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EUTHANASIA AND DEATH WITH DIGNITY

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ABSTRACT

Euthanasia represents one of the most multifaceted dilemmas in modern bioethics, bridging the gap between individual autonomy and the state's obligation to protect life. While medical advancements have enabled the artificial extension of biological functions, they have simultaneously complicated the definition of a "natural" death (Kovács, 2006). This paper explores the legal landscape of end-of-life decisions, focusing on the Hungarian framework and the influential Karsai v. Hungary case (2024). By synthesizing legal precedents, medical ethics, and palliative care alternatives, we argue that the quality of death is as significant as the quality of life in a just society. The analysis further examines the "slippery slope" argument, the principle of double effect in terminal sedation, and the role of death literacy in providing a dignified departure (Muszbek, 2010). The research concludes that the rigid dichotomy between active and passive euthanasia requires a nuanced re-evaluation in the age of neurodegenerative diseases.

KEYWORDS: Euthanasia, human dignity, bioethics, self-determination, palliative care, medical ethics.

INTRODUCTION

Euthanasia is situated at the crossroads of individual autonomy and the protection of life. With the advancement of modern medicine, life-sustaining technologies have become capable of prolonged maintenance of biological functions even in cases where there is no longer any hope for recovery (Kovács, 2006). This technological triumph, however, has outpaced the legal and ethical frameworks designed to govern it.

In Hungary, the legal landscape is fundamentally defined by the state's institutional obligation to protect life. The Constitutional Court clarified in its landmark ruling (Decision 22/2003. AB) that while the right to life is not an "absolute sacrifice," the state has a legitimate interest in preventing the liberalization of active euthanasia to protect human life as an objective value.

However, this technological achievement has given rise to a profound ethical dilemma: interventions often no longer serve life itself, but merely prolong the process of dying artificially, depriving the patient of a dignified departure (Blasszauer, 1995). This debate was recently intensified by the legal struggle of Dániel Karsai, a constitutional lawyer diagnosed with ALS. Karsai's case highlights a critical tension: the current law allows patients on life-support to refuse treatment, but denies the same self-determination to those suffering from terminal illnesses that do not (yet) require machines. This "legal vacuum" for non-ventilated patients suggests that dignity has become a byproduct of technical dependency rather than an inherent right.

MATERIAL AND METHODS

The Legal Paradox of Technology and the ECHR Ruling Hungarian regulations strictly prohibit active euthanasia but acknowledge the patient's right to refuse life-sustaining treatment (passive euthanasia) if the illness is incurable and leads to death within a short period (1997. évi CLIV. törvény). This creates a "technological dependency" on rights: only those connected to machines can effectively choose to die.

In the Karsai v. Hungary (2024) judgment, the European Court of Human Rights (ECHR) faced the question of whether this distinction constitutes discrimination. The Court recognized the suffering of the applicant but ultimately ruled that states possess a wide "margin of appreciation" in these sensitive matters. The ECHR stated that there is no consensus among Council of Europe member states regarding assisted dying, thus Hungary is not currently obliged to legalize it. However, the judgment included a crucial caveat: states must keep their policies under "continuous review" to ensure that the palliative care system truly meets the needs of terminal patients, as the lack of alternatives might render the prohibition of euthanasia inhumane.

The "Slippery Slope" and Social Vulnerability

There is a persistent concern that legalizing assisted dying could place indirect social pressure on vulnerable groups, such as the elderly, the disabled, or the impoverished. The "slippery slope" argument suggests that once the state permits the killing of a human being under specific criteria, those criteria will inevitably expand.

The Noelia Castillo Ramos case (2026) in Spain serves as a contemporary warning. Critics in this case argued that allowing assisted dying for individuals struggling with chronic mental health issues shifts the state's responsibility from providing robust psychiatric care and hope to merely facilitating a permanent exit. A just society must ensure that the "right to die" never morphs into a "duty to die" due to perceived social burden or a lack of adequate social support systems.

Palliative Care and the "Principle of Double Effect"

The majority of euthanasia requests stem from a fear of intractable pain and a loss of control. Proper application of terminal palliative sedation—which alleviates suffering without the primary intent to kill—renders most requests for euthanasia unnecessary (Muszbek, 2010).

From a bioethical standpoint, this is justified by the "principle of double effect." This doctrine states that an action with both a good and a bad effect is permissible if:

- The act itself is not evil.
- The agent intends only the good effect (pain relief).
- The bad effect (death) is not the means to the good effect.
- There is a grave reason for the act.

By strengthening the palliative sector, society can respect the sanctity of life while preventing the "therapeutic cruelty" of unnecessary suffering.

The Bureaucratic Barrier in Hungarian Law

A significant but often overlooked issue is the practical exercise of the right to refuse treatment. According to the Hungarian Health Act (1997), the refusal of life-sustaining treatment is valid only if a three-member medical commission confirms the terminal nature of the illness and the patient repeats their intention three days later in front of a public notary. While these safeguards prevent impulsive decisions, for a patient in the final, agonizing stages of a disease like ALS, such bureaucratic hurdles can be seen as an additional layer of suffering that effectively negates the right to a dignified death.

The Role of "Death Literacy" and the Medical Profession

Public policy strongly influences end-of-life outcomes. Where governments invest in palliative culture and "death literacy," the focus shifts from the termination of life to the enhancement of dignity (Magyar Bioetikai Társaság, 2020). Society must normalize death as a natural conclusion to the human biography rather than a medical failure.

Furthermore, the medical profession's integrity is at stake. The Hippocratic tradition is rooted in "do no harm." Legalizing active euthanasia would require a fundamental shift in the doctor-patient relationship. Therefore, any legislative change must protect the conscientious objection of healthcare providers, ensuring that no physician is forced to act against their moral or professional beliefs.

SUMMARY AND CONCLUSION

Euthanasia is not merely a technical or medical question but a social and ethical domain that requires a worthy conclusion to a completed life (Muszbek, 2010). The Karsai case has proven that the Hungarian public is ready for a deeper dialogue about terminal autonomy. The key to the future is not necessarily the immediate lifting of legal prohibitions, but rather:

- Improving patient education regarding existing rights to refuse treatment.
- Expanding hospice access to ensure that geography does not dictate the quality of one's death.
- Refining the legal process to make the refusal of treatment less bureaucratic for the terminally ill.

A society's progress is not measured by its ability to keep a heart beating at all costs, but by how it ensures human dignity in the most vulnerable final stages of existence (Magyar Bioetikai Társaság, 2020).

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