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**Review Article**

# Euthanasia: Murder or Not: A Comparative Approach

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**Abstract**

**Background:** Euthanasia is one of the most intriguing ethical, medical and law issues that marked whole XX century and beginning of the XXI century, sharply dividing scientific and unscientific public to its supporters and opponents. It also appears as one of the points where all three major religions (Catholic, Orthodox, and Islamic) have the same view. They are strongly against legalizing mercy killing, emphasizing the holiness of life as a primary criterion by which the countries should start in their considerations. Studying criminal justice systems in the world, the authors concluded that the issue of deprivation of life from compassion is solved on three ways. On the first place, we have countries where euthanasia is murder like any other murder from the criminal codes. Second, the most numerous are states where euthanasia is murder committed under privilege circumstances. On the third place, in the Western Europe we have countries where euthanasia is a legal medical procedure, under requirements prescribed by the law. In this paper, authors have made a brief comparison of the solutions that exist in some Islamic countries, where euthanasia is a murder, with Western countries, where it represents completely decriminalized medical procedure.

**Keywords**: Euthanasia, Murder, Legalization, Legal solutions

## Introduction

Euthanasia, i.e. mercy killing is both historical and contemporary problem of medicine, law, ethics and religion, which is reflected in the multitude of interwoven concepts and different legislative solutions of that question all over the world. The debate over legalizing euthanasia is like earthquake (1-4), sharply divides the scientific and unscientific public on its supporters and opponents, and although through literature pervades the opinion that this topic has been exhausted (5). In the maelstrom of issues that this topic opens, legislators all around the world try to find a practical solution, in order to resolve adequately the question of euthanasia. The line that separates admissible from impermissible merciful deprivation of life through the centuries has consistently been moved: in the direction of legalization of euthanasia and towards the complete ban of euthanasia. Globally, there are three main ways of regulation of mercy killing. One group of countries equates it with ordinary murder, while the second group represents the view that the euthanasia is privileged murder. Finally, in the third group euthanasia is decriminalized upon fulfillment of prescribed conditions. In Islamic countries, euthanasia is prohibited, both in the East (6) and in the Bosnia and Herzegovina. It is seen as non-Islamic (7) and it is equalized to the murder. Accordingly, in the countries where euthanasia is legally punishable, sentences vary from very lenient to the death penalty, as was the case in the Islamic countries (8).

Since the debate over the legalization of active euthanasia does not subside for many years, its supporters and opponents have created strong organizations that represent their beliefs about the (im) morality and (in) feasibility of the same. The

focus of the problem lies in the question what extent is necessary to respect the life of terminally ill patients, and accordingly provide strong arguments. In other words, the question is whether in addition to the right on life, as a fundamental human right guaranteed by the European Convention of Human Rights and Liberties, there is a right to die, established through the right to self-determination. Thus, opponents of legalization of active euthanasia, as primary argument, emphasize the holiness of life at all costs (which is supported primarily with arguments in Islamic and Christian religion, which prohibit any form of suicide) (7, 9), while its supporters believe that the moral obligation of doctors is to end the life of terminally ill patient who is suffering, but they also highlight the strong individual autonomy in the matters of life and death. In short, both supporters and opponents summarize most of their arguments on the concept of respect for the patient, where they allocate four forms: a concern for the welfare for the patient, respect his wishes, respect for fundamental values of life and respects for the interests of the patient (10). Therefore, inter alia, any discussion of euthanasia leads to objections based on religious grounds. Secular arguments are rejected, because they "do not consider the crucial importance of having God as the creator of entire universe and human beings" (11). This religious opposition to euthanasia is based on the claim that only someone who is not religious can consider euthanasia as one of the options in the life, but it cannot be for the people who have a religious orientation. In accordance with beliefs that prevail in some countries, their legislators resolve the issue of euthanasia in accordance with those beliefs, and some solutions will be discussed below. Among the reasons that explain the different treatment of euthanasia between countries, according to some authors, doctors often have a limited experience in this field, because they are not faced with such health condition of the patients (12). This statement is correct. For example, physicians in Bosnia and Herzegovina do not have any experience with euthanasia.

### *Euthanasia as murder*

In the world were crystallized three approaches in the legislative regulations of this matter, and we will briefly point out the solutions in some jurisdictions. Due to the volume of work, we will explain the legislations in which euthanasia is equated with murder, as well as legislations that represent quite the opposite solution.

First, in all Islamic countries, in accordance with religious beliefs, direct euthanasia is prohibited and is equated with the murder. Iran is no exception. In Iranian law, euthanasia is not explicitly mentioned in the legal texts, but there are some exceptions that lead to a more lenient punishment in some murder cases. However, the euthanasia is a murder with intent, and comes from a religious doctrine of Muslims. One study conducted among 55 physician shows that 98% of them think that euthanasia and physician-assisted suicide is a violation of human dignity, and they would not be willing to provide those (13). Because of the above, there are still no attempts for broader interventions for legalizing mercy killing (14). A recent survey in Turkey showed that 78% of patients and 63% of physician take a view that at least one form of euthanasia should exist (in this, it is pointed out that there are not significant differences between gender, marital status, education level and age of the patients with attitude about euthanasia) (15).

Such line of regulation of this sensitive matter kept the legislator in the Bosnia and Herzegovina, which has four similar criminal regulations, because this country has four legislations (Bosnia and Herzegovina, Federation of Bosnia and Herzegovina, Republic of Serbs, and Brcko District). First, in BiH, which is considered as a frontier between the Christian and Muslim Europe, live three ethnic groups (Muslim 40%, 32% Serbs and Croats 8%) (16). These parts of the Bosnia do not have a same approach to the regulation of euthanasia, although at first glance it could be said that there is no difference in these criminal laws. It is a specific country, consisting of two entities (Federation Bosnia and Herzegovina, and Republic of Serbs), and the Brcko District. All three parts have their own legislation. For some considerations it is important to note that on this territory are valid

three criminal codes: Criminal Code of Federation Bosnia and Herzegovina (further: CC FBH), Criminal Code of Brcko District (further: CC BD), and Criminal Code Republic of Serbs (further: CC RS).

In this part of the state applies a solution, which is defined as a crime deprivation of life another person's life, punishable by prison sentence of at least five years. The legislator makes a difference between this, ordinary murder, and the first degree murder which includes causing a death of another person in a cruel or insidious way; by reckless and violent behavior; on racial, national or religious reasons; for gain, to commit or conceal another serious crime; from ruthless revenge or other base motives; and the murder of official or military personnel in the performance of duties of security or the duty to maintain public order, arrest the perpetrator of the crime or guarding a person deprived o liberty (article 166. CC FBH). Almost identical provision is contained in the CC BD, which in the addition has a hate murder (article 163. CC BD). In addition to these two forms of murder, these laws recognize a provoked murder, manslaughter, murder of a child at birth, incitement to suicide and assisted suicide, and unlawful termination of pregnancy. Therefore, all those deprivations of life, which does not fall within in these specially defined, fall under ordinary murder. In this way, they observe euthanasia. In the part of country where live people of Islamic faith mercy killing is equated with the ordinary murder, while the legislator in the RS considers euthanasia as murder committed under mitigating circumstances. According to it, who deprive another person of life shall be punished with imprisonment at least five years (maximum is twenty-five years of imprisonment), but if the crime is committed under mitigating circumstances, the offender shall be punished with imprisonment from one to eight years (article 148. CC RS). It follows that the criminal laws of the FBH and BD are inspired by the group of legislations that do not privilege a mercy murder, believing that compassion for poor condition of the murdered is not a separate basis for a more lenient punishment. On the other hand, the legislator in RS is in the group that has a benevolent view on this issue.

Mercy killing in the Republic of Serbs from other forms of murder differs by motive of the execution, which by its nature is altruistic, because its goal is mitigating the pain and suffering of the victim/patient (17, 18). In the theory it is adopted an attitude that particularly mitigating circumstances occur circumstances in rare and specific situations. These circumstances legally and/or ethically fully justify particular murder or merely justify that the perpetrator could not otherwise act except to deprive a life of another human (19).

However, it should be noted that the sharp equalization of these two types of murders is not desirable, because there are different reasons that lead to negative consequences (20). View of euthanasia as a simple murder took the English legislator, where it resulted in the emergence of the *death tourism*, the phenomena where English inhabitants travel to Switzerland in the special hospitals and institutions to be euthanized (21). At the end of these considerations, we could mention that in the United States euthanasia is also prohibited and equalized with murder. However, four states (Oregon, Washington, Montana and Quebec) through court's precedents decriminalized physician assisted suicide, as a procedure that is very similar to the euthanasia (22).

### *Euthanasia in Netherlands*

The first associations about the Netherlands for many years have been related to the beautiful canals, parks, windmills, rich museums, and unique architecture. Today, this country is particularly known for two things: decriminalization of enjoyment and distribution of light drugs and legalized euthanasia and assisted suicide (21). The first known case of euthanasia in the Netherlands dates back to the early fifties of the last century, when the physician performed euthanasia against his own brother, who was in terminal stage of the disease and that caused a lot of pain, so he repeatedly asked his brother to take his life (23). However, this case had not attracted the attention of the public, unlike the case *Postma* in 1973, when the doctor was prosecuted because she injected a le-

thal dose of morphine to her mother, who had very poor health, but did not fatally diseased. In this highly emotional case, the court sentenced a doctor to one-year suspended sentence, but to whom execution is not occurred (23, 24). This was followed by cases *Amsterdam* in 1977, *Rotterdam* in 1981 and *Alkmaar* in 1982.

The rapid increase of number of performed euthanasia has led to questioning of its legalization, mainly thanks to the activities of the Dutch Voluntary Euthanasia Society (*Nederlands Vereniging voor Vrijwillige Euthanasie (NVEE)*). The Dutch parliament in the winter of 1993 reached a compromise between the two opposing concepts in the issue of euthanasia (24). The parliament enacted the law that represents, generally speaking, a sort of codification of rules and procedures under which euthanasia is performed approximately three decades prior the enactment of the law. It is the most liberal law that regulates this matter in Europe. These standards and procedures are applied in medical practice and the practice of courts prosecuting crimes for deprivation of life from grace, and there is no extensive theoretical and legal doctrine on this issue, offering guidance in understanding the act of euthanasia (25, 26). Therefore, the law is only the "tip of the iceberg" (27).

The Netherlands prescribed the liberal conditions necessary for the execution of euthanasia. First, it should be noted that the Law on the termination of life does not contain the term *euthanasia*, but uses the term *termination of life on demand*, without giving its definition, although the guidelines in the '80 of the XX century used the term *euthanasia* (28). According to the law, euthanasia is permitted upon meeting of the following requirements:

1. The request originates from the patient, and is given free and voluntary;
2. The patient suffers intolerable pain, which cannot be facilitated:
3. Patient is aware of his medical condition and perspectives;
4. Euthanasia is last sanctuary for patients, because there are no other alternative;
5. The doctor, who has to perform an euthanasia, consulted a colleague who has experience in this field, and which has examined a patient and agreed that all conditions are met for euthanasia or assisted suicide, and
6. Euthanasia or assisted suicide is performed with the necessary care (25).

Therefore, the physician who performs euthanasia will be protected from prosecution only if he meets all substantive and procedural requirements (29). That is why euthanasia is subject of control. In order to get the information whether they committed a crime, doctors sometimes have to wait a period of eight months from performed euthanasia (30). In fact, after the euthanasia doctor has an obligation to fill out the appropriate protocol and inform about euthanasia the municipal pathologist, by filling out the appropriate form and attaching all necessary documents (31).

Although at one point in this country a question of the existence of culture of death was raised, which was caused by number of early deaths of patients, the Royal Dutch Medical Association (*Koninklijke Nederlandsche tot beverdering der Geneeskunst (KNMG)*), recently, inter alia, reiterated that the law on termination of life must be an exception, not the rule, and that this procedure will never become a standard (32), although a number of doctors do not consider euthanasia as a exceptional measure, which would require the exercise of social control of it (33). However, the studies show that in the Netherlands euthanasia is more accepted way of completion of life. Compared to 1975, when 52, 6% of the population supported this form of deprivation of life; in 1988 this percentage was 88%. The fact that is especially interesting, if we consider that, the Catholic Church is strongly against euthanasia, is that the 74% of the Roman Catholic religion support euthanasia (29). Proponents of this form of deprivation of life find that the key determinant in this process should be self-determination, because respect of life includes the avoidance of undignified death (34). In addition, legal and medical theory state that patients are not afraid of euthanasia, but their biggest fear is that their request for euthanasia will be denied (35).

With regard to the statistics of euthanasia, we can note that there are significant differences in rela-

tion to the different years of observation. Thus, in 2001, in the Netherlands were 3,500 cases of euthanasia, while in the 2005 there were 2,297 of performed euthanasia, which represent 1, 7% of all deaths in the country (33). However, in the 2010 there were 2, 910 recorded cases of euthanasia, 182 cases of assisted suicide and 44 cases with elements of both kinds of these deprivation of life, representing 2, 3% of total deaths (36). In the following year, there were 3,695 notifications, which represent a significant increase in the number of deaths in this way, compared with the previous year (37). The main reason in all observed periods that led the patients on this step was existence of cancer. However, it is important to mention the fact that in each of the analyzed years there are several cases where the doctor did not comply with the rules of procedure. For example, in 2011 are recorded four such cases (37). In contrast to this fact, the prosecutions are rare. For instance, between 1981 and 1997 there were prosecuted only 20 doctors, of whom nine were convicted, but on the symbolic sentence (six to the suspended sentence and three on fines) (23). Then, based on the above, we should point out that in the Dutch professional public there are perceptions that the cases of euthanasia in fact do not exist. Reason for this opinion is that most of the cases are related with patients who are terminally ill (cancer), who have greatly suffered and received massive doses of medicaments (35).

### *Euthanasia in Belgium*

The idea of legalizing euthanasia in Belgium emerged at the beginning of the 80s of the XX century, in the action of two associations for the right to die with dignity. However, unlike Netherlands, Belgium did not have a long history of performing euthanasia and prosecuting doctors, and it could not establish appropriate guidelines and led the legislator to the faster reaction. In the same time, that does not mean that there were doctors who practiced in the shadows and supported the idea of euthanasia (34). According to some studies, those were conducted in the late 90s of the last century, approximately 5% in Flanders of the total numbers of deaths accounted for euthanasia, i.e. on the use of drugs for the purpose of shortening of patient's life. Special attention was aroused by a fact that the 3, 2% to 3, 8% of the deprivation of life was without explicit request of the patient (38).

Euthanasia law was enacted on 16 May 2002. In Belgium, before the enactment of the law, there were no guidelines or case law regarding to mercy killing. Therefore, Belgian law is much more detailed than Dutch law, which was more a result of some sort of codification of regulations (27). For these reasons, the Belgian legislator issued detailed provisions, in order to provide a greater level of protection and security to doctors and patients (39).

Characteristic of this law is that legislator in the title as well as in the text, uses a term *euthanasia*, which is defined as intentionally taking the life of another person upon his request. The definition, as a term, from one side, is taken from the Dutch law and theory; while on the other hand, the current Dutch law does use neither the term nor the definition. At this point, it is necessary to draw attention to the fact that the Belgian euthanasia law does not specifically regulate assisted suicide, and the reason for that can be found in the fact that it has never been a social need to regulate assisted suicide as a separate crime, and the difference between it and mercy killing is minimal. Therefore, regulation of assisted suicide in this law was superfluous – such as excessive mention that physicians has to take this procedure with due care and attention (40).

The requirements upon which the act of euthanasia will not constitute a criminal offence are set in almost the same way as in the Dutch legislation. Before conducting the deprivation of patient's life, a physician has to inform the patient about his health and life expectations, to discuss with him about the request for euthanasia and about the options for palliative care, as well as the consequences of the decision. The patient and doctor have to work together and conclude that there is no reasonable alternative for the patient's situation, and that his request was made voluntary. Then, the doctor must be convinced in the patient's permanent physical and/or mental suffering, and to the fact that the request was made permanent.

To be sure, the physician needs to do more interviews with the patient, but spread over a longer period, in order to follow better the development of state of his mind. The physician also has to consult another doctor about the condition of the patient, and to inform him of the request for euthanasia. Another doctor will review medical records and talk with the patient. He has to be sure in patient's suffering that cannot be mitigated. His findings should be documented. He has to be completely independent from the patient and the acting physician as well, and must be competent to give an opinion on the disease in question, which will inform a patient. The next requirement is related with medical stuff, first, with nurses. Namely, if the concern about patient was engaged those who had a constant contact with the patient, the doctor needs to talk with them about the request for mercy killing (40, 41).

The number of performed euthanasia in Belgium slightly increased after legalization, and raised the question of whether the deprivation of life of grace is normal medical practice or not. According to the Report from 2004, in 2003 259 merciful deprivation of life from mercy was conducted, which is average about 17 euthanasia per month, i.e., 0, 2% of total number of deaths in this country. The largest number of patients as a reason for that act noted various incurable kinds of cancer, and about 60% of them asked to perform euthanasia in hospital. In 2004 and 2005 there were performed 742 legal euthanasia (that was 0, 36% of total number of deaths) (42). Of these, 77% of the patients were aged between 40 and 79 years old, and from the total number of euthanasia deaths, 83% of patients suffered from cancer (43). However, the number of performed euthanasia has grown rapidly over the coming years, so in 2008 about 500 euthanasia was reported (which is slightly less than the previous year, when they reported 924 deaths), and in 2009 there were 1.526 euthanasia deaths, which is 0, 7% of total number of deaths. In approximately 80% of cases, the reason for requiring mercy killing was a cancer (40). According to the Report from 2012 (which refers to the period 2010-2011 year), the reason for euthanasia was cancer in 75% cases (44).

### *Euthanasia in Luxembourg*

Luxembourg is the third country in Europe which legalized euthanasia, and which legislator brought euthanasia and assisted suicide law on 20 February 2008, and which entered into a force on 16 May 2009 year (45). Compared to the last two described laws, this law is similar, but not identical with them. The conditions for this procedure are set more or less on the same way. As far as the kinds of suffering that patient have to endure, Luxembourg's legislator adopted the solution from the Belgian law, and allows mercy killing in the case of psychical pain. An important difference with the previously described legislations lies in the fact that physician has to seek prior approval from the National Council in order to perform a euthanasia (31).

## Conclusion

Deprivation of life from compassion throughout the history of humanity appears as a question that engrosses the attention of lawyers, doctors, sociologists around the worlds. In certain stages of development of civilization it represented a permitted form of depriving another person's life, while in the other stages was strictly prohibited. Today's legislators basically occupying three positions, so, they prohibit euthanasia and equate it with ordinary or privilege murder, or allow it under the assumption of meeting of prescribed requirements. Bypassing the countries that privilege euthanasia as less serious murder, in this paper we have dealt with some legislations that this phenomenon strictly prohibit, and those that deprivation of life out of compassion treat as a permitted medical procedure. In Islamic countries, such as Iran, Turkey and part of Bosnia and Herzegovina, euthanasia is an ordinary murder, punishable by serious criminal sanctions. At the opposite pole are the Western European countries, more specifically, the Benelux countries (Netherlands, Belgium and Luxembourg), in which deprivation of life from the grace does not constitute a crime, if it was carried out in accordance with the clearly defined legal rules and medical procedure. In this

way, we show how a life situation may be in different legal areas regulated in completely different way. Exactly this lack of harmony in the legislative solution in some European and American countries has led to the some adverse events, such as *death tourism*, as a phenomenon where inhabitants of one country, where euthanasia is prohibited, travel to another state where it is allowed, and where physicians can perform euthanasia. In order to avoid this, it is necessary to achieve a certain degree of harmonization of legislations, or to set appropriate limit in the legislations that legalized euthanasia. However, how it is possible to achieve, time will show.

## Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

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## References

1. McCall S (1999). Euthanasia: The strengths of the middle ground. *Med Law Rev*, 7 (2): 194-207.
2. Pereira J (2012). Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls. *Current Oncology*, 18 (2): 38-45.
3. Downie J, Chambaere K, Bernheim JL (2012). Pereira`s attack on legalizing euthanasia or assisted suicide: smoke and mirrors. *Current Oncology*, 19 (3): 133-138.
4. Pereira J (2012). Casting stones and casting aspersions: let`s not lose sight of the main issues in the euthanasia debate. *Current Oncology*, 19 (3): 139-142.
5. Williams G (1969). Euthanasia legislation: A rejoinder to the non-religious objections. In: *Euthanasia and the Right to Death: the Case for Voluntary Euthanasia. Ed. A. Downing, London*, pp. 134-147.
6. Sajid A (2003). *Death and Bereavement in Islam.* Available from: https://www.yumpu.com/en/document/view/11550914/death-and-bereavement-in-islam-muslim-council-of-britain.
7. Aramesh K, Shadi H (2007). Euthanasia: An Islamic Ethical Perspective. *Iran J Allergy Asthma Immunol*, 6 (5): 35-38.
8. Ebrahim AM (2007). Euthanasia (Qatl al-rahma). *JIMA*, 39: 173-178.
9. Haseeb Ansari A, Sambo AO, Abdulkadir AB (2012). The Right to Die Via Euthanasia: An Expository Study of the Shari'ah and Laws in Selected Jurisdictions. *Advances in Natural and Applied Sciences*, 6(5): 673-681.
10. Harris J (1995). Euthanasia and the value of life. In: *Euthanasia Examined – ethical, clinical and legal perspectives. Ed. Keown J, Cambridge*, pp. 6-22.
11. Klajn-Tatić V (2005). Religious views on active euthanasia. *Strani pravni život*, 3: 171-177. (Serbian).
12. Berghmans T, Lossignol D (2012). Euthanasia: from ethical debate to clinical reality. *Eur Respir J*, 40 (4): 804–805.
13. Karami K, Maria C, Nasibeh K (2012). Physicians' attitude about euthanasia and assisted suicide. *Int J Med Med Sci*, 4 (6): 138-141.
14. Noori F (2014). Euthanasia in Iranian Criminal System. *Research Journal of Applied Sciences, Engineering and Technology*, 7 (11): 2182-2184.
15. Taghadosi nejad F, Okazi A, Maghareh zade Esfehani M, Yousefi Nejad V (2014). Comparison of Attitude of Physicians and Patients about Euthanasia in Tehran's University of Medical Sciences Hospitals in 2012-2013. *SJFM*. 20 (4 and 1): 377-384.
16. Frucht R (2000), *Encyclopedia of Eastern Europe: From the Congress of Vienna to the fall of Communism*. New York & London: Garland Publishing.
17. Babić M, Marković I (1997). *Krivičnopravna zaštita ljudskog života.* Banja Luka: Faculty of Law, University of Banja Luka, Bosnia and Herzegovina. (Bosnian)
18. Jotanović R (2010). Right to life and/or right to death in the context of euthanasia. *Pravna riječ*, 7 (24): 179-192. (Serbian)
19. Babić M (1997). Right to life and privileged murders. *Pravni Život*, 46 (9): 83-98. (Serbian)
20. Turanjanin V (2012). Moral inadmissibility differentiation of active and passive euthanasia. *Pravni Život*, 61 (9): 509-522. (Serbian)

21. Turanjanin V (2013). The origins and possibilities of development of 'death tourism' in Western Europe. In: *Service Law. Ed. M Mićović. Faculty of Law, University of Kragujevac*, Serbia, pp. 787-803. (Serbian)
22. Turanjanin V (2012). Positive legal regulation of some specific medical service in the United States – physician assisted suicide. In: *XXI century – Century of Services and Service Law. Ed. M Mićović. Faculty of Law, University of Kragujevac*, Serbia, pp. 349-362. (Serbian)
23. Cohen-Almagor R (2001). Euthanasia in the Netherlands: the Legal Framework. *MSU-DCL J Int Law*, 10: 319-342.
24. Belian J (1996). Deference to Doctors in Dutch Euthanasia Law. *Emory International Law Review*, 10: 255-296.
25. Keown J (2004). *Euthanasia, Ethics and Public Policy*. Cambridge: Cambridge University Press.
26. Dunsmuir M, Smith M, Alter S (1998). *Euthanasia and assisted suicide*. Available from: http://publications.gc.ca/Collection-R/LoPBdP/CIR/919-e.htm.
27. Nys H (2002). Euthanasia in the Low Countries – A comparative analysis of the law regarding euthanasia in Belgium and Netherlands. *Ethical Perspectives*, 9 (2-3): 73-85.
28. Groenhuijsen M (2007). Euthanasia and the Criminal Justice System. *Electronic Journal of Comparative Law*, 11.3: 1-25.
29. Leenen HJJ (2001). The Development of Euthanasia in the Netherlands. *Eur J Health Law*, 8 (2): 125-134.
30. Sheldon T (2011). Dutch doctors complain about long wait for judgments in cases of euthanasia. *BMJ*. Available from: http://www.bmj.com/content/343/bmj.d5768.
31. Turanjanin V (2012). Mercy killing and assisted suicide – insight on the solutions in law in countries which decriminalized them. *Herald of Law*, 3 (2): 15-36. (Serbian)
32. Shariff MJ (2012). Assisted death and the slippery slope – finding clarity amid advocacy, convergence, and complexity. *Current Oncology*, 19 (3): 143-154.
33. Cohen-Alamgor R (2009). Critical Remarks on the Dutch Policy and Practice of Euthanasia and Proposed Guidelines for Physician-Assisted Suicide. In: *From New Medical Ethics to Integrative Bioethics. Ed. A. Čović, N. Gosić, L. Tomačević, Zagreb*, pp. 197-216.
34. Shariff M (2011). „A Perfection of Means, and Confusion of Aims": Finding the Essence of Autonomy in Assisted Death Laws. *Health Law Can*, 31 (4): 81-148.
35. Cohen-Alamgor R (2003). Non-Voluntary and Involuntary Euthanasia in Netherlands: Dutch Perspectives. *Issues in Law and Medicine*, 18 (3): 239-257.
36. Regional euthanasia review committees, Annual report (2010). Available from: http://www.euthanasiecommissie.nl/Images/JV%20RTE%202010%20ENGELS%20%28EU12.01%29_tcm52-30364.pdf.
37. Regional euthanasia review committees, Annual report (2011). Available from: http://www.euthanasiecommissie.nl/Images/RTE.JV2011.ENGELS.DEF_tcm52-33587.PDF.
38. Cohen-Almagor R (2009). Belgian euthanasia law: a critical analysis. *J Med Ethics*, 35 (7): 436-439.
39. Srinivas R (2009). Exploring the Potential for American Death Tourism. *MSU Journal of Medicine and Law*, 13 (1): 91-122.
40. Turanjanin V (2013). Death with dignity in Belgium. In: *XXI century – Century of Services and Service Law. Ed. M Mićović. Faculty of Law, University of Kragujevac*, Serbia, pp. 223-237. (Serbian)
41. The Belgian law of May 28, 2002.
42. White H (2012). Over 30% of Euthanasia Cases in Belgian Region Did Not Give Consent: Study. Available from: http://www.lifesitenews.com/news/over-30-of-euthanasia-cases-in-belgian-region-did-not-give-consent-study.
43. Cohen-Almagor R (2009). Euthanasia Policy and Practice in Belgium: Critical Observations and Suggestions for Improvement, *Issues in Law & Medicine*, 24 (3): 187-220.
44. Commission fédérale de contrôle et d'évaluation de l'euthanasie (2012). Cinquième rapport aux chambres législatives. Available from: http://www.health.belgium.be/filestore/19078961_FR/Rapport%202012%20fr.pdf.
45. Legislation reglementant les soins palliatifs ainsi que l`euthanasie et l`assistance au suicide, Memorial Journal Officiel de Grand-Duche de Luxembourg, Recueil de legislation, 16 mars 2009.