



Euthanasia in the European Union: Legal Diversity, Ethical Dilemmas, and the Quest for Harmonized Standards

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ABSTRACT

Euthanasia, or intentional end-of-life to relieve pain, is a debatable legal and moral topic in the European Union (EU). The member states have different strategies influenced by cultural values, constitutional principles, and human rights frameworks. Other European countries that have legalized active euthanasia, in very strict conditions and within strict guidelines, are the Netherlands, Belgium, and Luxembourg, which focus more on patient autonomy, medical control, and informed consent. Conversely, other countries, such as Poland, Ireland, and Malta, outlaw any euthanasia, with religious and moral reasons. In other countries such as Germany and Spain, changing legal reforms and constitutional court decisions have seen the scales of individual rights and ethical issues being balanced. The European Court of Human Rights (ECHR) is relevant since it interprets Article 2 (right to life) and Article 8 (right to private life) of the European Convention on Human Rights, which indirectly affects the national laws. This paper analyses legal frameworks of euthanasia in the EU with a critical analysis of differences, problems, and possibilities of having harmonized ethical standards.



Introduction

Euthanasia and assisted dying have remained a very complex legal, ethical, and social problem in the European Union and a deeper sphere of concerns regarding medical advancement and extended life, with the questions of dignity, autonomous will, and suffering (Bouabida et al., 2024). Some EU countries, such as Belgium, the Netherlands, Luxembourg, and Spain, have enacted legislation authorizing active euthanasia or assisted suicide when strictly regulated and under voluntary demand, unbearable pain, and procedural protection (Nihal, 2022). Active euthanasia, or medically assisted dying, on the other hand, is still illegal in most countries because of moral, religious, or

constitutional considerations (Lerma-Garcia et al., 2024). Public attitudes towards advance directives and assisted suicide among older adults in Switzerland. Developing a survey to measure nursing students' knowledge, attitudes, and beliefs, influences, and willingness to be involved in Medical Assistance in Dying (Umaini & Rusidana, 2024).

Euthanasia is an issue that has always been one of the most disputed in the field of medical ethics, law, and religion (Kraak-Steenken et al., 2024). In Pakistan, the influence of religious and cultural factors on the opinion of the population has a significant impact, and a comparative study of the Muslim and Christian populations demonstrates this fact (Dedivitis et al., 2023). In the European discourse, the majority of worries usually revolve around whether legalizing euthanasia may have an unequal impact on vulnerable groups, and whether sufficient protections and social responsibilities of the state exist (Wels & Hamarat, 2025).

The judicial developments and especially the decisions of the European Court of Human Rights (ECHR) are influential in the legal debate. In *Mortier v. The Court* (2021), it was determined that the euthanasia law in Belgium does not conflict per se with Article 2 (right to life) of the European Convention on Human Rights (ECHR), but that Belgium has violated the procedural obligation due to the lack of independence of the commission that supervises such practice. Similarly, in *Dániel Karsai v. The Court* 2024 Court 2024 held that Article 8 (right to private life) and Article 14 (prohibition of discrimination) did not apply in Hungary to the ban on assisted suicide because there were legitimate state interests in the protection of the vulnerable persons (Rus & Gastmans, 2023). These are specific examples of legal conflict between individual rights and state duties in the name of human rights law (Orsini et al., 2025). emphasize that the diversity of national laws on euthanasia within the European Union highlights the urgent need for a unified end-of-life regulatory framework (Verhofstadt et al., 2024).

Research Justification

Euthanasia is one of the most disputable and ethically contradictory problems in modern European society. In the European Union (EU), various countries have different legal approaches, with some being fully legalized with very strict protection (e.g., Belgium, the Netherlands, and Luxembourg) and some being prohibited or criminalized. This legal heterogeneity gives a picture of a strong cultural, moral, and religious heterogeneity and thus sets obstacles to the harmonization of human rights norms in the EU.

The significance of studying the euthanasia laws in the EU is explained by the fact that there is an urgent necessity to learn how these regulations can reconcile individualism with medical ethics and social values. Because medical technologies extend life, the issues concerning the dignity, suffering, and the rights of patients become even more topical. In addition, the European Court of Human Rights has exerted beneficial effects on national policies by establishing landmark decisions, but it remains inconsistent, and the result is that cross-border healthcare and patients obtaining assisted dying in other jurisdictions have legal uncertainty.

The study is useful to policymakers, practitioners, and legal theorists because it critically examines the trends in legislation, ethical controversies, and judicial rulings. It will outline the best practices, reforms that can be made, and the consequences on human rights law. Finally, the knowledge of these laws also helps to make an informed debate and ensures that future EU policy-making on delicate end-of-life questions is informed.

Research Objectives

1. To discuss the historical context of the laws regarding euthanasia in the European Union.
2. To highlight the theoretical context of the laws of euthanasia in the European Union.
3. To analyze the laws regarding euthanasia in the European Union.
4. To identify the key challenges regarding the laws of euthanasia in the European Union.
5. To explore the scope of the laws regarding euthanasia in the European Union.
6. To propose effective regulation of the laws of euthanasia in the European Union.

Research Methodology

This study employed a systematic review methodology, with research objectives established accordingly. A comprehensive literature review was conducted (Komba & Lwoga, 2020). Research findings were categorized based on their content (Hiver et al., 2021; Petticrew & Roberts, 2006), and classified information was incorporated into the study by organizing it into headings (Gan et al., 2021; Pawson et al., 2005). The evaluation of classified information and titles formed the basis of the study (Page, 2021; Rahi, 2017), ensuring the integrity of the research subject and its contents (Egger et al., 2022; Victor, 2008). The criteria for selection are listed.

Relevance: Research that directly addressed the questions posed by this study is included.

Quality: Studies that meet a certain quality threshold (e.g., methodological rigor, bias risk) are included. Most of the research is from Scopus-indexed and Clarivate Analytics journals and reputed publishers.

Recency: Consideration of the publication date to ensure that the review reflects the most current evidence. Most of the studies are from the last three years.

Language: Only studies published in English are included.

Data Completeness: Previous studies must provide sufficient data on outcomes of interest for practical synthesis; this is also ensured in this research.

This study did not use primary data from human participants; therefore, no ethics clearance letter from the ethics committee was required.

Literature Review

Euthanasia has become the most controversial legal and ethical issue in the European Union (EU), which has the most heterogeneous results among the Member States. In 2002, the Netherlands became the first country to legalize euthanasia by means of the Termination of Life on Request and Assisted Suicide Act (2002), and Belgium (2002) and Luxembourg (2009) followed, introducing detailed structures in which euthanasia has become legal but on strict conditions (Bouabida et al., 2024). Spain has recently passed the Organic Law 3/2021, which is indicative of increasing support for regulated physician-assisted dying in some European regions. The opinions of healthcare professionals are also presented through surveys, and the Spanish nurses provide conflicting yet more and more positive responses to the practices of euthanasia (Lerma-Garcia et al., 2024). Such legal systems focus on patient autonomy, intolerable suffering, and compulsory medical care. Strict bans based on religious and cultural values, however, remain in most countries in the EU, such as Poland or Ireland (Umaini & Rusidana, 2024). Euthanasia laws have changed, and the accounts indicate that they are expanding and broadening the eligibility standards, such as

psychiatric disorders and dementia, based on the empirical research on the topics in the Netherlands and Belgium (Nihal, 2022). Psychiatric euthanasia and its related ethical issues are also discussed, and their impact on the decision-making of healthcare workers (Rus & Gastmans, 2023). The special cases that have posed pragmatic and ethical challenges, such as organ donation following euthanasia because of psychiatric distress, have also shown how tricky medical practice is (Van Dijk et al., 2024). These jurisdiction committees on oversight play a very significant role in ensuring compliance, and scholars continue to argue about whether the measures are adequate to safeguard the vulnerable groups (Orsini et al., 2025). The tension, according to the literature, between the respect of patient autonomy and the prevention of possible abuse exists. Comparative literature also points out that the implementation discrepancy is frequently based on the interpretation of ethical limits by medical professionals in the context of statutes.

At the supranational level, the European Court of Human Rights (ECHR) has long thought that the regulation of euthanasia is within the margin of appreciation of Member States, which does not dictate any standard (Verhofstadt et al., 2024). The scholars advocate harmonization, using common principles like transparency, integration of palliative care, and procedural protection (Wels & Hamarat, 2025). According to the latest studies, the EU nation-states must come to a balance between the religious values, the demands of medical ethics, and human rights, with the focus on the legal pluralism of euthanasia in Europe. Dedivitis et al. (2023) also add weight to the argument that the attitude to euthanasia is different in medical fields.

Historical Context of the Laws Regarding Euthanasia in the European Union

The paper's content comprises three primary sections: the introduction covering the research problem, the methodology section, and finally the conclusion with recommendations on how to address the issue. The following are the three main sections in the paper, namely: the introduction (including the research problem), the methodology section, and finally the conclusion and recommendations on how the problem can be solved. The legal history of euthanasia in Europe is not that old, as the loss of life occurred during the controversial periods of the late 19th and early 20th century, when medical technologies began prolonging life in a way that was previously impossible (Orsini et al., 2025). The early legal philosophy of nations like Germany, France, and the Netherlands viewed euthanasia as a crime or even a homicide that was obtained through a legal tradition that existed before the law systems (Bouabida et al., 2024).

Both Belgium and the Netherlands in 2002 passed laws that legalized euthanasia with strict procedural protection measures. Luxembourg came next in 2009, and Spain did so long after in 2021. Belgium longitudinal studies show that the rate of euthanasia has been continuously rising since it was legalized and that society is gradually becoming more accepting (Wels & Hamarat, 2025). The changing human rights jurisprudence contributed to these changes. (Umaini & Rusidana, 2024).

The modern literature also demonstrates that the extension of euthanasia laws in the past was accompanied by discussions about the issue of vulnerability, especially in relation to patients with mental disorders and elderly individuals with a complex of health issues (Kraak-Steenken et al., 2024). Psychiatry-related ethical problems, which have attracted the attention of healthcare experts, demonstrate the consistent influence of legislative change on the more general society discourses on dignity and protection (Verhofstadt et al., 2024). Combined, these points of view reveal that the legal history of euthanasia in Europe is not only legislative, but also ethically, medically, and human rights-based (Nihal, 2022).

Theoretical Context of the Laws Regarding Euthanasia in the European Union

The interplay of autonomy, human dignity, sanctity of life, and the state is what forms the theoretical foundations of euthanasia laws in European jurisdictions. The theories based on autonomy focus on the right of the individual to self-determination since every individual must be given the choice regarding how and when they die in case of unbearable suffering. In this light, liberalizing euthanasia is considered an act of continuity of personal freedom and human dignity protection, where people are not to be subjected to a situation they do not tolerate.

Conversely, the sanctity-of-life approach supports the idea that human life is naturally worth living and sacred, suffering or choice notwithstanding. This method stresses the duty of both the state and medical workers to safeguard life and protect vulnerable people against being pressured or abused. There is a balancing theory that exists between these two poles and, as such, tries to balance the personal autonomy and the shared duty to preserve human life. This balance is evident in the European systems of law by enforcing tight restrictions, procedural controls, and qualifications on euthanasia. In this way, the national differences in the European Union are still being influenced by the theoretical argument, representing the tension between the principles of international ethics and the sovereignty of states.

Laws Regarding Euthanasia in the European Union

Regarding euthanasia, the legal aspects are treated differently by the Member States of the European Union, and there is no common piece of legislation throughout the EU. Other nations legalize euthanasia explicitly, subject to rigid requirements, and others criminalize it or only legalize some types of assisted dying.

Laws of the Netherlands and Belgium (2002)

- a. Both nations passed comprehensive euthanasia legislation that allows death through doctors in strict circumstances.
- b. The conditions are voluntary, well-thought-out requests, unbearable suffering, and examination by independent medical committees.
- c. Doctors also have protection under the law, provided they observe due care.

Luxembourg and Spain

- a. In Luxembourg in 2009, euthanasia was legalized with comparable protection as in Belgium.
- b. The legalization of euthanasia in Spain was carried out through the Organic Law 3/2021, which regional committees and procedures approved of consent.

Germany and Italy

- a. Germany does not have any general euthanasia law but allows assisted suicide following a Constitutional Court decision of 2020.
- b. Italy does not permit active euthanasia, but permits withdrawal of treatment and advance directives.

United Kingdom and Ireland

- a. Active euthanasia is still illegal, but it is considered murder or manslaughter.

- b. Passive euthanasia, e.g., withdrawal of life support, can be allowed under judicial or medical supervision.

EU Legal Position

- a. There is no unified EU system.
- b. Regulation is a national ability and is more of a multiethnic and cultural heritage.

Challenges for the Laws Regarding Euthanasia in the European Union

Religious and Cultural Diversity: The European Union is made up of states that have different religious and cultural practices. Some secular states, such as the Netherlands and Belgium, have legalized euthanasia, whereas this is sharply opposed in countries of Catholic or Orthodox faith, such as Poland, Italy, and Greece. This diversity produces serious divisions in public opinion and legal reform.

Absence of Harmonized EU Framework: Euthanasia is not yet subject to a common EU directive or regulation, but is under the jurisdiction of the individual Member States. This legal fragmentation causes serious discrepancies, and patients can access euthanasia in one country and criminal liability in another, and the question arises among equality and cross-border healthcare rights.

Medical and Ethical Controversies: The common issue that healthcare professionals experience is the ethical dilemma of patient autonomy and the duty to sustain life. Criminal cases of psychiatric illness, dementia, or non-terminal conditions raise a continuing controversy as to whether or not the current protections are adequate. The medical practitioners can also experience moral distress when laws contradict personal beliefs.

Legal and Procedural Issues: Although these are guarded, opponents claim that misuse and the subtle use of coercion by review committees and reporting systems may not be wholly avoided. There is no uniformity in the cross-border recognition of living wills and advance directives, making it difficult to make end-of-life choices when EU nationals relocate or pursue care in foreign countries.

Opportunities in the Legal Framework of Euthanasia in the European Union

Enhancing End-of-Life Protections: The EU can enhance common minimum standards in euthanasia and assisted dying. Member States can maximize patient protection and civic confidence in end-of-life care by balancing these safeguards using independent review committees, informed consent, and reporting systems.

Cross-Border Legal Consistency: Since the EU intends to promote free movement and cross-border healthcare, it can create cooperation through the development of guidelines on advance directives and living wills. It would lessen the legal ambiguity for citizens who are moving to a different country or state in search of medical services.

Advancement of Patient Autonomy: The legal frameworks may be broadened to clearly appreciate the rights of the terminally ill patients to decline unwanted treatment and demand dignified death arrangements. It can promote the wider adoption of the principle of patient-centered care and be consistent with the changing human rights provisions of European jurisprudence.

Judicial and Legislative Evolution: EU Member States can enjoy the benefits of comparative law experience, using their experiences of first movers like the Netherlands, Belgium, and Spain as best practices. By interpreting the law, courts and legislatures can clarify ambiguous laws to provide clarity and flexibility without sacrificing the cultural and ethical diversity.

Discussion

Legal regulation of euthanasia in the European Union is an outcome of the variety of ethical traditions, religions, and healthcare systems existing on the continent. Whereas countries like the Netherlands, Belgium, Luxembourg, and Spain have indeed legalized euthanasia or assisted dying within strict limitations, other nations continue with firm prohibitions, most commonly under an objection of morality or religion. This drift presents both prospects and difficulties of harmonization in the EU. On the one hand, liberal jurisdictions focus on the fact that well-designed legal frameworks can ensure the autonomy of the patient, ensure transparency, and have medical accountability. On the one hand, restrictive Member States pay attention to the sanctity of life and the risks of potential abuse. Cross-border legal recognition is also a contentious issue of lack of uniformity, particularly in the context of matters of advance directives or healthcare mobility.

Conclusion

The legal environment of euthanasia in the European Union shows a combination of ethical principles, cultural values, and national sovereignty, resulting in a very complex environment. Some Member States have already been ahead of their peers in introducing progressive laws allowing assisted dying under controlled circumstances. Still, others believe in it firmly, basing it on religious, moral, or societal fears. This division underlines the diversity of the EU law policies as well as their disintegration. Even though harmonization is not likely to be achieved soon, active discussions promote learning and contemplation. The experience of the EU highlights the need to protect patient autonomy, hold medical responsibility, and establish ongoing discussions on end-of-life rights.

Recommendations

Convergence of Legal Standards between Member States: Develop an EU legal system to establish the lowest legal underpinnings to conduct euthanasia and assisted dying to reduce the variance in these practices by different member states.

Improve Patient Autonomy: Educate and advocate the use of patient autonomy in terminally ill patients by showing them how to make an informed decision about their end-of-life treatment: declining or withdrawing treatment.

Use Advance Directives: Legalize and control advance healthcare directives all over the EU to facilitate patient to express their instructions on what they want when the end-of-life approaches.

Establish Oversight Mechanisms: The individual member states must establish their own regulatory and monitoring bodies that will control the practice of euthanasia and ensure that it is ethical and legal.

Legal protection to Physicians: It would give the physicians working under the agreeable euthanasia paradigms immunity to introduce to bring about conformity without fear of being taken up.

Establish Hospital Ethics Committees: Multidisciplinary committees are required to intervene in the complex euthanasia cases and prevent abuse.

Promote the involvement of Palliative Care: Enrich the euthanasia laws with good policies on palliative care that offer the patient comprehensive end-of-life options.

Stimulate Social Discourse: Launch EU-wide education campaigns and consultations to raise awareness among citizens and reduce the stigmatization of euthanasia.

Judicial Clarification and Direction: Ask the European courts to provide an advisory opinion on cases of euthanasia, particularly the European Court of Human Rights, and promote patterns of law.

Adapt International Best Practices: Study and follow what is practiced elsewhere, like the Netherlands, Belgium, and Luxembourg, where euthanasia is also legalized with strict precautions, but considering other cultural and religious backgrounds in the EU.

Research Limitations

Some limitations should be recognized in this research on the laws about euthanasia in the European Union. To begin with, the heterogeneity of the legal systems used in the EU member states does not permit the provision of a completely homogenous standpoint. Some countries, such as the Netherlands and Belgium, have very specific euthanasia laws, whereas in others, such as Australia, it is entirely outlawed, which makes it hard to make generalizations. Second, the use of secondary sources, like journal articles, reports, and case law, can be a limitation to the depth of analysis because primary data from policymakers, healthcare practitioners, or patients has not been obtained directly. Third, euthanasia is a sensitive subject, entailing ethical, religious, and cultural issues, which can lead to subjective interpretations that can influence objectivity. Fourth, legislation in this very field is dynamic and constantly changing; therefore, the results might fail to reflect the latest changes in legislation or judicial decisions. The fact that these limitations exist underlines the necessity of further empirical and comparative research.

Research Implications

Studies on legal aspects of euthanasia in the European Union have several implications:

Policy Formation: The research offers useful information to EU policymakers to coordinate euthanasia laws without violating cultural and ethical diversity in member states.

Judicial Consideration: It also provides an area within which the courts, such as the European Court of Human Rights, similarly interpret the laws and set precedent that protects the rights of patients and the medical duties.

Medical Ethics and Practice: The findings may be used in healthcare institutions to develop a standard set of ethical procedures and to ensure that the end-of-life care is both legally and ethically acceptable.

Public Awareness and Discussion: This research encourages the openness of the masses across the EU to reduce the stigma and enhance information on euthanasia as an end-of-life care decision.

Academic Promotion: It contributes to comparative legal research by making interdisciplinary research and reforms of the EU in the future easier.

Future Research Directions

Although discussions about euthanasia in the European Union remain dynamic, there is a need to conduct future research to deal with emerging legal, ethical, and medical dilemmas. The comparison of practices among the member states can be used to find the best practices and create a more unified EU framework. There is also a requirement for interdisciplinary research into how the dynamic medical technologies, including artificial life support and palliative sedation, interact with the current laws on euthanasia.

Public Opinion Research: Interviews with the national citizens on their perceptions towards euthanasia and assisted death.

Cultural/Religious Perspectives: How has lawmaking within the EU been influenced by different kinds of cultural/religious perspectives?

Case-Based Medical Ethics Studies: Studies use hospital-level case studies to examine end-of-life cases to identify the shortcomings of legal protections.

Comparative Legal Analysis: Compare and contrast the legislation of the EU member states to propose standardization.

Stakeholder Interviews: Interview healthcare providers, ethicists, legal experts, and the families of patients to add practical remarks.

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