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Voluntary Termination of Life and Conscientious Objection: A Comparative Review within the European Union and Slovenia

Prostovoljna prekinitev življenja in ugovor vesti: primerjalni pregled v Evropski uniji in Sloveniji

Abstract: This review analyses euthanasia and physician-assisted death across the European Union (EU) to examine their legal parameters and ethical concerns. Ultimately, it compares Slovenia's legal framework to that of EU member states in various regions.

Only a few western EU member states legally allow euthanasia or physician-assisted suicide. Notable examples include Belgium, the Netherlands, Luxembourg, and Spain. Physician-assisted suicide, specifically, is legal in Switzerland, Germany, and Austria, while Portugal is also progressing toward legalizing euthanasia. These countries have enacted laws either permitting euthanasia in specific cases or allowing assisted suicide under strict conditions.

On the other hand, southeastern and northern EU members, such as Finland, Bulgaria, and Slovenia, remain opposed to euthanasia and assisted suicide. Their opposition stems from historical and cultural factors, along with prevailing beliefs regarding the sanctity of life and the role of medicine in end-of-life care.

The populations of these countries are witnessing increased debate over the issue, particularly among those advocating for terminally ill patients' right to die with dignity. However, the legal framework in most of these countries remains unchanged, with no significant legal provisions for euthanasia or physician-assisted suicide.

The current generations in countries where euthanasia is debated are beginning to show growing support for the practice. This shift reflects evolving views on patient autonomy and suffering at the end of life. Ethical concerns, however, persist across the EU, with divergent views on the legality and morality of such practices. The four bioethical principles – autonomy, beneficence, non-maleficence, and justice – provide a framework for assessing these issues. Nevertheless, the ultimate decision on whether to implement such practices in Slovenia will rest with its legislature, which is responsible for drafting healthcare-related laws and regulations.

Keywords: euthanasia, physician-assisted death, conscientious objection, Slovenia, EU law, bioethics

Povzetek: Prispevek obravnava evtanazijo in pomoč pri prostovoljnem končanju življenja v Evropski uniji (EU) ter proučuje z njima povezane pravne okvire in etične pomisleke. Primerja tudi slovenski pravni okvir s tistim v državah članicah EU iz različnih regij. Le nekaj zahodnih držav članic EU evtanazijo ali pomoč pri prostovoljnem končanju življenja dovoljuje v okviru zakonodaje. Gre za države Beneluksa (Belgijo, Nizozemsko, Luksemburg) in Španijo. Pomoč pri prostovoljnem končanju življenja je uzakonjena v Švici (ni članica EU), Nemčiji in Avstriji; k njeni legalizaciji se pomika tudi Portugalska. Zakonodaja teh držav v specifičnih primerih bodisi dovoljuje evtanazijo bodisi omogoča pomoč pri prostovoljnem končanju življenja pod strogimi pogoji.

Po drugi strani jugovzhodne in severne članice EU – kot so Finska, Bolgarija in Slovenija – evtanaziji, pa tudi pomoči pri prostovoljnem končanju življenja še vedno nasprotujejo. Njihovo nasprotovanje izhaja iz zgodovinskih in kulturnih dejavnikov ter prevladujočih prepričanj o svetosti življenja in vlogi medicine pri oskrbi ob koncu življenja.

Prebivalci teh držav so priča intenzivnim razpravam o tej temi, zlasti med tistimi, ki zagovarjajo pravico terminalno bolnih pacientov do dostojne smrti. Pravni okvir v večini teh držav ostaja nespremenjen, tj. brez bistvenih pravnih določil v prid evtanaziji ali pomoči pri prostovoljnem končanju življenja. Generacije v državah, kjer se o evtanaziji razpravlja, tej praksi začenjajo izkazovati podporo, ki narašča. Ta sprememba odraža spreminjajoče se poglede na avtonomijo pacientov in trpljenje ob koncu življenja. Vendar pa etični pomisleki po vsej EU ostajajo, saj glede zakonitosti in moralnosti takšnih praks obstajajo različni pogledi. Okvir za ocenjevanje teh vprašanj nudijo štiri bioetična načela – avtonomija, dobrobit, neškodovanje in pravičnost. Kljub temu bo končna odločitev o tem, ali takšne prakse v Sloveniji uvesti, prepuščena njenemu zakonodajalcu, ki je odgovoren za oblikovanje zakonov in predpisov s področja zdravstvenega varstva.

Ključne besede: evtanazija, pomoč pri prostovoljnem končanju življenja, zavračanje pomoči, Slovenija, pravo EU, bioetika

1. Introduction

The topic of voluntary termination of life, commonly referred to as euthanasia, is a sensitive issue that elicits opposing views across various cultural and legal contexts. Euthanasia is defined as the intentional ending of a person's life by a medical practitioner—predominantly physicians—at the explicit request of the patient. The primary rationale behind this practice is to alleviate unbearable suffering experienced by patients in critical conditions with no prospect of improvement (Van den Berg et al. 2022).

In line with the bioethical principle of autonomy, Cambra-Badii et al. (2021) emphasize that euthanasia is morally justified as it empowers patients to determine their fate, particularly during times of immense suffering. This approach aligns with the principle of beneficence, which encourages healthcare providers to make decisions that maximize patient welfare (Morrison and Aird 2020). While the procedure can relieve patients of pain, it may inadvertently cause suffering for their loved ones, thus raising concerns related to the bioethical principle of nonmaleficence, which requires healthcare strategies to avoid harming patients and their families (2020). The mental health impacts on friends and families of patients who choose assisted death further complicate this ethical landscape.

Moreover, this discussion must also incorporate the principle of justice, as it highlights the need for equitable access to euthanasia and the potential disparities in how different countries implement these laws. The conflicting bioethical principles often lead to ethical dilemmas in clinical settings. Despite these concerns, voluntary termination of life is increasingly recognized and applied, particularly in western countries. Euthanasia practices have been integrated into healthcare systems in Europe, Australia, and North America, although Fontalis et al. (2018) note significant variations in how these practices are treated across nations. Richardson (2023) raises additional concerns regarding inconsistencies in nursing policies and guidelines, suggesting a lack of clear procedures.

This article aims to provide a comprehensive understanding of euthanasia, its application, and the legal frameworks governing it on an international scale, with a focus on European countries. It will analyse the implementation of euthanasia within the European Union (EU) and offer a comparative review between Slovenia and other EU member states. This comparison will enable an assessment of the effectiveness of various euthanasia frameworks in Europe, potentially serving as benchmarks for Slovenia to develop appropriate and effective policies on this sensitive issue in the future.

The moral dilemma surrounding euthanasia often leads to the provision for conscientious objection, allowing practitioners to refuse to perform specific duties based on personal beliefs. De Londras et al. (2023) define conscientious objection as the refusal to carry out legally sanctioned roles and responsibilities that conflict with one's ethical principles. For example, some physicians may view voluntary termination of life as incompatible with their ethical values, cultural norms, or worldview, leading them to decline participation in such procedures.

A code of ethics, such as the International Code of Ethics for Nurses (ICN), allows healthcare professionals to withdraw from care if a proposed action violates their moral integrity (Grace et al. 2023). Legal frameworks also support conscientious objection in nursing, protecting the ethical principles of healthcare workers. However, balancing respect for healthcare providers' moral beliefs with ensuring patient access to legally available medical services is important.

Thus, stakeholders must advocate for a more inclusive approach that encourages greater nurse participation in the decision-making process while striving for

consistency in the application of euthanasia across European countries. This would enhance the ethical and legal clarity of euthanasia practices, emphasizing that systems with more efficient euthanasia processes are not inherently superior. The goal should be to ensure consistency, compassion, and ethical integrity in the application of euthanasia laws across different nations.

2. Methodology

The literature search will be systematic and comprehensive to ensure that the study incorporates credible, recent, and relevant sources to understand the phenomenon. The study will focus on peer-reviewed journal articles and government records (websites) to gather key premises to understand the application of euthanasia and conscientious objection. It prefers peer-reviewed sources because they are credible. Concisely, peer review allows scholars to evaluate their colleagues' scholarly work to ensure that they meet the prerequisites to be published and consumed in schools and professional settings (Haffar et al. 2019). The government records also present credible data, including census and medical information, which could be used in the review. When information is scarce, considering that not many peer-reviewed articles talk about the procedure in Slovenia, the researcher will use credible websites, especially from news agencies. In addition, the review will target sources that are not more than eight years old. The plan is to have most of the sources published three years ago to offer the latest evidence about the phenomenon under study. Furthermore, the review will only target sources written in English. Articles written in foreign languages would require translation, which could be tedious and time-consuming. The researcher could also lose the original text's meaning through translation due to omission and commission. The criteria will ensure that the review uses credible sources.

The search strategy in the databases will be specific to ensure that the review gets relevant sources. The research will obtain most of the scholarly work from Scopus Preview and its associates like Elsevier Publication. The researcher will use keywords and phrases while searching the journals in the databases, which Table 1 highlights. Some of the notable keywords are euthanasia, voluntary termination of life, conscientious objection, EU countries, and Slovenia. The researcher will use Boolean operators like and, or, and not to combine the keywords to form phrases that would yield complete outcomes (the most relevant sources). The researcher will scan the sources to remove those that are too general to address the review's objective adequately. Following this approach will increase the reliability of the sources.

Keywords	Key Phrases
Euthanasia	Applications of euthanasia
Voluntary termination of life	The ethical principles of voluntary termination of life
Conscientious objection	Ethical dilemmas that arise from euthanasia
EU countries	The application of conscientious objection

Slovenia	The implementation of conscientious objection in EU countries
Efficacy	The implementation of conscientious objection in Slovenia
Euthanasia laws/legislation	The EU laws and regulations of euthanasia
Voluntary termination of life law/ legislation	Slovenia laws and regulations of euthanasia and conscientious objection

3. European Union Framework

3.1 Legislation Overview

Some EU member states have legalized euthanasia and physician-assisted suicide, suggesting that the concept has gained acceptance in certain healthcare systems. However, this acceptance is not universal across all EU countries. While Emanuel et al. (2016) indicate that there has been growing support for euthanasia, particularly in western Europe, this view requires more nuance. It is important to note that Scandinavian countries, despite having some of the most advanced and socially conscious healthcare systems in Europe, are firmly opposed to euthanasia. This opposition in Scandinavia demonstrates that the resistance to euthanasia is not exclusive to Central and Eastern European countries, where ethical and cultural values may also play a significant role.

The claim that most EU states do not support physician-assisted suicide is incorrect. In reality, where euthanasia is legalized, physician-assisted suicide is often legalized as well. Countries like Belgium, Luxembourg, the Netherlands, and Spain have laws that permit both practices (Shenouda et al. 2024) Switzerland is not part of the EU, though it allows physician-assisted suicide under its own legislation. While Emanuel et al. (2016) report that over 60% of euthanasia cases in the Netherlands and more than 50% in Belgium involve physician-assisted suicide, the procedure is primarily conducted for terminally ill patients, particularly those with cancer (Cheung et al. 2020). However, this does not necessarily imply that most western EU countries fully embrace euthanasia, as ethical debates and legal restrictions continue to shape its application.

Several EU member states have introduced legislation to regulate euthanasia under specific conditions. According to a 2017 report by the European Parliament, euthanasia laws differ across EU countries. At that time, euthanasia was illegal in Italy, where it was punishable under Articles 579 and 580 of the Constitution (European Parliament 2017; Marrone et al. 2022). However, countries such as the Netherlands, Belgium, and Luxembourg have already legalized active euthanasia (European Parliament 2017). On the other hand, nations like Germany, Sweden, and Spain allowed the withdrawal of life-sustaining treatments—a practice that is often referred to as passive euthanasia but is ethically distinct from euthanasia.

The term “passive euthanasia” is problematic and should be avoided. Ethicists like Prof. Trontelj (2011) have argued that this term unjustifiably includes ethically acceptable actions, such as discontinuing treatment at the end of life. These

practices are fundamentally different from euthanasia, where the intention is to actively end a patient's life.

Variations in national policies on euthanasia arise partly due to Article 2 of the EU Charter of Fundamental Rights, which guarantees the right to life but includes provisions that allow flexibility in member states' legislation on euthanasia, particularly in the context of degenerative illnesses (European Parliament 2017). Legal cases in some European countries have set precedents for permitting assisted deaths under strict conditions. For example, in Italy, sentence 242/2019 from the Constitutional Court allows citizens to request medically assisted suicide under stringent requirements, such as having an irreversible and painful long-term condition while retaining mental capacity (Marrone et al. 2022). In the Netherlands, the path toward euthanasia's legalization began in 1973, with the Supreme Court's 1984 decision giving doctors the legal mandate to end a patient's life upon request, provided certain conditions are met (Mroz et al. 2021).

These examples highlight the diversity in how euthanasia is addressed across Europe. Some countries have opted for more permissive frameworks, while others maintain strict prohibitions, reflecting the complex ethical, cultural, and legal dimensions of this issue.

3.2 Ethical Considerations

The discussion up to this point has focused largely on the legalization of euthanasia. However, another critical aspect that enters the debate is the issue of conscientious objection. As the practice of euthanasia becomes more widespread, so too does the need to consider the rights of healthcare providers who may oppose participating in the procedure due to ethical or moral concerns.

There are various ethical considerations surrounding conscientious objection in the context of voluntary life termination. The introduction section summarizes the main ethical principles and debates surrounding the action. Notably, restricting patients from requesting euthanasia or voluntary life termination denies them independence, which violates the bioethical principle of autonomy. This principle recommends that physicians prioritize solutions that enhance the patient's autonomy (Cambra-Badii et al. 2021). One way to achieve this is by allowing patients to make crucial decisions about their care or treatment regimens regularly (Karlsen et al. 2020).

However, the issue becomes more complex with the introduction of conscientious objection, as it raises tensions between the autonomy of the patient and the ethical integrity of healthcare professionals. Valenzuela-Almada et al. (2020) argue that conscientious objection can violate the bioethical principle of nonmaleficence, as it may compel terminally ill patients to endure pain until death, denying them a dignified end of life. Euthanasia could be seen as a merciful approach that relieves suffering, yet the decision of a healthcare provider to refuse participation based on conscience poses significant ethical challenges.

De Londras et al. (2022) contend that conscientious objection is morally justified when viewed from a humanistic perspective. They argue that artificially ter-

minating a person's life, which conscientious objection seeks to prevent, is inherently unethical. Moreover, Manduca-Barone et al. (2022) highlight that conscientious objection can help address ethical concerns related to euthanasia and physician-assisted suicide, such as the potential for patients to feel coerced into accepting these procedures due to the high costs of ongoing medical care.

The debate on conscientious objection reveals the divisive nature of this issue. Banović et al. (2017) conducted a research study in Serbia (it is not a member of the EU) that found 56.8% of physicians believe active euthanasia is ethically unacceptable, while 43.2% supported alternative solutions. This study, along with the previous arguments, demonstrates why some practitioners may choose to exercise conscientious objection.

3.3 Case Studies of Euthanasia and Conscientious Objection

Belgium has strict regulatory frameworks that limit conscientious objection. The country is among the European nations that have fully embraced euthanasia and physician-assisted suicide. Belgian law states that a person must be in a severe medical condition and experiencing immense pain to qualify for end-of-life procedures (Verhofstadt et al. 2024). However, in 2020, Belgium introduced a controversial law that limits practitioners' conscientious objection (ADF International 2022). The law prevents healthcare organizations and practitioners from enforcing policies that refuse the practice within their premises (ADF International 2022). This amendment led to the European Court of Human Rights challenging the Tom Mortier vs. Belgium case, which applied the new provision (ADF International 2022). While the Belgian Euthanasia Act does not compel physicians to perform euthanasia or related procedures, it mandates that practitioners who refuse a request must transfer the patient's medical files to another professional suggested by the patient (De Hert et al. 2023). This demonstrates that Belgium maintains a legislative pillar that allows conscientious objection, but the ongoing amendments could limit or even eradicate its application.

Spain is another country with laws regulating euthanasia, assisted suicide, and conscientious objection. Recently, Spain's Court of Justice and parliament passed a bill that legalized assisted suicide and euthanasia for individuals with severe, incurable, and debilitating diseases (Library of Congress 2021). Supporters of the bill cited constitutional principles, such as the right to self-determination and the freedom to make conscious decisions. Nevertheless, Spain lacks a comprehensive legal framework for conscientious objection (HC et al. 2022). The law permits practitioners to decide whether to participate in euthanasia or assisted suicide, but they must express their objection in writing in advance (2022). The discussions reveal that many EU countries lack thorough laws and regulations to support conscientious objection, leaving healthcare providers' values and beliefs inadequately protected.

In contrast, some EU countries like Bulgaria have strict laws that punish individuals, including practitioners, who assist others in committing suicide, making

euthanasia illegal. Bulgaria, located in Southeastern Europe, relies on Article 97 of the Health Act to ban euthanasia in hospitals and healthcare settings (OHCHR 2024). Additionally, Article 127 of Bulgaria's Criminal Code imposes 1 to 6 years of imprisonment for those who assist or persuade others to commit suicide, including healthcare professionals (2024). These laws eliminate the need for conscientious objection statutes concerning euthanasia since the practice itself is illegal. Bulgaria's laws also disallow conscientious objection in general healthcare, obligating physicians and other healthcare practitioners to perform their duties without allowing personal beliefs to interfere.

Finland, another EU member state, does not have explicit legislation on euthanasia, although a large portion of the population supports the concept as an ethical way to end the suffering of terminally ill patients in severe pain (Nieminen 2018). Despite the absence of specific euthanasia laws, Finland permits passive euthanasia under strict conditions (Bello and Hurst 2022; Kontro 2023). In such cases, patients suffering from incurable and painful diseases must clearly and voluntarily express their wish not to continue with life-prolonging treatments. Since Finland lacks comprehensive legislation on euthanasia, it also does not have laws governing conscientious objection related to the matter, indicating that this aspect remains largely unexplored in the country.

4. The Case of Slovenia

4.1 Legislations and Guidelines

Slovenia has legislation and provisions that guide end-of-life care, although euthanasia and physician-assisted suicide remain contentious topics. Despite the general political consensus against these practices, current legislation promotes human dignity and a peaceful death, particularly for terminally ill patients. Specifically, the Patients' Rights Act allows individuals in severe conditions to reject treatment or life-sustaining measures, even if doing so could lead to their death (Voljč 2019). While this law does not actively promote euthanasia, it does permit terminally ill patients to die by withholding or withdrawing treatments, rather than through active means.

However, as of now, Slovenia does not formally entertain the concept of euthanasia or physician-assisted suicide. On 7th March 2024, the National Assembly decisively rejected a proposal to introduce voluntary end-of-life assistance in healthcare (UZ 2024). After intense debate, 64 members voted in favour of the proposal and 9 voted against it (2024). Consequently, the proposal was deemed unsuitable for further legislative consideration.

Nevertheless, a referendum held in 2024 provided a significant moment in the public discourse. At a 41.43% voter turnout, 54.89% of participants voted in favour of legalizing assistance in voluntary end-of-life decisions. This referendum granted parliament an indirect mandate to draft and pass relevant legislation. Howe-

ver, the referendum question was considered broad and somewhat misleading, which may have influenced the results. Despite these nuances, the referendum carries more weight than prior public opinion surveys, such as one conducted earlier in 2024, which found that 63.5% of 1,000 respondents supported euthanasia (The Slovenian Times 2024). However, this survey did not accurately reflect the views of the entire population, making the referendum a far more critical indicator of public sentiment.

Although there are still significant legislative and ethical barriers, this referendum reflects a growing portion of the Slovenian population that supports the right to voluntary end-of-life decisions. It now falls on the legislative body to respond to this shift in public opinion and consider the development of appropriate laws governing euthanasia and physician-assisted suicide.

4.2 Ethical and Cultural Context

The cultural and historical values influence the implementation and regulation of euthanasia in Slovenia. Slovenian communities, including churches, nursing professional bodies, and legislators, have consistently opposed euthanasia despite some people believing in the suitability of the procedure under specific circumstances. Specifically, the Slovenian National Medics Ethics Committee is against the practice as it gives physicians the power to take the lives of people (Voljč 2019). In addition, representatives of religious communities signed a joint statement in December 2023 to voice their disagreement with euthanasia (STA 2023). Similarly, the Pentecostal Church, the Evangelical church, the Islamic Community, the Jews, the Catholic Church, the Macedonian Orthodox Church, and the Serbian Orthodox Church said euthanasia is an ethically unacceptable measure (Agensir 2023). They encourage physicians to adopt palliative care for terminally ill individuals (2023). The leaders said that the legal introduction of assisted suicide would directly encourage patients to end their own lives. Thus, the cultural and historical norms and values in Slovenia prevent the legalization of active euthanasia, which would bring conscientious objection into practice (Sulmasy 2021; Globokar 2023).

4.3 Comparative Analysis

Contrary to some western European nations, the analysis of Slovenia shows that the country lacks clear legal frameworks for euthanasia and conscientious objection. While five EU countries—Belgium, the Netherlands, Luxembourg, Germany, Spain, and Portugal—have legalized euthanasia, most EU member states do not have specific laws regulating the practice (Trejo-Gabriel-Galán 2024; Mangino et al. 2020; Calati et al. 2021). Claims that certain countries «allow partial euthanasia but oppose physician-assisted suicide entirely» are inaccurate and misleading. There is no such thing as partial euthanasia, and the terms should not be confused. Euthanasia involves the active termination of life, whereas legitimate refusal or withdrawal of life-sustaining therapy, as allowed by laws such as Slovenia's Patients' Rights Act, should not be conflated with euthanasia (Morciniec 2020). This confusion can unnecessarily complicate an already heated ethical debate.

Countries like Belgium and the Netherlands, which have fully embraced euthanasia, have introduced laws that limit conscientious objection by healthcare professionals to ensure access to euthanasia for eligible patients (Monsalve 2023). Slovenia, however, differs greatly from countries like Belgium, the Netherlands, and Luxembourg. These countries have integrated euthanasia into their healthcare systems and have policies that restrict conscientious objection to uphold the patient's right to euthanasia. In contrast, Slovenia's legal framework reflects its cultural and religious values, which traditionally oppose the practice of ending another person's life, even out of compassion (Sulmasy 2021).

Countries such as Italy, Finland, and Bulgaria share Slovenia's stance against the legalization of euthanasia. Italy has not legalized euthanasia but allows patients to refuse treatment under the constitutional principle of autonomy (Marrone et al., 2022). Slovenia also employs the Patients' Rights Act, but this law is focused on patient autonomy and the refusal of life-sustaining treatment, not partial euthanasia as was mistakenly suggested. Dr. Voljč's interpretation emphasizes this distinction between the refusal of treatment, which is a legitimate patient right, and euthanasia, which involves the active termination of life (Globokar 2023; Morciniec 2020).

While Slovenia currently opposes euthanasia, it may eventually evolve to include legislation that supports both euthanasia and conscientious objection, balancing patient rights with the autonomy of healthcare providers. Like Slovenia, Finland lacks euthanasia-specific laws, as the political class in both countries considers it a non-issue. However, public opinion is gradually shifting, and citizens in both nations are beginning to understand and support the rationale behind assisted dying (Sulmasy 2021).

5. Conclusion

To summarize, euthanasia is a controversial and divisive topic, explaining why countries have different laws that govern the practice. Countries that legalize the procedure want to reduce the suffering of terminally ill patients. Nevertheless, assisted dying (euthanasia) raises some ethical concerns, which either align with or contravene some bioethical principles. Despite the EU members entertaining the practice and introducing regulations to implement it partially, some countries like Belgium have comprehensive laws that guide its execution and conscientious objection. Slovenia's current sociocultural and historical values make it tough for the legislature to create specific laws that promote euthanasia and allow conscientious objection. This situation denies the patients and practitioners the autonomy to decide whether to apply the procedure or not. In the future, researchers can conduct an empirical study to quantify the perceptions and opinions in Slovenia, particularly in the political sphere, that oppose the institution of laws that allow euthanasia. In addition to the theoretical aspects highlighted in this review, the empirical study will provide first-hand data that shows the genuine emotions of the stakeholders.

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