, or medications that allow us to easily die¹.

2. Euthanasia in various countries of the world

At the beginning of our century in all civilized countries there was an all-inclusive defense of life. In no country abortion was allowed or tolerated, wherever it was strictly punishable. In no country euthanasia was allowed. Suicide itself was not punishable, but, assisting the victim to commit this act was punishable.

However, euthanasia, the so-called easy death, which has been allowed or discussed in many countries, mainly in the Netherlands, basically only makes a difference if the murder occurs with or without the consent of the victim. In the criminal law and in the rules of ethics is accepted as a negative action or is not positively assessed the consent of the person against whom this action is directed.

A healthy person does not want to live in a serious illness and may prefer death when he is ill. In addition, relatives may be tired of being cared for or those who have a duty to pay an annual pension for his life may exert pressure to lead to the killing of this person by claiming mercy for him.

The German Constitution, in Article 2, second paragraph, states that "Everyone has the right to life and physical integrity", but in the third paragraph of this article, it is said that a statutory law may violate these rights. Euthanasia has also been the subject of long discussions, but without any legislative result. The German Federal Court, in a decision of 4 July 1984, against a physician accused of neglecting a person who had just committed suicidal attempts to release his release.

The doctor had found the person still alive after a suicide attempt and had not shown proper care, which could have saved the patient's life. The doctor stayed all the time with the patient until he died. The main argument used by the court in its decision to release a doctor was that from the legal point of view the unclear attitude of the physician could not be considered because he stayed with the patient until his final death, in the sign of respect for the personality of the deceased. In Germany, much has been discussed about the person's right to self-determination for his death. But in Germany alone, we must not forget that Hitler has issued a voluntary death order since the day he started World War II.

In Switzerland, the right to life as a constitutional right is based on an unwritten constitutional law. The Federal Court recognizes the protection of the right to life, in particular in the decision of 28 June 1972, where inter alia the Court. Federal says: The Constitution primarily protects human life. The constitutional right of life in comparison to other fundamental rights of the individual to give personal liberty is characterized by the fact that interference in a person's life means an absolute violation of his rights and constitutes a violation of the Constitution itself. The constitutional right to the protection of life in this way can not tolerate any violation.

In Austria, euthanasia is still punishable, it is considered as a murder at the request, provided for in Article 77 of the Criminal Code. Giving suicide to suicide is punishable, from six months to five years in prison.

The permit for active euthanasia under Article 115 of the Dutch Criminal Code was requested by a member of the National Council, V. Ruffy, through a motion in 1994, which corresponds to the new arrangement in the Netherlands. How successful it is still uncertain.

¹ Council of Europe (2003). Euthanasia, ethical and human aspects. Germany: Council of Europe

In Hungary the problem of euthanasia is being discussed long. But apart from the prohibition of suicide aid provided for in Article 168 of the Criminal Code, there is no other legal provision to address this issue.

While recently, in our country this debate has not yet been opened. Our Penal Code provides for a criminal offense, any form, way or aid that is intended to take the life of the individual.

3. Euthanasia related to criminal law.

Before we get into discussing legal problems with regard to euthanasia (light death), we must first undertake a review of what are the basic principles of protecting human life and its limits. Indeed, all the positions and choices that are presented to man in the analyzes made to bring in two different types of important principles of necessity and self-interest, which should be seen as a strong reference point, as to the consistency of approved, with an integral vision of things, as for the clear awareness that individual human concepts stand at the base of his personal choices.

For the concept of necessity, man is conceived of a man object, man of things, and for this is used for extrapersonal-individual or egoistic purposes. This conclusion of this conception is the principle of human opportunity, and where the logical limit lies in the collective or social usefulness of the instrumental use of one, which means, on the one hand, the widespread possession of society and the obligation to be cured to fulfill the duties of in the community. This utilitarian perspective is called for "a free space by law" because legal science is not legitimized to take care of euthanasia because it is an exclusive issue of philosophy and religion alone to decide that human life can be without value.

But we can say that creating a free space from the law for the sick in this state means lifting this category out of legislation and denying that right to everyone in a modern state of law to have a physician to decide if a life is worth living and to be preferred to a person who has an immediate death or a life filled with suffering .

There is a very clear distinction between what is called manus proprietar possession that is legally legitimate and possession manu alius that is legally illegal.

The principle of non-possession of your own life or manu propia is based on the following principles: protection of life, physical integrity and human health, protection of the dignity of the person, of human dignity, equality, consent etc. The concept of the "personal", which is embraced by the constitution, focuses on the person as a priority in his essence, in harmony with his dignity and his development in the protection of his life, of obtaining consent and of human dignity, solving here the problem of legitimacy of euthanasia.

The problem that arises is not that of pure euthanasia, for the sole reason that it has always been regarded as legal to have medical treatment against suffering, used in a subject at the highest level of his pain and suffering, but not to cause death nor to anticipate it is because the purpose of medicine is not only the salvation from death and healing, but also the reduction of the pain of the patient by assisting in the death process not by causing death.

On the other hand, active euthanasia helps to cause death and is therefore considered illegal, and especially euthanasia without consensus, both in the form of individual mercy and in the common consent form, because it contradicts the principle of the protection of human life, and the principle of protecting human dignity that implies the right to death when it is not foreseen. But it is also illegal to practise active euthanasia with consensus because it contradicts the principle of protecting human life and exceeds the limit on the possession of your body, in accordance with your will and choice.

When considering passive euthanasia, the legal problem is resolved on the basis of the principle of inaction and therefore we have the responsibility of the doctor as his obligation to continue curing the patient. Therefore, it is important to make a distinction between passive euthanasia with consensus and passive euthanasia without consensus. With regard to the first, we are dealing with interruption of the treatment by the patient and as such will be considered legitimate on the basis of a patient's right to decide for himself if he or she will die or live , and not on the basis of a doctor's right to decide to put him to death, his personal subjective right to choose.

In the basic concept of consensus explicitly provided in the law, any intervention that will be imposed on a person must be based on his consensus. Thus the criminal responsibility of the doctor who does not cure the patient while respecting his will is not considered anymore. It should be emphasized here that we face very special and rare cases, and the decision to terminate the cure and to be left to die must be characterized by a voluntary quality act and such a decision made by a seriously ill person is difficult and not reliable. Considering passive euthanasia without consensus in the light of the principle

of “the personal”, it is considered unlawful because at the moment the patient has expressed a desire to be treated and has not asked for the termination of the cure, the criminal responsibility of the doctor who decides to stop medical treatment, even if the disease is incurable and death. So this means that non-prohibition of death is otherwise translated as permitting it to happen. Here the doctor will be charged of murder even if he only anticipated the effect or death. From all this, as we can see above, we can say that there is a major deficiency in the Italian legal system to take into account this phenomenon, circumstances, and forms of euthanasia, as well as the legal illegality of euthanasia both passive and active (this is not the case when the patient has given consensus).

In the criminal code the case is broader and more complex and euthanasia without consensus have been foreseen as intentional murder, and when it is consensus-based it is called a criminal offense, assassination with the consensus of the subject, because giving consent does not mean that he is excluded from the legal responsibility. Since there is no norm that foresees the right to die from the hands of others, the doctor will be held responsible. The code does not foresee any cases when it comes to the view that the right of kill is exercised by the person himself, ie there is no criminal punishment for suicide.

3.1 The criminal code regarding euthanasia

Let us now examine the criminal legislation and the description of punishments given to euthanasia, meaning an act or practice used to end a life of great suffering. Such convictions are:

Helping a person in suicide.

Killing a person who expresses his consent to die.

Assassination of a subject regardless of whether or not he or she does not give his consent.

We need to highlight the fact that all such actions are illegal and punishable. Here it is necessary to verify the conformity of the norms of positive law that protect the human life with different forms presented by the practice of euthanasia.

In most cases, euthanasia practices are not practiced within individualistic subjective goals but with the support, and help of other persons.

Euthanasia as a practice that always implies a material or moral implication of another person, and not only in the capacity of the executor, but in the sense that he participates emotionally in a matter of existence of a man with a feeling of solidarity.¹ The rebuilding of the normative system is finalized by the research on the reasons for distinguishing between two legal configurations, namely between *manu propria* acts (suicide and taking part in suicide) and the *manu alius* act (murdering/killing someone on their own request, with consensus).

The key to making the interpretation of this framework of actions, where we can discern elements of incompatibility and of a changeable nature, is presented with a negative fact, the silence of the legislature regarding suicide both attempted and performed. This is of utmost importance because it helps in the actual determination of this legal norm and the reasoning on such a matter would remain unclear².

3.2 The offense of incitement or assistance to suicide

The first model by which the euthanasia practice is manifested provides for assisted suicide, which calls for the criminal offense of incitement or suicide assistance. The criminal offense of consensus in murder is seen as a willing act of the subject to end the patient's life with the free will and intention of the latter, but we need to highlight that the realization of this will depends on the third person (*manu alius* command). While in the suicide assistance process the subject himself is passive, the main author of the execution (*manu propria* command) and the third person in this case just assists in such a process³.

¹ Euthanasia is an action always requiring the material and moral intervention of a third person, and not only as an active subject in carrying out this action but also emotionally, with a sense of solidarity with this action.

² M. B. MAGRO *Eutanasia e diritto penale*, Torino, 2001 fq. 176

³ In both cases it is punished with the same principle, that of causing the death of the victim.

The hypotheses of passive and active euthanasia, respectively related to the criminal offense of incitement or assistance of suicide, and the killing of a subject with his consent, are similar due to the incitement to the subject, but are objectively and voluntarily differentiated. In the first case, the will of the subject to end life is not only expressed but well weighted to the extent that he takes the initiative himself to do it. In the criminal offense of Incitement or suicide assistance we distinguish two different types of participation depending on the fact that the third party action is related to the finalization in the influence on the patient's will at the stage when he is thinking of taking part in his plan or being willing to provide material support in the implementation phase.

In the case of the murder of a subject with his own will the punishment is given in mitigating circumstances and it is the fact that distinguishes and sets the boundary between taking part in someone's suicide and killing a person with the consensus of the victim.

A person who encourages the sick subject to kill himself is sentenced, or even the one who reinforces the other's thought to kill himself. Anyone who incites a person to kill himself or reinforces a person's opinion to commit suicide in any manner is sentenced to five to ten years of imprisonment, and when suicide does not occur but he or she has only personal injuries he is sentenced from one to five years for attempted murder, and in such cases aggravating circumstances are considered such as when he is a minor or mentally incapacitated to understand his actions.

The need to punish assistance to suicide and suicide incitement comes as a result of the lack of a criminal law article to punish suicide (as a punishable act from the entire society). There are three types of suicide actions, the first being moral suicide incitement, the second is the incitement to material suicide by giving medicines, etc. which help to commit suicide and, lastly, an incitement or a reinforcement of thought to commit suicide, but there must be a lot of conditions to be accountable: firstly suicide must be carried out and secondly when it is not done it needs to have been attempted with serious consequences for the health of the person.

Based on what we have just analyzed, we can say that the law punishes the one who persuades someone to end his life full of suffering or reinforces his idea of killing himself or materially contributing to the commission of a criminal offense but it is important to prove intention in this criminal offense, namely the will to help suicide¹. We also have criminal responsibility even when the person does not act, ie in the case of failure to act before a suicidal situation (failure to stop the suicide means to let it happen consciously) by violating a legal norm for action. So it is the responsibility of the doctor who does not act in the case of a patient's suicide by saying that he respects his right not to be cured by not providing the emergency assistance.

3.3 Murdering someone with his own consent (consensual homicide)

The death that brings the salvation sought by the suffering person or anyone who gives consent under the Italian penal code (anyone who causes the death of a man, with his consent is sentenced to six to fifteen years of imprisonment) is punishable for the criminal offense of killing with consensus. This norm has been foreseen recently as a separate article and different from intentional murder. In the case of consensual homicide it is a third person who commits a criminal offense which is different from assisted suicide, where the person helps with preparatory actions and it is the subject himself the one who ends his life. A line should be drawn in order to make an objective difference.

Therefore, we are considering all the elements, the subject is different, one is the victim and the other is the third person, the object is the same, the ending of life to escape from unmanageable pain and suffering, the objective act is carried out with omission in one case (failure to act) and in the other case by action, from the subjective perspective it was done deliberately and in order to put an end to suffering and life.

Various opinions have been given by many authors regarding the consensual homicide of the subject, and many think that the author should not be punished because he is not dangerous to the society, but others feel the opposite².

From this debate with so many different ideas, the legislator was forced to introduce a specific norm based on the principle that life is sacred and protected by law, and any violation of this right is punishable as a criminal offense. Many think that

¹ E.PALO MBI, *Istigazione o aiuto a1 suicidio*, Milano, 1972 fq.1020

² VISCO, *L'omicidio e la lesione personale del consenziente*, Milano 1929, dhe FERRI, *L'omicidio suicidio*, Torino, 1985

killing with consensus is a criminal offense on the person rather than a criminal offense against a person, and as such this offense can not undermine and does not undermine the public interest, the society¹.

By analyzing this act, we see that the legislator has taken into account a number of important types of circumstances, the consensus of the victim himself, and a lesser danger by providing for a lower sentence in contrast to the crime of murder. According to many opinions, the legislator, while prescribing the offense of consensual murder/homicide, considered the killing of someone for mercy, or, in other words, the typical characteristic act of euthanasia.

Although the term *euthanasia* does not appear or is not found in the criminal code, we can not say that this as a matter is not included. It is not necessary to distinguish and present *euthanasia*, since in any case the judge himself is the one who, by considering the matter with all its elements, decides on the basis of his full conviction, if we are dealing with a consensus murder or a simple murder.

The law clearly makes the distinction between a deliberate murder and a murder with the consensus of the victim on the basis that the victim has initially given the consent as a mentally capable person who understands his actions and is aware of the result as a responsible adult and on the basis of a spontaneous decision and without either interference or influence. We do not have to do with the free will of a person when he is threatened and is forced to make that decision.

Generally, paralyzed persons and those with serious physical injuries, characterized by great suffering, require death as a form of salvation by the doctor or by those close to him. But there are also cases when the person has been forced, deceived, or threatened to seek death, and these are the cases that need to be carefully studied and taken into consideration. So in order to have a murder with the consent of the subject, the consensus (consent) should exist from the beginning until the last moment when the crime is committed, and when the consent changes at the last moment of the offense, the guilty person will be responsible for the crime of intentional murder and not consensual homicide.

As we can see, we can say that there are very few cases when euthanasia could be classified as a consensual homicide, since for the application of this provision, as we have mentioned above, a true and complete conse

nsus of an adult person over the age of eighteen (mentally sane to understand his actions) which is difficult to be found in the incurable sick people who are about to die. The vast majority of euthanasia cases belong to the category of deliberate murder.

We may conclude that in the case of euthanasia for mercy without the consensus of the victim who is suffering, the guilty person will be responsible for the criminal offense of murder, and will be punished for not less than twenty-one years, and possibly with any reduction in the years when the mitigating circumstances appear, that the act was committed in the best interest of society and the moral values.

In most cases, euthanasia due to mercy is characterized not only by the actions previously required by the victim to the doctors but also by the family members, and this makes the situation even worse for the culprit who not only will be responsible for the criminal offense of murder but also murder under aggravating circumstances, and the punishment in these cases goes to life imprisonment².

It should be noted here that in the cases of euthanasia presented in Italy very few severe cases have been recorded, or none such cases at all, for the sole reason that in the conscience of the judge it is not considered the same murder that which is made for mercy by the family members of a person who is in extreme suffering, with the intention of putting an end to the suffering, with another intentional murder committed against a person.³

4. Legal Issues of Euthanasia

From the perspective of the law, the question of the legitimacy for the termination of the medical treatment for patients before death is not clear in the discipline of the legal system. According to the criminal doctrine, the case would be resolved by an agreement or on the basis of consent between the doctor and the patient, implying that the former can not force a patient to be cured if he refuses to continue a therapy, respecting in this way the will of the patient even if this would mean

¹ G. IADECOLA Eutanasia: problematiche giuridiche e medico legali dell'eutanasia fq 373

² G. IADECOLA Eutanasia : problematiche giuridiche e medico legali dell'eutanasia fq 42

³ B. PANNAIN, F. SCALFANI, M. PANNAIN, Lomicidio dell'insonniente e la questione eutanasia, Napoli 1988 fq 20

loss of the patient's life. On the other hand, if the patient requires continuous treatment until the end, the doctor will not be exempt from the obligation to make any efforts, even if they are hopeless¹. (Here stands the innocence of this act performed by the doctor [passive consensual euthanasia] since he is not responsible when he does not cure a patient who does not want to continue to be treated. From this point of view, numerous discussions have been opened, and many consider the passive euthanasia as legitimate, with consent, as an undisputed will of the patient. While, the passive euthanasia without consent is considered a punishable act, as a practice that either inactivity or through the interruption of medical devices ends the life of the person, so, not stopping death means allowing it to happen.

In the case of passive euthanasia without a consensus on the part of the patient who is in a non-recoverable state and the continuation of medical examinations has no value in improving his health, the doctor has no legal obligation to continue with the cure when it has no benefits for the health of the person. When the patient is sick and hopeless for life he needs to be assisted and cared for, but the doctor may, on the other hand, reject the disastrous medical treatment and without any result.

But in the meantime, it is still not clear how to proceed if a seriously ill patient with no hopes for life in an irreversible state of coma(passive euthanasia without consensus). The problem of consensus should not be seen as a fundamental and fair basis for the legal resolution of the doctor's responsibility, with the consensus and willingness to discontinue the cure by the patient, many conditions must be met and it is rare to find such conditions if the ill person is in the death bed. A real and true consensus, he must come from the patient himself, and must be manifested in a very clear form before the doctor has previously been well informed. The patient also needs to be mentally sane to understand his actions and a responsible adult. The will must be real and not overwhelmed, and without the interference and manipulation of the doctor or a third party, and most importantly it needs to be true at the moment it was committed, and not a will previously expressed in the past.

In the legal system this finds a great support recognizing the right to life protection, and in the constitution the protection of human health is viewed not only as a right of the individual but also as a right of the whole society. This protection does not apply only to the cure of a contagious disease that would cause damage to the whole society if spread to the public, but also when it is done to fulfill a task which leads to a political, economic and social solidarity. But what really gives the solution and excludes the responsibility of the doctor is precisely: the doctors' duty is that of offering relief and cure but it has its human logical limits in the case when there are no hopes and no benefits for the health of the person and there are no facts to prove that it is effective and thus, the continuation would only cause further suffering and the discontinuation of the medical assistance would not hold the doctor responsible (the main purpose of the medicine is to serve the patient and heal him, and the second goal is to reduce suffering and to make death easier at the last moments of life). Therefore, the doctor who fails to act to cure a person in the last moments of his life, when this treatment would be worthless, is not considered responsible. But we need to highlight the fact that the notorious concept of the worthless cure (ineffective) is very subjective because there may be different interpretations from different doctors, and it is necessary to foresee those cases when a cure may be considered worthless (ineffective) from a medical point of view, in which case the doctor does not have criminal responsibility in the case of omission.

In the case of cerebral death² or known as the death of the brain, in those cases when the patient is in a coma and the brain does not function but the heart continues to beat due to a machinery, the doctor is not held responsible for his actions since the continual cure would not bring any results. On the contrary, if it is not managed to ascertain brain death in compliance with the law, and the patient can not be called dead by law, it is the physician's obligation to continue with medical treatment to keep him/her in life in that physical condition. The doctor in this case is responsible for keeping the patient alive and assisting him because he can improve since cerebral death has not yet occurred, and if discontinuing treatment for mercy on the patient as a form of passive euthanasia, the doctor will hold the responsibility of the criminal offense of murder.

¹ F. MANTOVANI, p. 80 where he writes about passive euthanasia with consensus actually we are dealing with a refusal to continue with the patient's treatment, and it will be called legitimate on the basis of a doctor's power to let him die, but based on an entity's right to decide whether or not to live.

² BASILE. Lamorte celebrata aspetti medico legali fq.ii

5. CONCLUSIONS

The topic of euthanasia is very interesting ethically, religiously, psychologically, and existentially. But in the meantime it has now taken a wider political and legal form because of the intensification of the discussion in recent years of many countries and because of the attitude of some countries that do not punish this act.

Speaking of euthanasia as a legal problem, we refer to legitimacy in principle of the legislation, which in some way legalizes it, given that if this practice is examined through the instrument of law, namely the legal code itself, thus permitting it through the law, we may come to a wrong answer to the problem. The real problem that arises when reflecting on euthanasia is whether a law can exist in the legal system of a state with all the characteristics of a law, that is, the general part, the formalism, the unavoidable bureaucratic character that helps to administer the extreme and dubious situation such as that of euthanasia. It is very difficult to speak and give a definite opinion about the passive euthanasia.

Creating a legal package that will allow to solve many questions about the attitudes and actions of the doctor to the patients, such as in which cases the doctor should decide to stop the therapy, who will be the person legitimized to oppose to this action, where euthanasia can be practiced, etc. In fact such a situation would require a detailed regulation to be practiced. The criminal code punishes either the criminal offense of killing a patient with his own will and consent or the assistance given to him in suicide. So there are many laws that punish this act, and the health legislation contains criminal and civil law, and protects the right to health and life. Physicians are obliged to respect the criminal code as well as the applicable criminal law.

Based on the principles underlying the constitution on the value of protecting the health of the individual and the whole society in general, it is natural that the exercise of euthanasia does not turn out to be positive from a general point of view but that does not exclude other elements of the economic nature, time costs and the useless and hopeless efforts that lie on the other side of the scale.

It is not the same thing to discuss this problem or analogous situations from a narrow legal perspective or considering moral values and the criminal and civil responsibility, but on the other hand though it may look the same situation it is essentially different to evaluate this concrete moment when a patient is at the terminal stage of life and who is about to be provided with the type of medical cure.

And when we are faced with the voluntary termination of medical cure by the patient to accelerate the arrival of death, the boundary between passive and active euthanasia becomes unclear and controversial, and certainly unlawful from the point of view of Italian legislation.

The legislator is increasingly behind with the laws regarding the numerous rapid developments of the medicine (is always a step back) leaving a lot of legal vacuum. And medicine, on the other hand, has raised a wide debate about euthanasia, bringing many unclear points to discussion, and it always shows that the difficulties between the doctor and the patient in such cases are great. It is the doctor the one who is left without a strong legal base to rely on when making a decision on the human life.

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